Untapped Richness in Erik H. Erikson’s Rootstock

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Erik H. Erikson published his groundbreaking theory of 8 stages of lifelong psychosocial development in 1950. His theory expanded psychoanalytic concepts of psychosexual development to include the importance of social dynamics; it transcended then-current thinking that psychological development culminated in early adulthood, acknowledging that systematic human development continues throughout the entire life cycle. The theory made Erikson a pioneer in developmental psychology. His last authored book, Vital Involvement in Old Age, rearticulated and elaborated 3 principles that, in different words, are rooted in his original theory of healthy life cycle development: (1) Dynamic Balance of Opposites; (2) Vital Involvement; and (3) Life in Time. Using a lens informed by knowledge gained over the past 30 years and by reflections of one of the original researchers on that project, the current manuscript seeks to spark new interest in Erikson’s late-life contribution. It explains the principles in new detail, links them to relevant research, and suggests ways they could enable Erikson’s ideas to further enrich gerontological practice and research.

Key Words: Life cycle, Psychosocial development, Vital involvement, Erikson

Erik H. Erikson

Erik H. Erikson is widely regarded as a major thinker of the 20th century (Hoare, 2002). Crossing boundaries of nationality, medium of expression, and professional and theoretical discipline, he nonetheless managed to write for both academic and general audiences. In so doing, he articulated what have become widely accepted “truths” about how human beings live and develop over a lifetime, from infancy through older adulthood, in the company of other human beings, and in the context of the larger living and nonliving worlds.

In this section, we provide a contextualizing summary of Erikson’s life, career, and thinking. In particular, we identify conceptual threads that emerge, in retrospect, as having been consistent throughout his work, despite their movement into and out of the public intellectual limelight.

Background

Erik H. Erikson was born in 1902 and raised in Karlsruhe, Germany. In late adolescence, he joined Freud’s psychoanalytic circle in Vienna. By the time Erikson completed his psychoanalytic training in 1933, he had married fellow analysand
Joan Serson. They and their young children fled Europe’s gathering political, ideological, and inevitably military storm, heading for Boston where he was welcomed as the city’s first child analyst. Over the course of his career, Erikson held academic positions at Harvard, Yale, and the University of California, Berkeley. He played major, intellectual roles at the San Francisco Psychoanalytic Institute, University of Pittsburgh’s Western Psychiatric Institute, Austen Riggs Center (Stockbridge, MA), and the Psychiatry department at San Francisco’s Mount Zion Hospital. He wrote 14 books and numerous articles and maintained a long-term clinical practice (Coles, 1970; Wallerstein, 1996).

Reputation and Thought

Erikson came of intellectual age in an era when philosophical, scientific, and religious thought were breaking new ground in humankind’s ongoing struggle to understand the roles and powers of God, humanity, physical world, and destiny. Over the middle of the 20th century, Erikson’s name became most closely associated with his description of the eight stages of psychosocial development. He articulated these stages in Childhood and Society (1950), surpassing then-current psychological thought in three important ways. First, he broadened Freud’s concept of psychosexual development into the bio-psychosocial (later primarily emphasizing the psychosocial) by extensively describing the crucial importance of family system and society/culture in individual development (Brennan-Gibson, 1997; Eagle, 1997; Golland, 1997; Hoare, 2005). Second, he extended Freud’s developmental stages by expanding the temporal understanding of human development from a process that culminates with the completion of adolescence, to one that continues both into adulthood and throughout the entire life span (Douvan, 1997; Eagle, 1997; Hill & Burrow, 2012; Hoare, 2005). Third, he directed attention to the development of psychosocial health, departing from then-contemporary focus on the genesis and remediation of problems.

In recognizing him as laying a foundation for multidisciplinary thinking about development across the life span, contemporary scholars have credited him as a pioneer of such areas in psychology as adult development (Douvan, 1997), psychohistory (Pietikainen & Ihanus, 2003), life-span development (Golland, 1997), and positive psychology (Hill & Burrow, 2012; Ryff, 1989). His thinking and writing transcended the many disciplines and subject matters that emerged as 20th century scholars, practitioners, politicians, and activists sought to make sense of human beings’ struggle to live with one another in a world, we still cannot fully understand or master. Erikson resisted the limits of such disciplinary boundaries as psychology, psychoanalysis, psychotherapy, cultural anthropology, and humanistic philosophy (Hoare, 2005), looking to the horizon, itself, as the only meaningful border for his unique understanding of human nature, over time, in social communities and in spatially and temporally infinite environments.

By the time Childhood and Society appeared, Erikson’s thinking had expanded beyond the psychoanalytic practice of healing troubled children. What he called his “encompassing psychological theory” (pp. 424) is now best known in terms of the epigenetic chart (pp. 269) through which he presented its eight successive “critical periods.” Figure 1 reproduces a version of this original chart. In each stage, he described the human “organism” as developing an “ego quality” that enables “him to integrate the timetable of the organism with the structure of social institutions” (pp. 246–247). Note that even these early words imply a simultaneous consideration of internal psychological constructs, elements of human biological constitution, and features of social interaction and organization—along with connections and influences among all three domains. Note, too, that as early as 1950, his ideas about individual psychological development included the influence of the external (social; cultural; physical) environment.

Throughout the rest of his career, Erikson’s projects explored different elements of his truly encompassing psychological theory. He practiced clinical and scholarly psychoanalysis, considered the role of social history in the development of extraordinary individuals (e.g., Erikson, 1958; Erikson, 1969) and social movements (Erikson, 1969; Erikson, 1975; Erikson, 1980), explored identity development (Erikson, 1968; Erikson, 1980), and reviewed the completed life cycle (Erikson, 1982). Finally, together with two colleagues, he explicitly considered the psychosocial experience of old age (Erikson, Erikson, & Kivnick, 1986).

Vital Involvement in Old Age Project

As Erikson and colleagues (1986) presented their research findings in Vital Involvement in Old...
Age, we see how the influence of external environment remained fundamental to his unique way of looking at people living in the world in particular historical moments. The 5-year long Vital Involvement study was based on careful “observation” of individual elders, analogous to Erikson’s career-long observations of individuals and social movements (e.g., Erikson, 1958; Erikson, 1959; Erikson, 1968; Erikson, 1975). The first author of the current article was the youngest of three investigators on the Vital Involvement research team, which ranged from 30 to 78 years of age at the project’s outset. Because the findings of this 1980–1986 project (Erikson’s final research work) are the essence of the current article, we discuss the process of that project in some detail, to clarify the thinking that underlies these findings.

In 1980, Erikson and colleagues articulated the general questions: (1) “Now that it’s 50 years after Erikson began writing about integrity vs. despair and old age, what kind of sense do these concepts make?” (2) “Now that so many people are in a position to see ‘how it all turns out’ about what we describe as the adaptive psychosocial strengths associated with each stage (see Figure 1) had played out in their own lives. Interviews were tape recorded and transcribed.

The process of data collection, organization, and ongoing analysis unfolded in three overlapping steps. First, for each participant we created a 22 × 17” paper chart based on Figure 1, for noting central life events, memories, and researcher observations—organized by psychosocial theme and by life stage or period—as information surfaced in the interview. As a team, we discussed the thematic (chart column) and temporal (chart row) placement of each data item, achieving consensus about where to place particular data items both by clarifying our continually emerging understanding of each theme and stage, and also by coming to understand existing overlaps

### PSYCHOSOCIAL STAGES OF LIFE

<table>
<thead>
<tr>
<th>Old Age</th>
<th>Adulthood</th>
<th>Young Adulthood</th>
<th>Adolescence</th>
<th>School Age</th>
<th>Play Age</th>
<th>Early Childhood</th>
<th>Infancy</th>
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<tr>
<td>VIII Maturity</td>
<td>VII</td>
<td>VI</td>
<td>V Puberty and Adolescence</td>
<td>IV Latency</td>
<td>III locomotor-genital</td>
<td>II Muscular-Anal</td>
<td>I Oral-Sensory</td>
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Basic Trust vs. Basic Midtrust: HOPE

![Figure 1](https://academic.oup.com/gerontologist/article-abstract/54/1/40/562408)

Figure 1. Figure is reproduced from Vital Involvement in Old Age with permission from W. W. Norton. Material in grayed italics represents wording from Erikson’s original 1950 presentation of his theory, which he had changed by the late 1970s.
in thematic- and stage-based content. Second, we reread material in the Guidance Study files that had been collected on each family and its unique developmental trajectory, over the Study’s then-55 years, adding information to each participant’s chart. We created follow-up interview questions for each elder, seeking to fill in gaps, clarify misunderstandings, and help us understand apparent inconsistencies. Based on interview transcriptions, we continued to add to each psychosocial chart: (1) participants’ life events, memories, and reflections and (2) researcher observations, comments, and analytic ideas.

Figure 2 represents a miniaturization (in blank form) of the psychosocial chart that evolved into the structure for our understanding of each elder’s life cycle. We numbered all 64 chart cells as a way to clarify, among ourselves, where we were placing (by theme and stage) such life events as one man’s disfiguring school-age injury (#26), early- and middle-adult career competence and satisfaction (#44; 52), and old-age satisfaction with two, successive, long-term marriages (#62). As indicated by these examples, events and attributes related to particular themes (e.g., industry & inferiority’s issues of work, career, and competence, as in the earlier example) were by no means limited to the chart cell (#28) or stage (e.g., School Age) in which that theme is described as focal. Also as indicated by the examples, life cycle-based data placed in each cell reflected both positive and negative tendencies of each theme, and the importance of each identified thematic strength as a conceptual indicator of successful thematic development (e.g., cell #28 identifies COMPETENCE as the strength that emerges from a robust balance between industry and inferiority). Figure 3 therefore replaces the word “vs.” originally used in describing each theme with the more accurate “&”.

Reviewing each participant’s chart clarified the life events, experiences, attributes, and attitudes that characterized her/his psychosocial development, in each theme (chart column), over the course of the entire life cycle. Across individual charts, columns differed in density of data, in relative balance between positive and negative items, and of

<table>
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<th>PSYCHOSOCIAL STAGES / THEMES / STRENGTHS</th>
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<tr>
<td><strong>Older Adulthood</strong></td>
</tr>
<tr>
<td>57 58 59 60 61 62 63 64 Integrity &amp; Despair</td>
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<tr>
<td><strong>Middle Adulthood</strong></td>
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<tr>
<td>49 50 51 52 53 54 55 Generativity &amp; Stagnation (Self-absorption)</td>
</tr>
<tr>
<td><strong>Young Adulthood</strong></td>
</tr>
<tr>
<td>41 42 43 44 45 46 Intimacy &amp; Isolation (Self-absorption)</td>
</tr>
<tr>
<td><strong>Adolescence</strong></td>
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<tr>
<td>33 34 35 36 37 Identity &amp; Confusion</td>
</tr>
<tr>
<td><strong>School Age</strong></td>
</tr>
<tr>
<td>25 26 27 28 Industry &amp; Inferiority</td>
</tr>
<tr>
<td><strong>Play Age</strong></td>
</tr>
<tr>
<td>17 18 19 Initiative &amp; Guilt (Self-restraint)</td>
</tr>
<tr>
<td><strong>Toddlerhood</strong></td>
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<tr>
<td>9 10 Autonomy &amp; Shame / Doubt Will</td>
</tr>
<tr>
<td><strong>Infancy</strong></td>
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<tr>
<td>1 2 Basic Trust &amp; Mistrust Hope</td>
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Figure 2. Revision of Erikson’s chart of eight psychosocial life stages, reflecting the clarifications implied by the three principles elucidated in this article.
course in specific thematic content. Not surprisingly, major personal life events (e.g., marriage; death), and historical events and discoveries (e.g., earthquake; great depression; antibiotics) impacted participants’ psychosocial development in terms of multiple themes (several cells in a chart row), rather than influencing only the then-focal theme. Finally, close readings of individual charts gave us an idea of each elder’s lifelong, personal thematic strengths and weaknesses, in ways that helped explain what originally appeared to be contradictions.

Findings

But what did these individual charts and their person-level insights tell us about our initial questions? What kind of sense did integrity versus despair make as a focus for a stage of life that was now lasting so very long and varying so greatly, across even our 29 participants? Considering the life cycle as an integrated whole, what kinds of connections were we seeing between “how it had all turned out” for our participants, and their earlier lives?

Across charts, we saw commonalities in life events, experiences, and concerns associated with each theme (column) in different life periods (chart rows). For example, in old adulthood participants experienced pride in the size and achievements of the generations they had spawned; they struggled to nurture members of their adult child’s household while, simultaneously, receiving ongoing physical care from those same family members. These issues differed from those that had catalyzed their earlier-life work around generativity and stagnation, for example, keeping children well fed, clothed, and housed; building a business or a professional field. We began to concentrate on lifelong commonalities we saw underlying work on each psychosocial theme (e.g., generativity and stagnation), in far less constrained chronological periods than conventionally connoted by the term “stages.” We found ourselves articulating the balancing of psychosocial themes—of all eight psychosocial themes—as a process that pervades the entire life cycle, that is integral to life in time. And we gradually recognized that rather than considering the life review process’ tension between integrity and despair as dominating the ever-longer period of old age, we should be trying to understand this tension largely as it informs old age’s unique efforts around renewing, reexperiencing, and “reresolving” all eight themes.

This thinking (that eventually became the principle we called Life in Time) prompted two additional insights. First, regardless of undeniable positive and negative connotations of opposing thematic tendencies, all participants’ lives included both positive and negative tendencies for each theme. Depending on life circumstances, what had once functioned as a weakness or obstacle could serve, at a later time, as a valuable life strength—and vice versa. Second, for our participants the real-life process of balancing old age integrity with despair was not primarily one of rumination and reflection. Rather, it was fundamentally grounded in their engagement, their vital involvement, with life’s people, materials, activities, ideas, institutions, and so forth. That were every bit as important as their involvement in reminiscence. Indeed, the charts indicated that this vital involvement characterized each period’s balancing process around psychosocial tendencies.

We considered these three principles as our major finding: Life in Time, Dynamic Balance of Opposites, and Vital Involvement. Although they did not directly answer our initial research questions and this qualitative, subjective, small sample approach to science clearly limits generalizability and replicability, the principles provided, all together, a scaffolding for addressing these questions and a multitude of others in research and practice fields as disparate as gerontology, life-course development, family science and therapy, person-centered care, civic engagement, arts-based programming, and more. The principles, as we were discussing them, greatly increased the complexity and explanatory power of Erikson’s theory as it had become widely understood. Considered together, they appeared to constitute a structure for our understanding of how our participants lived and aged. Perhaps they could also inform gerontology’s understanding of current aging processes, and our integrating this understanding into practice and research.

The book Vital Involvement in Old Age contextualizes this study and its findings within highlights of Erikson’s earlier work. After presenting the principles, the book illustrates them in terms of: (1) The lives of then-contemporary elders; (2) Ingmar Bergman’s iconic film Wild Strawberries; and (3) The original team’s multi-generational vision of a society that promotes elders’ individual well-being and engagement with community.

Scaffolding: Structural Principles

Since Vital Involvement’s publication, Figure 2 (which did not appear in the book) has become a comprehensive representation of Erikson’s...
Erikson uses the word “stage” to refer to a period of lifetime, for example, adolescence; older adulthood. He explicitly clarifies that in each of eight stages, one psychosocial theme is focal, that is, two opposing tendencies (one apparently positive; one apparently negative) must come into balance to produce the stage’s central strength. He explains, “. . . the first two, in infancy, are a sense of trust and a sense of mistrust: their balance, we claim, helps create the basis for the most essential overall outlook on life, namely, hope . . .” (Erikson et al., 1986, pp. 33). That is, “. . . a favorable ratio of basic trust over basic mistrust is the first step in psychosocial adaptation” (Erikson, 1950, pp. 271). He refers to a “balance” or a “favorable ratio” between two opposing tendencies, and describes hope (which this article calls a “central strength”) as a product of that balance, that is, a personal capacity that emerges in the process of healthy, theme-related psychosocial development. This balance recognizes the importance of the ongoing presence of the dystonic, as part of a robust dynamic balance between the two tendencies. In this first theme, consider that new parents do not want their infant to be blindly trusting of any adult who approaches and wags a finger in her face, or pinches her cheek. Rather, they want her to develop a reliable sense of basic trust in the dependability and predictability of the world, alongside a reliable sense of whom and what she is wise to mistrust.

Both syntonic and dystonic dispositions must, each in appropriate dynamic balance with the other, exist for all eight psychosocial themes, in all eight stages. “Appropriate”, because people are different (temperamentally; bodily) and circumstances are different (culturally; historically). Where healthy adaptation for one infant might include tolerating a household full of loud voices and multiple tongues, healthy adaptation for another might be accomplished in a home dominated by a lone caregiver’s murmurs. Not only do people’s circumstances differ. Circumstances for any one person change over time, in ways both great and small. What is experienced as a healthy balance between dystonic and syntonic for each psychosocial theme, will change as environments and age-based expectations change. The research team carefully chose the words “Dynamic Balance of Opposites” to connote an old-fashioned balance scale, in which the differently weighted pans rise and fall as their weights shift—in an atmosphere whose conditions also shift.

The individual nature of a balance’s “health” or “appropriateness” suggests that explicit consideration of each psychosocial theme, as it reemerges in each individual’s older adulthood, can productively inform domains of gerontological practice. For example, consider the expectable later-life event of the death of a long-time partner. This loss requires an elder to review, reconstitute, and move on from a lifelong sense of love, consolidated over many decades of loving balance between intimacy and isolation. Or perhaps the loss permits her to love a new partner quite differently from the way she had loved the one she married five decades earlier.

Social changes in cultural attitude and policy influence the appropriateness of specific thematic balances. For example, 2013 U.S. legal changes around Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) marriage indicate that broadening societal attitudes are providing greater validation of same-sex love as an appropriate personal balance between intimacy and isolation.

Vital Involvement

Erikson expanded his earliest consideration of the dynamics of psychosocial suffering from the pain he saw in individual psychotherapy patients to that of populations uprooted by political and military violence (Erikson, 1964), as he reflected on the plight of emigrants, refugees, and persecuted minorities around the world. Around such suffering, he posed a tension between personal experiences of passivity in response to insurmountable hostile forces, and contrary experiences of activity or agency, as permitted by more hospitable environments. And he described this tension as regulated by a “self” structure (ego) that mediates among conflicting inner forces, as well as between the more embodied self and the environment outside the self’s boundaries. Noting commonalities
The principle of Vital Involvement directs us to this woman’s need for meaningful involvement in daily life—along with her need for instrumental assistance. Without careful attention to both sets of needs, providers too often violate elders’ need for meaning and purpose, while meeting more obvious instrumental needs. Practitioners who are sensitive to vital involvement will consider such disparate issues. Comparable investigators will conduct research that addresses these concepts, the practice elements designed to implement them, and the assessment and outcome measures that reflect them.

Second, the principle of Vital Involvement requires us to recognize that elders are influencing us, as individual professionals and organizations. So, too, are they influencing their own family and community members? Gerontologists

Vital involvement’s link to healthy developmental processes encourages attention to positive phenomena as they exist (to be promoted) at all stages in life. This expanded context could guide gerontologists to look more broadly for exemplars of multiple expressions of health in the face of adversity, as bases for new interventions. Further, we suggest that in these terms, the vital involvement construct can productively influence gerontological practice, in at least three different ways.

First, the Vital Involvement principle asserts that as we gerontologists are involved with meeting the special needs of an older woman, we are also part of influencing her ongoing development, that is, who she is and is becoming, as she will experience the rest of her life. This double influence (on current needs and ongoing development) suggests meaningful questions for practitioners and program developers, about our own scope of practice, and specific practice elements.

Consider an 83-year-old woman in the independent-living section of a multiple-care-level senior housing community. She seeks help for problems of weariness and arthritis-related difficulty in shopping and cooking. Will we, as case managers or facility-based social workers, learn enough about this particular woman to understand what she values in her life? For example, if this woman follows advice to move to her complex’s assisted living wing, will her new space enable her to continue to make and sell the lovely greeting cards from which she now derives so many kinds of satisfaction? Will she still be able to walk to the afternoon Bible study classes she eagerly anticipates each morning?

The process has much in common with that presented in more recent scholars’ discussions of “vital engagement” (Nakamura, 2001; Nakamura & Csikszentmihalyi, 2003). We suggest that the vital involvement construct goes beyond “vital engagement” by being part of a theoretical scaffolding that we understand as undergirding all psychosocial development. Vital involvement explicitly emphasizes the importance of meaningful interaction with the environment as essential to healthy psychosocial development. Helping professionals have long acknowledged that therapeutic and supportive services (both of which may be seen as “environmental” influences) can help heal clients’ psychosocial pain (and Dynamic Balance of Opposites, explained previously, describes the internal, psychosocial processes activated by these services). The principle of Vital Involvement goes much further than healing. It clarifies that the internal work of balancing psychosocial themes (including both positive and negative behaviors) is inseparable from a person’s meaningful engagement with the people, materials, ideas, and so forth, that constitute the environment/community. That is, ordinary psychosocial development, the process through which a person becomes who she is, takes place as part of vital involvement.

Vital engagement is discussed as “a form of positive behavior” (Nakamura, 2001, pp. 5), a component of resilience, and as drawing together a whole range of positive experiences. The vital involvement construct contextualizes vital engagement more broadly in healthy, lifelong psychosocial development.

across adaptations to different kinds of psychosocial conflict, his thinking shed increasing light on the multiple stresses that constitute everyday life in increasingly complex societies, in an increasingly global world. At least, implicitly, he began to understand the self’s mediating process as central to psychosocial development.

This same mediating process is part of what, in 1986, Erikson and colleagues referred to as vital involvement, described as the self’s meaningful engagement with the world outside it. Vital involvement requires a self, an outside environment, and a powerful and reciprocal enough interaction that the influence can be truly mutual. This Vital Involvement construct helps us understand both clinical processes of helping clients deal with pain, anxiety, fear, and trauma, and also the everyday, psychosocial work that constitutes each person’s normative psychosocial development, within multiple layers of environment.

The Gerontologist
could practice in ways that optimize these reciprocal influences. When staff in an effective person-centered care facility are vitally involved with individual residents (examples come from the authors’ person-centered care observations), they can structure life in their household to meet residents’ needs for purpose, community, and personal vital involvement—while also ensuring residents needed nutrition, shelter, safety, and medical care. Staff can encourage a son’s inclination to bring his mother’s favorite pie when he comes to visit. They can support his enjoying it with her, and perhaps also with particular household friends. He may, over time, come to bring three pies on his visits, to sweeten the day of everyone in the household. Staff can teach and learn from one another, increasing their own professional competence and vital involvement in their workplace. Such integral professional development enables staff to continue to promote vital involvement in evermore-vital household residents. The earlier brief example of person-centered care practice illustrates the way vital involvement—acknowledged or not—undergirds effective practice. We return to this notion of Eriksonian theory undergirding practice near the paper’s end.

Third, gerontologists could practice programming in ways that structure community and institutional life to maximize elders’ opportunities for vital involvement and optimal psychosocial health—rather than emphasizing strategies that simply delay institutionalization and permit survival. For example, the film Alive Inside (Rossato-Bennett, 2013) documents surprising improvements in previously nonresponsive Alzheimer’s patients in response to listening, on an iPod, to personally programmed musical playlists. The film also notes regulations that mandate coverage for costly, long-term maintenance medication, but prohibit purchasing personal items like iPods. Appropriate vital involvement-driven research could explore multiple patient outcomes and overall therapeutic costs and benefits of interventions like these—for patients, staff, and care facility as a whole.

A growing number of appropriate studies suggest physical, cognitive, and mental health benefits to vulnerable older adults from arts participation (Castora-Binkley, Noélker, Prohaska, & Satariano, 2010; Cohen et al., 2006, 2007; de Medeiros & Basting, 2013; Shye & Griffel, 2010). Vital involvement’s inherent person–environment reciprocity may help explain these positive effects on elder participants; reciprocity also provides a conceptual basis for studying program staff, elders’ social networks, program sponsors, and overall community arts vitality. Understood as integral to community infrastructure, vital involvement could prove useful in developing more meaningful and comprehensive outcome measures for health promotion and dementia care activities, practices, and programs.

The authors believe that the very complexity of Erikson’s theory offers promise for maturing a more effectively interdisciplinary gerontology. Eriksonian theory requires that we simultaneously consider (and work with) the person, and the environment, and the mutual influence they have on one another. But most professionals are trained to work with one—not all three—of these. Recognizing current fragmentation and discontinuities in the field highlights the value of clarifying that we can, as well as must, conceptualize and evaluate practice interventions as they engage person, environment, and their ongoing, reciprocal interactions. Exemplar programs, practices, and lives hold enormous potential as a collective source of the kind of information that can ground integrative research, and can advance practice, evaluation, and measurement.

**Life in Time**

Returning to Figure 2, this principle begins to explore the developmental processes (psychosocial work) that take place in those chart cells lying above and below the diagonal, that is, cells that earlier versions of the chart showed as empty (it also challenges traditional understandings of development as a rigid sequence of stage-specific crises). The chart “. . . suggests that the individual is never struggling only with the tension that is focal at the time. Rather, at every successive developmental stage, the individual is also increasingly engaged in the anticipation of tensions that have yet to become focal and in reexperiencing those tensions that were [focal earlier]. . .” (Erikson et al., 1986, pp. 39–40).

Figure 2’s numbered cells highlight this principle by enabling us to refer unambiguously to any cell in the chart. Development is a lifelong process, and all psychosocial themes are operational throughout the whole life cycle. The issue is one of thematic permeation at each stage, rather than presence versus absence. Reworking, reresolving, reviewing, renewing, reexperiencing, and refacing earlier balances around each theme—these take place in every cell above the diagonal. Erikson and
colleagues (1986) clarify that “in old age, many of the developmental concerns of earlier and earliest stages are being refaced” (pp. 53) as earlier-acquired capacities may diminish, and earlier involvements give way to new possibilities.

Corresponding to this reworking, a person’s age-appropriate previewing, preworking, or anticipating of themes that have yet to become focal appears below Figure 2’s diagonal. Moving down from cell 64’s older adulthood focus on balancing integrity with despair, the chart’s far right-hand column (cells 8, 16, 24, 32, 40, 48, 56) includes issues involved in the lifelong anticipating of integrity & despair. Rudimentary wisdom and perspective become part of an infant’s efforts (cell 8) to balance experiences of trustworthiness and distrustworthiness in the world. So, too, are they related to a toddler’s sense (cell 16) that she and the world are dependent on one another but are also separate entities? In play and school ages (cells 24 and 32), experiences of loss and death prompt anticipatory balancing of despair with integrity. Relationships with and observations of older adults promote additional thematic previewing. Learning deeper lessons from childhood losses and disappointments (balanced with triumphs and joys) become part of adolescent wisdom (cell 40). These lessons shade into young adulthood’s attention to past and future (cell 48), grounded in this stage’s position approaching the chronological center of a currently expectable life span.

Continuous, ongoing processes of anticipating and renewing minimize the importance, in any theory, of universal, age-specific markers for sequential stages. Biology does determine individual physiological capacities, but social relationships and community/culture-based expectations are equally important in establishing when a particular theme permeates a person’s psychosocial life. This permeation constitutes the essential difference between “working” on a focal theme, and “pre-” or “reworking” themes that are not currently focal (remember, that environmental forces also influence the relative health or pathology of any thematic balance; prompting thematic reworking).

As the middle adult exercises responsibility for older and younger generations (cell 56), she distills personal meaning from life’s losses (e.g., people and dreams) and gains (e.g., experiences had; lessons learned), at the same time as she acknowledges the already-developed personal strengths and commitments on which she will keep building. It is too late to change past mistakes, but she can expect decades of future in which to make newly appropriate choices. The middle adult ages into older adulthood (cell 64), experiencing increasing personal vulnerability and twinges of mortality, along with expanding and deepening senses of time and space. She may choose to translate housekeeping skills into arts practice, or to extend lifelong crafting into learning about art history—without producing anything at all. According to the principle of Life in Time, her engagement with the personal present must find a dynamic balance with gerotranscendence’s involvement in an infinite continuum of future and past (cf. Tornstam, 1997). To promote psychosocial health in older adulthood, gerontologists must support both everyday and gerotranscendent involvements.

The principle of Life in Time may help explain ambiguous findings of empirical research seeking to document either operationalized age- and task-specific life stages or to link the existence of such stages with measures of the quality of individual, conflict-specific resolutions (Vaillant, 2002). The principle may also help clarify various mechanisms that underlie the positive relationship between generativity and well-being throughout the life cycle (An & Cooney, 2006; McAdams, de St. Aubin, & Logan, 1993). Finally, as it has for Ryff (1989; Ryff & Singer, 2008), this principle could productively help shape the needed updating (de Medeiros & Basting, 2013; Geron, 2012a; Geron & Kivnick, 2012b) of our conceptual and operational understanding of constructs such as well-being, quality of life, and life satisfaction. This principle also seems to suggest that proposed substages of middle and older adulthood (e.g., Cohen, 2005; Levinson, Darrow, Klein, Levinson, & McKee, 1978) may more meaningfully reflect aspects or issues within Erikson’s two themes of integrity & despair and generativity & stagnation/self-absorption than accurately identify universal developmental stages.

Links to Gerontology Research and Practice

Research

Conceptual overlaps exist between Erikson’s principles and the findings of multiple research labs, produced over more than 20 years. Although behavior and social science researchers rarely explicitly use Erikson’s terminology, gerontology as a field clearly rests on his seminal observation that development persists throughout adulthood. Further, much contemporary research may be understood as experimental exploration
of the principles of Erikson’s overall framework. For example, dynamic psychological mechanisms of aging such as Selective Optimization and Compensation (SOC), Socioemotional Selectivity Theory (SST), and balancing primary and secondary control may all be seen as later-life processes through which elders rework all eight themes. Exemplifying precisely this link, Baltes & Baltes (1990) describe virtuoso musician Arthur Rubinstein as utilizing SOC to rebalance lifelong industry & inferiority (cell 60), accommodating weakened hands while continuing to exercise other dimensions of his musical skill. Similarly, in describing the ways individuals use social and emotional goals to direct their own behavior in the face of varying time horizons, SST (Carstensen, Isaacowitz, & Charles, 1999; Carstensen, 2006) illustrates later life’s rebalancing of multiple themes, to accommodate perceived amounts of lifetime remaining. Prioritizing relationships over knowledge/skills, for example, requires reworking intimacy & isolation (cell 62) and industry & inferiority (cell 60), along with integrity’s rebalancing of the relative importance of behaviors associated with these two themes (cell 64). The very notions of primary and secondary control in old age (Schulz & Heckhausen, 1996, 1999) illustrate an ongoing, reciprocal, cycle of influence between the immediate environment and the person’s internal self, that is, these notions exemplify the process of vital involvement. Further, the construct of control, itself, is closely related to balancing autonomy with shame/doubt throughout the life cycle (Figure 2, second column). These overlaps indicate the potential for Erikson’s principles to add nuance to our research-based understanding of the experience of old age.

**Practice**

Together, the three principles support one another in a scaffolding that links theoretical developmental constructs with professional practices. We understand this scaffolding as undergirding such gerontological practices as person-centered care (e.g., Crandall, White, Schuldheis, & Talerico, 2007) and civic engagement (e.g., Kaskie, Imhof, Cavanaugh, & Culp, 2008); the structure helps explain the intrapersonal and interactive dynamics in both modalities. As indicated in earlier examples of effective person-centered care, the scaffolding helps us understand how specific behaviors observed in person-centered care facilities demonstrate staff, residents, and family members all behaving in ways that promote the well-being of individual residents. By extension, the scaffolding could enable supervisors to identify incidents where staff behaviors fail to promote (or actually conflict with) such well-being—and for staff to strategize behavioral modifications that will more effectively meet articulated facility goals and missions.

Civic engagement involves elders in their communities in ways that meaningfully address elders’ problems while enriching community life for citizens of all ages. This reciprocally beneficial cycle of influence exemplifies the process of vital involvement, that is, mutual person–environment engagement. Consider the way this vital involvement promotes psychosocial health in individual elders—and the way a robust community can promote healthy development in its children. These considerations illustrate the principles supporting one another as part of an overall scaffolding for individual psychosocial development, in a larger environment, over generations, providing useful understanding for evaluating, and improving existing gerontological practice. It can also be valuable in designing the very gerontological practice models and programs the field is concerned with providing.

**Conclusion**

Erikson’s three principles and the scaffolding they constitute—untapped richness in Erikson’s rootstock—can help us get at the deeper meaning of the “. . . ‘good old age’ we all hope for” (Kivnick & Pruchno, 2011, pp. 143). Erikson’s paradoxical, humanities-based way of looking at things (separate and also related; unique and also universal; reciprocally influential; sequential and also spiraling) cannot promise comfortable answers to gerontology’s questions. But, as we have tried to illustrate, their full understanding and intentional application can help guide gerontology’s individual and collective journey.

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**References**

