

## 2: Contemporary Theories of Development

### Theories of Development

#### What is a theory?

Students sometimes feel intimidated by theory; even the phrase, “Now we are going to look at some theories...” is met with blank stares and other indications that the audience is now lost. But theories are valuable tools for understanding human behavior; in fact they are proposed explanations for the “how” and “whys” of development. Have you ever wondered, “Why is my 3 year old so inquisitive?” or “Why are some fifth graders rejected by their classmates?” Theories can help explain these and other occurrences. Developmental theories offer explanations about how we develop, why we change over time, and the kinds of influences that impact development.

A theory guides and helps us interpret research findings as well. It provides the researcher with a blueprint or model to be used to help piece together various studies. Think of theories as guidelines much like directions that come with an appliance or other object that required assembly. The instructions can help one piece together smaller parts more easily than if trial and error are used.

Theories can be developed using induction in which a number of single cases are observed and after patterns or similarities are noted, the theorist develops ideas based on these examples. Established theories are then tested through research; however, not all theories are equally suited to scientific investigation. Some theories are difficult to test but are still useful in stimulating debate or providing concepts that have practical application. Keep in mind that theories are not facts; they are guidelines for investigation and practice, and they gain credibility through research that fails to disprove them. <sup>(3)</sup>

### Psychodynamic Theory

We begin with the often controversial figure, Sigmund Freud. Freud has been a very influential figure in the area of development; his view of development and psychopathology dominated the field of psychiatry until the growth of behaviorism in the 1950s.

Freud’s assumption that personality forms during the first few years of life and that the ways in which parents or other caregivers interact with children have a long-lasting impact on children’s emotional states have guided parents, educators, clinicians, and policy-makers for many years. We have only recently begun to recognize that early childhood experiences do not always result in certain personality traits or emotional states. There is a growing body of literature addressing resiliency in children who come from harsh backgrounds and yet develop without damaging emotional scars (O’Grady and Metz, 1987). Freud has stimulated an enormous amount of research and generated many ideas. Agreeing with Freud’s theory in its entirety is hardly necessary for appreciating the contribution he has made to the field of development. <sup>(4)</sup>

### Sigmund Freud: Background

Sigmund Freud (1856–1939) was a Viennese M. D. who was trained in neurology and asked to work with patients suffering from hysteria, a condition marked by uncontrollable emotional outbursts, fears and anxiety that had puzzled physicians for centuries. He was also asked to work with women who suffered from physical symptoms and forms of paralysis, which had no organic causes. During that time, many people believed that certain individuals were genetically inferior and thus more susceptible to mental illness. Women were thought to be genetically inferior and thus prone to illnesses such as hysteria (which had previously been attributed to a detached womb which was traveling around in the body).

However, after World War I, many soldiers came home with problems similar to hysteria. This called into question the idea of genetic inferiority as a cause of mental illness. Freud began working with patients suffering from hysteria and discovered that when they began to talk about some of their life experiences, particularly those that took place in early childhood, their symptoms disappeared. This led him to suggest the first purely psychological explanation for physical problems and mental illness. What he proposed was that unconscious motives and desires, fears and anxieties drive our actions. When upsetting memories or thoughts begin to find their way into our consciousness, we develop defenses to shield us from these painful realities.

These **defense mechanisms** include:

- Denying a reality
- Repressing or pushing away painful thoughts
- Rationalizing or finding a seemingly logical explanation for circumstances
- Projecting or attributing our feelings to someone else

- Outwardly opposing something we inwardly desire (called reaction formation)

Freud believed that many mental illnesses are a result of a person's inability to accept reality. **Freud emphasized the importance of early childhood experiences in shaping our personality and behavior.** In our natural state, we are biological beings. We are driven primarily by instincts. During childhood, however, we begin to become social beings as we learn how to manage our instincts and transform them into socially acceptable behaviors. The type of parenting the child receives has a very powerful impact on the child's personality development. We will explore this idea further in our discussion of psychosexual development. <sup>(4)</sup>

## Freud's Theories of Development

This section introduces Freud's theories of development. These include:

- Theory of the Mind
- Theory of the Self
- Psychosexual Stages <sup>(1)</sup>

### Theory of the Mind

Freud believed that most of our mental processes, motivations and desires are outside of our awareness. Our consciousness, that of which we are aware, represents only the tip of the iceberg that comprises our mental state. The preconscious represents that which can easily be called into the conscious mind. During development, our motivations and desires are gradually pushed into the unconscious because raw desires are often unacceptable in society.

### Theory of the Self

As adults, our personality or self consists of three main parts:

- Id
- Ego
- Superego

The **id** is the part of the self with which we are born. It consists of the biologically-driven self and includes our instincts and drives. It is the part of us that wants immediate gratification. Later in life, it comes to house our deepest, often unacceptable desires, such as sex and aggression. It operates under the **pleasure principle**, which means that the criteria for determining whether something is good or bad is whether it feels good or bad. An infant is all id.

The **ego** is the part of the self that develops as we learn that there are limits on what is acceptable to do and that often we must wait to have our needs satisfied. This part of the self is realistic and reasonable. It knows how to make compromises. It operates under the **reality principle** or the recognition that sometimes need gratification must be postponed for practical reasons. It acts as a mediator between the id and the superego and is viewed as the healthiest part of the self.

Here is an abbreviated listing of **defense mechanisms** suggested by Freud. If the ego is strong, the individual is realistic and accepting of reality and remains more logical, objective, and reasonable. Building ego strength is a major goal of psychoanalysis (Freudian psychotherapy). So for Freud, having a big ego is a good thing because it does not refer to being arrogant, it refers to being able to accept reality.

Defense mechanisms emerge to help a person distort reality so that the truth is less painful. Defense mechanisms include:

- **Repression** : To push the painful thoughts out of consciousness (in other words, think about something else).
- **Denial** : Not accepting the truth or lying to the self. Thoughts such as "it won't happen to me" or "you're not leaving" or "I don't have a problem with alcohol" are examples.
- **Regression** : Refers to "going back in time" when the world felt like a safer place, perhaps reverting to one's childhood. This is less common than the first two defense mechanisms.
- **Sublimation** : Involves transforming unacceptable urges into more socially acceptable behaviors. For example, a teenager who experiences strong sexual urges uses exercise to redirect those urges into more socially acceptable behavior.
- **Displacement** : Involves taking out frustrations on to a safer target. A person who is angry with a supervisor may take out their frustration at others when driving home or at a spouse upon arrival.
- **Projection** : Defense mechanism in which a person attributes their unacceptable thoughts onto others. If someone is frightened, for example, he or she accuses someone else of being afraid.

- **Reaction** formation: Defense mechanism in which a person outwardly opposes something they inwardly desire, but that they find unacceptable. An example of this might be homophobia or a strong hatred and fear of homosexuality.

The **superego** is the part of the self that develops as we learn the rules, standards, and values of society. This part of the self takes into account the moral guidelines that are a part of our culture. It is a rule-governed part of the self that operates under a sense of guilt (guilt is a social emotion—it is a feeling that others think less of you or believe you to be wrong). If a person violates the superego, he or she feels guilty. The superego is useful but can be too strong; in this case, a person might feel overly anxious and guilty about circumstances over which they had no control. Such a person may experience high levels of stress and inhibition that keeps them from living well. The id is inborn, but the ego and superego develop during the course of our early interactions with others. These interactions occur against a backdrop of learning to resolve early biological and social challenges and play a key role in our personality development.

### Psychosexual Stages

Freud's psychosexual stages of development are presented below. At any of these stages, the child might become “stuck” or fixated if a caregiver either overly indulges or neglects the child's needs. A fixated adult will continue to try and resolve this later in life.

For about the first year of life, the infant is in the **oral stage** of psychosexual development. The infant meets needs primarily through oral gratification. A baby wishes to suck or chew on any object that comes close to the mouth. Babies explore the world through the mouth and find comfort and stimulation as well. Psychologically, the infant is all id. The infant seeks immediate gratification of needs such as comfort, warmth, food, and stimulation. If the caregiver meets oral needs consistently, the child will move away from this stage and progress further. However, if the caregiver is inconsistent or neglectful, the person may stay stuck in the oral stage. As an adult, the person might not feel good unless involved in some oral activity such as eating, drinking, smoking, nail biting, or compulsive talking. These actions bring comfort and security when the person feels insecure, afraid, or bored.

During the **anal stage**, which coincides with toddlerhood or mobility and potty training, the child is taught that some urges must be contained and some actions postponed. There are rules about certain functions and when and where they are to be carried out. The child is learning a sense of self-control. The ego is being developed. If the caregiver is extremely controlling about potty training (stands over the child waiting for the smallest indication that the child might need to go to the potty and immediately scoops the child up and places him on the potty chair, for example), the child may grow up fearing losing control. He may become fixated in this stage or “anal retentive,” that is, fearful of letting go. Such a person might be extremely neat and clean, organized, reliable, and controlling of others. If the caregiver neglects to teach the child to control urges, he may grow up to be “anal expulsive” or an adult who is messy, irresponsible, and disorganized.

The **phallic stage** occurs during the preschool years (ages 3–5) when the child has a new biological challenge to face. Freud believed that the child becomes sexually attracted to his or her opposite sexed parent.

- Boys experience the “Oedipal Complex” in which they become sexually attracted to their mothers but realize that Father is in the way. He is much more powerful. For a while, the boy fears that if he pursues his mother, father may castrate him (castration anxiety). So rather than risking losing his penis, he gives up his affections for his mother and instead learns to become more like his father, imitating his actions and mannerisms and thereby learns the role of males in his society. From this experience, the boy learns a sense of masculinity. He also learns what society thinks he should do and experiences guilt if he does not comply. In this way, the superego develops. If he does not resolve this successfully, he may become a “phallic male” or a man who constantly tries to prove his masculinity (about which he is insecure) by seducing women and beating up men.
- Girls experience the “Electra Complex” in which she develops an attraction for her father but realizes that she cannot compete with mother and so gives up that affection and learns to become more like her mother. This is not without some regret, however. Freud believed that the girl feels inferior because she does not have a penis (experiences “penis envy”). But she must resign herself to the fact that she is female and will just have to learn her inferior role in society as a female. However, if she does not resolve this conflict successfully, she may have a weak sense of femininity and grow up to be a “castrating female” who tries to compete with men in the workplace or in other areas of life.

During middle childhood (6–11), the child enters the latent stage focusing his or her attention outside the family and toward friendships. The biological drives are temporarily quieted (latent) and the child can direct attention to a larger world of friends. If the child is able to make friends, he or she will gain a sense of confidence. If not, the child may continue to be a loner or shy away from others, even as an adult.

The final stage of psychosexual development is referred to as the **genital stage**. From adolescence throughout adulthood a person is preoccupied with sex and reproduction. The adolescent experiences rising hormone levels and the sex drive and hunger drives become very strong. Ideally, the adolescent will rely on the ego to help think logically through these urges without taking actions that might be damaging. An adolescent might learn to redirect his or her sexual urges into safer activity, such as running. Quieting the id with the superego can lead to feeling overly self-conscious and guilty about these urges. Hopefully, it is the ego that is strengthened during this stage and the adolescent uses reason to manage urges.

### Strengths and Weaknesses of Freud's Theory

Freud's theory has been heavily criticized for several reasons. One is that it is very difficult to test scientifically. How can parenting in infancy be traced to personality in adulthood? Are there other variables that might better explain development? The theory is also considered to be sexist in suggesting that women who do not accept an inferior position in society are somehow psychologically flawed. Freud focuses on the darker side of human nature and suggests that much of what determines our actions is unknown to us. So why do we study Freud? As mentioned above, despite the criticisms, Freud's assumptions about the importance of early childhood experiences in shaping our psychological selves have found their way into child development, education, and parenting practices. Freud's theory has heuristic value in providing a framework to elaborate and modify subsequent theories of development. Many later theories, particularly behaviorism and humanism, were challenges to Freud's views. <sup>(4)</sup>

### Psychosocial Theory

Now, let's turn to a less controversial psychodynamic theorist, the father of developmental psychology, Erik Erikson.

Erik Erikson (1902–1994) was a student of Freud's and expanded on his theory of psychosexual development by emphasizing the importance of culture in parenting practices and motivations and adding three stages of adult development (Erikson, 1950; 1968). He believed that we are aware of what motivates us throughout life and the ego has greater importance in guiding our actions than does the id. We make conscious choices in life and these choices focus on meeting certain social and cultural needs rather than purely biological ones. Humans are motivated, for instance, by the need to feel that the world is a trustworthy place, that we are capable individuals, that we can make a contribution to society, and that we have lived a meaningful life. These are all psychosocial problems. Erikson divided the life span into eight stages. In each stage, we have a major psychosocial task to accomplish or crisis to overcome. Erikson believed that our personality continues to take shape throughout our life span as we face these challenges in living. We will discuss each of these stages in length as we explore each period of the life span, but here is a brief overview.

### The Ego Rules

#### Psychosocial Stages

1. **Trust vs. mistrust** (0–1): infant must have basic needs met in a consistent way in order to feel that the world is a trustworthy place
2. **Autonomy vs. shame and doubt** (1–2): mobile toddlers have newfound freedom they like to exercise and by being allowed to do so, they learn some basic independence
3. **Initiative vs. Guilt** (3–5): preschoolers like to initiate activities and emphasize doing things “all by myself”
4. **Industry vs. inferiority** (6–11): school aged children focus on accomplishments and begin making comparisons between themselves and their classmates
5. **Identity vs. role confusion** (adolescence): teenagers are trying to gain a sense of identity as they experiment with various roles, beliefs, and ideas
6. **Intimacy vs. Isolation** (young adulthood): in our 20s and 30s we are making some of our first long-term commitments in intimate relationships
7. **Generativity vs. stagnation** (middle adulthood): 40s through the early 60s we focus on being productive at work and home and are motivated by wanting to feel that we've made a contribution to society
8. **Integrity vs. Despair** (late adulthood): we look back on our lives and hope to like what we see; that we have lived well and have a sense of integrity because we lived according to our beliefs. <sup>(5)</sup>

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