

Theory Paper: Erik Erikson's Psychosocial Development Theory

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Coping With Pediatric Hospitalization Using Erikson's Psychosocial Theory

Researchers define coping as the ability someone has to adapt to the environment around them. In hospitals, child life specialists may use strategies such as allowing children to make choices for themselves when possible; therapeutic play; providing coaching during medical procedures; and communicating in children's language while listening to their anxieties and fears (Claridge et al., 2020) to help them cope with the challenges children face while hospitalized.

Pediatric hospitalization is a stressful time for both child patients and their families and unfortunately, stress during hospitalization can lead to longer recovery times and negative consequences post-discharge (Claridge et al., 2020). Additionally, when going inpatient children are at risk of falling behind or regressing developmentally if their psychosocial needs remain unmet. Child life specialists use their practice to provide the appropriate coping skills to children and to reduce the amount of stress and trauma associated with hospitalization, in order to ensure patients can progress developmentally during their hospital stay and while reintegrating back into society.

Theory

Erik Erikson: Psychosocial Developmental Theory

One of the main theories used in child life practice when assessing the needs and coping skills of hospitalized children is Erik Erikson's psychosocial developmental theory. He published his theory in the early 1960s, modeling it after Freud's psychosexual stages of development. Much like Freud, Erikson believed child development progressed through stages. However, unlike Freud he emphasized social interactions and relationships and how they propelled development (K.Cantrell, personal communication, 2024). Erikson proposed eight stages of development, which are triggered by a crisis in each stage that becomes a turning point, resulting

in an emergence of virtues and values (Knight, 2016). If someone is unable to work through these crises, their functioning in the social world will be impacted (K.Cantrell, personal communication, 2024). The eight stages are: infancy, early childhood, play age, school age, adolescence, young adulthood, and old age (Erikson, 1963; Kivnick & Wells, 2013). The crises Erikson proposes at each stage are: trust vs. mistrust, autonomy vs. shame, initiative vs. guilt, industry vs. inferiority, identity vs. confusion, intimacy vs. isolation, and generativity vs. stagnation (Erikson, 1963; Kivnick & Wells, 2013).

Motivation

Erikson views humans as being active participants in their development which is demonstrated in how they approach each crisis at the “intersection of the individual life and the historical moment” (Douvan, 1997, p. 15) meaning both environment and personal values affect how one will progress to the next stage of development. It is important to remember that the word crisis does not mean calamity, but rather a different way of viewing the world (Knight, 2017). Furthermore, he believed that the inability to resolve a crisis did not mean one could not progress to the next stage, but rather it would hinder development by leaving unresolved issues at that stage for example someone who never resolved trust vs. mistrust may, “[be] rooted in the first developmental stage” and have an “over identification with mistrust in the self or the world, and a resultant persistently pessimistic outlook on life...” (Knight, 2017, p. 1049).

Motivation for development is internal and external which he demonstrated in all eight stages but especially during childhood and early adolescence. He clarified problems that had vaguely been addressed, combining both internal and external motivation for development through his focus on “ego capacities and the influence of social/cultural factors on development restated issues in psychoanalysis...” (Douvan, 1997, p. 17). For example, in the industry vs.

inferiority stage during school age, children are internally motivated to initiate tasks and feel a sense of accomplishment when completed. However, they can not always accomplish this on their own without outside support, and are at risk of feeling inferior if not given the opportunities to do so.

In young adulthood he focused on identity struggles and how young adults view themselves fitting into the world around them- something that had not been thought of as part of development previously. Erikson's psychosocial theory places development occurring well into adulthood and old age. He believed that as one begins to enter adulthood, they begin to reflect on what societal contributions one has made, usually through friends, family and work (Erikson, 1963; K.Cantrell, personal communication, 2024) reaching the generativity vs. stagnation stage. If someone does not resolve this crisis, they will move onto integrity vs. despair feeling a lack of purpose (Erikson, 1963; K.Cantrell, personal communication, 2024), making humans both actively and passively involved in development.

Change

In Douvan's (1997, p. 43) study, she found across Erikson's stages of development there were commonalities in "life events, experiences, and concerns associated with each [stage]." Knight (2017, p.1049), discusses how children's development of ego in the first four stages progresses in the context of their parents and other authority figures development of "intimacy, generativity, and integrity." For example, children will look towards their teachers when developing their sense of industry and identity, just as adults need their older children to confirm their sense of integrity (Knight, 2017). Every previous stage helps establish personality and influences how future stages are worked through (Erikson, 1963; Knight, 2017). For example, at birth basic trust emerges in infants which then emerges at adolescence when identity is at the

forefront of development. This is why it is important to remember psychosocial development is not a “staircase of achievement” (Knight, 2017), even though Erikson sets up his stages similarly to Freud’s psychosexual stages.

Time

In his theory, Erikson (1963) claims all eight stages are of equal importance, “necessary for mutual involvement in an ever-increasing social radius, from infancy through adulthood and old age” (Knight, 2017, p.1049). Meaning, development happens over the course of one's lifetime, and ends with identity formation and establishing a sense of self.

Data

Transitioning from one developmental stage to another does not always have to be difficult, in fact, it can actually be rewarding for an individual (Yerushalmi, 2010) because each stage brings one closer to identifying their true identity and feeling a sense of belonging. Which is supported by Knight's (2017, p. 1046) research. She states, "Empirical research aimed at validating Erikson's developmental theory has been ongoing for close to five decades. For example, empirical support for his psychosocial development theory has been linked to personality development, identity formation, culture, and life cycle development." Erikson uses a holistic approach to development addressing both inner and outer conflicts that emerge and are facilitated by one's social environment (Knight, 2017).

Application of Psychosocial Theory

Psychosocial Theory and Coping

It is important to take these stages into consideration when evaluating a child's needs in the hospital because children's age factors greatly into finding appropriate coping strategies. For example, in Erikson's intimacy vs. isolation stage during young adulthood, he proposes young

adults find it difficult to form and maintain close relationships and if they are unable to do this they can begin to feel socially isolated. When a young adult is hospitalized, hospital interdisciplinary staff tries their hardest to provide opportunities for the patient to stay as connected as possible to their peers to avoid them feeling socially isolated which can lead to depression and lack of motivation. During the COVID-19 pandemic, hospitals struggled to meet the developmental needs of all their patients- especially ones in the young adult range because of restrictions on visitors. In a study conducted by Carly Jenkins et al., (2023, p. 1607), one child life specialist stated, “anyone over eighteen is not allowed a visitor at all that I find I think probably even harder than the one parent rule.”

Furthermore in Quaye et al., (2018, p. 4535) study, researchers found, “when children are actively involved in decision-making in their healthcare, they are usually better informed, thereby facilitating and benefitting the work of the healthcare officials.” For example, in the initiative vs. guilt stage Erikson proposes during preschool age, children want independence but also need comfort, making it extremely important to give children as young as three options about their treatment whenever possible through active participation. Questions like asking if a child would like to take their medicine with a cup or syringe, or asking them if they want to blow on their arm after the nurse preps it for an IV are all examples of coping skills a child should be equipped with during hospitalization. In a study conducted by Clairidge et al., (2020), children who received child life services and children who did not were randomly selected to draw a picture to assess their anxiety levels while in the hospital. Children were given a blank piece of paper and crayons and researchers asked them to draw a picture of a person in the hospital. Results revealed that a “child who received child life services reported significantly lower levels of anxiety than children who did not receive child life services” (Claridge et al., 2020, p. 9).

Strengths of Psychosocial Theory

Researchers Marcia and Josselson (2012, p. 628) state, “Erikson’s [theory] is the most comprehensive and empirically validated theory of development...” Additionally, many scientists have come to the conclusion that social support and coping skills relate to resilience and optimal adjustment when faced with hardship (Markstrom & Marshall, 2007). Due to the mounting research supporting psychosocial theory, many child life specialists try their best to incorporate it into their everyday practice to support patient’s development whenever possible. Unfortunately, when children are hospitalized, sometimes they are in a state where they can not fully communicate their needs and wants, or they are too young to do so. By implementing Erikson’s theory, child life specialists and other hospital staff have the ability to address the needs of the patient if they are not able to express them independently. Understanding children’s coping behavior and experiences during hospitalization and illness helps reinforce interventions that will support coping outcomes (Jepsen et al., 2018).

Limitations

Erikson’s theory has been criticized for mainly focusing on psychosocial development in western culture. His theory does not account for cultures in other countries where children may take on adult roles sooner in life than children in western culture, which makes it challenging to assess empirically the global impact psychosocial development theory has had on hospitalized children in other countries (Claridge et al., 2020). The theory also assumes that every child will go through every stage of development at the same time which is just not the case. Children who were already behind developmentally before hospitalization may not be able to have their needs met using psychosocial theory and may need further observation and evaluation to implement a coping strategy and plan that is best suited for their developmental needs.

Future Directions

The most effective way to apply psychoanalytic theory to assist in coping with pediatric hospitalization would begin with researching the topic more. In the study conducted by Clairdge et al., (2020) researchers concluded attending to children's psychosocial needs in the hospital provides "promising preliminary evidence that child life services may improve children's overall psychosocial experience..." However, there is difficulty in assessing the effectiveness of Erikson's theory in children's hospitals because the child life profession is relatively new to healthcare, and many patients and their families are not aware that child life services even exist. By conducting more empirical research, child life specialists and families of children who are hospitalized could better advocate for their services, reducing the amount of stress and medical trauma to nurture growth and development in a hospital setting.

Conclusion

Erik Erikson's psychosocial theory is effective in assessing the needs of children while they are hospitalized in order to develop and implement coping strategies to reduce medical trauma and support development so children can successfully reintegrate back into society when their hospitalization ends. It is extremely common for hospitalized children to experience difficulty when trying to communicate with the adults in their life. Erikson's theory provides child life specialists with different stages of development to see what a child may need at a certain point in their life if they are unable to do so themselves.

Clairidge and others research (2020) found children are in desperate need of psychosocial support in the hospital, and when receiving it through child life services patients and their families both reported a more positive hospital experience. Without the work of Erikson, this could not be accomplished and the impact he made on psychology is still being seen today.

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