**Developmental Theories Compared and Contrasted**

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**Developmental Theories**

**Freud’s Psychosexual Stages**

 The oral stage is birth to 18 months, and it is when trust is established. Traits

can be excessive dependency; envy and jealousy; narcissism; pessimism; excessive optimism.

 Anal stage is 18 months to 3 years, and it is when children learn independence

and control. Traits are orderliness; obstinacy; heightened ambivalence; messiness; defiance;

rage; obsessive compulsive; sadomasochism.

 Phallic/Oedipal stage is 3 to 6 years, and it is the identification with same sex

parent and development of sexual identity. Traits are sexual identity issues, castration in

males; penis envy in females; excessive guilt.

 Latency stage is 6 to 12 years, and the child is sexually sublimated (instinctual

impulse) and emphasis on same sex peers. Traits are inability to sublimate energies to learn,

excessive inner control, and obsessive traits.

 Genital stage is 13 to 20 years, and it is the establishment of separation from parents

and mature non-incestuous relationships with others. Traits are reworking all the previous

developmental issues; establishing a life not dependent on parents.

(Wheeler, pg. 253)

**Erikson’s Psychosocial Stages**

Trust versus mistrust is birth to 18 months and pathological outcomes are psychosis,

addictions, and depression.

 Autonomy versus self-doubt is 18 months to 3 years and outcomes are paranoia,

obsessions, compulsions, and impulsivity.

 Initiative versus guilt is 3 to 6 years and outcomes are conversion disorder, phobias,

and psychosomatic disorder.

 Industry versus Inferiority is 6 to 12 years and outcomes are inertia (remain

unchanged) and creative inhibition.

 Identity versus isolation is 12-20 years and the outcomes are delinquency, gender

related identity disorders, borderline psychotic episodes.

 Intimacy versus isolation is 20 to 30 years of age and the outcomes are schizoid

Personalities.

 Generativity versus stagnation is 30 to 65 years old and the outcomes are midlife

crisis and premature invalidism.

 Ego integrity versus despair is 65 years to death and the outcomes may be extreme

alienation and despair.

(Wheeler, p. 254)

**Comparison of Theories**

It would be logical that the stages of the theories by both men would be similar as

Erikson studied Freud. Erikson did however feel like he needed to expound upon Freud’s

stages beyond the Genital stage (Cherry, 2019). Erikson understood that childhood trauma

or experiences in general could potentially delay the stages and/or change how the stages

 were managed.

 With Covid-19, there leaves little doubt that the stages of development exist and were

quite accurate. When young nurses study Freud and Erikson, there is not the understanding

of the significance of the observations made by the two theorists. When the developmental

delays are brought to light after enforced isolation for the Covid-19 virus everyone will be a

believer in the stages of both men.

 The enforced isolation is not as easily comprehended by the youth of this world.

It will affect their eating habits, how they interact with peers once the isolation is over, fear

of parents or home life may be more apparent after the lockdown with neglect and abuse,

people skills will be delayed for some, activity is less, loss of jobs create more tension at

home, virtual learning will leave some behind intellectually (Asvaroglu & Olkanlı, 2021).

The affects will likely span generations to come, and Erikson’s stages will be validated.

**Contrasting the Theories**

 Erikson did take the stages further and brought about the terminology of generativity.

This provides hope that the older generation will help shape the future generations with what

they have learned and experienced over their lifetime (Whitehouse & George, 2017). Freud

believed that personality and development ended with early adulthood and Erikson believed

that humans continued changing till death (Cherry, 2019). Freud based his theory on personal

needs being met to shape a person where Erikson’s theory points to dependence on social and

environmental interactions.

**Conclusion**

 Many young nurses go through the motions when studying Freud and Erikson.

Hopefully, teachers can persuade them to look a little closer and utilize the stages when

interacting with a client. Many nurses develop empathy when it is discovered that needs have

not been met and developmental delay or behavior problems are apparent due to stages

 having not been met. Therefore, understanding what happens when a patient’s needs are not

met as they develop through the years makes each of us a better caregiver. Understanding our

own deficiencies in their stages will only cement what Freud and Erikson wanted us to know

as providers.

**References**

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