Theories in Mental Health Nursing

Lecture outlines:

- Freud’s Stages of Personality Development.
- Sullivan’s Stages of Personality Development.
- Erikson’s Stages of Personality Development.

Learning objectives:

At the end of this chapter, the student should be able to:

1. Discuss the major components of the following developmental theories:

   a. Psychoanalytic theory—Freud.

   b. Interpersonal theory—Sullivan.

   c. Theory of psychosocial development—Erikson.
**Personality**

- The combination of character, behavioral, temperamental, emotional, and mental traits that is unique to each specific individual.
- Sigmund Freud (1961), who has been called the father of psychiatry, is credited as the first to identify development by stages.
- He considered the first 5 years of a child’s life to be the most important because he believed that an individual’s basic character had been formed by the age of 5.
- Freud’s personality theory can be conceptualized according to structure and dynamics of the personality, topography of the mind, and stages of personality development.

**Freud’s Stages of Personality Development**

**Psychosexual development theory.**

**Stages**

1. **Oral Stage: (Birth to 18 Months)**

- During the oral stage, behavior is directed by the id, and the goal is immediate gratification of needs.
- The focus of energy is the mouth, and behaviors include sucking, chewing, and biting.
- The infant feels a sense of attachment and is unable to differentiate the self from the person who is providing the mothering. This includes feelings such as anxiety.
- Because of this lack of differentiation, a pervasive feeling of anxiety on the part of the mother may be passed on to her infant, leaving the child vulnerable to similar feelings of insecurity.
• With the beginning of development of the ego at age 4 to 6 months, the infant starts to view the self as separate from the mothering figure.

• A sense of security and the ability to trust others are derived out of gratification from fulfillment of basic needs during this stage.

2. Anal Stage: (18 Months to 3 Years)

• The major task in the anal stage is gaining independence and control, with particular focus on the excretory function.

• Freud believed that the manner in which the parents and other primary caregivers approach the task of toilet training may have far-reaching effects on the child in terms of values and personality characteristics.

• When toilet training is strict and rigid, the child may choose to retain the feces, becoming constipated.

• An alternate reaction to strict toilet training is for the child to expel feces in an unacceptable manner or at inappropriate times. Far-reaching effects of this behavior pattern include malevolence, cruelty to others, destructiveness, disorganization, and untidiness.

• Toilet training that is more permissive and accepting attaches the feeling of importance and desirability to feces production. The child becomes extroverted, productive, and altruistic.

3. Phallic Stage: (3 to 6 Years)

• In this stage, the focus of energy shifts to the genital area.
• Discovery of differences between genders results in a heightened interest in the sexuality of self and others. This interest may be manifested in sexual self-exploratory or group-exploratory play.

• The development of the *Oedipus complex* (males) or *Electra complex* (females) occurred during this stage of development.

• He described this as the child’s unconscious desire to eliminate the parent of the same gender and to possess the parent of the opposite gender for himself or herself.

• Guilt feelings result with the emergence of the superego during these years.

• Resolution of this internal conflict occurs when the child develops a strong identification with the parent of the same gender and internalizes that parent’s attitudes, beliefs, and value system.

4. Latency Stage: (6 to 12 Years)

• During the elementary school years, the focus changes from egocentrism to one of more interest in group activities, learning, and socialization with peers.

• Sexuality is not absent during this period but remains obscure and imperceptible to others.

• Children show a distinct preference for same-gender relationships, even rejecting members of the opposite gender.

5. Genital Stage: (13 to 20 Years)

• In the genital stage, the maturing of the genital organs results in a reawakening of the libidinal drive.

• The focus is on relationships with members of the opposite gender and preparations for selecting a mate.
The development of sexual maturity evolves from self-gratification to behaviors deemed acceptable by societal norms.

Interpersonal relationships are based on genuine pleasure derived from the interaction rather than from the more self-serving implications of childhood associations.

Relevance of Psychoanalytic Theory to Nursing Practice

Knowledge of the structure of the personality can assist nurses who work in the mental health setting. The ability to recognize behaviors associated with the id, the ego, and the superego assists in the assessment of developmental level. Understanding the use of ego defense mechanisms is important in making determinations about maladaptive behaviors, in planning care for clients to assist in creating change (if desired), or in helping clients accept themselves as unique individuals.

<table>
<thead>
<tr>
<th>Age</th>
<th>Stage</th>
<th>Major Developmental Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth–18 months</td>
<td>Oral</td>
<td>Relief from anxiety through oral gratification of needs.</td>
</tr>
<tr>
<td>18 months–3 years</td>
<td>Anal</td>
<td>Learning independence and control, with focus on the excretory function.</td>
</tr>
<tr>
<td>3–6 years</td>
<td>Phallic</td>
<td>Identification with parent of same gender; development of sexual identity; focus on genital organs.</td>
</tr>
<tr>
<td>6–12 years</td>
<td>Latency</td>
<td>Sexuality repressed; focus on relationships</td>
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</table>
Libido reawakened as genital organs mature; focus on relationships with members of the opposite gender

### Sullivan’s Stages of Personality Development

**Inter personal relationship developmental theory**

Sullivan describes six stages of personality development:

1. **Infancy: (Birth to 18 Months)**
   During this beginning stage, the major developmental task for the child is the gratification of needs. This is accomplished through activity associated with the mouth, such as crying, nursing, and thumb sucking.

2. **Childhood: (18 Months to 6 Years)**
   - At ages 18 months to 6 years, the child learns that interference with fulfillment of personal wishes and desires may result in delayed gratification.
   - Child learns to accept this and feel comfortable with it, recognizing that delayed gratification often results in parental approval, a more lasting type of reward.
   - Tools of this stage include the mouth, the anus, language, experimentation, manipulation, and identification.

3. **Juvenile: (6 to 9 Years)**
The major task of the juvenile stage is formation of satisfactory relationships within the peer group. This cooperation, and compromise.

4. Preadolescence: (9 to 12 Years)
The tasks of the preadolescence stage focus on developing relationships with persons of the same gender. One’s ability to collaborate with and show love and affection for another person begins at this stage.

5. Early Adolescence: (12 to 14 Years)
   - During early adolescence, the child is struggling with developing a sense of identity, separate and independent from the parents.
   - The major task is formation of satisfactory relationships with members of the opposite gender.
   - Sullivan saw the emergence of lust in response to biological changes as a major force occurring during this period.

6. Late Adolescence: (14 to 21 Years)
   - The late adolescent period is characterized by tasks associated with the attempt to achieve interdependence within the society and the formation of a lasting, intimate relationship with a selected member of the opposite gender.
   - The genital organs are the major developmental focus of this stage.

Summary of Sullivan’s Stages of Personality Development
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<th>Age</th>
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<th>Major Developmental Tasks</th>
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<td>Infancy</td>
<td>Relief from anxiety through oral gratification of needs</td>
</tr>
<tr>
<td>18 months–6 years</td>
<td>Childhood</td>
<td>Learning to experience a delay in personal gratification without undue anxiety</td>
</tr>
<tr>
<td>6–9 years</td>
<td>Juvenile</td>
<td>Learning to form satisfactory peer relationships</td>
</tr>
<tr>
<td>9–12 years</td>
<td>Preadolescence</td>
<td>Learning to form satisfactory relationships with persons of same gender initiating feelings of affection for another person</td>
</tr>
<tr>
<td>12–14 years</td>
<td>Early adolescence</td>
<td>Learning to form satisfactory relationships with persons of the opposite gender; developing a sense of identity</td>
</tr>
<tr>
<td>14–21 years</td>
<td>Late adolescence</td>
<td>Establishing self-identity; experiencing satisfying relationships; working to develop a lasting, intimate opposite gender relationship</td>
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**Relevance of Interpersonal Theory to Nursing Practice**

- The interpersonal theory has significant relevance to nursing practice.
- Relationship development, which is a major concept of this theory, is a major psychiatric nursing intervention.
- Nurses develop therapeutic relationships with clients in an effort to help them generalize this ability to interact successfully with others.
• Knowledge about the behaviors associated with all levels of anxiety and methods for alleviating anxiety helps nurses to assist clients achieve interpersonal security and a sense of well-being.

• Nurses use the concepts of Sullivan’s theory to help clients achieve a higher degree of independent and interpersonal functioning.

**Erikson’s Stages of Personality Development**

**Psych Social developmental theory**

• Erikson (1963) studied the influence of social processes on the development of the personality.

• He described eight stages of the life cycle during which individuals struggle with developmental “crises”.

• Specific tasks associated with each stage must be completed for resolution of the crisis and for emotional growth to occur.

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<tr>
<th>Stage of Erickson's developmental theory</th>
<th>Major Developmental Tasks</th>
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<tr>
<td><strong>Age</strong></td>
<td><strong>Stage</strong></td>
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<tr>
<td>Infancy (Birth–18 months)</td>
<td>Trust vs. mistrust</td>
</tr>
<tr>
<td>Early childhood (18 months–3 years)</td>
<td>Autonomy vs. shame and doubt</td>
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<tr>
<td>Late childhood (3–6 years)</td>
<td>Initiative vs. guilt</td>
</tr>
<tr>
<td>Schoolage (6–12 years)</td>
<td>Industry vs. inferiority</td>
</tr>
<tr>
<td>Stage</td>
<td>Conflict</td>
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<tr>
<td>Adolescence (12–20 years)</td>
<td>Identity vs. role confusion</td>
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<tr>
<td>Young adulthood (20–30 years)</td>
<td>Intimacy vs. isolation</td>
</tr>
<tr>
<td>Adulthood (30–65 years)</td>
<td>Generativity vs. stagnation</td>
</tr>
<tr>
<td>Old age (65 years–death)</td>
<td>Ego integrity vs. despair</td>
</tr>
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**Relevance of Psychosocial Development Theory to Nursing Practice**

- Erikson’s theory is particularly relevant to nursing practice in that it incorporates sociocultural concepts into the development of personality. Erikson provides a systematic, stepwise approach and outlines specific tasks that should be completed during each stage.
- This information can be used quite readily in psychiatric/mental health nursing.
- Many individuals with mental health problems are still struggling to achieve tasks from a number of developmental stages.
- Nurses can plan care to assist these individuals to complete these tasks and move on to a higher developmental level.