Erik Erikson’s Updates of Freud’s Developmental Stages: Updating, Humanizing, and Softening

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Erikson advances the discussion begun by the founding triumvirate of Freud, Jung, and Adler. Freud was the scientist and man of reason and rationality—who nonetheless postulated a very irrational foundation to life. Jung was the mystic who illuminated the shadow side of Freud’s theories and who sought to integrate and balance dualities in human nature and to give the spiritual its proper place as the complement to the rational. Adler was the practical reformer who said we must not ignore our basic communal aspirations that must be nurtured by family and community.

Erikson adds the developmental perspective. Erikson (1963) said that we should regard people not as static but as developing organisms—we need to regard the organism as “a process rather than as a thing” (p. 34). One of the ways that he described this process was to take Freud’s developmental stages and update them, turning them from relatively static categories to dynamic processes in which the developing person must confront and successfully master key tasks. In doing so, he accomplished something else—he made Freud’s ideas more relevant and useful for helping professionals. While Erikson at times is unable to shake off some of Freud’s sexual orthodoxy and occasionally lapses into psychosexual descriptions of clients that don’t appear warranted, on the whole, Erikson’s cases provide wonderful examples of how his sophisticated understanding of children’s development leads to effective counseling.

In *Insight and Responsibility*, Erikson (1964) says that Freud established the first principle of psychoanalysis: *one can study the human mind only by engaging the fully motivated partnership of the observed individual and by entering into a sincere contract with him* (p. 29). In this quote, we find Erikson furnishing evidence for a common factors reading of Freud. The common factors hypothesis emphasizes that change occurs within the context of the therapeutic relationship, and here Erikson identifies this key attribute of Freud’s work and presents them in ways that the modern clinician can understand and implement. It’s a great example of how Erikson uses Freud and modifies him: he says that Freud began counseling and psychotherapy through a sincere contract; he extends this to include the concept of motivation, which is one of the fundamental aspects of successful counseling; he emphasizes that this relationship is a partnership, which anticipates such later approaches as solution-focused counseling and motivational interviewing. These concepts are mentioned in Freud’s writings, but the emphasis that Erikson provides is typical—he emphasizes the dynamic nature of the relationship and the motivating factors underlying it—and the result is that Erikson makes Freud work for us.

One of the clearest examples of how Erikson updates Freud to make him more useful and counselor-friendly is in Erikson’s modification of Freud’s psychosexual stages.

Birth to 1 year: Oral becomes Trust vs. Mistrust

1 to 3 years: Anal becomes Autonomy vs. Shame and Doubt

3 to 5 or 6: Phallic becomes Initiative vs. Guilt

6 to 12 (puberty): Latency becomes Industry vs. Inferiority

12 to 20 years: Genital becomes Identity vs. Role confusion

and then, the additional stages that Erikson added

Young adulthood Intimacy vs. Isolation

Middle adulthood Generativity vs. Stagnation

Late adulthood Ego integrity vs. Despair

Trust vs. Mistrust

Trust versus mistrust is important in basic personality formation. In psychosis, for example, it is often difficult to know what central experience to trust. As one of my residential clients said once when we were standing outside with the full moon shining, “I know there’s no big pig on the moon, you tell me that, everyone tells me that. But” (turning his face to the moon) “I can see it there plain as day. So what do you want me to do?” His was a poignant case of a fundamental problem in trusting others—how could he trust me, when our experiences were so different? In addition to schizophrenia, in the case of those diagnosed with borderline personality disorder, there may be a fundamental lack of trust in others and a basic despair that her needs will be met.

In Freud, this stage is somewhat less helpfully described as being overly dependent, orally fixated, and so on. Decreasing dependency or fixations are arguably less clinically indicated than increasing trust in oneself and deserving others. Rather than fixation, Erikson encourages investigation into the relational process of trust and trust-building. In counseling, this concept can be easily worked with in the context of the therapeutic relationship, and basic trust (and mistrust) can be explored with clients.

Autonomy vs. Shame and Doubt

We can see Freud’s influence in Erikson’s statements that this stage is about holding on and letting go, which are the two polar extremes in Freud’s anal stage. Erikson’s concern is with the fundamental ability to hold on when you need to hold on, and let go when you need to let go; an analogy is to the autonomous nervous system, where sympathetic (fight or flight) balance with parasympathetic (rest and digest) responses.

A helpful case to examine is that of Ann, the “multiple sphincter” (Erikson, 1963, p. 52) child, who spasmodically closes herself down, and then explosively opens herself up. In this case, Erikson again shows how Freud’s stages can be updated, in this case, the anal stage. But he also shows the weakness that appears from time to time, which is an at-times too close application of Freudian theory. His explanation of Ann’s behavior is appropriate and makes sense for the most part, but the Freudian overtones sometimes ring false, and we encounter the first small caveat to Erikson’s generally successful project.

His interpretations of her behavior echo Freud—when she explodes in anger, she is showing lack of control, akin to her lack of bowel control. She clutches at a bunch of pencils and then drops them, symbolizing her difficulties with sphincter control. Erikson (1963) says at one point, “One might also say that the whole little girl acts like a multiple sphincter. In her facial expression, as well as in her emotional communication, she closes up most of the time, to open up rarely and spasmodically,” and he says that “this little girl, unable to master the problem of how to give without taking (maybe how to love her father without robbing her mother) falls back on an automatic alteration of retentive and eliminative acts” (p. 52).

Now even though he describes her in these kinds of psychosexual terms—the anal retentive (overcontrolled) versus anal eliminative (chaotic, messy) dichotomy is Freud—yet the overall tenor is more in line with how a contemporary counselor would deal with the issue, and even in his theoretical formulations, he appears more sound, less dogmatic than Freud was. That’s the key—Freud was so often so intent on proving his point that the human client could get lost, whereas with Erikson you rarely get that impression.

In terms of treatment, there are changes as well. Instead of treating her like a little adult, Erikson (1963) describes their encounter: “I do not ask her any questions; I do not even tell her that I am her friend and that she should trust me. Instead I start to build a simple block house on the floor” (p. 49). He arranges people in the house—and the girl joins in. She kicks the mom doll away and brings three cars for the daddy doll. And Erikson comments: “What she would not have been able to say in words in many hours she could express in a few moments of non-verbal communication: she ‘hated’ her mother and she ‘loved’ her father” (p. 51).

Thus rather than trying to talk to this little girl, Erikson plays with her, and this shift is equally momentous. Throughout *Childhood and Society*, Erikson demonstrates how play serves the purpose of ego expression and integration. It is the way we get to know children, the way they naturally express themselves. We can see whether they are successful and unsuccessful at play, and helping them to succeed in play can be very meaningful and helpful in helping them to overcome obstacles and develop. Children not only have fun playing—they also “work” at playing. Erikson (1963) says that “paraphrasing Freud, we have called play the royal road to the understanding of the infantile ego’s effort at synthesis” (p. 209)—the way to best observe the varying success the child has at expressing and understanding herself. He presents clinical vignettes that “illustrate the capacity of the ego to find recreation and self-cure in the activity of play; and the therapeutic situations in which we were fortunate enough to be able to help a child’s ego to help itself” (p. 209).

So play is both the diagnostic instrument, as well as the potential therapeutic cure—a way for children to work it out by playing it out. A child who has normal supports (love, nurturance, care, attention) will “naturally” play—and generally be good at it. But a child who has been abused, neglected, in some way harmed by people and/or circumstances, may not be a very good player. It is the collateral harm for the child—not only are their objective circumstances poor, but their subjective sense of themselves is damaged through, in Erikson’s terms, a failure to achieve play satiation. In his work with Ann who is learning how to hold on and let go, Erikson helps her to both express what is going on in her life, as well as helping her use play to work through her issues with him.

For counselors-in-training who envision themselves working with children, these two points must be kept in mind. Many of the abused/neglected children that are seen in clinical practice are not “successful players.” They were too wired or too apathetic, unable to fantasize or unable to connect with reality, too timid or too aggressive. Children often manifest illness somatically—bedwetting, bowel problems, eating problems, nervousness, as well as low mood, etc.—and in their communication with others and in their expression of who they are, i.e., in their play. Thus in playing with children, counselors help them express themselves and achieve play mastery—a developmentally appropriate sense of power and control—that Erikson says is the basic task of the child.

Initiative vs. Guilt

This is the stage that remains the most psychoanalytic. Erikson softens it by talking about it as the anticipation of roles, but he does say that “in the boy, the emphasis remains on phallic-intrusive modes; in the girl it turns to modes of ‘catching’ in more aggressive forms of snatching or in the milder form of making oneself attractive and endearing” (p. 255), and Erikson mentions the Freudian concept of the fear of castration as occurring during this stage. Again, sex roles are indeed experimented with at this stage, but the degree to which these roles are socially influenced is not entirely clear with Erikson—he’s moving in the right direction, but still is hampered when he over-relies on Freud.

The case of Mary is highly illustrative. In this case Erikson (1963) shows his allegiance to such Freudian concepts as the “loss from the genital region” (p. 231) that Mary supposedly shows; he also shows how a developmental understanding of the function of children’s play can lead to healing in a clinical setting. Mary is suffering from nightmares and anxiety attacks in her play group. (There are other important aspects of her case that Erikson divulges later in the case history.) Mary is brought into see Erikson, and in the first session, he notes that she grabs a doll, holds it against her lower abdominal region, and pushes at things with the doll, then lets the doll drop repeatedly. Erikson applies Freud—he thinks this may be related to sexuality, and the aforementioned loss from the genital region, castration. However, the reader is unlikely to be fully convinced by this interpretation, especially in light of the brilliant play that Erikson engages in with Mary.

Before the second visit, Erikson finds out two vital pieces of information: Mary had been born with a sixth finger, which was removed when she was an infant, and she has a scar on her hand. She has been repeatedly asking about the scar and was told that it was a mosquito bite. The second piece of information was that her father had become less involved with her, due to worry about his job and his subsequent irritability with Mary—he shouted at her when she visited him in the bathroom: “You stay out of here!” (p. 228).

In this second visit, Mary goes to the blocks in the room and makes a wonderfully evocative structure. There is a box with a toy cow inside, and five parallel blocks and one perpendicular block are attached to the box. Instantly, Erikson sees that it resembles a six-fingered hand. Mary appears to have enjoyed her play immensely. Then, when it is time to go, she looks teasingly at Erikson, takes her mother’s hand, and pulls her from Erikson’s office into the waiting room. When Erikson tries to follow, the little girl tells him, “Thtay in there!” Erikson says, “There is nothing to do but to enter into the spirit of the game. I open the door slightly, quickly push the toy cow through the opening, make it squeak, and withdraw it. Mary is beside herself with pleasure and insists that the game be repeated a few times. She gets her wish, then it is time for her to go home. When she leaves she looks triumphantly and yet affectionately at me and promises to come back. I am left with the task of figuring out what has happened” (p. 231).

When he attempts to analyze what happened, he can’t seem to get rid of the idea that Mary is dealing with sexuality, rather than simply being worried about the scar on her finger, and the fact that her dad isn’t playing with her much anymore because he is so worried about his job. He pays a lot of attention to the fact that Mary liked to be with her father when he shaved and would ask about his genitals, and again, has to draw the parallel between her lost finger and her absent penis. In their play, he analyzes the play as restoration of the finger to the hand (to which we might say, “Amen”) but also that the cow in the stall symbolizes the restoration of the loss of the genital region, basically her compensation for her lack of penis (to which we might say, “Ach, the ghost of Sigmund!”).

But that is a minor interruption. Erikson, in delightfully developmental fashion, pays attention to Mary. In her play, she tells him what’s wrong, and how to make it right, and he listens. The play does in fact appear to strongly support his hypothesis about the healing aspects of play in therapy, and the fact that she got it right—experienced play satiation—appears indubitably true. In addition, the way that he continues to play with her, letting her boss him, then compromising by pushing out the cow and squeaking it, is blissfully appropriate. In the play, she gains practical mastery, and she also is provided with hope: if she can influence this grown-up man to play with her, maybe she can convince her father to play with her as well. And, as Erikson relates, this is in fact what happens. The daughter shows an interest in train engines, and the father takes her out to see the trains, and “there was a revived play relationship with her father” (p. 233).

Industry vs. Inferiority

This stage is one of Erikson’s great contributions. Industry vs. inferiority is explained as trying to navigate between extremes: all work versus all play. Neither extreme is satisfying nor recommended. Erikson identifies American cultural tendencies toward extremes—our technological and materialistic society turning out conformist drones, while our obsession with individual freedom doesn’t provide sufficient structure for children and may simply allow parents to be lax and lazy in their parenting. This stage is terribly important to vocational identity, because you need to have the sense that you can do one thing well. By contrast in Freud, the concept of latency is too passive. With Freud you get a sense that he failed to see how active this age range is, how dynamic, how creative and hardworking. With Erikson you get a much more dynamic sense of children ages 6–12, not just a time of latency/inactivity, but of incredible activity.

Erikson says that children need to be left alone to play, but he says that teachers and parents are vitally important too. They should highlight and reinforce what a child can do, which will help them develop competence. In doing so, they should let there be play in work and work in play, and that work itself should not be overemphasized, lest they turn the child into a little drone, a cog in the wheels of capitalism. Above all, the child must learn to do things well in order to have good self-esteem, because “there is the danger, probably the most common one, that throughout the long years of going to school a child will never acquire the enjoyment of work and pride in doing at least one kind of thing really well” (Erikson, 1968, p. 125).

Again, play is a prototype/preview/practice for work, which highlights Erikson’s contributions to career counseling. There is a sense that play helps a child by serving as a prototype for being an effective and productive adult. Erikson emphasizes the idea of successful play, of being able to express oneself and communicate through play. Clearly, a child needs to be successful in play—which often serves as a child’s interpretation of the “real” world—and the ability to be successful in play equips a child to begin to do things that are recognized by the adult world as productive—“playing” an instrument, “playing” an organized sport, along with schoolwork and work-related tasks like housework, yard work, etc. Erikson says that is vital to a child’s self-esteem that she be able to do things well.

Identity vs. Role Confusion

The stage for identity development is adolescence. Naturally it begins earlier, and continues throughout one’s life, but Erikson (1968) says that “we assume that not until adolescence does the individual develop the prerequisites in physiological growth, mental maturation, and social responsibility to experience and pass through the crisis of identity” (p. 91)—not until adolescence does the individual begin to have a recognizable identity. In *Identity: Youth and Crisis,* Erikson (1968) talks about the ritualized use of the term *identity crisis*. He then goes on to say that the word *crisis* has come to mean “a necessary turning point, a crucial moment, when development must move one way or another, marshaling resources of growth, recovery, and further differentiation” (p. 16). He also says that “we have learned to ascribe a normative ‘identity crisis’ to the age of adolescence and young adulthood” (p. 17).

He says that identity can be “a *subjective sense* of an *invigorating sameness* and *continuity*” (p. 19). Identity is thus a sense that an individual has, but he also describes identity in cultural terms. Erikson uses Freud when he talks about cultural identity, such as Freud’s sense of himself as a Jew who was a freethinker and one in the minority and prepared to fight majority opinion. Thus identity is both private and communal—“for we deal with a process ‘located’ *in the core of the individual* and yet also *in the core of his communal culture*” (p. 22).

Additionally, identity evolves throughout the lifespan from birth to death in the context of history: “Furthermore, the process described is always changing and developing: at its best it is a process of increasing differentiation, and it becomes ever more inclusive as the individual grows aware of a widening circle of others significant to him, from maternal person to ‘mankind.’ The process ‘begins’ somewhere in the first true ‘meeting’ of mother and baby as two persons who can touch and recognize each other, and it does not ‘end’ until a man’s power of mutual affirmation wanes. As pointed out, however, the process has its normative crisis in adolescence, and is in many ways determined by what went before and determines much that follows. And finally, in discussing identity, as we cannot separate personal growth and communal change, nor can we separate … the identity crisis in individual life and contemporary crises in historical development because the two help to define each other and are truly relative to each other” (p. 23). Finally he talks about how our former environments are in some ways inside of us, and that we never “meet any environment as a person who never had an environment” (p. 24). These quotes are both profound and simple, examples of Erikson at his best. Any clinician working with teens will find much that is useful in Erikson’s description of identity formation,

Intimacy vs. Isolation

This is the stage that often resonates personally with counselors-in-training. In the program in which I teach, the majority work full time, go to school, and are involved in a relationship. They don’t need to be told that in young adulthood one attempts to balance work and intimate relationships—they are living it.

Erikson (1963) said that Freud once stated that the basic tasks of life are “‘Lieben und arbeiten’ (to love and to work)” (p. 265). However, it is unlikely that Freud ever said that; the phrasing and tone of the statement are pure Erikson, as Elms (2001) demonstrates. In most cases when Freud referred to these concepts, he used words that would be better translated as “the erotic” and “ambition.” At times, Freud seemed to say that at best what we can hope for is satisfactory genital relationships and productive work—and that work is itself a sublimation of unsatisfied sexual urges. Erikson makes no such zero-sum game; love and work are tasks that mature adults engage in, but they are not mutually exclusive. In Erikson, in fact, we find a great example of someone who seems to incorporate love into work (his empathic and loving attempts to help children) and work into love (the working relationship that he had with his wife).

Once again, the modern clinician can make good use of Erikson’s work. I have often used this definition of health with clients—Can you love? Can you work? That is, are you capable of having meaningful romantic relationships and friendships with people? Do you engage in meaningful activity, something that you’re good at, something that you feel productive in, and proud of doing? It still appears to be a good, succinct definition of what adult life consists of.

Generativity vs. Stagnation

In this stage, there is a concern with being of use to society, of creating something lasting, of passing something important on to the next generation, as well as beginning the process of letting go. Erikson (1982) says that the central task is Care—to be careful, to take care of, and to care for. Generativity is “primarily the concern in establishing and guiding the next generation” (Erikson, 1963, p. 267) in the broadest sense, not only in family relations but also in one’s contributions to societal institutions. Whatever one has contributed, whatever one has offered, whatever one has volunteered—these are markers in Erikson’s view of a person who has avoided the stagnation of preoccupation with one’s own ego. From a clinical perspective, middle-to-late adulthood represents the opportunity to help clients re-evaluate and reassess their life from a global perspective, potentially with enough time to put into place new plans based on one’s re-evaluations.

Ego Integrity vs. Despair

And finally, the last stage is about the getting of wisdom, of coming to terms with failures, successes, and saying, hopefully, “It’s all right, I lived a good life.” Erikson says that humans must recognize and respect the limitations of their individual lives but also seek to transcend them. Erikson says that this last stage is paradoxical, in the sense that older adults are both seeking to hold together their body and mind, while recognizing the losses that characterize older age. He suggests that integrity is of great importance in the face of these losses, losses that are found in Soma (the body), Psyche (the mind/spirit), and what he calls Ethos (the moral obligations between human generations). Part of integrity concerns looking back over one’s life and evaluating. Erikson describes how the end leads to the beginning—for many older adults, there is a renewed concern with childhood and childhood memories. As an example, my own father has written his memories of his childhood in Montana, treasuring the times that he spent with his family in those days prior to the Dust Bowl.

Not surprisingly, physical decline and illness become increasingly the major preoccupations of older adults; any number of movies and books parody, with compassion and/or disdain, the increasing obsession with health that many older people evidence. Since losses come to predominate—loss of physical vigor, perhaps the loss of friends and family through death—the question is, how can a clinician work with older adults to address these losses and understand them? Baltes’s (1987; 1997) theory of selective optimization with compensation is a helpful gloss on Erikson. As one’s energy wanes in older adulthood, it becomes crucial to *select and limit* one’s range of goals and activities, *concentrating on fewer*; it is also vital to *optimize those activities selected*; finally, one must *compensate for decreased performance* by using the old noodle, even if the old noodle is getting a bit harder and dried up.

In old age, wisdom is the ticket by which the tripartite process is accomplished. Strength wanes, energy wanes; and wisdom—successfully selecting and optimizing and compensating—takes over. The crafty veteran draws upon all of her experience, on all of the losses and gains, the losses and the wins, as she plots her strategy against the implacable foes, Age and Death. The bad news is that she will ultimately lose; ultimately losses reach 100 percent. But she can fight the good fight; she can select and optimize and compensate like heck.

Additionally, there can be a certain freedom to old age, where one doesn’t really care at all anymore what other people think—life is truly too short to waste one’s time on adjusting one’s thoughts and behaviors according to other people’s lights. As Broderick and Blewitt (2006) recount, the socioemotive domain can be an area of mastery for older adults. Serenity—the ability to successfully regulate one’s emotions—can be the most powerful weapon in the crafty veteran’s arsenal. Paradoxically, though her powers of taste and smell and touch may be immeasurably inferior to a younger person’s, with serenity, she may be able to enjoy herself and to be in the moment to a greater degree than a younger person, caring less about what other people think and feel about her and caring more about how other people think and feel, period.

This ability to contemplate even one’s own inevitable decline can be a source of immense power, the peaceful affirmation of one’s essential humanity as a creature following an arc of birth, maturity, and decline. This serenity is what Erikson suggests can result from a well-lived life, a life lived with a concern to be careful, and to take care of and care for others. It serves as a fitting end to Erikson’s stages and adds optimism and serenity to the general sense of resignation and stoicism that Freud advocates. Once again, this is therapeutically useful for clinicians working with older populations, and it rounds out the helpful additions that Erikson provided for the earlier stages of life.

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