



PSY 345

Lecture Notes

Ego Psychologists

Erik Erikson

Accepted Freud's ideas about the unconscious, psychic structure, psychodynamics, and psychosexual development.

Focus on the ego and its adaptive functions – especially sense of personal identity.

Goal was to extend Freud's ideas by clarifying the roles of the social environment and culture on development.

Primary impact was in expanding Freud's idea of psychosexual stages into a framework for understanding personality development across the entire lifespan.

Key concepts: Importance of social influences on development; identity; identity crisis

Biography

Born 1902 in Germany to Karla Abrahamsen. Mother was from a prominent Jewish family of Copenhagen, Denmark. Bright and impulsive. Married and abandoned on her wedding night. Erik born 4 years later. Father probably Danish man met on vacation. On Erik's 3rd birthday, mother married a doctor, Theodor Homberger. Erik was told that Dr. Homberger was his father. But name was not changed to Homberger for three more years. Erik said he had suspected this wasn't so and it made him distrust his parents. Trust became an important concept in his theory.

Erik was tall and blond – stood out from his Jewish playmates. But because he had a Jewish family, he was not accepted by his non-Jewish friends. The sense of acceptance and the sense of being different also became important themes in his own life and in his theory.

Held himself apart from his adoptive father – e.g., by staying away from synagogue. Developed what he thought of as similarities to his biological father – e.g., artistic talents. Perhaps also his strong sense of independence. Adoption was a key personal issue all his life – perhaps more because he was lied to than because of adoption per se.

Wasn't a particularly good student. Spent seven years wandering around Alps, Black Forest, and Northern Italy. Notebook of issues and themes he dwelt on during those years inspired his concept of the *eight stages of man*.

In 1927 (age 25) went to Vienna and took a position caring for the children of one of Freud's followers – and Anna Freud's collaborator - Dorothy Burlingham. Accepted a job at an experimental school developed by Burlingham and Anna Freud. Saw children from wealthy families of various cultures. Did not have any formal teaching or even college credentials but eventually earned a certificate from local Montessori school.

Met and idolized Sigmund Freud. Very much a symbol the father he had never had but not much interaction. Erikson rarely talked to Freud who at that time was in his 70's and found it difficult to talk because of cancer.

Erikson was interested in psychoanalysis. Attended meetings of psychoanalytic society. Eventually received training, part of which was a training analysis by Anna Freud. Remember that Freud was in favor of psychoanalytic training even for those without medical degree.

Married in 1930 – in part to provide a father to the child of his pregnant future wife. Moved to Denmark in 1933 to avoid Nazis. Couldn't establish citizenship. Moved to Boston where he had a private practice in child psychoanalysis. Worked as assistant to Harvard personality psychologist, Henry Murray. Wasn't a very good researcher or team member.

Moved to Connecticut and then to California. Spent a summer (1937) doing anthropological work on childrearing practices of Sioux Indians in South Dakota. Interested in participating in psychological research but lacked degree, and more importantly any formal training in psychology or research methods. Took one course in experimental psychology – didn't like it, failed, never took another.

Applied for US citizenship in 1938 using the name Erik Erikson (instead of Homburger). Some have said this was a way of establishing a new identity (i.e., forward looking). Others suggest it was rejection of his adoptive father or of his Jewish heritage.

Moved to Berkeley, CA in 1944.

Curious episode. Fourth child, Neil (1944) was born with Down's syndrome. Child placed in an institution, not unusual at the time. Then told other children the baby had died at birth. This proved difficult for his marriage and led his children to distrust him when they eventually found out. Why repeat something so similar to the lie that had so distressed his own early relationships?

Childhood and Society (1950) – collection of articles on various topics (Hitler's youth, American identity, work with the Sioux, and the *eight stages* model. Moved back to Massachusetts (1951). Worked in psychoanalytically oriented Austin Riggs Center in Stockbridge.

Wrote psychobiographies – *Young Man Luther* and *Gandhi's Truth*. Later *Identity: Youth and Crisis*. Appointed (1960) full professor at Harvard. Retired 1970.

Revered popular figure. Criticized by scientific psychologists as imprecise. Also criticized as conservative and sexist for his ideas about a regular course of development. Also accused of covering up (or at least disowning) his Jewish heritage.

Died 1994 at age 91.

Theory

Emphasis on the “conflict free sphere” of ego functioning – that is on information processing and problem solving more than on it’s role in managing drives and conflicts between Id and Super-ego.

Key function of the Ego, according to Erikson is to create a sense of **identity** - oneness.

Body identity – image of physical self

Ego Ideal – image of people you admire and would like to be like

Ego Identity – what you think of your self and the roles you play

Key developmental goal is to develop these and to integrate them into a coherent whole.

Integration usually begins in adolescence. Start by exploring possible ways of putting them together – possible selves. Then commitment to one solution.

Lack of a coherent self causes despair and confusion and leads to *identity crisis*. This can occur at any age but is most common in adolescence. It is something everyone faces to some degree. Can be set off anytime *circumstances* cause you to re-consider your understanding of who you are.

Crisis and commitment

Crisis is a re-evaluation of current goals, values and understanding of self

Commitment is the process of choosing among the alternatives

Foreclosure – commitment without the examination involved in crisis. Not stable.

Obviously this description is very cognitive and better description of older ages. Seems unlikely that this kind of cognitive work can be undertaken in earlier years.

Stage Theory

Expanded on Freud’s psychosexual stages by making his own stages 1-5 more or less parallel Freud’s and adding 3 adult stages.

In Freud’s theory, the stages are tied to the maturation of sexuality and drive expression. In Erikson’s theory, the stages are tied to *social and interpersonal tasks*.

Each stage is associated with (1) an age range, (2) a psycho-social task or crisis, (3) significant relationships, (4) psycho-social modalities, (5) psycho-social virtues associated with resolving crisis, and (6) maladaptations & malignancies associated with over-emphasis on one pole of the issues that define the crisis.

Each task – crisis is associated with two opposite terms. They are social in nature.

Epigenesis - The stages unfold in a predefined order. Each builds on the previous one and prepares the ground for the next.

Goal is to strike a balance – not deny either one. Favoring the first (more positive) term can lead to a *maladaptive tendency*. Favoring the second (less positive) term can lead to a *malignant tendency*.

Work toward this goal is both unconscious and conscious.

Ego strength increases through resolving the conflict between the two alternatives.

Erikson's Eight Stages (see online reading for details)

Oral-sensory: Basic Trust vs Mistrust (0-2)

From ages birth to one year, children begin to learn the ability to trust others based upon the consistency of their caregiver(s). If trust develops successfully, the child gains confidence and security in the world around him and is able to feel secure even when threatened. Unsuccessful completion of this stage can result in an inability to trust, and therefore an sense of fear about the inconsistent world. It may result in anxiety, heightened insecurities, and an over feeling of mistrust in the world around them.

Muscular-Anal: Autonomy vs Shame and Doubt (2-4)

Between the ages of one and three, children begin to assert their independence, by walking away from their mother, picking which toy to play with, and making choices about what they like to wear, to eat, etc. If children in this stage are encouraged and supported in their increased independence, they become more confident and secure in their own ability to survive in the world. If children are criticized, overly controlled, or not given the opportunity to assert themselves, they begin to feel inadequate in their ability to survive, and may then become overly dependent upon others, lack self-esteem, and feel a sense of shame or doubt in their own abilities.

Locomotor-Genital: Initiative vs Guilt (4-5)

Around age three and continuing to age six, children assert themselves more frequently. They begin to plan activities, make up games, and initiate activities with others. If given this opportunity, children develop a sense of initiative, and feel secure in their ability to lead others and make decisions. Conversely, if this tendency is squelched, either through criticism or control, children develop a sense of guilt. They may feel like a nuisance to others and will therefore remain followers, lacking in self-initiative.

Latency: Industry vs Inferiority (5-12)

From age six years to puberty, children begin to develop a sense of pride in their accomplishments. They initiate projects, see them through to completion, and feel good about what they have achieved. During this time, teachers play an increased role in the child's development. If children are encouraged and reinforced for their initiative, they begin to feel industrious and feel confident in their ability to achieve goals. If this initiative is not encouraged, if it is restricted by parents or teacher, then the child begins to feel inferior, doubting his own abilities and therefore may not reach his potential.

Adolescence: Identity vs Role Confusion (13-19)

During adolescence, the transition from childhood to adulthood is most important. Children are becoming more independent, and begin to look at the future in terms of career, relationships, families, housing, etc. During this period, they explore possibilities and begin to form their own identity based upon the outcome of their explorations. This sense of who they are can be hindered, which results in a sense of confusion ("I don't know what I want to be when I grow up") about themselves and their role in the world.

Young Adulthood: Intimacy vs Isolation (20-24)

Occurring in Young adulthood, we begin to share ourselves more intimately with others. We explore relationships leading toward longer term commitments with someone other than a family member. Successful completion can lead to comfortable relationships and a sense of commitment, safety, and care within a relationship. Avoiding intimacy, fearing commitment and relationships can lead to isolation, loneliness, and sometimes depression.

Middle Adulthood: Generativity vs Stagnation (25-64)

During middle adulthood, we establish our careers, settle down within a relationship, begin our own families and develop a sense of being a part of the bigger picture. We give back to society through raising our children, being productive at work, and becoming involved in community activities and organizations. By failing to achieve these objectives, we become stagnant and feel unproductive.

Late Adulthood: Ego Integrity vs Despair (65-death)

As we grow older and become senior citizens, we tend to slow down our productivity, and explore life as a retired person. It is during this time that we contemplate our accomplishments and are able to develop integrity if we see ourselves as leading a successful life. If we see our lives as unproductive, feel guilt about our pasts, or feel that we did not accomplish our life

goals, we become dissatisfied with life and develop despair, often leading to depression and hopelessness.

There is a **mutuality** across generations. Having children affects adult's development. Adult affects children's development. Children's progress through stages and crises is a challenge to adults. Etc.

Therapy

Patient-therapist relationship was more casual and egalitarian than standard psychoanalysis.

Avoided formal diagnostic labels. Used language of identity, crisis, etc.

Viewed difficulties as normal part of life.

Focus on identifying issues and boosting sense that they can be managed (ego inflation).

Dreams can tell us about both the unconscious life and issues being worked on in consciousness. They are not only symbolic reflections of psychological concerns; they are a useful way to work out issues.

Play construction – method used with children. Construct an exciting scene from a movie using toys. Reflects both psychological and cultural influences. Said to have had a remarkable rapport with children.