

## **COMPETENCY 1.0 KNOWLEDGE OF HUMAN DEVELOPMENT**

### **SKILL 1.1 Major Theories of Psychological, Social and Personality Development**

There are many theories in the literature of human and personality development as well as in counseling and psychotherapy. The major theories explored in this section are psychoanalytic theory (as created by Freud and developed by his followers) the psychodynamic models of Erikson and Adler, and behaviorism. In subsequent sections, we address theories of cognitive development (see Skill 1.2) and other theories of counseling and behavior change such as existential, person-centered, Gestalt, cognitive-behavioral, reality, and solution-focused therapies (see Skill 6.1).

#### **PSYCHOANALYTIC THEORY**

The basis of most theories of psychology and counseling evolves from the psychoanalytic theory of **Sigmund Freud**. Other theorists who embraced psychoanalytic theory were Otto Rank, Heinz Hartman, Ernest Jones, Anna Freud, Alfred Adler, Heinz Kohut, Erik Erikson, Carl Jung, Karen Horney, Harry Stack Sullivan, John Bowlby, Margaret Mahler, Jacques Lacan, and Nancy Chodorow. Many broadened Freud's original ideas into different schools; these are often collectively referred to as psychodynamic theory and therapy.

Freud viewed human behavior as primarily the manifestation of biological and instinctive drives, unconscious motivation, and irrational forces. He divided the personality into the following parts:

- the ID, the part of the personality that is blind, demanding, pleasure-seeking and insistent; its function is to lessen tension and to return the psyche to a sense of homeostasis or status quo;
- the EGO, the part of the personality that is the arbitrator between external reality and internal impulses and experiences; and
- the SUPER EGO, the part of the personality representing moral training whose goal is perfection and "doing the right thing" .

He also explored the concept of the unconscious by using techniques of dream analysis, post-hypnotic suggestion, and free association. Anxiety and various ego-defense mechanisms were other components of the personality.

Psychoanalytic therapy aims to reconstruct the personality instead of solving immediate problems, with a focus on the past in order to analyze aspects of the unconscious that are manifested in present behavior. Goals for clients include greater insight into their unconscious psychodynamics, an increased ability to understand the connection between their past and present behaviors, and more psychological awareness. According to psychoanalytic theory, there are five stages of psychosexual development. These stages are:

1. **Oral** - The mouth is the source of satisfaction - If these oral needs are not met, greediness and acquisitiveness may develop as well as the rejection of others' love, fear of intimate relationships, and mistrust of others.
2. **Anal** - Control of the feces is the source of satisfaction - Negative feelings, including rage, hatred, destructiveness and hostility, are experienced if the need to control one's own bodily functions is not successfully resolved.
3. **Phallic** - The phallus (penis/clitoris) are the source of satisfaction - Penis envy and castration anxiety are associated with this stage of development. Resolution of sexual conflicts and sex-role identity is a critical task at this stage with the Electra and Oedipus complexes resulting from difficulties associated with this stage.
4. **Latency** – This stage has been thought to be a relatively calm period of inward and self-centered preoccupation. If not resolved adequately, narcissistic orientation can occur. The latency period usually occurs between the ages of 5 and 12.
5. **Genital** - This stage is signaled by physical maturity. Preoccupation with the sex organs is possible if not adequately resolved.

Psychopathology results from failing to meet one or more critical developmental tasks or becoming fixated at an early level of development. Neurotic personality development is regarded as an incomplete resolution of one of the stages of psychosexual development. Behavior is determined by unconscious forces, early experiences, and sexual and aggressive impetus.

Projection of the client's feelings upon the therapist is used to facilitate therapy; this is called *transference*. To enhance this process, the therapist tries to remain a "blank slate."

Other techniques used in this therapy include:

1. **Maintaining the Analytic Framework** – The therapist strives to adhere to strict relational rules, including nondisclosure on the part of the therapist/analyst, utilizing psychoanalytic techniques maintaining the contractual agreement for payment of fees, and having sessions regularly and consistently.
2. **Free Association** -This technique encourages the client to say whatever comes to mind in order to reveal the unconscious and give the therapist the opportunity to interpret the unconscious thoughts.
3. **Interpretation** – This is the process of analyzing the material the client reveals from the unconscious via free association and dreams.
4. **Dream Analysis** – This process encourages clients to report and discuss their dreams. The client is then encouraged by the therapist to free associate to various parts of and symbols contained in the dream. The analyst offers interpretations.
5. **Analysis and Interpretation of Resistance** – This technique involves an analysis of the ways the client is resisting the process of change.
6. **Analysis and Interpretation of Transference** – In this approach, the therapist interprets and discusses the significance of the transference process and the therapist-client relationship.

Subsequent developments in psychoanalytic theory that are considered “psychodynamic” are still grounded in key concepts from psychoanalytic theory. These include the role of the unconscious in conscious functioning, the relationship between childhood experiences and adult behavior, a developmental framework of personality, and some of the elements of the therapy process.

However, many of these offshoots are more likely to incorporate ideas about the role of external factors such as other people, the environment, and social norms in the development of personality as well as intervention. These theorists focus upon the ego and its development, as well as the development of the self as an individual.

The goal of these theories is to help the client become more aware of the unconscious, as well as to strengthen the ego system so behavior is based upon reality. Psychodynamic theories include **ego psychology**, **object relations**, **attachment theory**, **psychosocial theory**, **analytical psychology**, and **interpersonal therapy**.

**Margaret Mahler** was instrumental in developing the object relations theory of psychoanalysis. This theory focuses upon predetermined stages of development in which the child focuses less and less upon self and begins to see the world in relation to others. As development progresses, the child transitions from:

1. “**normal infantile autism**” - where the infant responds to physical stress, does not see a unified self, and considers self and mother as one; to a
2. “**symbiotic relationship**” - with the mother from 1-2 months of age, where the infant is dependent upon the mother and expects emotional congruence with the mother (mother also benefits from the relationship); to a
3. “**separation from this symbiotic relationship**” which occurs as the child gains cognitive awareness of being a separate person around 16-18 months of age; to becoming
4. “**individualized**”, a process that takes place from age 18 months to approximately 3 years of age, and finally; into the
5. “**integration of self**” or maturation as a 3-1/2 – 4 year old.

If a trauma occurs during the separation-individuation phase, borderline and narcissistic personalities often develop; in other words, people often have difficulty with regulating their sense of self and their relationships with others.

More recently, **interpersonal therapy** has emerged from psychoanalytic theories. This time-limited approach also incorporates concepts and structure from cognitive-behavioral therapy and other intervention approaches. It is commonly used with people experiencing depression.

A structural overview of the various concepts and schools of thought in psychoanalytic and psychodynamic theory can be found at [en.wikipedia.org/wiki/Psychoanalysis](http://en.wikipedia.org/wiki/Psychoanalysis).

**Contributions of *psychoanalytic* theory are:**

1. This theory is the basis for all psychological theorizing involved in the explanation of human behavior, because it was the first theory.
2. The approach provides a framework for exploring an individual’s history and their relationship to the present by way of the unconscious
3. The concept of resolving resistance to the change process is a key aspect of the success of the therapeutic process.
4. Many of the techniques of the therapy can be applied to other therapeutic Models, including the development of interpersonal therapy.

**Limitations of *psychoanalytic* and *psychodynamic* theory include:**

1. For people utilizing traditional psychoanalytic therapy, a prolonged therapist training period is required. Further, work with clients also tends to be long-term.
2. The importance of action to alleviate the problem is not recognized.
3. The basic concepts of the theory are not verifiable by empirical research.
4. The theory is based on neurotic rather than healthy personalities.
5. The theory cannot be used in crisis counseling where immediate solutions are needed.
6. Traditional psychoanalytic theory does not take into account social, cultural, and interpersonal variables, although some of the derivative schools of thought in psychodynamic theory do.

**Some of the key vocabulary terms used in *psychoanalytic* and *psychodynamic* therapy are:**

**Abreaction** - the emotional reliving of past painful experiences.

**Anxiety** - the result of repressing threatening thoughts or feelings.

**Borderline Personality Disorder** - the pathology that develops when an individual fails to adequately develop in the separation-individuation phase, characterized by instability, irritability, self-destruction, impulsive anger, and extreme mood shifts.

**Compensation** - an ego defense mechanism that helps develop positive traits to make up for individual limitations.

**Countertransference** - a reaction towards the client by the therapist that can interfere with objectivity. It is generally related to the unmet and sometimes unconscious needs of the therapist.

**Denial** - the distortion of reality in an attempt to avoid dealing with a particular situation.

**Displacement** - the tendency to point ones' energy toward another person or object in order to reduce ones' own anxiety.

**Ego** - the part of the personality that mediates between the unconscious instincts and the environment.

**Ego-Defense Mechanism** - the unconscious process that operate to protect the individual from threatening and anxiety producing thoughts, feelings, and impulses. Examples include displacement, denial, repression and rationalization.

**Ego Psychology** – a theory of ego development reflecting different stages of life; formulated by Heinz Hartmann, Erik Erikson and other theorists.

**Electra Complex** - the unconscious sexual feelings of a daughter toward her father coupled with hostility toward her mother.

**Free Association** - the technique of permitting the client to say whatever comes to mind without censor.

**Fixation** - the process of getting stuck at a particular stage of psychosexual development.

**Id** - the part of the personality that is ruled by the pleasure principle. It is the center of the instincts, which are largely unconscious.

**Interpretation** - a technique of the therapist to explain a particular event or behavior.

**Interjection** - an ego defense mechanism where the client takes on behavior learned from another.

**Libido** - the energy of all life instincts including sexual energy.

**Narcissistic Personality Disorder** - a personality disorder characterized by extreme self-love, an exaggerated sense of self-importance, and an explosive attitude towards others; these attitudes usually hide a poor self-concept.

**Object Relations** – the theory that describes the interactional system of self and other; this theory is strongly based in developmental concepts.

**Oedipus Complex** - the unconscious sexual feelings of a son toward his mother coupled with hostility towards his father.

**Projection** - the tendency on the part of the client to attribute to others the qualities that are unacceptable in his/her own personality.

**Psychic Energy** - the drive that propels a person's behavior and psychological functioning.

**Rationalization** - the method of explaining failures or negative occurrences.

**Reaction Formation** - an ego defense mechanism where a client strives to hide a socially unacceptable thought or feeling with behavior that is considered appropriate.

**Regression** - an ego defense mechanism of reverting to a less mature stage of development.

**Repression** - the unconscious act of pushing unacceptable or painful experiences into the unconscious.

**Resistance** - the client's unwillingness to share feelings and thoughts, or to make changes, in order for the psychoanalytic process to be successful.

**Sublimation** - the process of redirecting sexual and other biological energies into socially acceptable and creative avenues.

**Super Ego** - the part of the personality that determines what is right and wrong and strives to "be good."

**Symbiosis** - a relationship between two individuals that is advantageous or necessary to both. If an individual does not progress beyond this stage, borderline personality disorder can develop.

**Transference** - the fostering of emotions originally experienced towards one individual upon another individual not connected with the original experience (usually the therapist).

**Working Through** - the process of exploring unconscious material, ego defenses, transference, and resistance.

## **ERIKSON'S PSYCHOSOCIAL THEORY OF HUMAN DEVELOPMENT**

**Erik Erikson** built on Freud's work and developed what is referred to as psychosocial theory. It focuses on developmental tasks in relation to self and others. The eight stages of life articulated in this theory are:

1. **Basic Trust vs. Basic Mistrust** – (Birth to approximately 18 months of age). The infant's needs for nourishment and care are satisfied. The response to these needs must be consistent so the infant develops a sense of trust and attachment to one or two adults. Mistrust results if the infant's needs are not met.

2. **Autonomy vs. Shame and Doubt** – (18 to 30 months of age). The child develops an early sense of independence and a measure of some control over the environment. This independence is manifested by self-feeding, dressing, toileting, etc. In this stage the child needs reassurance and support from the adults around him or her. Overprotection should be avoided.
3. **Initiative vs. Guilt** – (2-1/2 to 5 years of age). The child develops an imagination and enjoys play-acting adult roles. The child is also learning to perform adult roles and begins to realize restraints are necessary. A pervasive sense of guilt occurs if the child is not successful in initiating everyday activities and tasks.
4. **Industry vs. Inferiority** – (Elementary and middle school years). The child becomes curious with the need to explore and manipulate the environment around her or him. Competency is reached through accomplishments. The child becomes increasingly aware of interactions with others in the school and neighborhood. If a sense of adequacy is not acquired during this stage, feelings of inferiority occur.
5. **Identity vs. Role Confusion** – (Adolescence). The child is striving for an identity and sense of self-worth. Adolescents seek to formulate their own values, beliefs and style of life. They experiment with different lifestyles. If previous stages have not been resolved satisfactorily, the tasks may reoccur here as developmental problems. Resolving unfinished business is one of the major tasks of adolescence.
6. **Intimacy vs. Isolation** - This struggle occurs during young adulthood. The adult becomes willing to be open about self and to commit to a close personal relationship.
7. **Generativity vs. Stagnation** - Maturity is achieved. The task here is to establish and guide the next generation and come to terms with one's dreams and accomplishments.
8. **Ego-Integrity vs. Despair** - This stage occurs during later life. Despair may be experienced by the elderly if ego-integrity is not obtained. When successful, people have a sense of fulfillment about their lives.

## ADLERIAN THEORY AND THERAPY

**Alfred Adler** was originally a follower of Freud. Subsequent Adlerians include **Rudolf Dreikers** and **Harold Mosak**. Rudolf Dreikers was instrumental in applying Adlerian principles to group work. Where Freud explored the psychosexual aspects of personality, Adler concentrated upon the psychosocial aspects of human nature. He believed that people are in control of their lives, thus creating an individual lifestyle at an early age.

Adler called his approach *individual psychology*. In contrast to Freud, Adler felt that consciousness rather than unconsciousness was the core of personality theory. He did not believe in reliving childhood experiences, but instead using these early recollections as clues to understanding the lifestyle of the individual.

Adler emphasized the positive abilities of the individual as influenced by societal forces and the capacity of each to reach optimal development. His theory became the basis for the ensuing humanistic theories that abound today. The main goal is confronting basic mistakes and assumptions the client has made and attempting to redirect them. The focus is on examining the beliefs of the client as expressed by his/her behavior.

Some key concepts in Adler's theory are:

- Childhood experiences are not as crucial in themselves as is the attitude toward these experiences.
- All people have a lifestyle, none of which are the same.
- That lifestyle is set by age 5 and is a reaction to perceived inferiority.
- That lifestyle is learned from early family interactions.
- Behavior is motivated by social needs and has a goal oriented direction.

Therefore, Adlerians are concerned with helping clients change their "basic mistakes" by aiding them in developing positive attitudes and in learning to correct these mistakes.

Four phases of the therapeutic process in Adlerian therapy are:

1. **Establishment of a Therapeutic Relationship** – The therapist joins with the client in a working relationship that is characterized by cooperation, respect and equality, with an emphasis upon joint responsibility.
2. **Analysis and Assessment** - A formal questionnaire is completed in order to ascertain the lifestyle of the individual, to determine early family interactions of each family member, and to obtain as accurate a picture as possible of the client's early social world.

3. **Insight** - The development of the ability to understand past actions with the goal of creating a plan of action for the present.
4. **Reorientation** - This phase involves having the client put insights into positive action with the therapist assisting the client to see new alternatives.

One of the main tools the Adlerian therapist uses is the **Lifestyle Assessment**. This extensive questionnaire about the client's family, childhood memories, dreams, and self-concepts explores birth order, interactions between siblings and parents, and the child's psychological position in the family. The therapist summarizes and interprets these data, and works to make clients more aware of their assumptions about their lifestyle, their "basic mistakes," and the self-defeating attitudes they still utilize.

The birth order of a child can indicate certain types of behavior. The oldest child usually receives a great deal of attention, is dependable and hardworking, and strives to keep ahead. The second child attempts to compete with the older sibling. The middle child tends to feel left out and develops an attitude that life is unfair. The youngest child tends to be the most pampered, plays a special role and eventually goes his/her own way. The only child demands a great deal of attention, has difficulty in life when he/she is not the center of attention, and becomes dependent upon the mother.

In family therapy, the Lifestyle Assessment is administered in the initial interview. The purpose is to diagnose the child's goals, evaluate parental child-rearing methods, and make specific recommendations for change.

Adlerians approach the therapeutic conference with a positive view of human nature and respect for the client's need to be in control of prevailing social forces. The therapist starts to build the relationship by creating a contract. This contract emphasizes the client's responsibility, together with the therapist, for the success of the therapeutic process.

The therapist recognizes that the client's lifestyle pattern, developed at an early age, influences an individual's way of dealing with life stresses. The main thrust of the therapy is to examine the client's lifestyle. The goals of Adlerian therapy are to help clients overcome discouragement, alter negative motivation and "basic mistakes", and aid in helping clients find some measure of equality with society and others