Stages of Psychological Development of Child—An Overview

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INTRODUCTION

Child psychology is the science that deals with the study of a child’s mind and how it function. It also deals with mental power or an interaction between the conscious and subconscious constituents in a child. A child should not only be studied or treated as embryonic adults, but we should know their talents and we should be efficient to understand their actions and the reason behind them. Children are amazing in every way. Understanding pediatric patients and their psychology is an important part of pediatric dentistry. A child’s dental health is very important as poor dental health can affect the overall health of a developing child. Parent though they help to care for baby’s teeth and gums, regular trips to a pediatric dentist is essential to incorporate proper oral care which further prevents the risk of dental disease. The dentist or a paediatrician fails in their treatment if they couldn’t satisfy or fulfill the requirements of the uncooperative or psychologically challenged child. Thus, child psychology is important in all medical fields which always has a special role.²³

CHILD PSYCHOLOGY

Child psychology is important for a dentist to know the pediatric individuals better and understand them psychologically about their behaviour, to render better dental service efficiently, through effective communication and incorporate confidence to the child and their parent, which further can reinforce better working environment for the dental team and the patient. Various theories were introduced in 1907 to understand the stages of child psychology.

They are classified as follows (Elbers., 1906)¹

A. Psychodynamic Theory:

   Psychosexual Concept by Sigmund Freud in 1905
   Psychosocial / Personality development Theory by Erik Erikson in 1963
   Cognitive development theory by Jean Piaget in 1952

B. Behavioural Learning Theory

   Classical conditioning theory by Ivan Pavlov in 1927
   Operant conditioning Theory by Skinner in 1938
   Social learning Concept by Albert Bandura in 1963
   Hierarchy needs theory by Abraham Maslow in 1954

ABSTRACT

Introduction: Child Psychology helps us to understand the changes that occurred from childhood and the way to handle it. They are considered as proposals emanated by great authors who played an important role in every individual’s development from birth. Child’s behaviour management in medical or dental clinic is an essential requirement to complete the health care of a pediatric patient.

Aim: To successfully handle a pediatric patient in a clinical setup, one should have sufficient knowledge of psychological and personality development at different stages of childhood. Anxiety is a common problem that affects people of all ages, most prominently appear in childhood and adolescence.

Conclusion: It not only has a distressing effect on the child but also their family which can affect the overall well-being of a child. This article gives an overview of various psychological stages which a human undergo from childhood till death.

Key Words: Autonomy, Behaviour, Challenge, Ego, Psychosocial, Psychosexual, Relationship, Trust.

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There is another theory proposed by Margaret S. Mahler and it is called separation individualization theory. The two well-known theories of child psychology are the Psychosexual theory introduced by Sigmund Freud and the Psychosocial theory give by Erik Erikson. Erikson in his theory depicted how social relationship and interaction with peer groups played a major role in the development of an individual while Freud’s theory tells various sexual changes which a child undergoes from birth and the influence of those changes in their future life. This article discusses in detail various stages of child development according to Sigmund Freud & Erik Erickson.3,4,5

**PSYCHOSOCIAL THEORY**

This theory by Erik Erikson has eight sequential stages of individual development that have an influence on the socio-economical, psychological and biological status of an individual throughout their lifespan.2,3 This multi-centred approach has influenced several fields of study such as pediatrics, gerontology, personality and identity formation, and life cycle development.4 The stages of child psychological development according to this theory are explained below.

**Stage One**

This stage which is considered a fundamental stage of child development ranges between birth and one year of age (infancy). Child’s caregivers play a major role in this stage because an infant is completely dependent on them in developing trust in life.4 At this point of development, the child is completely dependent on adult (parents/caregivers) for everything they need to survive in life such as food, love, warmth, safety, and nurturing. If they failed to attain these requirements from their dependents, the child will develop mistrust in life. Thus, hope is an important outcome at this stage of a child’s development which is entirely based on trust.

**Second stage**

The second stage of Erikson’s theory of psychosocial development takes place during early childhood (2 to 3 years) and is concentrated on an individual’s control and independence. At this stage, children start gaining little independence. They begin to perform on their own and start taking simple decisions about what they want in life. A sense of autonomy is achieved by allowing the children to make choices and gaining control over themselves. Erikson believed that toilet or potty training plays a major role in this stage which motivates the child to develop a sense of autonomy, independence and a feeling of control over themselves. If they fail to achieve these essential controls they develop shame and doubt which affects their future social development. During this stage children’s gain more control over food choices, toy preferences, and clothing selection. Thus “will” is the only outcome at this stage.4

**Third Stage**

During the child’s preschool era (3 to 5 years), they begin to explore their power and control over the world through playing and developing social interactions with neighbours and peers. Children who were able to initiate themselves at this stage were successful in their life and are capable of leading others in their life. Those who fail to acquire these qualities and skills are left with a sense of guilt, self-doubt, and lack of initiative. Understanding the “Purpose” of life is the main outcome of this stage.

**Fourth Stage**

The fourth psychosocial stage takes place during the early school years from approximately 6 to 11 years. Events such as social interactions help to adapt the children’s to develop a sense of pride through their participation and abilities. Children need to accompany by these social and academic demands. Such children who were successful in this industry leads to a sense of competence, failure of which results in a feeling of inferiority. Children’s adopt such behaviour in their schools and once they acquire these features, they gain “confidence” which is the main outcome at this stage of a child’s development.

**Fifth Stage**

The fifth psychosocial stage takes place during adolescence (12 to 18 years). This stage plays an important role in developing a sense of personal identity in an individuals life. Teenagers develop a sense of self and personal identity, their ability to stay true to themself, maintaining a social relationship with an identity. Failure to acquire these qualities of life at this stage leads to a weak sense of self, feeling of insecurity, remain unsure of their beliefs, the role of confusion about themselves and their future. Ego identity is defined as the conscious sense of self that is developed through social interaction, which continuously changes due to various experiences and information we acquire in our daily life through interactions with others that helps guide our actions, behaviours and beliefs we age. Due to these new experiences in our day to day life, we also take up many challenges that can help or hide the development of identity. Our identity through developing “fidelity” (faithfulness to a person) gives each of us an integrated and cohesive sense of self that endures through our lives at this stage.5,6,7

**Sixth Stage**

Young adults (19 to 40 years) at this age, develop intimate and loving relationships with other people. If an individual is successful in developing such strong relationships, they can form an enduring and secure relationship at this stage, while
failure results in loneliness and isolation. Each step of life build up skills developed in the previous stage. According to Erikson personal identity is very important for developing intimate relationships and many studies have demonstrated that those with a poor sense of ‘self’ resulted in less committed relationships and are more likely to be affected emotionally due to social isolation, loneliness, and depression. Achievement with the positive qualities of this stage results in the virtue known as love. Thus, this stage is marked by the ability to form lasting, meaningful relationships with other people.

**Seventh Stage**
Middle adulthood (40 to 60 years) is the age during which an individual need to generate or nurture things that will outlast them. This is the stage of work, parenthood, career and family. Generativity is accomplished often by having children or creating a positive change that benefits other people such as home and community. Success at this stage leads to feelings of usefulness, and pride moments in life, while failure results in stagnation, shallow involvement in the world. Proud moments at this stage being, watching once children grow into adults, unity with life partners and finally ‘care’ is the virtue achieved when this stage is handled successfully.

**Eighth Stage**
The final psychosocial stage occurs during old age (65 to death) and is centred and concentrated on ‘reflecting’ back on life. During this stage of development, people recollect the events of their lives, either accepting that they lead a happy life (sense of fulfillment) in the past or if they regret the things they did or didn’t do. Success at this stage leads to feelings of wisdom, while failure results in regret, bitterness, and despair. People who feel that they had a sense of peace in a past life will accomplish a sense of integrity. Completing this phase successfully results in looking back on the past with few regrets and more satisfaction. These individuals will attain wisdom (knowledge), even when confronting death. Thus Erikson’s theory involves all ages of man till death. A ninth stage was added by Erik Erikson’s wife, Joan Erikson which incorporated new challenges experienced with continued ageing with added experiences of previous eight stages of psychosocial development.

Many clinical evaluation tools have been used by many researchers and they are considered to be originated from Erikson’s theories on various psychosocial stages of development in pediatric patients. Understanding these theories also paved way for the recovery of mentally ill patients, though it is difficult. The Erikson Psychosocial Stage Inventory (EPSI) model was designed and is considered to be a reliable tool used to assess the psychosocial development of the patient.

**Freud’s Psychosexual Stages**
Freud identified various stages of child development and emotional pleasures a child experience during their developmental period. Freud Psychosexual theory focuses on two elements of human nature such as “sex” and “aggression”. A child’s development along with socialization gives way to the formation of a child’s libido. Thus, obtained child’s libido can be because of anxiety or neuroses. In this stage, pleasure-seeking energies of the id become focused on certain erogenous zones. An erogenous zone is described as an area of the body that is particularly sensitive to stimulation. The personality component called the “id” composed of unconscious psychic energy that operates to satisfy the basic urges, needs, and wishes of a person. The immediate gratification of persons need is obtained through the id which works based on the pleasure principle. Major components of personality named by Freud include id, ego, and superego.

Freud explained ego as part of the personality that mediates the demands of the id, the superego, and reality. According to Freud id is essentially the basic part of the personality that stimulates people to satisfy their most primal needs. Ego is the part that constitutes things we “know” and how we think about and organize information and conscious experiences. It is rational by nature, whereas the id is irrational. The superego is a part of the personality that forms later in childhood as a result of the upbringing of an individual’s social influences. The most important duty of ego is to strike a balance between id and superego to make sure that fulfilling the needs of the id and superego conforms to the demands of reality.

The psychosexual energy, or libido, was described as the driving force behind one behaviour and is dependent on social, psychological and biological factors. A psychoanalytic theory suggested that personality is accomplished at the age of five. Attaining this earlier may play a major role in personality development and continue to have influenced later in life. If these psychosexual stages are completed successfully, a healthy personality results. If certain issues are not resolved at an appropriate stage, fixations can occur. A fixation is defined as the persistent focus on an earlier psychosexual stage. Unless this conflict is corrected, the individual will remain “stuck” in this stage. A person who is failed (fixed) at the oral stage, for example, maybe over-dependent on others and may seek oral stimulation through certain habits like smoking, drinking, or eating (to gain pleasure). According to Sigmund Freud Psychoanalytic theory, our body has two types of neurons, Phineurons associated with conditions of emotions and Psineurons associated with storage of emotions. Psychoanalysis also suggests that childhood trauma and Oedipal phenomena are necessary for the development of psychoneuroses.

The five psychosexual stages include the oral, anal, phallic, latent, and genital stages and the erogenous zone associated
with each stage serves as a source of pleasure. The stages are explained as follows.

The Oral Stage
This stage is from birth to one year. At this stage, the erogenous zone is the mouth. During the oral stage, the primary mode of interaction for an infant occurs through the mouth. The rooting and sucking reflex is especially important for an infant and it occurs through the mouth. The mouth is the main organ for eating, and the infant seeks pleasure from oral stimulation by accomplishing gratifying activities such as tasting and sucking. Infants entirely depend on caretakers (who are responsible for feeding the child), and they develop a sense of trust and comfort through this oral stimulation. The primary conflict at this zone is the process of weaning, the child breaking its dependent relationship with caretakers. Dependency and aggression occur if the fixation on such habits occurs at this stage. Oral fixation can result in problems with drinking, eating, smoking, or nail-biting to accomplish their pleasure through other sources.10

The Anal Stage
The anal stage is from 1-3 years. Bowel and Bladder control is considered in the erogenous zone during this stage. According to Freud, the primary focus of the libido was on controlling bladder and bowel movements. The major conflict at this stage is toilet training, for the child to learn and establish control of their bodily needs. The child must be successful in accomplishing such activity to meet their body needs. According to Freud, success at this stage depends on the way the parents adapt to toilet training of their child. Parents who encourage the child through praise, rewards bring a positive outcome to children. However, not all parents provide support, motivation and encouragement to the children during this stage. Some improper parental approach such as punishing the child can result in negative outcomes (shame) in the children. Sometimes it may lead to destructive personality (anal expulsive) of individual development. The early beginning of toilet training by some parents leads to an anal-retentive personality where the individual develop stringent, orderly, rigid, and obsessive qualities.11

The Phallic Stage
This stage ranges from 3 to 6 years. Genitals are considered as an erogenous zone at this stage. Freud suggested that during the phallic stage, the primary focus of the libido is on the genitals. Children’s begin to understand the differences between males and females and the boys begin to view their fathers as a rival for the mother’s affections. The Oedipus complex describes the feelings of possessiveness towards the mother and the desire to replace the father. The boy child also fears that he will be punished by the father for these feelings, and fear of anxiousness was termed castration anxiety by Freud. A similar set of feelings experienced by young girls is called Electra complex.12

The Latent Period
This stage ranges from 6 years to puberty. Though sexual feelings are inactive during this stage, the superego continues to develop while the feelings and energies of the id are suppressed. Young children’s wanted to develop social skills, values and relationships with peers and adults outside of the family. The development of the ego and superego constitute this period. When children enter into school and become more concerned with peer relationships and hobbies, ego and superego develop. This is the period of exploration in which the sexual energy is either inhibited or dormant. This energy may be still present, but it is substituted into other areas such as intellectual conversation and social interactions. It further promotes the development of social communication skills and self-confidence. According to Freud, children may become fixed or “stuck” in this phase which may result in immaturity and an inability to fulfill the relationships as an adult.13

The Genital Stage
This stage ranges from puberty to death. The emergence of the puberty stage causes the libido to become active once again. An individual develops a strong sexual interest in the opposite sex during this stage of puberty and lasts throughout the rest of a person’s life. The goal of this stage is to establish a balance between the various life areas such as the welfare of others growth and individual needs. Unlike the earlier stages of development, Freud believed that the ego and superego were fully formed and functions efficiently at this point. Younger children are ruled by the id, which demands immediate satisfaction with their basic needs and wants. Thus the basic features of Freud developmental theory of psychoneuroses includes13, Oedipus complex (an evolutionary-based “play behaviour” that manifests through competition,) which is a universal experience in children and becomes a conscious desire in children between the age of 3-5 years old. The unconscious ego begins to develop and conflicting feelings are prevented by using a defence mechanism. This leads to neurotic behaviours, perplexes, and disguised dream imagery.14,15

Conscious, unconscious thinking and ego constitutes the structural theories of mind. The id is unconscious thinking and is inaccessible (no interaction with the outside world) which primarily involves gratification. It can be a biological, instinctual drive of an individual. The id contains all the depressed feelings and negative thoughts of an individual. Since it has no relationship with the outside world, the ego enters into it to create interaction between the id and the real world. Irrespective of age, a child’s behaviour has an intimate relationship...
between physical and mental health. They also play an important indirect role in the emotional well being of an individual.16

**CONCLUSION**

Child psychology is considered to be an important component of a pedodontist’s training as it plays a major role in the clinical practice of many pediatric practitioners to handle the behaviour of pediatric patients efficiently. It is also necessary that the medical professionals should also be trained in special needs psychology, sedation and general anaesthesia for children, which are often sensitive issues for both parents and children. The anxiety of children towards dental treatment and doctors can be efficiently managed only by understanding child psychology. Some children may also develop a fear for doctors (white coat syndrome) and dentist because of the pain associated with toothaches and dental procedures. By understanding child psychology and proper child anaesthesia techniques, a pediatric dentist can communicate to meet the needs of his patients, thus better leading to an encouraging experience for your young ones.

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**REFERENCES**