



## Problems of the first stage of psychosocial development according to E. Erikson in a blind child

**ABSTRACT:** Joanna Gładyszewska-Cylulko, *Problems of the first stage of psychosocial development according to E. Erikson in a blind child*, Interdisciplinary Contexts of Special Pedagogy, No. 22, Poznań 2018. Pp. 133–146. Adam Mickiewicz University Press. ISSN 2300-391X. DOI: <https://doi.org/10.14746/ikps.2018.22.08>

Erik H. Erikson, the author of the theory of psychosocial development, claimed that every human being experiences eight developmental crises from birth to death. Every time, at each stage there are two poles, two opposite values. To overcome these crises it is necessary to find an optimal balance between them. The way of resolving the crises will affect the integration, as well as the relations with others and oneself. In the article, the author would like to concentrate on the first developmental stage, considered by many researchers to be the most important one. Its two poles are basic trust and basic mistrust, while the basic virtue is hope. Unfortunately, due to the lack of appropriate experiences, improper attitude of other people and various other factors, blind children already at this stage often fail to properly resolve the developmental crisis. In the further part of the article the author will discuss the causes of the problem and will suggest the possibilities of preventing the disturbances at the first stage of development.

**KEY WORDS:** developmental crisis, basic trust, blind children

## Introduction

Erik H. Erikson, the author of the theory of psychosocial development, claimed that every human being experiences eight developmental crises during their life from birth to death. Every time, at each stage, there are two poles, two opposite values. To overcome the crises it is necessary to find an optimal balance between them. The way of resolving the crises will affect the integration, as well as the relations with others and oneself. In the article, the author would like to concentrate on the first developmental stage, considered by many researchers to be the most important one. Its two poles are basic trust and basic mistrust, while the basic virtue is hope. Unfortunately, due to the lack of appropriate experiences, improper attitude of other people or various other factors, blind children already at this stage often fail to properly resolve the developmental crisis. In the further part of the article the author will discuss the causes of the problem and will suggest the possibilities of preventing the disturbances at the first stage of development.

### The importance of psychosocial aspects of development

Human beings are influenced by two environments, a social and biological one. The course of their development is influenced by both the maturation process (which initiates readiness to undertake a task) and the process of socialization and education (which stimulates people through requirements adapted for their age, as well as tasks and standards for their execution). If these processes continue in the appropriate way, human development proceeds correctly.<sup>1</sup> Although at the beginning of his path human beings are primarily dependent on the environment, with age, using the competences

---

<sup>1</sup> A. Brzezińska, *Jak przebiega rozwój człowieka?*, [in:] *Psychologiczne portrety dziecka*, ed. A. Brzezińska, Wydawnictwo GWP, Gdańsk 2005, pp. 26–28.

gained earlier, they become able to influence it more effectively, modifying it according to their own needs.<sup>2</sup>

The importance of psychosocial aspects of development was noticed by E.H. Erikson. Moreover, he showed that not only the past, but also the way of constructing the future can affect the personality of a human being.<sup>3</sup> The first significant changes in the field of identity formation happen as early as in the first months of life. Hence, this time is the basis for the formation of basic trust in relation to oneself and the world built on trust in the world and a feeling of certainty in relation to oneself. It concerns “a specific, pre-reflective “setting” in the environment, symbiosis with possible threats that do not paralyse (...) is an irreducible to self-knowledge existential condition that allows expecting and anticipating a minimum comfort of interaction with the closest environment”<sup>4</sup> E.H. Erikson writes: “Developing children have to draw an animating sense of reality from the consciousness that their individual way of experience management (synthesis of their ego) is a successful variant of group identity and is consistent with its spatiotemporal and life plan”<sup>5</sup>. As he continues, children who, for example, have learnt to walk develop this skill with enthusiasm, not only because it gives them pleasure, but they probably become aware of the new status of “the one who is walking” or even “the one who will walk far away”. Thanks to this compliance with social identification, they gain self-esteem and the conviction that their “ego effectively approaches a tangible collective future, that it develops into a clearly defined ego placed within the framework of social reality”<sup>6</sup>. This conviction is called by Erikson “the ego identity”.

---

<sup>2</sup> A. Brzezińska, *Jak przebiega rozwój człowieka?*, [in:] *Psychologiczne portrety dziecka*, ed. A. Brzezińska, Wydawnictwo GWP, Gdańsk 2005, pp. 21–24.

<sup>3</sup> L.A. Pervin, *Psychologia osobowości*, translated by M. Orski, GWP, Gdańsk 2005, pp. 178–180.

<sup>4</sup> L. Witkowski, *Rozwój i tożsamość w cyklu życia. Studium koncepcji Erika H. Eriksona*, Wyższa Szkoła Edukacji Zdrowotnej w Łodzi, Łódź 2009, p. 113.

<sup>5</sup> E.H. Erikson, *Tożsamość a cykl życia*, translated by M. Żywicki, Wydawnictwo Zysk i S-ka, Poznań 2004, p. 19.

<sup>6</sup> *Ibidem*, pp. 20.

Newborns, according to Erikson, “experience and love with their mouth”<sup>7</sup>, while the mother with her breast. At the beginning, they accept mother food, fill with it, but quickly pass to the incorporation stage, in which they are able to “accept” or receive what appears in their field of vision, hearing, touch. Their senses can help him to “track” an object and follow it, they learn to take and keep objects. At this time, the first crisis takes place, caused by firstly “an increasing drive to incorporation, closer and more active observation”<sup>8</sup>, secondly, an increase in awareness of their own separateness, and thirdly, less focus of the mother on the child and her “return” to marital relationship, greater involvement in other home duties.<sup>9</sup> During this period, it happens that the mother stops breastfeeding, or bitten by the child while giving food takes the breast away from them. All this can cause uncertainty, anxiety or even childhood depression in the child. And, in order to prevent such unfavourable phenomena, basic trust is formed.<sup>10</sup>

A positive solution to the crisis at this age results in the virtue, which is hope. It is the belief that the world is orderly and meaningful and favourable to people. It favours coping in difficult situations, when the cognitive and emotional order is disturbed, it is also helpful in predicting the course of events, generates a positive attitude to the situation and stimulates a human being to acquire new experiences. J. Trzebiński and M. Zięba propose to define it using the term of “basic hope”.<sup>11</sup> At the stage of infancy, the child’s conviction of the order and sense of the world is based on the regularity of certain events, while the sense of favour of the world is created on the basis of experience that their needs are satisfied and understood. Thanks to this hope, a human being has the impression that the world is full of good events and does not have any problems to

---

<sup>7</sup> Ibidem, p. 53.

<sup>8</sup> Ibidem, p. 56.

<sup>9</sup> Ibidem, p. 56.

<sup>10</sup> Ibidem, p. 53.

<sup>11</sup> J. Trzebiński, M. Zięba, *Nadzieja, strata i rozwój*, „Psychologia Jakości Życia” 2003, vol. 2, no. 1, pp. 5-6.

face them. He also predicts that in case of problems he will encounter other people's help. This hope is justified. It is built at the same time from trust and mistrust, with mistrust concerning more individual events, and trust manifesting itself in the belief that even when something unpleasant happens, everything can change for the better. Such an approach provides a human being with strength to fight, and hope becomes a component of the cognitive schema of the world. According to Erikson, hope favours coping both when a human being experiences personal failures in the context of an existing order and when this order is disturbed. The first situation is clear, a human being who hopes, takes action to get out of the impasse, to pay back. The second situation is more complex. It may include, for example, the destruction of the current order (e.g. through accident, impairment of physical function), new life situations may arise, and finally, the possibility of entering into a new situation (not as a necessity, but an alternative) may appear.<sup>12</sup> A blind person can be in the first situation if they lose their way while moving in a new place. This is their personal failure, but their order is not disturbed. When in their cognitive schema of the world hope occupies a prominent position, they take action to deal with failures (ask someone for directions, look for a landmark, etc.). In the second situation, for example, they may experience a worsening of their eyesight (or even loss of a sense of light), they may find themselves in a new situation of becoming a parent and taking on a new role with all its consequences, they may also, for example, get a job offer and decide whether accept it or not. In each of these situations, the existing order is disturbed and the way of managing the situation depends on the hope built on the feeling of meaningfulness and friendliness of the world.

According to J. Koziellecki, hope consists of several components, but its main cognitive component is the conviction with a certain probability that in the future one will achieve the desired goal or the desired good. Another component is the emotional component,

---

<sup>12</sup> *Ibidem*, pp. 8-10.

because this belief is filled with emotions, feelings that stimulate a human being to achieve the desired goal. There is also a temporal component, because hope refers primarily to the future, although it is impossible to omit past experiences, nor to mention the importance of the present. Kozielecki also mentions an affiliative component, as the social environment can also help or weaken hope, as well as the causative component, since hope undoubtedly has a positive effect on human activity and, consequently, on the quality of life.<sup>13</sup> The stimulation of the blind children activity, their motivation to act favours their self-rehabilitation. Although we cannot talk about it in relation to early childhood, its foundations are formed precisely when the identity, trust in oneself and in the world are formed.<sup>14</sup> Kozielecki draws attention to the importance of the physical intimacy of mother and child for the development of hope, and also emphasizes the need of the child to recognize the environment, as well as highlights the role of modelling. It also draws attention to the correlation between hope and an authority-based style.<sup>15</sup>

Based on the concept of psychosocial crises of Erikson, B.M. Newman and Ph. M. Newman developed the main areas of changes. As the developmental tasks of the infancy phase, they listed social attachment, sensorimotor intelligence and primitive causality, maturation of sensory and motor functions, constancy of the object and emotional development. Threats to development at this age are genetic factors, psychosocial influences and the role of parents.<sup>16</sup> In the further part of the article the author will try to analyse the situation of blind babies in this aspect.

---

<sup>13</sup> J. Kozielecki, *Psychologia nadziei*, Wydawnictwo Akademickie Żak, Warszawa 2006, pp. 42-46.

<sup>14</sup> J. Konarska, *Zdolność do autorehabilitacji jako konsekwencja wcześniejszych zabiegów wychowawczo-rehabilitacyjnych*, "Annales Universitatis Mariae Curie-Skłodowska" 2014, Vol. 27, No. 1, pp. 38-39.

<sup>15</sup> J. Kozielecki, *Psychologia nadziei*, Wydawnictwo Akademickie Żak, Warszawa 2006, pp. 138-143.

<sup>16</sup> A. Brzezińska, *Wczesne dzieciństwo – pierwszy rok życia: szanse i zagrożenia rozwoju*, „Remedium” 2003, no. 4(122), pp. 4-5.

## Blindness and emotional and social development

Literature is dominated by the opinion that the lack of eyesight adversely affects various spheres of child development, not only motor (it is difficult, among others, because the eyesight provides important feedback to the vestibular and proprioceptive systems)<sup>17</sup>, or cognitive, but also emotional and social development. This is not conditioned by biological abnormalities, but rather by the improper influence of the social environment, because “a blind child comes into the world with the same developmental possibilities as a sighted person and through the appropriate orientation of activity by their social environment, they can fully shape their personality as a subject”.<sup>18</sup>

Characteristic disturbances in emotional and social development of blind children include, among others, the domination of negative emotions over positive ones, acoustic and spatio-motor fears, fear of independent movement<sup>19</sup>, disturbances of sleep and wakefulness, which can result, among others, in mood disorders.<sup>20</sup> As I already mentioned, the basic task of the infancy period is the acquisition of trust in oneself and in the world. The result of this process depends on the quality of the relationship between the child and the closest social environment, especially the mother. This quality of contact is affected by a number of factors such as the maturity of the mother and father, their willingness to become parents, but also family and cultural support at the early stage of motherhood.<sup>21</sup> In early child-

---

<sup>17</sup> H.F. Prehtl et al., *Blindness and Early Motor Development*, “Developmental Medicine & Child Neurology” 2001, no. 43, pp. 198–201.

<sup>18</sup> K. Czerwińska, *Niepełnosprawność wzrokowa a samowychowanie – wybrane aspekty psychospołeczne*, “Annales Universitatis Mariae Curie-Skłodowska”, 2014, vol. XXVII, p. 78.

<sup>19</sup> T. Majewski, *Tyflopsychologia rozwojowa (Psychologia dzieci niewidomych i słabowidzących)*, „Zeszyty Tyflogiczne” 2002, no. 20, pp. 240–242.

<sup>20</sup> M. Skalski, *Melatonina w zaburzeniach snu i zaburzeniach rytmu okołodobowego*, „Farmakoterapia w psychiatrii i neurologii” 1998, no. 1, pp. 103–111.

<sup>21</sup> H.S. Shlesinger, *A Developmental Model Applied to Problems of Deafness*, “Journal of Deaf Studies and Deaf Education” 2000, no. 5(4), p. 350.

hood, the child and parents mainly get to know each other, learn how to recognize each other's needs and the different ways of fulfilling them. The successful execution of these activities will influence, among others, the sense of influence on the environment, the sense of achievement etc.<sup>22</sup> It would seem that blindness does not affect the disturbances of contact between mother and child. Unfortunately, this is a mistaken impression. It cannot be forgotten that often blind children are subjected to medical procedures or surgeries shortly after their birth (e.g. due to congenital cataract). Separation from the mother, experiencing pain, can cause a strong stress that has a negative impact on their development. It is impossible not to mention that parents also experience at the same time a strong stress caused by the existence of a child's disability. Although most often in the later months or years they accept the fact that their child will not see, in the initial period they may develop a sense of injustice and helplessness, which contributes to inadequate satisfaction of the child's mental needs in the first period of their life. Parenting stress is treated as a predictor of the perception of mothers of visually impaired children,<sup>23</sup> it can influence the attitude to the child, and hinder satisfaction of their needs. The first diagnosis and the way of its communication is very important. Parents may then experience fear of the future<sup>24</sup>, feeling of guilt or shame for more or less imagined misconduct from the past that might have affected the child's current condition<sup>25</sup>, which may

---

<sup>22</sup> A. Brzezińska, *Wczesne dzieciństwo – pierwszy rok życia: szanse i zagrożenia rozwoju*, „Remedium” 2003, no. 4 (122), pp. 4–5.

<sup>23</sup> A.H. Graungaard, L. Skov, *Why do we need a diagnosis? A qualitative study of parents' experiences, coping and needs, when the newborn child is severely disabled*, „Child Care Health and development” 2006, no. 33, pp. 296–307.

<sup>24</sup> J. Gładyszewska-Cylulko, *Relacja rodzic-specjalista w kontekście psychologicznych następstw błędów popełnianych podczas informowania rodziców o wykryciu zaburzeń rozwoju dziecka*, „Psychiatria i Psychologia Kliniczna” 2016, no. 16(4), pp. 256–261.

<sup>25</sup> J. Juvonen, M. Leskinen, *The function of onset and offset responsibility perceptions in fathers' and mothers' adjustment to their child's developmental disability*, „Journal of Social Behavior & Personality” 1994, no. 9(5), pp. 350–362.



make mutual contacts difficult. Referring to the concept of Erikson, a mother who is insecure in her role, full of conflicting feelings, focused on her own fear or sadness, has difficulty with “giving”, which can disturb the child to experience the process of friendly otherness.

A serious limitation of learning opportunities through imitation also has a negative impact on the development of a blind child. In the modelling process, a small child focuses on their mother’s behaviour, then memorizes it and tests in their own activity. In this way, they not only learn to reproduce useful behaviours, but also create a kind of base of such behaviours, which they can then modify in different ways in their own actions. J. Kozielecki writes that modelling (he does not mean the mechanical imitation of model action, but imitating behaviours with the inclusion of own innovations) teaches not only different behaviours, but also life in hope.<sup>26</sup>

Lack of visual perception also negatively affects social interactions by hindering the acquisition of the ability to conduct a dialogue.<sup>27</sup> Threats to social and emotional development of blind infants are caused, among others, by difficulties in creating a mutual interactive communication system in the mother-child dyad. The infant has difficulty in receiving non-verbal information from their mother, they are deprived of the opportunity to perceive countless smiles addressed to them, but they cannot also transmit non-verbal feedback understandable to her on their own.<sup>28</sup> This does not mean that blind children do not gesticulate<sup>29</sup>, but their gestures are not based on imitation. Although they use a wide range of facial expres-

---

<sup>26</sup> J. Kozielecki, *Psychologia nadziei*, Wydawnictwo Akademickie Żak, Warsaw 2006.

<sup>27</sup> H. Tröster, M. Brambring, *Early social-emotional development in blind infants*, “Child Care Health and development” 1992, no. 18(4), pp. 209-225.

<sup>28</sup> S.J. Rogers, C.B. Puchalski, *Social Characteristics of Visually Impaired Infants’ Play*, “Topics in Early Childhood Special Education” 1984, no. 3(4), pp. 52-53.

<sup>29</sup> J. Iverson, S. Goldin-Meadow, *What’s Communication Got to Do With It? Gesture in Children Blind From Birth*, “Developmental Psychology” 1997, no. 33(3), pp. 453-467.

sions, body movements and vocalizations, firstly they are specific to them, or they do not have to be properly read by adults, and secondly, in comparison with sighted infants, this range is limited.<sup>30</sup> When the mother is unable to read the signals sent by the child, she cannot give the right answer, and thus will not satisfy these needs, which are important to them at that moment. Referring to the concept of Erikson, a child who has learned to read and send non-verbal messages improves this ability also because they can probably become aware of the status of "the one that affects the environment". However, if this skill is lacking, this may give rise to a sense of lack of achievement.

In comparison with sighted children, the social smile also appears later. The first emotions of a child emerge after their birth and are dependent on satisfying their needs, they feel simple primary positive emotions such as, for example, satisfaction, as well as negative ones, above all, anger and fear. With time, under the influence of experience acquired during contacts with the environment, they develop secondary emotions, they react positively or negatively to the contact with certain objects, phenomena. While there are no significant differences between blind and sighted children as far as primary emotions are concerned, they can still be noticed in terms of secondary emotions. First smiles of the sighted child in response to the mother's smile appear as early as at the age of 2-3 months. The blind child does not notice this smile.<sup>31</sup> It is problematic insofar as this smile is interpreted by the mother as a signal that the child is satisfied and that she caused such a state of satisfaction (or, meaning, she is a good mother). When the smile does not appear or appears rarely, the mother may begin to doubt her maternal competence. The difference between sighted and blind children as far as smiling is concerned is that blind children do not respond with a smile to other people's questions, but rather to their behaviour. It

---

<sup>30</sup> L. Dorn, *The mother/blind infant relationship: a research programme*, "The British Journal of Visual Impairment" 1993, no. 11-1, p. 14.

<sup>31</sup> T. Majewski, *Tyflopsychologia rozwojowa (Psychologia dzieci niewidomych i słabowidzących)*, „Zeszyty Tyflogiczne” 2002, no. 20, pp. 240-242.

is worth noting that the smile of a blind infant appears irregularly in response to the mother's voice, but regularly, in response to tactile contact.<sup>32</sup>

The study conducted by S.J. Rogers and C.B. Puchalski aimed to check to what extent an infant with visual impairment and their mother can improve mutual contacts while playing. Participants included children with visual disability aged from 4 to 25 months and their mothers. Based on the analysis, it has been found that visual disability seems to diminish the pleasure of playing and hinders them from transmitting positive feedback received from each other. The researchers were surprised that there was no difference between blind and visually impaired infants in this regard. Perhaps the visually impaired infants could not yet use their visual abilities. Importantly, infants were not only deprived of visual information but also of affective information from their mothers. Mothers, on the other hand, did not have a clear feedback on whether their actions are pleasant for children, or give them satisfaction. Help in achieving positive mutual interactions during play or feeding can help the development of children.<sup>33</sup>

## Summary

In conclusion, the author would like to try to answer the question of how to enable blind infants to overcome the crisis of the first stage described by E. H. Erikson. The author thinks that first of all it is necessary to be aware of the dangers that the blind child has to face already at this stage and concentrate activities around building a support system for the child and their family. This should be done starting from the appropriate way of providing the mother with information about the child's disability, considering her emotional

---

<sup>32</sup> L. Dorn, *The mother/blind infant relationship: a research programme*, "The British Journal of Visual Impairment" 1993, no. 11-1, pp. 13-14.

<sup>33</sup> S.J. Rogers, C.B. Puchalski, *Social Characteristics of Visually Impaired Infants' Play*, "Topics in Early Childhood Special Education" 1984, no. 3 (4), pp. 53-55.

and perceptual condition, through psychological help directed to the family, covering the child with the program of early development support as early as possible, basic typhlopedagogical training for mothers and fathers, the possibility of being in a constant contact with a typhloeducator or tyflopsychologist. A constant care provided by one particular person from the first moments of life, as well as the correct interpretation of signals sent by the child is necessary in order to develop appropriate behaviour patterns, to create a sense of security conditioning all activity and to develop attachment.<sup>34</sup> The organization of the child's activity so that it can acquire new skills in the field of manipulation, locomotion, communication, and thus experience its own autonomy, independence, sense of achievement, sense of control, and above all, build at least the basic picture of the world in which they could act, or gain experience seems not less important. Though, unfortunately, it may happen that those children will not pass positively the first stage crisis according to Erikson and will not penetrate smoothly into more advanced stages.<sup>35</sup>

## Bibliography

- Brzezińska A., *Wczesne dzieciństwo – pierwszy rok życia: szanse i zagrożenia rozwoju*, „Remedium” 2003, no. 4 (122), pp. 4–5.
- Brzezińska A., *Jak przebiega rozwój człowieka?*, [in:] *Psychologiczne portrety dziecka*, ed. I. Brzezińska, Wydawnictwo GWP, Gdańsk, 2005, pp. 21–24.
- Czerwińska K., *Niepełnosprawność wzrokowa a samowychowanie – wybrane aspekty psychospołeczne*, „Annales Universitatis Mariae Curie-Skłodowska”, 2014, vol. XXVII, pp. 71–86.
- Czub M., *Wiek niemowlęcy. Jak rozpoznać potencjał dziecka?*, [in:] *Psychologiczne portrety dziecka*, ed. I. Brzezińska, Wydawnictwo GWP, Gdańsk, 2005, pp. 41–66.

---

<sup>34</sup> M. Czub, *Wiek niemowlęcy. Jak rozpoznać potencjał dziecka?*, [in:] *Psychologiczne portrety dziecka*, ed. A. Brzezińska, Wydawnictwo GWP, Gdańsk 2005, p. 49.

<sup>35</sup> S.Z. Sacks, *The Social Development of Visually Impaired Children: A Theoretical Perspective*, [in:] *Development of Social Skills by Blind and Visually Impaired Students: Exploratory Studies and Strategies*, ed. S.Z. Sacks, L.S. Kekelis, L.J. Gaylord-Ross, AFB Press, New York 1997, p. 8.

- Dorn L., *The mother/blind infant relationship: a research programme*, "The British Journal of Visual Impairment" 1993, no. 11-1, pp. 13-16.
- Erikson E.H., *Tożsamość a cykl życia*, translated by M. Żywicki, Wydawnictwo Zysk i S-ka, Poznań 2004.
- Gładyszewska-Cylulko J., *Relacja rodzic-specjalista w kontekście psychologicznych następstw błędów popełnianych podczas informowania rodziców o wykryciu zaburzeń rozwoju dziecka*, „Psychiatria i Psychologia Kliniczna” 2016, no. 16 (4), pp. 256-261.
- Graungaard A.H., Skov L., *Why do we need a diagnosis? A qualitative study of parents' experiences, coping and needs, when the newborn child is severely disabled*, "Child Care Health and development" 2006, no. 33, pp. 296-307.
- Iverson J., Goldin-Meadow S., *What's Communication Got to Do With It? Gesture in Children Blind From Birth*, "Developmental Psychology" 1997, no. 33 (3), pp. 453-467.
- Juvonen J., Leskinen M., *The function of onset and offset responsibility perceptions in fathers' and mothers' adjustment to their child's developmental disability*, "Journal of Social Behavior & Personality" 1994, nr 9(5), pp. 349-368.
- Konarska J., *Zdolność do autorehabilitacji jako konsekwencja wcześniejszych zabiegów wychowawczo-rehabilitacyjnych*, "Annales Universitatis Mariae Curie-Skłodowska" 2014, Vol. 27, No. 1, pp. 35-55.
- Kozielski J., *Psychologia nadziei*, Wydawnictwo Akademickie Żak, Warszawa, 2006.
- Majewski T., *Tyflopsychologia rozwojowa (Psychologia dzieci niewidomych i słabowidzących)*, „Zeszyty Tyflogiczne” 2002, no. 20, pp. 240-242.
- Martin C.A., Colbert K.K., *Parenting children with special needs*, [in:] *Parenting: A life Span Perspective*, ed. C.A. Martin, K.K. Colbert, McGraw-Hill, Higher Education, New York, 1997, pp. 257-281.
- Pervin L.A., *Psychologia osobowości*, translated by M. Orski, GWP, Gdańsk 2005.
- Prehtl H.F. et al., *Blindness and Early Motor Development*, "Developmental Medicine & Child Neurology" 2001, no. 43, pp. 198-201.
- Rogers S.J., Puchalski C.B., *Social Characteristics of Visually Impaired Infants' Play*, "Topics in Early Childhood Special Education" 1984, no. 3(4), pp. 52-56.
- Sacks S.Z., *The Social Development of Visually Impaired Children: A Theoretical Perspective*, [in:] *Development of Social Skills by Blind and Visually Impaired Students: Exploratory Studies and Strategies*, ed. S.Z. Sacks, L.S. Kekelis, L.J. Gaylord-Ross, AFB Press, New York 1997, pp. 3-12.
- Shlesinger H.S., *A Developmental Model Applied to Problems of Deafness*, "Journal of Deaf Studies and Deaf Education" 2000, no. 5(4), pp. 349-361.
- Skalski M., *Melatonina w zaburzeniach snu i zaburzeniach rytmu okołodobowego*, „Farmakoterapia w psychiatrii i neurologii” 1998, no. 1, pp. 103-111.
- Skotko A., *Mothers of children with Down syndrome reflect on their postnatal support*, "Pediatrics" 2005, no. 115, pp. 64-77.

- Tröster H, Brambring M., *Early social-emotional development in blind infants*, "Child Care Health and development" 1992, no. 18(4), pp. 207-227.
- Trzebiński J., Zięba M., *Nadzieja, strata i rozwój*, „Psychologia Jakości Życia” 2003, vol. 2, no. 1, pp. 5-33.
- Witkowski L., *Rozwój i tożsamość w cyklu życia. Studium koncepcji Erika H. Eriksona*, Wyższa Szkoła Edukacji Zdrowotnej w Łodzi, Łódź 2009.