

Title page

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Contents page

Introduction	p.3
Erik Erickson's psychosocial theory of development	pp.3-5
Positive psychology	pp.5-6
Applications of theories in dementia care homes	pp.6-8
Critical evaluation	pp.8-9
Conclusion	pp.9-10
Reference list	p.11

Applying Psychological Theories to Support Older Adults with Dementia

Introduction

Dementia is one of the most common psychological conditions affecting older adults in the United Kingdom. It is estimated that almost one million people in the UK live with dementia, a number that continues to rise due to increased life expectancy (Alzheimer's Society, 2024). Dementia is characterised by progressive cognitive decline, memory impairment, confusion, and behavioural changes that affect everyday functioning. In care home settings, dementia not only impacts residents' memory and independence but also their sense of identity and emotional wellbeing.

Health and social care professionals play an essential role in supporting these individuals. Beyond meeting physical and medical needs, professionals must also address psychological and emotional challenges to promote quality of life. Applying psychological theories can guide practitioners in understanding behaviour, communication, and wellbeing among older adults with dementia.

This report explores how Erik Erikson's Psychosocial Theory of Development and Positive Psychology can be applied to support adults aged 65 and over who are living with dementia in UK care homes. Both theories focus on psychological growth, meaning, and emotional fulfilment, which are crucial to maintaining dignity and wellbeing in later life. The report provides an overview of each theory, evaluates their application in dementia care, and considers challenges and strategies for professionals in implementing them effectively.

Erik Erikson's Psychosocial Theory of Development

Erik Erikson's psychosocial theory is a lifespan model that describes eight stages of human development, each characterised by a key psychosocial conflict that must be resolved for healthy psychological growth (Erikson, 1950). The final stage, Integrity versus Despair,

typically occurs from around age 65 onwards and is especially relevant to older adults. During this stage, individuals reflect on their lives, seeking meaning, fulfilment, and acceptance. Successfully resolving this conflict leads to a sense of integrity, wisdom, and peace, while failure can result in despair, regret, and hopelessness (McLeod, 2023).

For people living with dementia, this stage of development can be extremely difficult. Dementia disrupts memory, identity, and the ability to reflect on past experiences — all essential to achieving integrity (Woods *et al.*, 2018). Individuals may feel confused, disoriented, or lose touch with their life history. This can result in frustration and sadness as they struggle to maintain a sense of self. In severe cases, cognitive decline can make it impossible to verbalise thoughts or recall key memories, further undermining emotional stability.

Despite these challenges, Erikson's theory remains a valuable framework for dementia care. It encourages professionals to view residents not only in terms of their illness but also as individuals with rich life histories and ongoing psychological needs. Care practices such as life story work, reminiscence therapy, and validation therapy align closely with Erikson's concept of integrity.

- Reminiscence therapy involves using photographs, music, scents, or familiar objects to stimulate memory and encourage conversation. This helps residents reconnect with their past and maintain identity, fostering feelings of continuity and belonging (Subramaniam and Woods, 2016).
- Life story work uses personal histories and family input to create profiles or memory books that help staff understand residents' values and achievements. This strengthens the sense of self and allows care to be personalised.
- Validation therapy, developed by Naomi Feil, encourages carers to acknowledge and validate the feelings of people with dementia rather than challenge them. This helps reduce distress and supports emotional wellbeing.

By focusing on these approaches, professionals help residents achieve a sense of integrity even as memory declines. Erikson's framework reminds carers that late adulthood is not only about decline but also about reflection, acceptance, and dignity.

Positive Psychology

Positive Psychology, founded by Martin Seligman and colleagues in the late 1990s, focuses on promoting strengths, wellbeing, and life satisfaction rather than merely treating illness or deficits. It aims to understand what makes life meaningful and how individuals can flourish, even in the presence of challenges (Seligman and Csikszentmihalyi, 2000).

The PERMA model developed by Seligman (2011) identifies five key elements that contribute to wellbeing:

1. Positive Emotion – experiencing joy, comfort, and gratitude;
2. Engagement – being deeply involved in meaningful activities;
3. Relationships – maintaining supportive social connections;
4. Meaning – having a sense of purpose;
5. Achievement – feeling capable and accomplished.

In dementia care, Positive Psychology provides a framework that focuses on what remains intact rather than what is lost. It encourages care staff to help residents experience moments of happiness, connection, and meaning, even as cognitive ability declines. This approach aligns with current best practices in UK dementia care, which emphasise promoting wellbeing, autonomy, and personhood rather than focusing solely on clinical symptoms (NICE, 2018). For example:

- Positive Emotion can be encouraged through sensory stimulation such as music therapy, pets, or nature walks. Music linked to residents' memories has been shown to reduce anxiety and improve mood.

- Engagement can be promoted through simple, achievable activities such as gardening, painting, or baking. These activities provide sensory and emotional stimulation, helping residents feel purposeful.
- Relationships are strengthened through consistent staff interactions and family involvement. Small gestures such as using residents' preferred names or remembering their personal interests foster trust and connection.
- Meaning can be supported through spiritual activities, group reflections, or revisiting significant life roles (e.g., involving former teachers in helping children read during visits).
- Achievement can be encouraged by celebrating small successes, such as completing a puzzle or participating in group activities.

Positive Psychology shifts the focus from loss and dependency to capability and enjoyment. Even when memory fades, residents can still experience joy, love, and connection — experiences that are central to emotional wellbeing.

Application of Theories in Dementia Care Homes

Applying Erikson's Psychosocial Theory in Practice

In care homes, Erikson's theory helps staff understand that residents' behaviours often reflect underlying emotional conflicts between integrity and despair. For example, a resident who frequently expresses sadness or confusion may be struggling with feelings of loss or unfulfilled life goals. Recognising this allows staff to respond empathetically rather than viewing the behaviour as merely "challenging."

Practical applications include:

- Reminiscence sessions: Group or one-to-one sessions where residents share memories can help maintain self-identity. For instance, playing songs from their youth or discussing past occupations can evoke positive memories.
- Life story displays: Some care homes create “memory boards” outside residents’ rooms featuring photos and brief biographies. This helps staff initiate personalised conversations, reinforcing a sense of identity and belonging.
- Family involvement: Encouraging family members to contribute to life story materials helps preserve the resident’s history and creates a bridge between past and present.

Challenges:

Many residents experience advanced dementia, limiting their ability to communicate verbally. Staff shortages and time pressures can also restrict opportunities for individualised reminiscence work.

Strategies:

Care homes can provide staff training on communication techniques and validation approaches to enhance emotional engagement. Involving volunteers or family members in reminiscence activities and embedding life story work into care plans ensures Erikson’s principles are applied consistently.

Applying Positive Psychology in Practice

Positive Psychology complements Erikson’s theory by focusing on the strengths and emotions that sustain wellbeing, even in later life and illness. In dementia care, its principles can be used to design daily routines that promote enjoyment, connection, and purpose.

Practical applications include:

- Promoting positive emotion: Incorporating laughter therapy, music, or aromatherapy into care routines can reduce agitation and increase happiness.

- Encouraging engagement: Structured activity programmes such as singing groups, art therapy, or chair-based exercise help residents stay mentally and physically active.
- Fostering relationships: Creating small “friendship circles” within care homes encourages residents to bond and support each other, reducing loneliness.
Supporting meaning and purpose: Residents can take part in small community roles, such as setting tables for meals or helping with gardening. This reinforces autonomy and purpose.
- Celebrating achievement: Displaying residents’ artwork or giving verbal praise for participation helps boost self-esteem and motivation.

Challenges:

Positive Psychology requires a shift in mindset from a medical to a holistic model of care. Some professionals may focus primarily on physical needs due to workload or training limitations. Emotional care can be overlooked when time is limited.

Strategies:

Care managers can incorporate the PERMA model into care planning and staff supervision to ensure psychological wellbeing remains a central goal. Providing reflective practice sessions where carers share positive stories can also help maintain morale and promote positivity within the team.

Critical Evaluation

Both Erikson’s and Positive Psychology theories contribute valuable insights to dementia care, but they approach wellbeing from different angles. Erikson’s theory provides a developmental perspective, explaining the emotional and existential challenges of later life,

particularly the need for reflection and integrity. Positive Psychology focuses on cultivating wellbeing through positive emotion and engagement, offering practical ways to enhance daily life.

When combined, these theories provide a balanced understanding of ageing and dementia. Erikson helps carers address emotional needs linked to identity and meaning, while Positive Psychology provides tools to promote happiness and resilience. Together, they help staff move beyond a deficit-based model of dementia care toward a holistic, compassionate approach.

However, challenges exist. Erikson's theory assumes individuals can reflect on life events, which may not be possible for those with severe cognitive decline. Similarly, implementing Positive Psychology requires time, resources, and cultural change within organisations. Without adequate staff support and training, sustaining positivity can be difficult.

Despite these limitations, both theories align strongly with the UK's person-centred care principles and the Care Quality Commission's (CQC) emphasis on promoting dignity, independence, and wellbeing. When professionals integrate these psychological frameworks into their practice, they create environments where residents are valued as individuals and supported emotionally as well as physically.

Conclusion

Supporting older adults with dementia requires more than managing symptoms — it involves understanding the psychological and emotional aspects of ageing. Erik Erikson's psychosocial theory highlights the importance of life reflection, identity, and integrity in later life, while Positive Psychology focuses on nurturing strengths, happiness, and meaning. Together, they provide a powerful framework for improving dementia care in UK care homes.

By applying Erikson's principles through reminiscence and validation therapies, professionals can help residents preserve dignity and reduce despair. Through Positive Psychology, carers can enhance joy, engagement, and connection, focusing on what individuals can still achieve rather than what they have lost.

Although challenges such as limited resources and time constraints exist, training, reflective supervision, and family involvement can support staff in applying these approaches effectively. Ultimately, understanding and integrating psychological theories into care practices allows professionals to create compassionate environments where residents with dementia can continue to experience purpose, joy, and a sense of self.

Reference list

Alzheimer's Society (2024) *Dementia UK report*. London: Alzheimer's Society.

Erikson, E. H. (1950) *Childhood and Society*. New York: Norton.

McLeod, S. (2023) 'Erik Erikson's Theory of Psychosocial Development', *Simply Psychology*. Available at: www.simplypsychology.org (Accessed: 28 October 2025).

NICE (2018) *Dementia: Assessment, Management and Support for People Living with Dementia and their Carers (NG97)*. London: National Institute for Health and Care Excellence.

Seligman, M. E. P. (2011) *Flourish: A Visionary New Understanding of Happiness and Wellbeing*. New York: Free Press.

Seligman, M. E. P. and Csikszentmihalyi, M. (2000) 'Positive psychology: An introduction', *American Psychologist*, 55(1), pp. 5–14.

Subramaniam, P. and Woods, B. (2016) 'The impact of individual reminiscence therapy for people with dementia: Systematic review', *Expert Review of Neurotherapeutics*, 16(5), pp. 545–555.

Woods, R. T. et al. (2018) *Handbook of the Clinical Psychology of Ageing*. 2nd edn. Chichester: Wiley-Blackwell.