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Introduction

Psychological health of elderly people in care homes, especially those with dementia, is a very crucial point of concern in health and social care facilities. Cognitive impairment and memory loss characterize dementia, which is likely to be accompanied by various psychological problems, such as depression, anxiety, and social withdrawal. This report will review the ways psychological theories can be utilized to assist adults aged 65 and above who are living with psychological health conditions, that is, dementia, in care homes. The two theories that will be used in this analysis are the Erikson Theory of Psychosocial Development and Cognitive Behavioral Therapy (CBT). Both theories can be useful in the comprehension of psychological needs of the adult population and are able to offer the framework in responding to the behavioral and emotional issues accompanying dementia. This report will also critically assess the use of these theories and the possible challenges that may arise when implementing the theories and give recommendations to control these challenges.

Theory of Psychosocial Development of Erikson.

Overview of Erikson's Theory

The psychosocial development theory developed by Erik Erikson holds that every person experience eight stages of development that are characterized by a major psychological conflict. In the case of older adults, the critical stage is Integrity vs. Despair that takes place in late adulthood. Erikson (1950) says that at this age, people look back at their lives and note whether they lived fruitful and satisfying lives. A successful solution of this phase leads to feeling integrity, which is defined by the feeling of satisfaction and acceptance of life. On the other hand, the lack of integrity results into a feeling of despair in life where the individual will regret, feel dissatisfied with the life they lead forth and experience a sense of unrealized potential (Erikson, 1982).

This theory places a great deal of value on the issue of emotional wellbeing in later life and proposes that attainment of a feeling of integrity is crucial to psychological health in old age. To patients with dementia, the stage becomes more important because cognitive decline usually has

such an effect that the individual no longer has the capacity to process and reflect on past events in a logical and coherent way. Thus, older adults need to be given interventions that will assist them in attainment of integrity, regardless of the difficulties brought about by dementia.

The application of Eriksons psychological development theory in a dementia care unit

The theory can be applied to dementia care home settings to influence the practices of care that would foster emotional health and alleviate the feelings of hopelessness which are common among the residents. Life review is one of the main interventions that are based on the theory by Erikson, as the older adult is encouraged to reflect on his/her life experiences and achievements, as well as his/her relations. This process makes people with dementia derive meaning in their past and fosters integrity. As an illustration, caregivers can make conversation about experience, career accomplishments, family events, or significant events in their lives and this enables the residents to feel useful and confirmed (Haight and Hendrix, 1999).

Furthermore, caregivers may offer activities that trigger positive memories and cognitive stimulation, e.g., looking at photo albums, listening to favorite music or reminiscence therapy. These activities do not only help develop some kind of continuity in the life of the person involved in them, but also offer a chance to interact meaningfully, which minimizes the chances of depression and social isolation (Dixon, 2017). Care homes can assist the residents in the process of passing the stage of Integrity vs. Despair by allowing them to review their lives and have meaningful reflections, which is one of the elements of their emotional health.

The Problems of Eriksonian Theory Implementation.

Although the theory by Erikson has valuable insights, using it in the process of dementia care has various challenges. Cognitive impairment is the biggest challenge as in most cases people with dementia cannot participate in complex reflective activities like reviewing their lives. Their cognitive deterioration can restrict their memory retention and their capacity to determine the meaning of their past, thus being unable to attain a sense of integrity (Cohen-Mansfield et al., 2014). Also, elderly people whose dementia has progressed might lack the mental capacity to weigh sophisticated feelings like regrets or satisfaction as postulated by Erikson in his theory.

Also, since cognitive impairment is another characteristic of dementia, the sufferers can be emotionally distressed, which is expressed through frustration, confusion, or anxiety. Such emotional difficulties can cause them to find it more difficult to reflect positively on their lives and can give rise to despair. Caregivers should recognize such emotional plights and offer interventions that assist residents to cope with their emotions within a supportive atmosphere (Gottlieb et al., 2009).

Improvement strategies

To solve these problems, the caregivers can adopt person-centered care methods that promote interventions that suit the abilities and preferences of the individual. This can be illustrated by the fact that the life review exercises must be modified to match the level of cognition of the person, such as by using simplified language, drawings and reminders to help the person remember. Also, the caregivers may concentrate on enhancing the feeling of emotional security by providing a secure and predictable environment that will make the residents feel more part of the environment (Kitwood, 1997). Care homes can improve the sense of integrity of residents with dementia by altering the interventions to address the cognitive and emotional needs of the former.

Freud's Psychosexual Theory

Overview of Freud's Theory

The psychosexual theory advanced by Sigmund Freud is based on the fact that human personality is built in stages as an individual grows up with erogenous centres in each stage. Freud believed that the unresolved conflicts at these stages may affect personality, behaviour as well as emotional functioning in the later years (Freud, 1923). Even though Freud theory mainly emphasizes on early development, it is still applicable in the explanation of psychological health in old adulthood especially when people exhibit regression because of problems like dementia.

Application of Freud's Theory in Dementia Care

The theory of Freud can be used in dementia care homes by understanding that changes in behaviour can be the indication of unresolved emotional conflicts and not intentional behaviours. An instance of this is that, heightened aggression, fear or dependency in the residents might be

interpreted as a psychological regression, in which the individual has turned back to the previous developmental stage because of cognitive degradation (Bender and Cheston, 1997). This knowledge will help caregivers to react with sensitivity instead of restraint or punishment. Reassurance, routine, and a secure environment are some of the measures that can be implemented to manage unconscious fears among residents. Another aspect that justifies employing non-verbal communication is the focus of Freud on unconscious, hence the tonality of voice, touch and facial expressions, is also of significant importance since verbal communication is impaired in dementia (Kitwood, 1997).

Challenges in Applying Freud's Theory

The abstract nature of the Freud theory is considered one of the most significant weaknesses when it comes to dementia care. The theory is quite dependent on the unconscious mind, repression, and stages of psychosexual development, which cannot be effectively evaluated or measured, especially with a person of great cognitive impairment. Moreover, the fact that Freud was interested in the experiences in childhood can be a constraint to straightforward practical use in the everyday management of dementia (McLeod, 2019).

Strategies to Address the Challenges

Although these problems exist, some aspects of the Freud theory can still be used to inform people-centred care of dementia. Focus on emotional reassurance, identification of distress signs, responding to behavior sensitively is something that caregivers can develop, instead of trying to do formal psychoanalysis. Care responses can be enhanced through training of staff to realise emotional regression and unconscious distress to minimize the behavioral symptoms (Brooker, 2007).

Cognitive Behavioral Therapy (CBT)

Overview of CBT

Cognitive Behavioral Therapy (CBT) is a common therapeutic treatment, which is aimed at discovering and altering negative thoughts and behavior patterns. CBT, which was developed by Aaron Beck in the 1960s, assumes that thoughts, feelings, and actions are interrelated, and through the modification of negative modes of thinking, sufferers can receive a positive boost in their

emotions and behavioral reaction (Beck, 1976). CBT is universally applied in mood disorders like depression and anxiety, which are often found in elderly people and especially those with dementia.

CBT consists of a combination of approaches such as cognitive restructuring (distorted thoughts identification and challenges), behavioral activation (enhancement of positive activities), and problem-solving (learning effective coping strategies). In dementia cases of older adults, CBT is adjustable to meet the cognitive issues of older adults and enable them to cope with depressive symptoms, anxiety, and social withdrawal.

The application of CBT in a Dementia Care Usage.

CBT in dementia care can be modified according to emotional regulation and negative thinking reduction. Although conventional CBT presupposes the possibility to conduct complex thought processes, a simplified form of CBT is applicable to patients with dementia and involves a practical approach towards dealing with their emotions and enhancing their daily performance (Gould et al., 2014). Emotion-focused CBT is one of the effective ways of using CBT with dementia patients and involves identifying and legitimizing emotions and creating coping mechanisms to address distress (Stott et al., 2014). As an illustration, a resident who develops anxiety because of the loss of memory can be taught relaxation exercises, distraction methods, or guided imagery to help him/her deal with anxiety.

The other significant point concerning the implementation of CBT in dementia treatment is the inclusion of family members and caregivers into the treatment process. Training caregivers about the foundations of CBT would be effective to support them in the delivery of consistency in emotional support and reinforcement of coping behaviors off-site therapy. CBT can build a supportive environment that facilitates emotional well-being by enabling the caregivers to identify and address the discriminatory negative thinking patterns in themselves and the individual with dementia (Livingston et al., 2014).

Challenges in Applying CBT in health and social care

Cognitive decline is among the primary obstacles to CBT application in dementia patients, as the latter may experience problems when it comes to participating in cognitive restructuring as one of the core components of the traditional CBT. Later in the development of dementia, people may not be able to think abstractly or remember, both of which are critical in determining and questioning

maladaptive thoughts (Thorgrimsen et al., 2002). Moreover, the problems with communication related to dementia may complicate the issue of expressing feelings or comprehending the therapeutic ideas.

The other difficulty is the fact that cognitive distortions are so complicated in dementia. Dementia can also result in distorted thinking when the individual starts to become anxious or confused. As an example, a resident can produce a belief that he/she is forgotten or unwanted, even when it is evidenced otherwise. A solution to these beliefs should be given with keen consideration to the cognitive restrictions of the person, the support of caregivers and family members (Beck, 1976).

Improvement strategies

To address all these issues, some adjustments can be made to the CBT methods, including the shorter duration of the sessions with shorter sentences and illustrations that will help the client understand it better. As an example, caregivers may resort to visual cues to make the dementia individual identify and dispute negative attitudes. Moreover, emotion control instead of cognitive restructuring sometimes can be more useful with people with higher dementia. By focusing on pleasant emotional experiences and providing some feeling of safety and reassurance, caregivers will be able to assist the residents in coping with anxiety and depression even more effectively (Wells et al., 2014).

Theories Critical Assessment.

The Theory presented by Erikson and the CBT are both helpful in terms of appreciating and addressing the mental health of elderly individuals with dementia. The emphasis on integrity by Erikson offers an effective perspective in interpreting emotional needs of older adults especially which is applied in enhancing self-reflection and life satisfaction. Nonetheless, it is not always an easy procedure to undertake owing to cognitive deterioration that may restrain individuals from partake in life review or attain a feeling of closure.

CBT, however, provides applied techniques to deal with depression and anxiety by restructuring cognitions and applying behavioral interventions. Even though its usage in dementia care must be adapted, especially in patients with significant cognitive impairment, modified CBT methods can still be used to enhance emotional regulation and general well-being. The primary disadvantage of

CBT is that it requires successful communication and thinking, which is not always possible among dementia patients.

Conclusion

To summarize, Erikson Psychosocial Development Theory and Cognitive Behavioral Therapy are examples of psychological theories that provide helpful information on the ways in which older adults with dementia could be supported in care homes. Eriksonian theory emphasizes the need to attain feelings of integrity in later life, whereas CBT is a systematic way to deal with anxiety and depression. Despite the difficulties connected with cognitive deterioration and communication limitations, these theories may be modified according to the requirements of the people with dementia to enhance their quality of life and emotional state. These psychological models should be used by caregivers and health professionals in the context of person-centered care to improve the psychological well-being of the elderly in dementia care facilities.

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