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PSYCHOLOGY OF HEALTH AND SOCIAL CARE

ASSIGNMENT 2

BMHP4003

MAY, 2020.

**APPLYING PSYCHOLOGICAL PESPECTIVE IN HEALTH AND
SOCIAL CARE. A REFLECTIVE ESSAY**

MAY, 2020

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Introduction

Reflective assessment is a metacognitive scheme and decisive assessment strategy that encourages one to think about his/her thinking. It helps an individual figure out what he does or does not know and connects learning to other experiences and information from other sources (Laurynn 2016). Reflective assessment is an effective way to help to make certain that students learn and retain the knowledge they are supposed to have. In the case of this study, reflective assessment is essential to keep a constant reminder and unravel the relationship between psychological theories (learned in previous work/study) and dealing with the elderly in health and social care.

In the care of the older people, there is a great need to replace abuses to emotion or personality with both mental and physical support. In the previous task, it was established that the "old age stage" is one of the most essential and delicate aspects/phases of human existence. Based on this derived understanding, this present study will critically analyze the psychological theories and the researches that have been conducted on the elderly life stage with my previous work as an additional reference point.

This assessment will be going over the already identified psychological theories and their application to all phases of life. The study will also bring to light all that is to be learned concerning the care of the older person in the health and social care facilities. Being a health and social care provider, understanding of these theories and its application can be utilized to better my treatment or care of the older people.

Reflection On Previous Work

From previous work, two distinct psychological theories about all phases of life- ranging from childhood to old age- were considered, and more emphasis was laid on the relationship between these theories to old age. These theories will be well-reviewed below

Derived Understanding From Theories

Erikson's Theory

Erikson developed the theory of psychosocial development, where he describes that personality develops in a planned series through eight stages of psychosocial development, from adulthood to old ages. The stages include Basic trust versus mistrust (birth to 18 months); Autonomy versus shame and doubt (2 to 3 years); Preschool age: initiative versus guilt (3 to 5 years); Industry versus inferiority (6 to 11 years); Adolescence: identity versus identity confusion (12 to 18 years); Young adulthood: intimacy versus isolation (19 to 40 years); Middle age: generativity versus stagnation (40 to 65 years); and Older adulthood: integrity versus despair (65 to death) (Huguley et al. 2019). It is not an unlikely fact that aged and older adults in different social and health care often face abusive behavior from the health and social care staff. With the help of Erikson's psychosocial development theory, it can be noted that older people are often detached from the outer world, and they become unable to understand their self-importance. According to this theory, it can be said that people above age 60 + are known as a late adult. This is the age when people reflect their skills, positive skills, and negative factors in their life. People above age 60 + can sense things which will last and things which will not.

Each stage in Erikson's psychological theory continues from the previous stages and makes a wave for the next stages of development. Erikson was of a belief that people are faced with a conflict that serves as a transformation point into another stage/phase in development (Malone et al. 2016).

From Erikson's standpoint, the conflicts faced by developing individuals are centered on developing psychological qualities or failing to create them. To him, during this time, the possibility of personal growth is high, and the same goes for the chance of failure. When a person overcomes the conflicts at all life phases, they emerge with strengths that will serve them well throughout their lifetime. Also if the fight over the conflicts at different stages is not won, they do not develop crucial skills to move on. Erikson was also of the belief that each stage is concerned with gaining mastery in a particular aspect of life, and if the stage is handled properly an individual will have a sense of expertise which is most times referred to as "ego quality or ego

strength." On the other hand, if the stage is not handled properly, the individual goes out of the stage with a sense of incompetence in that area of development (Kendra and Steven 2020).

Kohlberg's Theory

Kohlberg's theory of moral development states that one progresses through three distinct levels of moral thinking that builds on his/her cognitive development. He was interested in knowing why people make decisions by thinking about the wrongs or rights of their actions (involving morality). Kohlberg believed that humans go from one stage of moral reasoning to another without having to skip any. Through his study, he conclusively came up with a theory of moral development that included six stages of moral reasoning but all summed up into three general levels (Veritas 2017).

The first level (pre-conventional morality), which includes two stages, entails (obedience and punishment; individual interests). The individual at the first stage has no clue that other people can have the same desires and wishes as theirs. Therefore the person at this stage acts in an egoist manner. In the second level, which is conventional morality, the individual begins to realize that he can differentiate his desires from the wishes of others and those of authority figures. The second level includes the third and fourth stages (interpersonal; authority). The general motivation of the individuals at the second level is being accepted and socially approved by others and to fulfill the commands of those who are superior. At this level, people begin to define interpersonal relations by their place in society. At the last/third (the post-conventional morality) level, the individual develops an autonomous moral conception. In the moral judgment, she regularly refers to a broad set of principles (example justice and fairness). According to Kohlberg, moral superiority is characterized as reaching this stage. The person in this final stage sees morality as an end and not as a means. (Onurcan et al. 2019).

Theories In Relation To Old Age

According to Erikson

In Erikson's theory of psychological development, integrity versus despair is seen as the eighth and last stage. This stage sets in at about age 65 and is terminated at death. This stage begins as an aging adult begins to deal with the problem of his or her mortality. The beginning of this stage is mostly activated by certain life events including loss of a spouse, retirement, dealing with a terminal illness, loss of friends and acquaintances, etc. During the integrity versus despair stage, people begin to ponder on the kind of life they have lived and reflect on the life they have lived which will result in fulfillment for a well-lived life or regret over a life misspent.

According to Erikson, effectively resolving the crisis at this stage results in the development of what he called "ego integrity." Most people can look back at their life with a sense of accomplishment and fulfillment and face the end of their life with no regrets and a sense of wisdom (which Erikson referred to as "well-versed and serene concern with life even in the face of death."). On the other hand, if the individual evaluates his life to be unproductive at this stage, he becomes dissatisfied in life. He develops despair, which often results in hopelessness and depression (Perry et al. 2015).

According To Kohlberg

According to Kohlberg's model/theory, Post-conventional morality is the peak of morality. At this stage, individuals have developed their personal codes of conduct, set of morals and ethics that they utilize to control their behaviour. Often, their set aside ethics and moral standings correspond with society's laws, practices, and social norms. Still, there can be a conflict between a person's beliefs and what is generally accepted. According to Kohlberg, at this stage when conflict arises, the individual remains true to his/her ethics.

At the last (the post-conventional morality) level, the individual develops an autonomous moral conception. In the moral judgment, she regularly refers to a broad set of principles (example justice and fairness). According to Kohlberg, moral superiority is characterized as reaching this

stage. The person in this final stage sees morality as an end and not as a means. (Onurcan et al. 2019)

People differ considerably with respect to moral reasoning. According to Kohlberg's conclusion, individuals who have attained the post-conventional moral reasoning approach moral issues based on deep-rooted principles and ideas rather than adherence to rules or self-interest (Fang et al. 2017).

Application Of Learned Psychological Theories

My Work Experiences

Case 1: One of the service users, also called resident, who is a man of 94 years, sick of cancer and had fallen before at home. He is many a time restless shouting out, wanting someone always with him or holding his hands. So I come in and encourage him not to shout, hold his hands, and let him know he is fine but can't stay with him all day. When he is assured, he'll keep quiet for a while and sleep off. Again, when staff doing personal care on him, he screams as if you are throwing him down. He gets very scared that he was going to fall. You need to keep assuring him.

Case 2: There is another one, a woman who has dementia and likes shouting and swearing. Here, the term swearing is when someone abuses you saying you bastard, idiot, etc. She sometimes fights with staff, hitting or can just push you unawares. There was an incident when she pushed a staff, and the lady fell suddenly. She couldn't come to work for about two weeks. This lady is 86years and walks with the assistance of someone using her Zimmer frame. Sometimes, she starts crying, asking for mom or husband. Then, I assure her, talk nicely with her and tell her how she's loved that her husband will soon come to see her. She becomes peaceful, speaks softly, and builds trust in you.

Relating My Experience To The Theories

As people advance in age, they change in numerous ways psychologically, emotionally, biologically, etc.

Cognitive change has been seen in several scientific researches as normal changes associated with old age. Cognitive abilities such as vocabulary are irrepressible even in brain aging, but other skills such as memory, processing speed, conceptual reasoning, etc., decline gradually as one ages. There is a notable variety among older adults regarding the rate of decline in some abilities, e.g., measures of processing speed and perceptual reasoning (Wisdom et al. 2012).

Attention which is the ability to concentrate on specific details and stimuli declines slightly with age. The simple auditory attention span mostly referred to as immediate memory, also slightly reduces in late life (Lezak et al. 2012). Aged-related memory changes may have an association with slowed processing speed (Darowski et al. 2008), decreased ability to overlook irrelevant information, and also reduces the use of methods to enhance memory and learning. The ability to see a familiar object and name them (visual confrontation naming) is intact until about age 70 and begins to reduce in subsequent years (Zec et al. 2005).

Furthermore, verbal fluency – the ability to perform a speech and generate words in a specific amount of time shows a decline with aging. Also, executive functioning which is the capability to engage in appropriate, independent successfully, self-serving and purposive behavior and includes several cognitive abilities such as the ability to organize, plan, self-monitor, reason, solve problems and be mentally stable/ flexible declines as one progresses in age (Lezak et al. 2012). Researches have also established that concept formation, mental flexibility, as well as abstraction declines with age, especially for people over age 70- as older individuals, are likely to think more concretely than young adults (Oosterman et al. 2010).

From Erikson's theory, he recognized that physical and cognitive changes that occur late in life build a limitation on competence (Erikson et al., 1986), and this may limit the ability of an older adult to self-manage disabilities, loss, and health. Regardless of these challenges, Erikson's theory proposes when older adults are faced with changes in their cognitive abilities or physical health, their regenerated sense of purpose may result in indulging in self-management in order to remain

autonomous rather than passively allowing professionals, family, friends or family to care for them (Tam et al. 2015).

From my experiences (cases 1 and 2), it can be seen that the older adults get to that point where Erikson noted cognitive changes, and each person reacts to it differently. There are some older adults in our health care facility that experience loss of memory and a lot of other functions, most of them result in self-management and repel care from others. In contrast, others respond to genuine concern, if the trust is first built, this brings us back to Erikson first they of trust and mistrust. While working in several areas though, I get to meet individuals who are moral inclined, some other adults in the facility take it upon themselves to make sure everyone is in good conduct even when they are in an ill state, this verifies Kohlberg's theory where he stated that the last stage in life is that in which morality is at its peak. The individual solely relies on his/her laid down principles, which are also societal morals. All these experiences point out these two psychological; theories, thus stating their importance in different facets of life, especially at old age.

Application Of The Theories To Health And Social Care Practice

From the onset, the development of psychological theories was to study behavioral patterns, emotions, reactions, etc. in order to understand human behavior and interact accordingly. Furthermore, developmental theories offer a set of concepts and guiding principles that depict and explain human development. Most theories are centered on the development of a specific quality; an example is Kohlberg's theory of moral development, while others focus on growth and occurrences throughout man's lifespan. (Walrath R 2011).

Nurses, counselors as well as psychologists, in today's use the Erikson's and Kohlberg concepts when providing care for any individual, especially aging patients (Giblin 2011). The general fact is that theories can be applied in all facets of life if understood properly. Lawrence Kohlberg's and Erik Erikson's theories can be applied in the classroom setting to study and improve the behavioral pattern of students. For example, Erikson's theory can be used in the school where

standards, rules, and consequences are involved. The theory detects a persons' level of moral reasoning by placing him/ her on any of the stages of development.

Erikson's theory offers insights into several aspects of nursing care, including care for older adults with a couple of cognitive disabilities. With respect to Erikson's theory, obtaining wisdom later in life entails revisiting previous crises and rebranding psychological achievements. However, a couple of studies utilized Erikson's theory as a framework for analyzing how older adults self-manage physical and mental health changes attributed to old age. Erikson's approach offers an outline for understanding older adults' capability in indulging in self-management (Tam et al. 2015).

Conclusion

Based on the previous task, it has been identified that being a health and social care professional, it will be effective and very necessary to incorporate the knowledge of these theories in the health and social care practice, especially in taking care of the aged (Milte et al. 2019). From this recent study, it has been found that these theories can be well implemented in all facets of life, and understanding of these concepts can put health care providers on the right track, especially when dealing with delicate individuals in the hospital.

From my day to day routine in the health care facility, and from this study I have been able to relate better to Erikson's theory because it is much easier to relate with and it covers every experiences I come across. From this study I will be able to attend to my clients/patients with a lot of tenderness and care and will never yell at them, knowing too well that they have lost several functions and most times might have gotten back to the trust and mistrust stage and can only be won by an amount of care. Moreover, if I encounter a patient who has gotten to the point of self-management and is disagreeing with being taken care of (by yelling at the health practitioner or abusing), I will totally understand because this was mentioned by Erikson all I would have to do is talk slowly, calm him down, gain trust and administer my services.

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