

SAMUEL KWASI GYIMAH

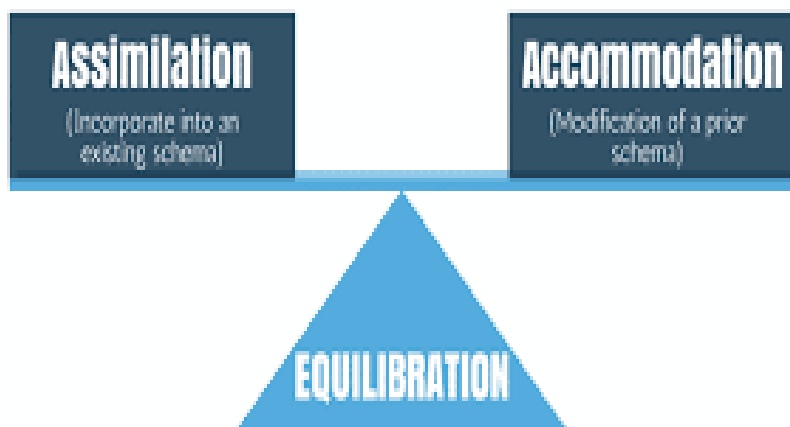
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BMHP4003

APPLYING PSYCHOLOGICAL PERSPECTIVES IN HEALTH
AND SOCIAL CARE

LECTURER: DIYA GANGULY

PIAGET'S THEORY OF DEVELOPMENTAL CHANGE VIA SCHEMAS



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REFLECTIVE ESSAY

INTRODUCTION

This essay is going to be a reflection on psychological theories presented in 'Task1'. Reflection is how I am reacting to these theories. It is a way I will show my understanding, and to show my agreement or otherwise (Greetham, 2013). My position and my job role in health and social care would be probed in line with the acquired theoretical perspectives. I have learnt some new theories which are going to help me to be strongly confident in my practice. A discussion on how this acquired wealth of knowledge would be applied in health and social care would be made.

REFLECTION ON ERIK ERIKSON'S PSYCHOSOCIAL THEORY

Erik Erikson developed a theory that covers the whole life span. He recognized the effect of society and culture on development. Erikson suggested eight divisions in the life span. He went beyond childhood and adolescence where Freud and Piaget ended. According to Erikson development involves struggling through the stages. Every life stage has two extremes: positive and negative. A success in the struggle at a particular stage means one will be on the positive side. Failure will mean the negative side. (Griggs, 2017)

INITIATIVE versus GUILT

My uncle was a teacher in Primary School. He narrated to me how I would disturb my elder sister during her time to do her homework. So when I was five my uncle started giving me ample time to practise counting. This counting game continued and, according to him, I showed that interest when I started school. Maths became my favourite subject at GCSE. In Summer 2017, I sat for GCSE Maths, Higher Tier and I had 'A'. The support and guidance I had from my Uncle also made me feel confident so even now I have the attitude 'able to do all'. I do agree with this theory. I see a confirmation in Self-Efficacy Theory: the more your performances and accomplishments the higher the self-efficacy. Self-efficacy is a judgement of one's effectiveness in dealing with a particular situation (Griggs, 2017). Health and Social Care worker who has control over this theory has the advantage of understanding a vulnerable child with learning disability (LD). Such a child might be harbouring 'Guilt' from this stage so would always try to isolate himself. This guilt issue is the negative impact on the mental process. The worker would then know how to engage such a patient to develop initiative.

IDENTITY versus ROLE CONFUSION

This developmental stage which is the fifth among the eight lifespan stages, refers to the adolescents and from here they develop into young adults. This part which has to do with a very important stage has got some questions: were both males and females considered in the research? If not, which of the two genders was considered? If only one gender was considered why did Erikson generalise the result for the other gender? According to Erikson (1968) the young adults get over the identity crisis before the intimacy crisis. This seems to be general for both the male

and the female. However, Erikson (1968) confirms that for women, intimacy and identity overlap. Women find their identity in their partner (Gilligan, 1982). This makes Erikson's fifth and sixth lifespan stages, as they are now, not true. There should be different ones for the female.

INTIMACY versus ISOLATION

This stage is the young adults in their (mid 20s). Even though criticized for not having enough data for experiments, Erikson was the one that went beyond childhood and adolescence to think about adulthood. Knowledge about adulthood helps to understand the behaviour of adult service-users. In this stage the young adults seek to have intimate relationship with others. If successful they end up on the positive 'intimacy' side. Otherwise in isolation to avoid shame. I remember very well how difficult it was confronting the one who later became my wife in those days. There was always the fear or the thought that says 'what if she does not accept my proposal?'. Some young adults grow to live without a partner when they fail to have intimacy.

INTEGRITY versus DESPAIR (Late adulthood)

This is the last stage of Erikson's psychosocial theory. There is ego integrity in conflict with despair. The conflict cannot be avoided. The challenge then becomes how to end life with greater ego integrity than despair. We are therefore, at this stage, to look back on our life if it has been a good journey or not. Fear of death, according to Erikson is the most fearful member of despair and there is no doubt whatsoever (Gross, 2020). Erikson did a great job to help understand what people go through around the time when death is imminent. I have come across a couple of men in their last days asking about the meaning of life. Here, I realised the setting in of existential crisis: the anxiety experienced when negative thought comes in the mind when we are faced with a turn-around reality. Obviously, despair, which is the negative life crisis according to Erikson is experienced (Higuera, 2018).

PIAGET'S COGNITIVE THEORY

Before coming to know Piaget's theory of Cognitive development, I had an information on 'Word gap'. This gives information about words children from wealthy homes get to know by the age of three. 30 million words are the gap difference (Colker, 2014). I was arguing within myself how come only the rich children could learn. This information seems to loosen off when faced with Piaget's theory.

"To understand is to discover" (Piaget, 1972). The French Psychologist did not write 'to learn is to discover' but to understand. This choice of word gives a deeper meaning to teaching. Piaget was interested in the intelligence shown by the children. Piaget did not see the child as a little adult. The child was seen as a constructor of own intelligence during actively playing with objects in the environment. The child gets to know the objects by acting on them (Sigel and Cocking, 1977). I felt relieved when I realized all children go through the stages in the same manner and the stages are the same for all. It turns out that teachers are facilitators and guide that could motivate thinking (Piaget, 1972).

Piaget considered development as necessary method of learning. Particular instances of learning are a part of total development. Piaget went deep and brought out how development comes about. Maturation, experience, social transmission and equilibration are the four main factors in cognitive development.

Maturation of the central nervous system from conception is very important (Piaget, 1964). Piaget considered experience as a factor in development. Physical and logical-mathematical experiences were identified. Handling of wooden play objects and grasping. Social transmission is seen when an adult gives information to a child. Since it depends on the child's ability to receive and understand the information this factor is limited. The fourth factor, equilibration, is a reconciliatory factor (Piaget, 1964).

Assimilation and accommodation in the schemas are the processes by which new experiences are usually reconciled in equilibration. Assimilation occurs when new experience or information is added to existing schema. Nipples and fingers are reflexively sucked when a baby comes out of the womb. However, to drink from a cup or suck from a bottle, the initial reflex is altered. This is accommodation. When existing schemas are able to house or assimilate almost all new experiences, there is equilibrium. Cognitive disequilibrium occurs when existing schemas are not able to assimilate. In this case, the schemas are modified to accommodate the new experience. These needed processes of assimilation and accommodation forms what is called Adaptation. All these processes happen in four qualitative stages: Sensorimotor (0-2years); Pre-operational (2-7); Concrete operational (7-11) and Formal operational (11+ years)

Even though Piaget's contribution was much felt in child cognitive development, the methodology of his research work left doubts in his findings. Piaget observed his own three children. It is difficult to generalize his findings to a larger population (Cherry, 2019).

RESEARCH ARTICLES

Determinants for quality of life trajectory patterns in patients with type 2 diabetes

This research article aimed at identifying quality of life (QoL) trajectory patterns and the determinants in patients with Type 2 diabetes (T2DM) (Wang et al., 2019). The researchers concluded that development of worse QoL trajectory patterns in patients with T2DM could be avoided if healthcare providers routinely assess the QoL intervention, especially for those with high HbA1c levels and high diabetes discomfort. Timely intervention for decreasing HbA1c may improve the trajectory development of QoL in patients with T2DM. Knowledge from this article could help health and social care personnel to reassure the T2DM patients to reduce stress (Schunemann and Xie, 2016).

A Structural Equation Model Linking Health Literacy to Self-efficacy, Self-care Activities, and Health-related Quality of Life in Patients with Type 2 Diabetes.

This article was not presented in the Task 1 but its aim and findings attracted me this

time. The aim of this study was to formulate a hypothetical structural equation model linking health literacy to self-efficacy, self-care activities, and health-related quality of life (HRQoL) in patients with T2DM.

This research article is throwing more light on what to know, understand and to act on, to maintain good health. This study found that health literacy was directly related to self-care activities and indirectly related via self-efficacy (Lee, Lee and Moon, 2016).

Care workers, the unacknowledged persons in person-centred care: A secondary qualitative analysis of UK care home staff interviews

This research article aims to understand whether the personhood of staff within person-centred care is also being acknowledged.

Care staff are required to promote respect, dignity and safety in the person-centred care setting. However, the staff is not supported when it comes to the point that an agitated service-user attacks.

It was found out that training and support for the paid care staff was well followed. However, there is lack of acknowledgement of the personhood of paid care staff in dementia care. It was suggested in conclusion that care staff are treated as part of quality standards and better supported by employer's policy and practice.

It cannot be overemphasised how important this study is. The emotional well-being of the carers is catered for. This will avoid high rate staff turnover which will in turn keep the care homes and home cares running without any shortage of staff (Kadri et al., 2018).

As a community carer rendering services to the elderly in their own homes, it is my duty to make these service users be at their best. Person-centred approach would be applied. This means applying Carl Rogers theories. Strong relationship will be built. Truthfulness to be shown at all times. Empathic understanding by listening effectively to the service user. All these are followed because this unique person has inborn and organic capacity for growth (Thorne and Sanders, 2013).

Mr Johnny X is a strong man living alone in his beautiful mansion. He is visited three times in the week to assisted to shower and to dress. Johnny can be difficult at times, refusing to shower. This is a 98 year old service user. When found in such conditions, Johnny would be engaged in a conversation where he would be allowed to bring from memory interesting facts in his past. He likes talking about experiences with the wife. Travelling experiences and even shopping on Oxford Street. When so happy in the narration, there would be an interjection where a question about their appearance, perhaps, on the Oxford Street usually would be. He would then look at himself and would say 'oh I need to shower and dress up'.

CONCLUSION

This reflective essay has let me see myself in the developmental psychological theories . Much is seen and happy about my role in health and social care.

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