

**Title: Application of Psychological Theories in Supporting Older
Adults with Dementia in a Care Home Setting**

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Introduction & Context

This report examines how psychological theory can support the quality care of adults aged 65 and over living in a Dementia Care Home. The purpose of this communication is to instruct two pivotal theories, namely Erikson's Psychosocial Theory and Maslow's Hierarchy of Needs, and apply such theories to the emotional, cognitive, and behavioural aspects of the senior's life. Dementia commonly affects memory, communication, reasoning, and daily functioning, which can cause distress, confusion, and difficulty in sustaining one's identity and well-being (Cruise and Lashewicz, 2022).

Older people with dementia also often have psychological needs that are not met, which could make them more agitated, withdrawn, and lower quality of life (Sun et al., 2025). Understanding psychological behaviour is therefore central to health and social care professionals when planning and delivering person-centred support that promotes dignity, safety, and emotional security (Chenoweth et al, 2019). Using psychological frameworks that are proven can aid in guiding practice, promoting better strategies for intervention, and positively contributing to the overall well-being of the residents in long-term care settings (Zhang et al., 2022).

Detailed Overview of Two Psychological Theories

Erikson's Psychosocial Theory (Integrity vs Despair)

Erikson's Psychosocial Theory suggests that human development occurs in eight stages during which the central psychological conflict is correlated to shape personality and well-being throughout life (Orenstein and Lewis, 2022). The last stage, which occurs from around age 65, is characterised by the conflict of Integrity vs Despair. At this time, people practice life review where they reflect on their past, both their experiences, accomplishments, and relationships, in order to make sense of their life, constructing a coherent sense of meaning (van der Kaap-Deeder et al., 2021).

Successful resolution is associated with the perception of integrity, acceptance of one's life, and emotional fulfilment, while unresolved regrets or feelings of failure may contribute to feelings of despair, hopelessness, and reduced wellbeing (Hafez et al., 2021). Ageing-related problems like cognitive decline, physical condition decline, and independence decline can affect the experience of this stage by older individuals (Cruise and Lashewicz, 2022). For some people with dementia, loss of memory and identity disruption can make it even more difficult for them to complete their life review process, so having places where they can live with dignity

and comfort in their emotions is crucial to their lives (Barth, 2024). Erikson's framework, therefore, speaks to the importance of helping older adults to maintain meaning, continuity, and self-worth in senescence (Cheng et al., 2019).

Maslow's Hierarchy of Needs

Maslow's hierarchy of needs outlines human motivation by a five-level pyramid of physiological needs; safety needs; love and belonging needs; esteem needs; and self-actualisation needs (Zhang et al., 2022). According to this model, the lower-level needs must be adequately met before one can achieve higher levels of psychological and emotional functioning. For older people, especially those residing in long-term care facilities, fulfilment of these needs becomes an issue of health and stability (Sun et al., 2025). Dementia tends to disrupt the safety needs, belonging needs, and esteem needs because of impaired cognition due to disorientation and dependency on others, which may result in heightened anxiety, distress, and behavioural changes due to unmet needs (Barth, 2024).

Maslow's model emphasises the importance of ensuring consistent routines, meaningful social interaction, as well as opportunities for independence to be emotionally secure and to retain personal dignity (Chenoweth et al., 2019). Esteem needs, such as the need to feel valued and respected, can be especially vulnerable in dementia care, with the loss of identity in dementia, and the loss of autonomy, and self-confidence can be compromised (Cruise and Lashewicz, 2022). Although self-actualisation is usually linked to personal growth, older adults may continue experiencing meaning and fulfilment in meaningful activities, driven by their ability level (Cordes et al., 2019). Maslow's framework, thus, is a way to organise the understanding and support of the multifaceted needs of older adults in care settings (Cheng et al., 2019).

Application to the Health & Social Care Context

Applying Erikson's Theory to Dementia Care

Erikson's final stage emphasises how older adults assess their life experiences as either building a sense of integrity or a sense of despair, which is complicated by the presence of dementia in terms of memory, identity, and emotional stability (van der Kaap-Deeder et al., 2021). Individuals with dementia often have fragmented memories, leading to difficulty in the formation of a coherent narrative of their life, which can lead to more distress, confusion, and emotional vulnerability (Cruise and Lashewicz, 2022). Feelings of despair or becoming increasingly depressed - Feelings of despair can arise when the residents are faced with a loss

in independence, role identity, and known routines, which can lead to anxiety, frustration, or low mood (Barth, 2024).

Life story and reminiscence approaches can help overcome these challenges by helping residents reconnect with memories from their autobiographical life and strengthen their sense of personal meaning, which directly corresponds with the developmental goals of Erikson's stage.6 Staff can also support integrity as validation which is respectful to personal preferences and supports meaningful decision-making wherever possible, which develops emotional stability and dignity (Chenoweth et al., 2019). These approaches are particularly important in areas where there are barriers to self-expression due to communication difficulties, as sensitive interactions allow residents to feel heard and valued (Cheng et al., 2019). When integrity is supported, residents can exhibit decreases in agitation, better mood, and more positive engagement in the day-to-day functions (Cordes et al., 2019). However, cognitive impairment and communication limitations can make the identification of emotional needs of residents challenging for the staff and thus, demanding patience, good observation skills, and collaborative models of care, to avoid the development of despair (Orenstein and Lewis, 2022).

Applying Maslow's Hierarchy in a Care Home

Maslow's model offers a structured model for understanding the power of unmet needs in wellbeing in dementia care. Physiological needs such as nutrition, hydration, toileting, and sleep must be carefully observed as dementia could cause a reduction in non-communication of discomfort or the ability to maintain self-care routines by residents. Safety needs become paramount to those who suffer from disorientation and poor judgment or mobility, such that it becomes necessary to have consistent routines, fall-prevention strategies, and the same caregivers who provide emotional security (Sun et al., 2025). When the perception of safety is degraded, the physical state of residents can show disparities in fear, confusion, or increased agitation as psychological effects of unmet needs (Barth, 2024). Love and belonging needs also go vulnerable in residential settings, especially when cognitive deterioration interferes with social relationships or when family contact is irregular, so it is vital to engage in social interaction and group activities to reduce loneliness and withdrawal (Chenoweth et al. 2019).

Esteem needs could be compromised when residents no longer have independence or if they need to receive help with personal care, which could lead to a lower sense of confidence and/or identity (Cruise and Lashewicz, 2022). Staff can respond by engaging resident participation in making decisions, offering praise, and encouraging attainable levels of autonomy, to try to

preserve self-worth (Cheng et al, 2019). When needs are not being met at any level of the individual, the residents may display challenging behaviour, including aggression, frustration, or refusal of care, which results from emotional distress as opposed to intentional resistance (Barth, 2024). The limitations in these areas of staffing, inconsistent routines, and fewer families can present a further barrier to ensuring that these needs can be met consistently, proactively and person-centrally applied to handling of their daily routines and activities, thus instilling and sustaining stability and wellbeing (Cordes et al., 2019).

Challenges for Professionals & Recommended Strategies

Dementia care professionals encounter considerable difficulties such as the cognitive depreciation of residents, the lack of proper communication, and the oscillating behaviour of the residents which can hinder the uniform utilisation of both Erikson's and Maslow's models (Zhang et al., 2022). These problems usually reveal their presence as unfulfilled needs which when coupled with distress lead to difficult behavior thus making it hard to provide person-centred support (Barth, 2024).

Evidence-based approaches are necessary to combat these challenges. The application of a person-centred care approach, which takes into account the individual's entire life story, is one way of gaining the integrity as per Erikson (Chenoweth et al., 2019). At the same time, the use of structured care plans based on Maslow's hierarchy can effectively cater for psychological, social and spiritual needs thus creating safety and feeling of belonging (Sun et al., 2025). Moreover, compassion-based communication and staff consistency are indispensable as they assist in the creation of trust and emotional security which in turn helps the professionals to understand and meet the psychological needs of the residents better (Chenoweth et al., 2019).

Conclusion

This report has provided evidence of the value of Erikson's Psychosocial Theory and Maslow's Hierarchy of Needs in terms of what it reveals about the experiences of the older adults living with dementia in a care home. Both theories emphasise the importance of facilitating identity, emotional security, and dignity, especially during periods of cognitive diminution leading to loss of memory, independence, and well-being. Applying these frameworks can assist professionals in becoming aware of the underlying causes of distress and respond through person-centred and meaningful interventions. When staff have an understanding of the developmental needs and psychological motivations of residents, they will be better able to

increase comfort and ease behavioural difficulties and encourage a better quality of life within the long-term care environment.

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