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Introduction

The global population is ageing rapidly, with a substantial rise in adults aged 65 and over. Consequently, there is an increasing prevalence of psychological and cognitive health conditions, including dementia, depression, anxiety, and behavioural disturbances (Prince et al., 2016). Older adults in dementia care homes face a range of unique stressors such as loss of independence, relocation, physical health decline, and social isolation, which can exacerbate psychological distress.

Health and social care professionals require evidence-based guidance to support the mental health and well-being of these residents. Psychological theories offer structured frameworks for understanding emotional responses, behaviours, and developmental needs in later life. This report examines two relevant theories: Erikson's Psychosocial Development Theory and Person-Centred/Humanistic Theory, critically evaluating their application in dementia

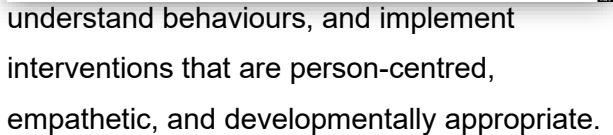
care and providing practical strategies for supporting older adults.

The aim is to illustrate how these theories can inform care planning, improve psychological outcomes, and guide professionals in responding effectively to behavioural and emotional challenges.

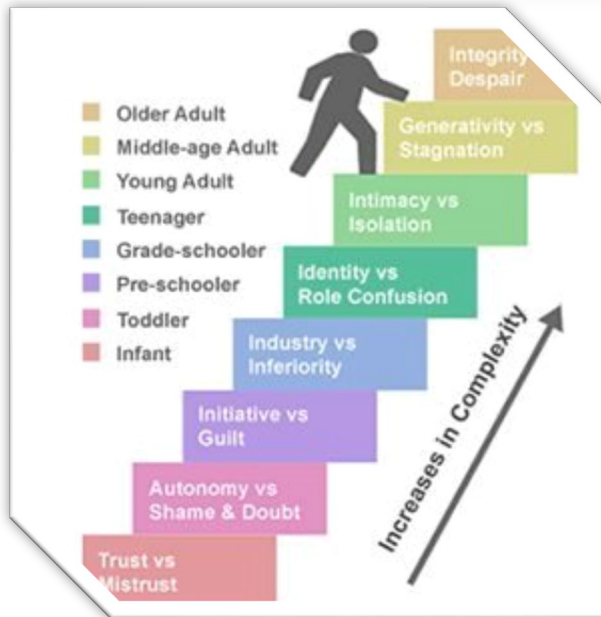
Context: Older Adults in a Dementia Care Home

Dementia care homes provide long-term support for individuals with varying levels of cognitive impairment, including Alzheimer's disease and other forms of dementia. Residents may experience memory loss, confusion, difficulty communicating, disorientation, mood changes, and behavioural issues. These challenges can contribute to anxiety, depression, frustration, and reduced social engagement (Brooker, 2007).

Health and social care professionals must address both physical and psychological needs, supporting residents' autonomy, dignity, and identity. The application of psychological theory



Despair. This stage involves reflecting on life, reviewing accomplishments, relationships, and experiences



- **Ego** integrity is achieved when individuals feel satisfied with their life, experience acceptance, and maintain hope and meaning despite losses.
- **Despair** occurs when individuals feel regret, dissatisfaction, and a sense of failure, potentially leading to depression, hopelessness, and anxiety.

Erikson emphasised that social connections, purpose, and meaningful activities are central to achieving psychological well-being in later life. Losses associated with ageing, including bereavement, declining health, and reduced autonomy, can make older adults vulnerable to despair.

Application to Adults Aged 65+

In a dementia care home, residents often struggle with memory loss, identity changes, and loss of independence. Erikson's theory helps professionals understand that many behaviours may reflect psychological needs related to unresolved life reflection rather than intentional disruption:

- **Residents** may express regret over missed opportunities, leading to sadness or withdrawal.
- **Aggressive** or repetitive behaviours may indicate despair or frustration related to cognitive decline or perceived loss of purpose.

- **Social isolation** or refusal to participate in activities can reflect difficulty finding meaning or satisfaction in the present.

Applying Erikson's framework allows staff to design interventions that enhance ego integrity, support reflection, and foster a sense of purpose.

2 Person-Centred/Humanistic Theory

Overview of the Theory

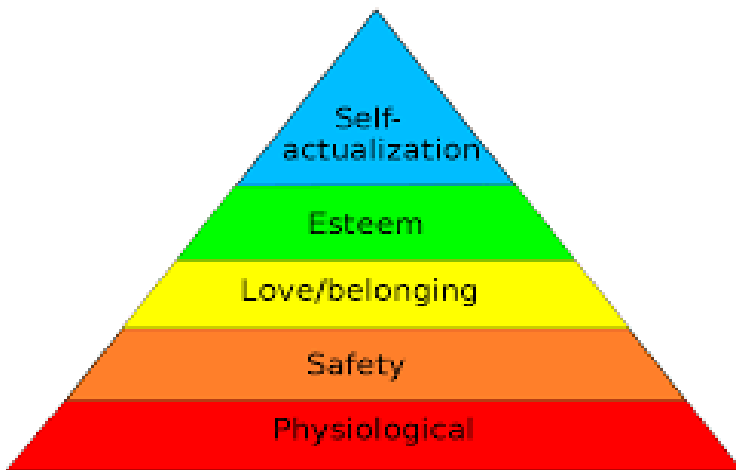
Carl Rogers' person-centred approach emphasises unconditional positive regard, empathy, and congruence, focusing on the individual's subjective experience (Rogers, 1961). It promotes dignity, autonomy, and emotional security, even when cognitive function is compromised.

Key principles include:

- **Empathy:** Understanding the resident's experiences from their perspective.
- **Unconditional positive regard:** Valuing the individual without judgement, regardless of behaviour.

- **Congruence:** Authentic communication and genuine engagement by caregivers.

Person-centred care aligns with modern dementia care approaches, recognising that emotional well-being and identity are as important as physical health. Cognitive decline does not eliminate the need for respectful interaction, validation, and emotional support.



Application to Adults Aged 65+

Person-centred care helps maintain identity, self-worth, and emotional stability for residents with dementia. For example:

- Validation therapy: When a resident expresses confusion about past events or wishes to return home, staff acknowledge their feelings rather than contradicting them, reducing anxiety and agitation.
- Choice and autonomy: Allowing residents to make decisions about meals, activities, or routines fosters independence and self-efficacy.
- Consistent relationships: Familiar staff and routines help residents feel secure and reduce distress.

Person-centred approaches are particularly important for residents with dementia, as cognitive decline may prevent logical reasoning, but emotional needs remain intact.

Application in Health and Social Care Settings

1. Application of Erikson's Theory

Practical Strategies

1. Life Review Interventions:

- Facilitating reminiscence therapy, memory boxes, or storytelling helps residents achieve ego integrity (Westerhof & Bohlmeijer, 2014).
- Example: Group sessions where residents share childhood experiences or work history can foster pride, social connection, and purpose.

2. Supportive Counselling:

- Staff can help residents process grief, loss of independence, or bereavement, promoting emotional acceptance and resilience.

3. Meaningful Activities:

- Tailored activities such as gardening, crafts, music therapy, or volunteering roles within the care home give residents a sense of contribution and purpose.

Challenges and Management

- Cognitive decline: May limit reflective capacity.
 - Strategy: Use photos, familiar objects, or music to trigger memories and guide discussion.
- Staff preparedness: Staff may feel unprepared for emotionally charged conversations.
 - Strategy: Provide training in life review, counselling skills, and supportive communication.
- Diverse life experiences: Residents may have different cultural, religious, or personal backgrounds.
 - Strategy: Adopt flexible, inclusive approaches and respect individual differences.

🌈 2. Application of Person-Centred Theory

Practical Strategies

1. Empathic Communication:

- Listening actively, validating feelings, and avoiding confrontation helps residents feel safe and understood.
- Example: A resident repeatedly asking about going home can be gently acknowledged and redirected to a comforting activity.



2. Individualised Care Plans:

- Care tailored to preferences, routines, and personality supports autonomy and reduces agitation (Brooker, 2007).
- Example: Planning activities during periods of highest alertness or offering familiar meals to enhance comfort.

3. Consistent Relationships:

- Maintaining familiar caregivers and routines reduces anxiety, confusion, and behavioural issues.

Challenges and Management

- Time and resource constraints: High workload may limit time for empathic interaction.
- Strategy: Integrate person-centred principles into daily routines and tasks, ensuring even brief interactions are meaningful.

• Behavioural challenges:

Aggression or repetitive behaviours may test unconditional positive regard.

- Strategy: Reflective supervision, staff support, and stress management help maintain empathy.

3. Integrating Theories for Holistic Care

Combining Erikson's developmental perspective with person-centred care offers a comprehensive framework:

- Erikson identifies emotional needs related to life reflection, ego integrity, and despair.
- Person-centred care provides tools to meet these needs through validation, empathy, and meaningful engagement.

For example, during reminiscence therapy:

- Staff can acknowledge regrets or missed opportunities (Erikson) while providing empathic listening and validation (Rogers), fostering both emotional reflection and immediate psychological comfort.

Integration ensures interventions address both developmental and immediate psychological needs, enhancing quality of life for residents.

Evidence-Based Evaluation

Research supports the use of these theories in dementia care:

- Erikson: Life review interventions improve self-esteem, reduce depressive symptoms, and promote life satisfaction in older adults (Westerhof & Bohlmeijer, 2014; Pinquart & Forstmeier, 2012).

- Person-centred care: Brooker (2007) demonstrated improvements in mood, reduced agitation, and enhanced quality of life in dementia care home residents.

- Combined approach: Integrating life review and person-centred strategies supports holistic well-being, addressing both developmental and emotional needs.

However, limitations include cognitive variability among residents, limited staff training, and time constraints. Staff development, supervision, and

environmental adaptations mitigate these challenges, making theory-based interventions feasible and sustainable.

Additional Considerations in Dementia Care

- Cultural Sensitivity: Life review and person-centred interventions must respect cultural, religious, and personal values to be effective.
- Family Involvement: Engaging families in reminiscence and validation therapies strengthens social support and emotional security for residents.
- Monitoring and Evaluation: Regular assessment of residents' psychological and behavioural responses ensures interventions remain effective and adaptive.

Conclusion

Supporting adults aged 65+ in dementia care homes requires an understanding of both developmental needs and emotional well-being. Erikson's psychosocial theory highlights the

importance of life reflection, ego integrity, and the risks of despair, while the person-centred approach provides practical tools for maintaining dignity, autonomy, and emotional security.

By integrating both approaches, health and social care professionals can deliver evidence-based, empathetic, and personalised care, using interventions such as reminiscence therapy, validation, and meaningful activities. Challenges such as cognitive decline, staff workload, and behavioural symptoms can be mitigated through training, supervision, and adaptive strategies.

Ultimately, a theoretically informed, person-centred approach ensures residents not only have their physical needs met but also experience validation, purpose, and emotional fulfilment, promoting overall quality of life in later years.

References

- Brooker, D. (2007). Person-centred Dementia Care : Making Services Better. London: Jessica Kingsley Publishers.

- Coles, R. (2019). Pathways to well-being in design : examples from the arts, humanities and the built environment. London: Routledge, Taylor & Francis Group.
- Divita, D. (2014). Multilingualism and later life: a sociolinguistic perspective on age and aging. *Journal of Aging Studies*, 30, pp.94–103. doi:<https://doi.org/10.1016/j.jaging.2014.04.002>
- Liu, Z., Yang, F., Lou, Y., Zhou, W. and Tong, F. (2021). The Effectiveness of Reminiscence Therapy on Alleviating Depressive Symptoms in Older Adults: A Systematic Review. *Frontiers in Psychology*, 12(709853). doi:<https://doi.org/10.3389/fpsyg.2021.709853>.
- McLeod, S. (2025). Erik Erikson's Stages of Psychosocial Development .Simply Psychology .Availableat: <https://www.simplypsychology.org/Erik-Erikson.html>.
- Rogers, C. (1961). On Becoming a Person: A Therapist's View of Psychotherapy. Boston: Houghton Mifflin.