



Psychology in Health and Social Care: BMHP4003_LON

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Adolescence Psychosocial and Cognitive development – The Rationale

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Introduction:

As the subject matter for this rationale is psychosocial and cognitive development this rationale explains the Erik Erikson's psychosocial development and Piaget's Cognitive development on adolescence. The reason I have chosen this topic is to explore more on the topic as I work with this age group. The aim of this rational is to justify the knowledge and understanding of the topic in compliance with Health and social care. Erikson's stages of personality development are fixed through a sequence of stages with positive and negative outcomes. Identity formation and identity confusion are present in adolescence Cherry, K., (2018) which are marked as crucial in Erikson's bipolar personality aspects (Zilanawala. A. 2017).

Whereas, Piaget talked about 4 key elements of adolescent's cognitive development i.e. sensorimotor, preoperational, concrete operational and formal operational. According to him, teenagers develop abstract thoughts pattern where reasoning is implemented, (Ojose, B. 2008).

McAteer J. et al. (2017), The age of transition between childhood and adulthood is defined as adolescence. This age is interfered by certain circumstances between

“early childhood development, specific biological, psychological and social role changes, and wider social determinants”.

Development stages of Adolescence:

During the first developmental stage which is called early adolescence (ages 10-13), adolescents undergo drastic biological changes, otherwise known as puberty. As they near the end period of late adolescence (18-20), the exact time of the change into adulthood is unknown Smetana. J. et al. (2006). Sociologically, this transition is represented in further education, beginning to work in formal employment and the formation of a family. The concentrated studies of early and mid-adolescence (10-13 and 14-17) has provided a lack of definition within knowledge of late adolescence and thus the difference between emerging adulthood and late adolescence has yet it be distinguished. The urgency to research current beliefs is further shown as newer brain studies have revealed that the brain does not mature until one reaches their mid-twenties as per Smetana. J. et al. (2006).

Psychosocial and cognitive developmental theories:

Smetana. J. et al. (2006), Adolescence developmental theories are developed by a lot of primary Theorists through considering different focuses in their studies and assumptions. Different developmental areas have been researched by different theorists to understand the changes that adolescents experience.

Smetana. J. et al. (2006), In terms of biological development, G. Stanley, Arnold Gesell, and James Tanner focussed on the physical and sexual development determined by genes and biology. Psychological theorists like Sigmund and Anna Freud were more interested in adolescence as a period of sexual excitement and anxiety while Eric Erikson focussed on identity formation, and how adolescents struggle to form an identity.

Theories were formed on operational thoughts and ability to logically and abstractly think in certain situations by Jean Piaget. This is similar to the theory in social and cognitive learning by Albert Bandura which concludes that children learn by modelling and also links to a cultural theory by Margaret Mead and Carol Giligan that studies the culture in which adolescents grows up Smetana. J. et al (2006).

Relevance of theories in recent time:

Spano. A. (2004), research suggests that adolescence development should not only be judged by physical changes but also be considered through cognitive, social, emotional and interpersonal changes. The adolescent's behaviours and attitudes are considered into five comprehensive zones during three different stages such as Early adolescence (10-14 years age); Middle adolescence (15-16 years of age) and Late adolescence (17-21 years of age approximately) which are as follows:

- (a) moving toward independence
- (b) future interests and cognitive development;
- (c) sexuality;
- (d) physical changes; and
- (e) ethics and self-direction.

Even though Piaget did not strictly focus on any age, he talked about operational matters of cognitions. Because in practice this age segregation may not work because individuals are different, and their growth varies.

Poor cognition, mental health and social expenditure:

Teenagers with risky behaviour, low self-esteem and problem behaviours are related to their poor cognitive skills. These problems are also associated significantly with socio-economic factors, parental mental health and parental supervision, Zilanawala. A. (2017). Early adolescence is the marker age provided the potential anti-social behaviour, poor mental health and experimentation with alcohol and smoking. Nonetheless, they Are also associated with future educational failure, hypertension and premature mortality.

Poor mental health in adolescence is not only related to academic attainments, successive anxiety but also eating pathology. The society in the long run suffer from loss of productivity and array of health care expenditure, (Zilanawala. A. 2017).

Practical observation:

Being a health and social care professional, it has been observed that adolescence is a period which can make way to behaviour patterns that can either be detrimental to health or helpful. Increased peer pressure and the desire to fit into society can lead to

excessive alcohol consumption and substance abuse that can lead to poor health. However, an increased rate of health interventions provides increased awareness in taking care of oneself and beneficial habits that are taken into effect during adolescence can continue to aid health for the rest of life as per McAteer J. et al. (2017).

Cognitive changes on adolescence:

he ability to discard initial reflexes and change one's behaviour and actions in accordance to their intentions and desires. These changes happen in the brain in the frontal and parietal cortices as well as increases links with the fronto-limbic circuitry that can contribute to higher self-control during adolescence McAteer J. et al. (2017).

Conclusion:

Ozdemir, A. (2016), during adolescent period Identity development and self-acceptance are significantly featured where identity development depends contingent on physical, cognitive and social elements (Atak, 2011) as it has been observed through investigating Erikson's Psychosocial and Piaget's Cognitive theory.

Even though, there are some speculations and assumptions in both theories these are still relevant today. Because practitioners find these theories quite useful to identify and assess mental health problem.

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