

APPLYING PSYCHOLOGICAL PERSPECTIVES IN HEALTH AND SOCIAL CARE

Bogdan Ionut OVEZEA(1917612)¹

Abstract. *This paper is a detailed study of all psychological elements that influence the behaviour and actions of the person in question, representing the stage of life chosen according to their own professional experience, in this case: old age.*

Keywords: psychology, health and social care, lifespan, psychological theories, behaviour patterns, human cognition

Introduction

Care work is not a typical profession, nor is it something that is performed on a volunteer or amateur basis.

This sets it apart from the vast majority of treatment provided informally by family and community members.

The term 'professionalism' also means that this is a high-status job that necessitates access to a particular set of skills and expertise.

Psychology is the study of people's thoughts, behaviour, reactions, and interactions.

Psychology is interested in all facets of behaviour, as well as the emotions, feelings, and motives that underpin it.

Psychologists include biological, psychological, and environmental factors when investigating the causes of various types of behaviour.

From infancy to old age, psychological development refers to the growth of a person's cognitive, mental, intellectual, and social capacities and functioning over the course of a typical life period.

The discipline of developmental psychology is concerned with this subject.

The traditional focus of research has been on child psychology, but much has been known about infancy and adulthood since the mid-twentieth century.

¹Title: Student, affiliation: Group 2, Certificate of Higher Education (Health and Social Care), University of Wales Trinity Saint David, London, United Kingdom, (e-mail: 1917612@student.uwtsd.ac.uk).

The purpose of this paper is to examine my understanding of psychological factors that affect human behaviour, as well as the impact these factors can have on people who use health and social care services.

I'll concentrate on fundamental approaches like behavioural, human memory, and emotions, as well as how to interpret these behaviours.

To comprehend those individuals, I will also apply concepts from psychology and sociology.

I'll also clarify and determine the clinical practice that enables service providers to improve and sustain social functioning or respected positions in health and social care service provision.

Applying lifespan psychological theories

We will describe the stage of old age from a developmental psychological standpoint in the first paragraph.

From a cognitive, behavioural, and emotional standpoint, we will describe the individual's relationship with this stage with certainty.

Mature adulthood, which spans the ages of 65 and up, has long been a neglected field of psychology.

This is beginning to change as more attention and study is focused on this subject.

There's no denying that the increased longevity we're seeing in the West is pushing us to rethink this phase of growth. Integrity and desperation are two characteristics that define it.

The former denotes a positive result and is correlated with a sense of fulfilment in one's life and accomplishments.

According to Erikson, the person feels content and at ease, which reflects their psychosocial maturity.

If, on the other hand, this stage results in depression, the person believes that they have made many mistakes in their lives and that it is too late to change them.

They are dissatisfied with their lives and depressed because they believe it is too late to change things.

Based on the above, it is right to conclude that the human being is still under the sign of duality even at an advanced age, such as old age.

Even if an individual has lived a meaningful life, with goals that have been achieved with success and satisfaction in professional, spiritual, and family endeavours, there is a significant chance, from a psychological standpoint, for the psyche to design not only fulfilment and accomplishments but depression, as the person may believe they have made many mistakes in their lives and that they have made many mistakes in their lives.

In order for the above statements to be conclusive and evidence-based, I will also illustrate my knowledge based on Horkan and Woods (1986) research on elderly people's lives.

Horkan and Woods (1986) conducted research on the lives and experiences of elderly people in order to illustrate some of the problems they face.

Their research, titled *Perspective of Some Elderly People on Life in Suburban Dublin*, examines the social changes and challenges faced by the elderly.

Four trends emerged from the interviews with the elderly participants:

- 'Life has changed'
- 'Life can be lonely and isolated'
- 'Life can be dangerous'
- 'Life can be difficult'

The research's aim was to bring attention to the challenges that older people face and raise public awareness of the issues they face.

They suggest that if older people want to remain in the group, we must pay more attention to the problems they face.

As a result, it is essential to understand the user service background in chronological, cultural, social, and other dimensions.

The first paragraph of this essay developed the concept of understanding the Mature Adult lifespan through the lens of behavioural psychology.

An Erikson approach

We'll focus on Erikson's lifespan psychological theory in relation to the old age life stage in this paragraph, as well as the critical role it plays in health and social care.

We'll focus on the theory itself, demonstrating its validity and the need for it to be understood by as many care providers as possible in order to provide person-centred care.

Psychosocial development is a term about how a person's individual needs (psycho) interact with society's needs or demands (social).

According to Erikson, an individual goes through eight stages of growth, each of which builds on the previous one.

At each point, we are confronted with a crisis.

We acquire psychological qualities or character characteristics that help us become positive and stable people by resolving the crisis. Erikson's psychosocial development theory provides a framework for examining a person's growth over the course of a lifetime.

Erikson's eighth stage: Identity vs. role confusion stage:

This is the time for introspection.

When the speed of life slows down in mature adulthood, people reflect on their lives and see what they've accomplished.

Genuine joy comes from people who are proud of their accomplishments.

People who did not complete the previous stages, on the other hand, may feel a sense of loss and regret.

They become unhappy and depressed if they perceive their lives to be unproductive. Erikson believes that the final stage is one of flux.

People often switch between happiness and regret.

Looking back on one's life to gain closure will assist in facing death without fear.

Considering this duality, individuals may develop challenging behaviours which may put any clinical professional in a difficult position of undertaking the right steps in order to provide person-centred quality care.

Staff ability to react safely and appropriately to the occurrence of episodes of challenging behaviour, devise interventions based on clearly articulated beliefs about the function of the behaviour for the individual, and implement long-term alternative strategies to meet the individual's needs are all critical components of a service's ability to respond to challenging behaviour (Department of Health, 1993) Research has therefore focused on these three main areas:

1. Reactive Responses
2. Psychological Principles
3. Positive Programming

Since this article examines my understanding of the psychological behavioural viewpoint, I will focus on the psychological concepts of this study.

According to Hastings and Remington (1994b), challenging behaviour may have a variety of causes and functions, including environmental, programmatic, instructional, and communicative factors (Donnellan, et al, 1988).

As a result, understanding the role of behaviour and comprehension of basic behavioural concepts is essential to comprehending challenging behaviour and formulating effective management strategies (Donnellan, et al, 1988).

A Freud approach

Freud proposed that the unconscious is responsible for a large portion of our daily behaviour.

He distinguished three aspects of a person's consciousness.

The psychological identity is related to a person's impulses, as primary instincts and biological background.

The ego serves as a bridge between the id and the outside world; it is in charge of logic and common sense.

Finally, the super-ego restrains the demands d's through moral influence on the ego.

Freud proposed that the unconscious is responsible for a large portion of our daily

So according to Freud, memories banished to the unconscious, as well as undesirable drives or urges, do not vanish.

They continue to have a strong influence on behaviour.

Defence mechanisms are the forces that attempt to keep painful or socially undesirable thoughts and memories from entering the conscious mind.

The wish, which is repressed in the psychological identity, is constantly at odds with the defence mechanisms.

His diagnosis of his patients was atypical in that he focused on the present as a result of the past, so he analysed in detail the psychological mechanisms of childhood that many consider insignificant, but which have pathological consequences for adults in the present.

Thus, Freud emphasised the most common behavioural aspects related to each lifespan, beginning with the stage of childhood that will be reflected throughout life under different circumstances in all.

But how can be all of this conclusive in our essay?

In the field of health and social care, these behavioural aspects can be encountered in various forms in the service provided to the client.

Let's look at an example:

A male resident, mature adulthood life stage, who refuses to receive any service provided by same-sex practitioners for a week.

Practitioners who were familiar with behavioural psychology suspected that it was an untreated Oedipus complex in his time.

This knowledge will also help the carer to assist the client in receiving treatment that is appropriate for his condition.

The entrusted bodies responsible for solving this case in the best interest of the service users will evaluate the situation.

The complexity of the process has a double valence: a positive one, which organises the psychic life and allows its sexual development and a negative one,

that is responsible for destructive attacks on the ego. The working-through and the work of the psychoanalytic treatment, with the impact of the transference and of interpretations, represents a moment of re-foundation and re-experience of the conditions of decline of the Oedipus Complex (Suchet, 2012).

Conclusion

Furthermore, as previously stated, theories can provide us with a way of explaining why people behave in a certain way or why their circumstances affect them in a certain way.

According to Walkers et al. (2007), psychological theory and analysis can help improve health and social care practise in a variety of ways.

He stated that through theory and research, we can gain an understanding of how people's understandings and needs differ so that we can try to ensure that the individualised care we provide is both appropriate and optimal. This is demonstrated in the patient-centred approach, where care provision aimed to respect and respond to individual patient preferences, needs, and values, as well as ensuring that patient values guide the entire process of making clinical decisions.

The best way to deal with the behaviours is to try to understand what the behaviours represent.

By applying the theory of psychodynamics,

Consider other factors such as their general mood throughout the day/week, anything that may have upset them, and whether there are any known triggers or changes in their daily routine.

Simple things are frequently overlooked.

We've learned from experience that if we find something that works, we shouldn't dismiss it; instead, we should put it to use.

In conclusion, psychological perspectives provide us with an understanding of concepts that underpin professional practise, allowing us to improve and maintain the social functioning of individuals in health care settings.

It also assists us in applying evidence-based psychology to our therapeutic work and guides us in becoming reflective thinkers who do not rely on simplistic explanations for others' behaviour.

Furthermore, it encourages us to work more effectively as members of a multi-professional team, as well as promote and protect the health and well-being of patients or clients and their caregivers, while also preserving our health and well-being.

REFERENCES

Suchet, D. (2012). *Féminin et masculin, les deux temps de la dissolution du complexe d'Œdipe*. RFP, 76(5), 1659-1664

Antonella Trotta and Ivan Formica. (2018), *The Oedipus complex in psychoanalysis: reflections on Freud's clinical cases*, Mediterranean Journal of Clinical Psychology MJCP, VOL 6 N.1

Nume, (an), titlu cu italic. Editia,
Horkan, M. and Woods, (1986) A., This Is OurWorld: Perspectives of some elderly people onlife in suburban Dublin, Report no. 12, National Council for the Aged

McKenzie, K., McIntyre, S., Matheson, E. & Murray, G.C. (1999) Health and social care workers' understanding of the meaning and management of challenging behaviour in learning disability services. Journal of Learning Disabilities for Nursing
