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Assignment Title: Applying Psychological Theories to Support Older Adults with Dementia in Residential Home Care:

1.Introduction

Dementia is a progressive neurodegenerative condition that affects memory, cognition, behaviour, and emotional regulation. In the United Kingdom, over 850,000 people live with dementia, and many reside in care homes where psychological distress—such as anxiety, depression, and confusion—is common (Alzheimer's Society, 2022). Health and social care professionals play a critical role in supporting these individuals, not only through physical care but also by addressing their psychological needs. This report explores how two psychological theories—Erikson's Psychosocial Development Theory and Carl Rogers' Person-Centred Approach—can be applied in dementia care homes to support adults aged 65 and over experiencing psychological health conditions.

Erikson's Psychosocial Development Theory

Erik Erikson's theory of psychosocial development outlines eight stages across the human lifespan, each marked by a central psychological conflict. The final stage, *Ego Integrity vs. Despair*, typically emerges in individuals aged 65 and over. At this stage, people reflect on their lives, evaluating whether they have lived meaningfully and in alignment with their values (Erikson, 1982). A successful resolution leads to ego

integrity—a sense of coherence, acceptance, and peace with one’s life and impending mortality. In contrast, unresolved conflict may result in despair, characterised by regret, bitterness, and fear of death.

This stage is particularly salient for older adults residing in dementia care homes, where individuals often face significant life transitions, including the loss of independence, bereavement, and declining physical and cognitive health. These changes can trigger existential questions about identity, purpose, and legacy. For individuals with dementia, the challenge is further compounded by memory loss, disorientation, and reduced autonomy. However, Erikson’s theory remains relevant, as the psychological need for meaning, validation, and emotional connection persists even when cognitive faculties decline.

2.Application in Dementia Care Homes

Erikson’s theory can be translated into several practical interventions that support older adults in navigating the final psychosocial stage:

- **Reminiscence Therapy:** This structured approach involves discussing past experiences using prompts such as family photos, music from the resident’s youth, or culturally significant artefacts. Research has shown that reminiscence therapy can improve mood, reduce depressive symptoms, and enhance self-esteem in older adults with dementia (Woods et al., 2018).
- **Life Story Work:** Creating personalised life story books or digital timelines allows care staff to understand residents’ backgrounds, achievements, and values. These tools can be used to tailor care, initiate meaningful conversations, and reinforce the resident’s sense of self (McKeown et al., 2010).
- **Validation Therapy:** Developed by Naomi Feil (1993), this approach aligns closely with Erikson’s emphasis on emotional truth. Rather than correcting disoriented beliefs, staff validate the underlying emotions. For instance, if a resident believes they are waiting for their deceased spouse, staff might respond with empathy— “You must miss them very much”—rather than factual correction.
- **Legacy Projects:** Encouraging residents to participate in creative activities such as storytelling, art, or music can help them express their values and leave a legacy. These activities support ego integrity by allowing individuals to contribute meaningfully, even in the face of cognitive decline.

Challenges and Strategies

While Erikson’s theory offers valuable insights, its application in dementia care is not without challenges:

- **Cognitive Impairment:** In advanced stages of dementia, verbal communication and autobiographical memory may be severely limited. Staff must rely on non-verbal cues and sensory prompts to engage residents meaningfully.
- **Time Constraints:** Care staff often operate under significant time pressures, limiting opportunities for in-depth conversations or personalised interventions.

- **Training Gaps:** Not all care staff are familiar with developmental psychology or therapeutic communication techniques.

To overcome these challenges, care homes can implement the following strategies:

- Use **multisensory engagement** (e.g., music, scents, tactile objects) to evoke emotional responses and support identity.
- Provide **staff training** on Erikson's theory, life story work, and validation techniques.
- Integrate life review into **daily routines**, such as during dressing or mealtimes.
- Involve **family members** in care planning to ensure accurate life history information.

Carl Rogers' Person-Centred Approach

Carl Rogers' Person-Centred Approach is rooted in humanistic psychology and emphasises the importance of empathy, unconditional positive regard, and congruence in therapeutic relationships (Rogers, 1951). Rogers proposed that every individual possesses an innate tendency toward growth, self-actualisation, and psychological well-being, which can be nurtured through supportive and non-judgemental environments.

In the context of dementia care, Rogers' principles have profoundly influenced the development of person-centred care models. These models reject the notion that cognitive decline erases personhood and instead affirm that individuals with dementia continue to experience emotions, preferences, and relational needs. Person-centred care prioritises the individual's history, identity, and values, challenging institutional routines that may inadvertently depersonalise or infantilise residents.

Tom Kitwood (1997) built upon Rogers' humanistic foundation to develop a dementia-specific framework that identifies five core psychological needs: comfort, identity, inclusion, occupation, and attachment. Kitwood introduced the concept of "malignant social psychology" to describe harmful practices—such as ignoring, objectifying, or controlling residents—that undermine personhood and exacerbate psychological distress.

Application in Dementia Care Homes

In residential care settings, the Person-Centred Approach translates into a range of practical strategies:

- **Individualised Care Plans:** These plans incorporate residents' life stories, preferences, routines, and cultural backgrounds. For example, knowing that a resident was a teacher may inform how staff engage them in meaningful conversation or activities.
- **Empathetic Communication:** Staff are trained to listen actively, validate emotions, and respond with warmth and patience. For instance, rather than correcting a resident who believes they are late for work, staff might say, "Tell me more about your job," thereby affirming their sense of self.

- **Environment Design:** Creating homelike settings with familiar objects, personalised rooms, and sensory cues helps reduce anxiety and promote comfort.
- **Relational Care:** Staff are encouraged to build trusting relationships with residents, recognising that emotional connection is as important as physical care.
- **Flexible Routines:** Person-centred care allows for flexibility based on the resident's preferences and emotional state.

Challenges and Strategies

Challenges in implementing the Person-Centred Approach include:

- **Institutional Constraints:** Staffing ratios and regulatory demands may limit flexibility.
- **Staff Training and Turnover:** High turnover and limited training budgets can hinder consistency.
- **Emotional Labour and Burnout:** Sustaining empathy in high-stress environments can lead to emotional exhaustion.

Strategies to address these challenges include:

- **Leadership Commitment:** Managers must champion person-centred values and model empathetic behaviour.
- **Ongoing Training and Supervision:** Regular training and reflective supervision support staff resilience.
- **Use of Tools:** Dementia Care Mapping can monitor the quality of interactions and identify areas for improvement.
- **Staff Well-being Initiatives:** Peer support and recognition programmes can reduce burnout and foster compassion.

Conclusion:

Psychological theories such as Erikson's Psychosocial Development Theory and Carl Rogers' Person-Centred Approach provide essential and enduring frameworks for supporting older adults with dementia in residential care settings. These theories offer more than abstract models—they serve as practical guides for understanding the emotional, relational, and existential dimensions of ageing, particularly in the context of cognitive decline.

Erikson's theory illuminates the final psychosocial task of late adulthood: the pursuit of ego integrity through life reflection, meaning making, and acceptance. Even when dementia impairs memory and verbal communication, the emotional need for validation, identity, and connection remains. Interventions such as reminiscence therapy, life story work, and validation techniques allow care professionals to engage residents in affirming ways that honour their life experiences and reduce psychological distress. By recognising the enduring value of each individual's story, professionals can help residents navigate the challenges of dementia with dignity and emotional support.

Carl Rogers' Person-Centred Approach, and its expansion through Kitwood's dementia care model, reinforces the ethical imperative to treat individuals as whole persons rather than as passive recipients of care. This approach promotes empathy, autonomy, and relational depth, challenging institutional routines that may inadvertently depersonalise or disempower residents. Through individualised care plans, empathetic communication, and emotionally attuned environments, professionals can foster a culture of respect and inclusion. The emphasis on psychological needs—such as comfort, identity, occupation, and attachment—ensures that care is not only clinically effective but also emotionally meaningful.

In conclusion, integrating Erikson's and Rogers' theories into dementia care practice enables professionals to move beyond task-based routines and deliver holistic, evidence-based support. These frameworks encourage a shift from "doing for" to "being with"—from managing symptoms to nurturing relationships. By honouring the emotional, psychological, and relational dimensions of ageing, care homes can become environments of respect, connection, and meaning. In such settings, older adults are not only cared for—they are truly seen, heard, and valued.

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