

Piaget assimilation  
accommodation and  
adaptation human  
services landscape  
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Over the last two decades, the landscape of the health and social services industry has become increasingly splintered (McNalley, 2009). Resources, funding and program cuts at various levels of government, the transferring and shifting of social obligations and contracts from one department of government to another and from there, to underfunded, understaffed and mismanaged community-based organizations, added to an radically uninformed and in some cases, stubborn and persistent, lack of coordinated effort between various political, financial and social initiatives, all adds up to a very difficult terrain to navigate for those in Human Service and even more so, for those in need of those services. According to the Urban Institute , “ The recession has exacerbated problems faced by human service nonprofits that have government contracts and grants. Problems include late payments and contracts that do not cover the full cost of services or administration. Many nonprofits have already frozen salaries, drawn down reserves, and gone into deficits.” (Boris, de Leon, Roeger, & Nikolova, 2010, p. 1)

As is, it is difficult enough for housing, mental health and social service providers to understand and then secure, the necessary resources required to operate their programs, never mind sustain them into any kind of a foreseeable future, therefore, it is practically impossible for the homeless individual to understand, in addition to having the presence of mind necessary, to be or become an informed and engaged consumer of housing, health and social services (Backer & Howard, 2005). Nonetheless, as the systems that has provided these services continues to increasingly disintegrate, responsibility and expectation has been placed on the homeless person, to navigate and figure out, on their own, the practical realities of accessing and obtaining housing, physical health, mental health and substance abuse services (Dealing with Disability: Cognitive Impairments & Homelessness, 2003). These are big enough challenges even for a person with a stable home and robust health. To add this kind of stress, without providing the services necessary, to address the many obstacles and challenges already facing a homeless individual, is to create a nearly untenable situation for one of the most vulnerable segments of our population and society (Backer & Howard, 2005).

### **Sigmund Freud, Jean Piaget and B. F. Skinner**

When asked of learned individuals, to select the three top names in the field of eminent psychologists of the 20th century, Sigmund Freud, Jean Piaget and B. F. Skinner were the unanimous choices (Rutherford, 2012). However, while Skinner's impact was enormous on the field of psychology, interest in his work, and the form of behaviorism he advocated, has diminished significantly (Broderick & Blewitt, 2010). As with Freud, although many of his

postulations still greatly influence the theoretical and practical approach to psychology today, a multitude of the major ideas, as espoused by Freud, have either been duly disproven or outright rejected by his successors (Freeman & White, 2000).

## **Jean Piaget**

Of the three psychologists named, Piaget's ideas appear to have gained the most wide-spread acceptance, as they continue to strongly influence research and theory in the areas of child development, cognitive development and cognitive restructuring, and with a few minor exceptions, Piaget's theories seem to have withstood the critical test of time among his peers as well as any other theorist of note in the field of psychology (Broderick & Blewitt, 2010). Piaget's observations are often compared with those of Vygotsky, who examined social relationships and social interactions as the primary source of human cognitive and behavioral development (Diessner, 2008). This is similar, to an extent, to the distinctions found in Freudian and Eriksonian theory, in terms of the development of human individuality and personality (Broderick & Blewitt, 2010; Diessner, 2008).

Yet Piaget was not formally trained as a psychologist, receiving the first of his two doctorates in Natural Science, with a focus on biology and his second in Philosophy, where the emphasis is on logic (Rutherford, 2012). However, Piaget had many interests that included such things as, the philosophy of science and epistemology, both of which greatly influenced and significantly impacted his research but did not integrate well into the methodological paradigms or the behavioristic ideas of his era (Broderick & Blewitt, 2010;

Rutherford, 2012). Also, Piaget has been widely criticized that he often based  
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his observations on biased, somewhat small samples, to include his own children, raising the legitimate question about his objectivity (Diessner, 2008). Many held that his approach was more akin to clinical observation or case study than it was to the application of rigorous, scientific method (Broderick & Blewitt, 2010). Yet his postulations have been clearly and unequivocally verified many times in past and current scientific research (Backer & Howard, 2005; Collier, 2000; Dealing with Disability: Cognitive Impairments & Homelessness, 2003; Freeman & White, 2000; Galanter & Kleber, 2008; Kadden, 2002; Zoellner, 2010).

### **Assimilation and Accommodation**

As described by Piaget, assimilation and accommodation are the two complementary mental processes of Adaptation, through which awareness of the outside world is internalized (Broderick & Blewitt, 2010). In this case, the emphasis on Piaget's view on adaptation is brought to bear through modification and the psychological adjustment of the individual to their environment, although in this context, one may occur predominantly at any given moment, as assimilation and accommodation exist in a dialectical relationship and are therefore inseparable (Dealing with Disability: Cognitive Impairments & Homelessness, 2003). Assimilation is the mental process of transforming or altering an environment and placing it within the context of preexisting cognitive structures (Broderick & Blewitt, 2010). To a homeless person, a piece of cardboard becomes a "bed," a basement stairwell becomes a "home," scavenging in a dumpster for discarded food becomes "grocery shopping." Accommodation, on the other hand, is the process of changing cognitive structures in order to accept something from the

environment. Homeless people become hyper-aroused, developing increased visual acuity and a heightened sense of alertness to movement and sound (Backer & Howard, 2005).

## **Cognitive Impairment**

Both of the processes of assimilation and accommodation are used simultaneously and alternately by all humans, every day, throughout life, as we assimilate to and accommodate new information and new processes but to a homeless person, these mental processes are essential to their very existence and their survival (Dealing with Disability: Cognitive Impairments & Homelessness, 2003). However, in what might be termed as, “ a human developmental twist of genetic fate,” these very same processes themselves, in the homeless person, may be dysfunctional, in of themselves, as a result of a traumatic childhood disruption that occurred at a particular stage of that individual’s development of cognitive processes, al la Piaget, making it difficult, if not impossible, for many homeless individuals to break the dramatic cycle of chronic homelessness, as it is well established that the majority of homeless individuals have struggled with some form of trauma in their lives (Backer & Howard, 2005; Collier, 2000; Dealing with Disability: Cognitive Impairments & Homelessness, 2003; Freeman & White, 2000).

This in turn correlates to cognitive impairment and an increasing disintegration of cognitive processes that has been observed in homeless substance abusers and addicts, as a direct result of being homeless; whereas, factors commonly found in the homeless, such as substance use, malnutrition, violence and negative affect, perpetuates the condition of homelessness by sustaining cognitive impairment (Backer & Howard, 2005; <https://assignbuster.com/piaget-assimilation-accommodation-and-adaptation-human-services-landscape-psychology-essay/>

Dealing with Disability: Cognitive Impairments & Homelessness, 2003; Galanter & Kleber, 2008). Therefore, potential interventions that consider cognitive function, harm reduction and behavioral restructuring could be applied at the local level, to improve the lives of homeless individuals as well as potentially increase the chances of successful treatment, rehousing, recovery and ultimately, reintegration back into society as a productive member (Freeman & White, 2000; Galanter & Kleber, 2008) (Kadden, 2002; Zoellner, 2010).

## **Restructuring Cognitive Behavior**

In particular, the lack of widespread adoption of harm reduction practices throughout the system means homeless individuals have few places of safety in which to begin their transition through the restructuring cognitive behavior and life skills training to more sustainable community-based living and integration (Dealing with Disability: Cognitive Impairments & Homelessness, 2003; Freeman & White, 2000; Kadden, 2002). Recognizing that homelessness is, in large part, a psychological state of cognitive disconnection from typical social and community norms, that incorporates an integrated, more holistic therapeutic view of these disconnections to effectively assist homeless individuals in re-developing social cognition, cultural competence, social identity, while simultaneously addressing the social stigma of the individual's condition, will provide to homeless individual the tools required to clinically and therapeutically restructure their cognitive thought processes, emotions and behaviors and making the psychological transition from homelessness to safety possible and much more likely to succeed (Backer & Howard, 2005; Collier, 2000; Dealing with Disability:

Cognitive Impairments & Homelessness, 2003; Freeman & White, 2000; Galanter & Kleber, 2008; Kadden, 2002; Zoellner, 2010).