

**Proceedings of Conference**  
*on*  
**Healthy Ageing in Nigeria**  
*and*  
**Selected Papers**

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**Editors**  
**Helen Okhaiofe Osinowo**  
**Taiwo Olubanke Lawoyin**  
**Mary Ebun Walker**

**PROCEEDINGS OF CONFERENCE  
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## CHAPTER THREE

## SUCCESSFUL AGEING: A PSYCHOSOCIAL PERSPECTIVE

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Ibadan, Nigeria. Email: alex71851@yahoo.com***Introduction**

Successful ageing, writes Coon (1997), refers to successful adjustment to the physical, psychological and social changes of ageing. Growing old, observes Johnson and Williamson (1980), is a universal problem. It can be made more difficult for an individual because of societal attitudes and values, and the practice, which exists because of them. As people grow older, their habits become fixed and make them tend to cling to methods that have served them well. At the same time, even for a very flexible person, it becomes more difficult to learn with advancing years.

Owing to the actual physical and psychological decline, which take place in the aged, Gitelson (1989), describes the self-assertive and even domineering behavior of older people as being compensatory reactions to feelings of inferiority and inadequacy. The loss of centrality of position in the family group or in the person's work, the sense of loss of social status through actual or relative decline in occupational status, general cultural attitudes towards old age as a period of necessary and actual failure produce feelings of insecurity and inadequacy.

Biologically, ageing refers to a gradual process that begins quite early in life. According to Coon (1997), peak functioning in most physical capacities reaches a maximum by about 25 to 30 years of age. Thereafter, gradual declines occur in muscular strength, flexibility, circulatory efficiency, speed of response,

sensory acuity and other functions (Biren and fisher, 1995).

At ages 40 through 50, individuals declining vigor, strength, and youthfulness make it clear that more than half of their time is gone. There is a tendency to let go the "impossible dream". For women, menopause sets in at this age. Monthly menstruation ends and a woman is no longer able to bear children. The drop in level of the hormone estrogen causes changes in mood or appearance. Menopause also sometimes causes physical symptoms, such as "hot flashes" (a sudden uncomfortable sensation of heat) or night sweats.

A few women, writes Coon (1997), find menopause as difficult to adjust to as adolescence, and many experience anxiety, irritability, or depression at this time. Most women, however, are neutral about the loss of reproductive ability. Many, in fact, express relief at being freed from concerns about pregnancy, birth control, and menstruation.

Males do not undergo any physical change that is directly comparable to menopause. With aging, the production of testosterone, a male hormone, gradually lessens. However, men remain fertile at this time. On the other hand, aging males may be affected by changes in appearance and vigor. The symptoms (depression, anxiety, irritability) are more or less psychological in origin. The elderly are about the fastest-growing segment of society. The Nigerian national

population census of 1991 gave quite a high figure for the aged (those in age brackets 65 and above).

It is noteworthy, however, to point out that variations in aging exist. There exist the active aged, the healthy aged, and the clear and alert minded aged. There are also the confused aged, the dependent aged, the child-like aged or the senile aged. Despite these variations, Coon (1997) is of the view that generalizations can be made.

Because old age is a time of reflection, a person must be able to look back over the events of a lifetime with a sense of acceptance and satisfaction. According to Erickson (1963), the first seven stages of life, namely, first year of life: trust versus mistrust, 1-3 years: autonomy versus shame and doubt, 3-5 years: initiative versus guilt, 6-12 years: industry versus role confusion, adulthood: intimacy versus isolation and middle adulthood: general activity versus stagnation, become the basis for successful aging. The person who has lived richly and responsibly develops a sense of integrity. This sense of integrity (found at stage 8 of Erikson's life stages) allows the person to face aging and death with dignity. If previous life events are viewed with regret, the elderly person falls into despair. In this case, there is a feeling that life has been a series of missed opportunities, that one has failed and that it is too late to reverse what has been done. Aging and the threat of death then become a source of fear and depression.

Hurwitz and Guthartz (1952) are of the view that the sum total of the many traumatic experiences of the aged often occur in later years through loss of employment or of physical stamina, loss of children through their marriage or of

one's spouse or friend through death. These cause the elderly to become voluntarily or forcibly, withdrawn. There are, of course, many aged persons whose emotional vitality and flexibility are strong enough to enable them to adjust well even to the many severe changes precipitated by advancing years. Such people ordinarily have social contacts among younger people and these they guard tenaciously, fearing to alienate the younger group, daring to express only a part of their true inner feelings, which are likely to be frustration and hostility. Such people (the latter group), write Hurwitz and Eruthartz (1952) need an opportunity for free expression in a permissive setting. Experiences need be shared in order that individuals might be somewhat distracted from absorption in their own problems, might begin to recognize the universality of their experiences, and appreciate that not only are their problems unique, but that many solutions and many types of adjustment exist.

Hurwitz and Eruthartz (1952) see the aged as living in a generally unfriendly world. It is as though life has turned against them at a time when they are least able to accommodate strain. Aged people may expect from their juniors overt hostility; and at best, tolerant condescension. At the bewitched age of sixty-five, they inherit automatically (no matter what one's personality may have been a day earlier) all the attributes with which the aged are commonly credited; rigidity, crankiness, self-absorption, senility, or mellowness, the philosophical attitude regarding life, and so on. Probably one of the greatest insults one can experience is not to be taken seriously. The aged are not taken seriously and are treated as ineffectual

human beings. This creates mutual mistrust, resentment, misunderstanding between the old and the young. In their isolation, some aged simply may not know of resources available to them in the community. In looking at psychological considerations in dealing with the aged, Isenstadt (1966) reasoned that it is possible to understand many of the latter years of reactions of older people if we consider the stresses of the latter years of life and their effects upon the previously existing personality structure.

The most common stresses are physical and mental limitations or disabilities, retirement, loss of relatives and friends and rejection by children. It is true, of course, that the hardships to which some people are subjected are light while those that others must bear are heavy. Moreover, the effect on the individual varies not only in degree but also in the type of stress. A mild stress that hits a weak spot may be as disruptive as one of greater magnitude, which strikes a relatively vulnerable area.

Physical and mental limitations, retirement, and loss of relatives and friends most often produce their effects in two important emotional areas: self-esteem and dependency (one's needs for emotional sustenance). When latent but intense conflicts about self-esteem or dependence are mobilized by stress, a serious emotional upheaval may result. When, on the other hand, these areas are not unduly vulnerable, the reaction to the stress may be appropriate and relatively mild.

As a consequence of the above, the individual's response will depend upon the severity and the kind of stress and upon the previous personality structure.

The aged population, according to Isenstadt (1966), has less economic security than any other age group. This aside the fact that they could be unattached, widowed, or divorced people who may truly be said to be our forgotten people. When an appreciation of these demographic and economic facts is coupled with a realization that the aging part of the life cycle has received limited attention in our youth-oriented society, it can fairly be said that the older people has an ill-defined role in society today. Unlike in the developed world, there is no significant legislation on the aged in Nigeria. As a result, there is no improved status for the aged in Nigeria. As the aged come to terms with the inevitable changes that come with age, a number of reactions are known to take place. Isenstadt (1966), observe such reactions, stemming from loss of self-esteem, to be evoked by stresses such as heart disease and arthritis which limit activity by loss of physical attractiveness, and by enforced retirement. They occur because the stresses disrupt old methods of keeping an acceptable picture of oneself submerged. When external reassurances, derived from productive work or from beauty, are no longer available to combat the unacceptable picture stemming from early childhood when the basic attitude about oneself was formed, the hidden feelings threaten to emerge. Those who suffered the most intense early injury to their self-esteem and who were most dependent upon a single method of obtaining external supplies are hardest hit when stresses upset their pattern of living.

Various anxiety-reduction defence mechanisms are called forth for the individual to cope with the effect of the

stresses. Isenstadt (1966) mentioned these defenses as including:

1. A turning to the past
2. A refusal to try new things and the development of a set way of doing things and
3. A self-assertiveness to the point of being domineering

A turning to the past is a turning to a period of greater competence. One dwells upon old triumphs to relieve or turn away from current feelings of inadequacy or helplessness. One of the legitimate pleasures of old age comes from a sense of satisfaction derived from past achievements – from a job well done. Only when the turning backward becomes too pronounced and too distorted in content should we suspect that the reaction to stress is inappropriate. People who have a real record of accomplishments to fall back on are fortunate. Others may resort to embellishments of the past or even to fantasy. Memory loss may arise as a result of this turning backward as well as from organic causes.

Next in frequency to self-esteem problems among the aged is problem of dependency. There is often a real increase in dependent needs. Some other aged people are isolated because of physical disability or other cause. As a result they cut off from dependent gratifications.

Gerontologists estimate that only a reasonable percentage (25%) of the disability of old people is medically based. The remaining 75% is social, political, and cultural (Schaie, 1944).

Many elderly persons are at least as mentally able as average young adult. Gerontologists Warner Schaie (1994) found that we are most likely to stay

mentally sharp in old age if the following conditions apply:

1. We remain healthy.
2. We live in a favorable environment (we are educated, have a stimulating occupation, above-average income, an intact family).
3. We are involved in intellectually stimulating activities (reading, travel, cultural events, continuing education, clubs, professional associations).
4. We have a flexible personality.
5. We are married to a smart spouse.
6. We maintain our perceptual processing speed.
7. We were satisfied with our accomplishments in midlife.

### Theories of Aging

Two principal theories, namely disengagement and activity theories, have been proposed to explain successful adjustment to the physical, psychological and social changes of aging. Disengagement theory assumes that it is normal and desirable for people to withdraw from society as they age (Cumming and Henry, 1961). According to this theory, elderly persons welcome disengagement since it relieves them of roles and responsibilities they have become less able to fulfill. Likewise, society benefits from disengagement as younger persons with new energy and skills fill positions vacated by aging individuals.

Nevertheless, disengagement theory can be criticized for describing successful aging as a retreat. While disengagement may be common, it is not necessarily ideal (Clair, Karp, and Yoels, 1994). This may cause below optimum performance among the aged.



A second theory, activity theory, otherwise known as "Use-it-or-lose-it" theory assumes that activity is the essence of life for people of all ages. Activity theory predicts that people who remain active physically, mentally, and socially will adjust better to aging (Havighurst, 1961).

Proponents of activity theory believe that aging persons should maintain the activities of their earlier years for as long as possible. If a person is forced to give up particular roles or activities, it is recommended that these activities or roles be replaced with others. In so doing, the aging person is able to maintain a better self-image, greater satisfaction, and more social support resulting in more successful aging.

The majority studies on aging support the activity theory, although there have been exceptions (Clair, Karp, & Yoels, 1994). At the same time, some people do seek disengagement's, so neither theory is absolutely "correct". Actually, successful aging requires a combination of activity and disengagement. Nevertheless, it seems that satisfaction in old depends mainly on how much time we spend doing things we find meaningful (Horn & Meer, 1987). People who learn to compensate for age-related changes are more likely to remain active, happy, and in control of their lives (Brandstadler et al; 1993; Glass et al., 1995).

Over the years, interest in the injustices and unfair treatments meted out to people because of their age, has led to the development of the term ageism. Referred to as discrimination or prejudice based on age. Ageism applies to people of all ages and can oppress the young as well as the old. For example, being

denied a job for being too young or too old, to a lot number of observers, retirement of the aged is frequently just another name for dismissal and unemployment.

Another facet of ageism is stereotyping the aged with such descriptions as "dirty old man", "meddling old woman", "senile old fool" and the like. Even positive stereotypes may be a problem because they blind others to the real problems of the elderly. One of the best ways to combat ageism is to counter stereotypes with facts. For example, it will be better to base retirement on performance rather than on age. This is because researchers (e.g. Ryff 1989) have demonstrated that some aged people are as productive as their non-aged counterparts.

Regardless of society, therefore, successful aging could be based partly on Carol Ryff's (1989) six criteria of well-being in old age. These criteria are environmental mastery, a purpose of life and continued personal growth. As a group, older people represent a valuable source of skill, knowledge and energy that we can no longer afford to cast aside.

## **Conclusion**

From the foregoing discussion, it is logical enough to state that successful aging is influenced by a number of factors such as economic well-being, social support, personal achievements (both past, present and expected), and psychological well-being. For the fact that society, institutions and individuals depend on one another, there is need to point out that successful aging entails the contribution of the individual, the society and the institution he belongs to. The issue of aging successfully is not a one

shot or spontaneous experience evaluation. It spreads across the entire lifetime of an individual. This goes on to say that the experiences which one had during his early life are as important as those he had in adult life and is having as he advances in age.

Basing on Ryff's (1980) six criteria of well being in old age, one will find it difficult to stick out his neck and say that Nigerians are, under the present socio-economic and political situation, aging successfully. The harsh socio-economic environment no longer allows a good number of the aged and the non-aged alike to accept themselves, relate positively and cordially with others. Psychological and material dependency is curtailing the freedom of many aged people just as mastery of and adjustment to the environment is increasingly becoming a problem to the aged. Owing to lack of economic, social and political power, life seems to be losing meaning to many aged Nigerians. Lack of motivation, loss of self-esteem and unemployment have stunted the personal growth of the young and the old alike.

Successful aging encompasses the past, the present and what is being expected by the aged within their lifetime. It therefore needs to be stated that any effort aimed at ensuring successful aging must take into consideration the quality of life and psychological well being of citizens of all ages. The reasoning behind this is that people who are satisfied with their past and present are more likely to age successfully than people who are not.

For aging to be considered successful in Nigeria, the aged have to enjoy sound health (both of mind and body). They must be socially approved

and adequately rehabilitated. For those who are capable of still engaging themselves in one activity or the other, such needs should be properly taken care of. The aged should have personal satisfaction in life and have hope for both their remaining future and the future of their families and country.

The above considerations bring to bear the need to have a sound policy on the aged in order for their aging to be successful. A broadly expanded social policy in this regard to older persons may seek and identify the problems and needs of the aged and offer practical solutions. Recommendations emanating from such efforts will provide guidelines for policy formulation and program development. Apart from providing material benefits for the aged, case work and counseling services can also be introduced directly into settings where older people are found in great numbers. Group counseling can be extended to older persons in both peer groups and intergenerational groups.

Freud (1949), with regard to dealing with the aged, made the statement that people near or over the age of 50 could not be psychoanalyzed. By that he meant that procedures aim at effecting fundamental personality changes should not be used in treating the aged. Perhaps the best explanation for the fact that analysis is not a procedure for people in their fifties and over is that there is not enough to hope for in the future to provide the motivation needed to endure the tensions mobilized by analysis.

For the most parts, supportive types of therapy are used in the treatment of the aged. These include reassurance, environmental manipulation and direction or counseling. The goal is to reduce a stress or to booster a weakened defence system.

Supportive forms of treatment selected on the basis of a sound evaluation can accomplish much by helping to re-establish an emotional balance that has been shaken by the stresses of the latter years of life.

Finally, as a way of encouraging the aged to get to know and understand their common problems, formulation of interaction groups for and by them will also be desirable. In the Western world, these groups go by such names as "golden" clubs and "homes for the aged".

### Summary

Ageing is a gradual but unavoidable process. Experts have described it as a universal problem. The problem due to ageing is amplified due to societal attitudes. This paper examines the theoretical and practical issues involved in successful ageing in Nigeria. It observes that it is logical enough to state that successful ageing is influenced by a number of factors such as economic well-being, social support, personal achievements (both past, present and expected), and psychological well-being. For ageing to be considered successful in Nigeria, therefore the paper observes that the aged have to enjoy sound health (both of mind and body). They must be socially approved and adequately rehabilitated. The above considerations bring to bear the need to have a sound policy on the aged in order for their ageing to be successful.

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