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PSYCHOLOGY OF ADOLESCENCE,
COPING WITH OLD AGE
PERSONAL EFFECTIVENESS
IN SEARCH OF THE GOLDEN FLEECE
FAMILY COUNSELLING
STUDYING AND PASSING MATHEMATICS
CREATIVITY AND HUMAN ADJUSTMENT IN NIGERIA
SCHOLASTIC APTITUDE TEST FOR NIGERIA.

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COPING WITH OLD AGE

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Old age, is a stage of life, which every individual will want to reach, however, some of us react with anxiety towards the early signs of ageing. Some people will go any length to remain youthful by employing a variety of methods to slow down this process of ageing. Such methods range from the simple use of cream to restore the texture and colour of hair, to the use of food additives and sometimes minor face surgery may be undertaken.

Kimmel (1974) observed that most of the attention of developmental issues and crises has focused on childhood and early adolescence, and it is only of recent, that a life - span perspective with focus on the developmental crises of the adult and ageing years begin to emerge.

Causes of Biological Ageing: The causes of biological ageing are not fully understood at it appears that more than one kind of 'cause' may play a part in bringing about the over-all effect of ageing, Bromley (1977 p. 246). These two causes have been suggested by Bromley (1974) as being responsible for ageing:

- (1) Failure of the organisms to rectify any damage arising from wear and tear, disease and distruption which tend to result in the accumulation of defects, thus making the organism to become increasingly inefficient, leading to ageing.
- (2) Intrinsic factors; that is the process which leads living things to age and eventually die is part of the nolecular biology of the cell and is "built in" to the organism.

Individuals become old from a variety of internal and external stresses. Unpleasant and high stress experiences will also "age" people just as the mere passage of time. Evidence of this has been demonstrated in the physical appearance of victims of war, hunger

and others subjected to serious misfortunes. They have shown in their physical appearance, those external changes associated with ageing.

Characteristics of Ageing.

Signs of ageing can be observed from the physical appearance of the aged or inferred from his behaviour, while others evidences may be physiological in nature.

Physical signs: Some of the physical changes obvious in ageing include: thinning, greying and loss of hairs, wrinkled skin, loss or decaying of teeth, protrusion of bones in some parts of the body and sagging of the skin in some areas of the body. There is the tendency for the waistline to bulge and the shoulders to hunch.

Physiological Changes: In women menstruation ceases, hearing, generally becomes less acute. There is decrease in muscular strength, speed, stamina and co-ordination while vision becomes poorer. The capacity of the lungs become reduced while sexual characteristics are diminished, sexual potency decline in males even as desires increase in the female.

Changes Observed in Behaviour.

The aged may sometimes observe that the younger individuals perceive his ideas, values and attitudes as outdated. As age advances social relationships become fewer and fewer, sometimes due to lack of people with whom to share common interests. Also observed to decrease are interests, emotional involvement and achievement striving. Tune (1969) observed a decline in the average amount of time spent in sleeping during the years between twenty and fifty, followed by an increase in later years, partly arising from naps during the day. Sleep disturbances have also been observed to increase with age. Some intellectual functioning seem to be more adversely affected than others by the process of ageing. Wechsler (1955, 1958) noted the decline in performance with age because of the slowing down of mental operations. Decline in performance with age may be observed if a task has; time limits, abstract principles, relational complexity, symbolic transformation and unfamiliarity. Wechsler further isolated those intellectual functions which "hold" with increasing ageing and

those that "don't hold". As people grow old, fluid abilities (constitutional and intellectual capacities) decrease while crystallized abilities (experience and acquired skills) seem to be relatively unaffected except in so far as they may improve or worsen by practice or disuse respectively.

Also associated with ageing is memory loss. Other factors, however that have been linked with memory loss, include academic attainment level, number of child births and labour pains in some women. The relationship between academic attainment level, number of child births and the onset of memory loss in later years have been investigated by Sherwood (1976), Wolman (1975) and Okoye, (1982). Some of the findings suggest that formal education improves memory functioning at old age, (Sherwood, 1975) while, pregnancy and labour pains in some women, have led to a sort of mental by functioning associated with memory loss and post-partum psychosis, (Wolman, 1975).

ADULT STAGES OF DEVELOPMENT

It is sometimes difficult to give a precise time as to when ageing begins. While the adverse effects of ageing may be readily obvious in some individuals they are more or less obscure in others. Also, clearcut distinctions, between the different adult phases of human life cycle have not been achieved. For convenience, the seven stages of adult development identified by Bromley (1974) will be considered, with focus on our society.

First Stage: The Early Twenties.

A fairly reasonable period, to begin the conception of adult phase, is the late adolescence period and the beginning of age twenty years. Usually in the early twenties, the individual, in our society may not have assumed his economic and marital responsibilities observable in people from other cultures. The prolonged training and schooling are sometimes responsible for this. Schooling (until recently) is usually delayed for a number of reasons. However, the individual in this society (like his counterpart elsewhere in the world) acquires his first adult social roles during this first period of adult stage.

Second stage: The Adulthood Proper.

This is from middle twenties to about age forty. One will expect the individual to have assumed his economic, marital and family responsibilities during this stage. The individual reaches the peak of his physical, athletic and mental powers and achievement, during adulthood proper. While the social, domestic parental and occupational roles would have been established. Individuals start to think about the future in terms of other personal achievements.

Third stage: Late Adulthood or Middle Age.

This stage is from age forty to sixty years. There is the assertion that this stage of life — cycle seems to have been neglected by psychologists among other workers; until recently. The term middle age has been given different interpretation by different people as middle age does not exist as a well defined biological or chronological segment of the life — cycle, Bromley (1977 p. 260). This stage is even suggested to be a state of mind, a set of attitudes and beliefs about oneself which concides broadly with those held by people in their forties and fifties. To some people, in this society life begins at forty. By the beginning of middle years, others in the society assume that the individual should have been well established in the society. Perhaps, some also have the impression that the individual should have acquired all the essential capacities and maturity by the turn of this stage. "A fool at forty", to them, is a fool for ever. It is expected that the children will be grown-ups by the time the end of this stage is reached. In some cultures, there is usually the adjustment, at this stage to children leaving homes to establish their own families. The extended family system and the general pattern of living in our society seem to make this problem less of concern. Children are still in close contact even when their own families have been established while some still reside with or live in close quarters with their parents. Even though, this stage appears to be a period relatively free of serious biological and developmental stresses, sickness and death rates begin to rise during the period. The general decline in some physiological capacities are becoming pronounced, sexual and reproductive functions tend to diminish while some aspects of mental capacities also decline. Some men and women have crisis of middle age. Age forty five to fifty and the menopause in some women may bring life to

a climax of boredom and frantic pleasure seeking. In both men and women, middle age may bring on severe depression (involuntary melancholia). Some women unnecessarily react to the female menopause as if it is the end of sexual enjoyment. The fear of loss of potency, may also be a factor in the middle crisis of a number of men, leading to an extravagant pursuit of sexuality as though either to deny the decline or to harvest as much as possible, Stone and Church (1973 p. 490). Some men, according to Masters and Johnson (1966) also react unnecessarily to declining virility by simply giving up sex.

Fourth stage: The Anticipatory or Pre-retirement period.

This is the stage when the individual is becoming aware of his impending retirement. The individual suffers more decline in physiological and mental capacities while preparations are made for retirement by some, others may not be too sure of what is to be done during retirement. In this society, this stage can be said to commence around age 55 towards the end of late adulthood as the retirement age is 60.

Fifth stage: Retirement to Age 69.

This stage usually begins with retirement. Some individuals because of long training and education tend to enter the labour force late. Some of these individuals, it appears are forced into retirement early, at the age of sixty whereas people who enter the work force earlier in other cultures retire at the age of sixty-five. Most of the people forced into retirement are still active, alert and healthy and are likely to find the retirement period dull and uninteresting, especially when adequate pre-retirement plans have not been made. Retirement stage is regarded by Cumming and Henry (1961) as a complex and inevitable stage of ageing whereby the individual gradually disengages from the main streams of social life and is replaced by a younger person. The rationale for retirement is that people at a certain stage or age become marginally productive. Some of the indications, suggesting retirement include:

- 1) deterioration in psychomotor performance,
- 2) evidence of skills becoming redundant and

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- 1) deterioration in psychomotor performance,
- 2) evidence of skills becoming redundant and

- 3) evidence of frequent absences from work due to poorer physical health.

Sixth stage: Old Age:

Old age, is usually conceived as commencing at the age of about seventy years, when the cumulative effects of irreversible physiological and psychological deterioration bring about virtually complete disengagement from society, Bromley (1974). Some people, regarded as "old" can still carry out every day activities by themselves, and are independent of their families and others. In some cases the aged may have to depend on others to feed dress and move about while some elderly persons do not experience these difficulties until they become very advanced in age, at about ninety years of age or even more in some cases.

Seventh stage: The terminal Stage:

This stage is regarded as the final stage of the adult life cycle leading to death. Some people fear the approach of death whereas, death and dying should be regarded as a phase of life. Death, has its social, psychological and biomedical dimensions. This last phase of life cycle is sometimes, but not always associated with senile, mental and behaviour impairment. Preservation of life cannot be done indefinitely, when there is complete breakdown of the biological functions necessary to sustain life, death occurs.

COPING WITH AGEING IN THE SOCIETY

Each phase of life has its own unique challenges to the individual, on the other hand, some people view the advancing age with apprehension and dread. Like some other problems in life, the anticipation of what is to come in old age may lead to apprehension. The way the individual adjusts to changes in his physical, social and psychological conditions brought by old age, appears to reflect among other things, the enduring psychophysical dispositions and the "psychic durability", possessed by the individual. The family, the attitudes and behaviour of people in the immediate surrounding of the aged, form an important psychological surrounding, which can affect the adjustment of the elderly persons. It could be helpful by being at peace with one-

self and not refighting adulthood battles or nursing old hurts for the simple fact that the past, sometimes, cannot be changed. When a person can live with the past without been bogged down in it, he remains adaptable and capable of continued change. Reichard and associates (1962); and Neugarten and associates (1964) found a variety of patterns of adjustment. Reichard (1962) identified three personality types among men who adjusted well and two personality types among those who adjusted poorly. The well adjusted personalities identified include:

- 1) The "mature", type:- This is the largest group. The individuals in this group moved easily into old age, and are able to accept themselves realistically. They feel their life have been rewarding and are able to grow old without regret for the past, or loss in the present.
- 2) The "Rocking - chairman". This group was labelled the "rocking chairman", because of their passivity. Individuals in this group welcomed the opportunity to be free of responsibility while indulging in their passive needs in old age.
- 3) The "armoured" group, is the third group regarded as well - adjusted. The group consisted of individuals who are unable to face passivity or helplessness in old age. They kept off, any fear of physical decline by remaining active.

The poorly adjusted to ageing identified, comprises two groups:

- 1) The "angry men", individuals in this group tend to be bitter over failure to achieve their goals earlier in life. Persons in this group, also blame others for their disappointments in life and were unable to reconcile themselves to growing old.
- 2) The "self - hater", represented the second maladjusted group. Persons in this group feel disappointed with their past life and blame themselves for their misfortunes.

In addition to varying patterns of adjustment identified, shifts in the perception of people growing old have also been observed by Neugarten and Associates (1964). The Perception of the environment as one rewarding boldness and risk taken, tends to change to the perception of the environment as being complex and dangerous during the period age of forty to seventy.

This period is also one, in which there is a change in the perception of self as possessing energy to exploit opportunity to a perception of self that conforms and accommodates the outer world demands.

Adequate ageing and retirement programs tend to lead to better ageing and retirement adjustment patterns, while planning ahead may also prevent post-retirement shock.

One means of coping with ageing is to develop adequate compensatory strategy in every day living. Each individual's strategy must be developed in relation to the individual's qualities and circumstances.

Compensatory strategies may be developed, for example, to minimize exposure to demanding situations. The elderly person,

- 1) may need to avoid activities that pushes him to the limits of his performance,
- 2) may need to avoid dangerous or congested traffic for example when driving, to reduce the risk of making errors and
- 3) may need to avoid activities that are beyond his capacity.

The physical environment of the aged, should be such, that will reflect his diminishing capacities. A house with many stairs may not be suitable because of the diminishing strength. Good illumination in the house may be necessary to compensate for the poor vision. There should be adequate hand rails, to support movement. The beds to be reasonably low to the advantage of the aged and the floor to be non - slippery to aid easy movement. Space for gardening, can provide opportunity for light house-hold activities, while also providing recreational avenues.

Counselling the Aged.

Better medical care, attention to diet, stimulating intellectual experiences, undoubtedly can go a long way to postpone the harsh events of advanced age. On the long run, it is still an inevitable phase of life that most of us will have to make adjustment, in several, other dimensions.

Blake (1975) remarked that counselling as a profession has shown little concern for the experience of the middle aged and virtually no concern for the experience of the elderly. Psy-

chological counselling of the ageing seem, also, to be an area neglected in this society. Ullmann (1976) asserted that retirement counselling offers assistance to the person who lacks either the knowledge or the skills to define or to solve the problems that arise at this stage of life. Counsellors have a role to play in gerontology by the provision of direct counselling services to persons anticipating difficulties associated with ageing. Counsellors can educate about ageing by changing people's beliefs and feelings about ageing. Counselling can help to replace myths with facts. Information can also be provided in the educational, social - personal and occupational areas, relevant to the elderly people. Counselling may also focus on several issues that confront the elderly, such as loneliness, loss of independence, personal adjustment and financial planning to mention a few. The residual priorities of the elderly, may also need to be organised in advance through counselling. Individual and group psychotherapy may also be offered.

The Aged in the Nigerian Society.

It may be argued that the elderly persons, are generally held in high esteem in our society because:

- 1) of the noticeable respect usually accorded the elderly persons,
- 2) age is usually associated with wisdom in our culture and
- 3) the elderly persons have enjoyed and still enjoy the "age - long" role of mediating in crises within and between families.

Some children, sometimes view the very elderly persons, as possessing some supernatural powers, partly because of the physical appearance of such people and partly because of the folktales in the society. Many of the idiomatic expressions, in our different languages, seem to reveal the conception of the elderly and ageing in the society.

Despite the awareness of this phase of development in the society, the social, physical and psychological resources for coping with ageing appear very inadequate. The aged are usually catered for, by their families. Treatment of the elderly persons, thus vary from one family to another. Some elderly persons in such settings are subjected to harsh instructions of many don'ts,

whereas the elderly persons still cherish their independence. Apart from the other problems to which the elderly person, may have to adjust, living with families has its own problems too as the elderly person may also need to adjust to the demands of children, grand children (in some cases) and in-laws with whom they reside. The extended family system which caters for the aged is becoming eroded, due to a number of factors. More nuclear families are being established while families that live closer before, now reside farther apart for economic reasons. These trends, seem to suggest the need to provide adequate and more support systems to cope with ageing in the society. The establishment of a body charged with the care of the elderly persons and the provision of facilities to help the elderly persons in their adjustment will be steps in the right direction to augement the care provided by the family. Recognition and the encouragement of associations, such as the Association of Retired Persons, Association of Elderly Persons, or similar associations with the aged as the focus can improve the image of elderly persons in our society. To assist the elderly persons to accommodate changes brought about by ageing, the availability of resources for coping in addition to appropriate changes in self-concept developed by the elderly, will go a long way to help the individuals in this stage, maintain close ties with reality.

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