

Covenant University  
37th Public Lecture



---

**FOSTERING PSYCHOLOGICAL  
ADJUSTMENT: PATHWAYS TO  
NATIONAL WELLNESS**

---

**Amos A. Alao, Ph.D**

*Professor of Counselling Psychology  
Deputy Dean, School of Human Resource Development  
College of Leadership and Development Studies  
Covenant University, Ota*

*Media & Corporate Affairs  
Covenant University, Km. 10 Idiroko Road, Canaan Land,  
P.M.B 1023, Ota, Ogun State, Nigeria  
Tel: +234-8115762473, 08171613173, 07066553463.  
Website: [www.covenantuniversity.edu.ng](http://www.covenantuniversity.edu.ng)*

*Covenant University Press,  
Km. 10 Idiroko Road, Canaan Land, P.M.B 1023, Ota, Ogun State, Nigeria*

ISSN 2006...0327

Public Lecture Series. Vol. 3, No. 1, September, 2014





**Amos A. Alao, Ph.D**

*Professor of Counselling Psychology  
Deputy Dean, School of Human Resource Development  
College of Leadership and Development Studies  
Covenant University, Ota*



## **Introduction**

The adjustment of an individual has consequences for later adjustment and wellness in other areas of his or her life, such as spousal family, group, or community relationships and within the nation at large. Communities are made up of individuals, couples and families who have chosen to share common vicinity and a geographical location by convenience or choice, while a nation can be described as a collection of several communities occupying a delineated and recognized geographical boundary.

This lecture intends to discuss a “bottom-up” approach of exploring national wellness, beginning at the individual level of human existence, to associations at the marital, family and community levels and how these associations and relationships have consequences for the larger and more complex associations, relationships and interactions in the larger human polity known as the nation.

The lecture will focus on failures of adjustments and their consequences for wellness at the individual, family, group and community levels. The fostering of adjustment and wellness at the different levels which serve as the building block for national wellness will be highlighted. The drive for adjustment and wellness at Covenant University will also be discussed. The basic philosophy of the lecture is that the whole (that is, wellness at the national level) consists of the parts (that is, wellness at the individual, couple, family and community levels) which either bring quality or its lack, to the overall wellness of a nation; Obviously when the parts are in order the effective functioning of the sum total is guaranteed.

## **The Concept of Adjustment**

### **Adjustment**

The Cambridge Advanced Learners Dictionary (2005) defines adjustment as the ability to become more familiar with a new situation. Adjustment may be defined as a process of altering behaviour or affective response so as to reach a harmonious relationship with a new or challenging environment, situation or person.

When people say they are in an adjustment period, they typically mean they are going through a process of change and are searching for some

level of balance or acceptance with the a) environment, b) others, or c) themselves. The word adjustment was borrowed initially from Juristics and then used in Mechanics, it was later appropriated by biology and finally taken over by psychology (Lazarus 1976).

According to the American Psychological Association (2007) “adjustment” is defined as change in attitude, behaviour or both by an individual on the basis of some recognised need or desire to change. Adjustment may come about through forced external circumstances or through an understanding of the need for a different and improved way of functioning. Adjustment or modification of behaviour is a goal of therapeutic intervention. Consequently, a well adjusted person is one who satisfies his or her needs in a healthy, beneficial manner and demonstrates appropriate social and psychological responses to situations and demands.

**Adjustment in its Juristic sense:** In its juristic sense, adjustment is the “process of setting right or setting”; the concept is still present in insurance work and modern legal practice. The activities of insurance adjusters illustrate the present form of the juristic conception.

**Adjustment in its Mechanical sense:** In the mechanical sense, there is still an existent referent in the form of changes made to simple machines such as turning a screw or changing the relative position of an inclined plane; these are adjustments in the mechanical sense.

**Adjustment in its Biological conception:** Biologists use the word to serve as a symbol for any of life's evolutionary processes.

**Adjustment in its Psychological Concept:** This refers to the behavioural processes by which humans and other animals maintain equilibrium among their various needs or between their needs and the obstacles of their environment.

A sequence of adjustments begins when a need is felt and ends when it is satisfied. In the evolution of species on earth, many organisms became extinct because they could not adapt successfully to the demands of living while others survived and multiplied because they

could adapt.

**Adaptation** is the biological structures and processes that facilitate the survival of species. The biological concept of adaptation has been borrowed and changed by psychologists and renamed “adjustment”; this emphasizes the individual's struggle to get along or survive in his or her social and physical environments.

Adjustment consists of two kinds of processes;

- I. Fitting oneself into given circumstances
- II. Changing the circumstances to fit one's needs

Adjustment represents a “functional” perspective for viewing and understanding not only animal but also human behaviour.

### **The Concept of Wellness**

The term wellness focuses on wellbeing and the quality of life enjoyed by an individual. The World Health Organization (2006) published a review of glossary terms that defined wellness as an optimal state of health in individuals and groups. Emphasis on wellness can be on two perspectives: firstly as the realization of the fullest potential of an individual physically, psychologically, socially, spiritually, and economically; and secondly, as the fulfilment of one's role expectations in the family, community, place of worship, workplace and other settings (Smith, Tang, & Nutbeam, 2006).

Dunn (1961) defined high level of wellness for an individual as an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable, requiring that the individual maintain a continuum of balance and purposeful direction within the environment where he or she is functioning (Dunn, 1961).

Goss & Cuddihy (2009) described wellness as the active process through which the individual becomes aware of all aspects of self and makes choices towards a more healthy existence through balance and integration across multiple life dimensions. A more common definition of wellness by Archer *et al.* (1987) viewed wellness as the process and state of quest for maximum human functioning that involves the body, mind and spirit. They felt that wellness is both a process and a goal. Expanding the concept of wellness further, Myers,

Sweeney and Witmer (2000) summarized wellness as: “a way of life oriented toward optimal health and well-being, in which body, mind and spirit are integrated by the individual to live life more fully within the human and natural community.



**Fig. 1: Derivatives of Psychological Adjustment**





**Fig 2: Achieving National Wellness**

## **THE RELATIONSHIP BETWEEN ADJUSTMENT AND WELLNESS**

The ability to adjust can determine the level and levels of wellness in individuals. As humans we respond to a variety of stimuli and environmental demands continuously, and this may require a need on our part to adjust or re-adjust so as to ensure our wellness. An inability to adjust can lead to social and personal problems of great magnitude.

Problems of adjustment are universal and they affect people of different races, status and ages as we all at one time or another face difficulty and troubling circumstances in our strategies for coping and living. Maladjustment challenges are known in all societies, the aberrations are found in Kings, Generals, Religious leaders and other notable persons.

The nature of our problems often changes from one period of life to another. Different developmental stages and life events and situations can pose various challenges (Lazarus 1976).

There is a great variability in people's long term reactions to extreme negative events and such people will need assistance. Some survivors of a negative and extreme event may adjust early while others will wrestle with seemingly endless psychological problems.

### **ADJUSTMENT AND WELLNESS AT VARIOUS LEVELS**

In this lecture, adjustment and wellness will be discussed at the following levels: i) individual, ii) couple, iii) family, group, community, and v) national.

#### **I) Individual Adjustment and Wellness**

The individual wellness represents the first ladder in national wellness. It seems like the foundation on which other levels of adjustment and wellness are laid. We are all aware of the need for a good foundation. The wise builds his house on the rock and not on sand.

Consequently, individual wellness encompasses the ability to achieve the various components of wellness alluded to earlier, in the meaning and concept of wellness. The individual needs to be able to realize his or her full potential, with an integrated method of functioning. He or she

must be able to make informed choices based on rational problem solving skills and strategies. He or she needs to strive towards maintaining a healthy existence at different stages of life and multiple life dimensions.

Rationale for differences in behaviour: There are various factors that can affect individual adjustment with impact on wellness, such as an individual's personality, how the individual copes with periods of adjustive crises, the nature and quality of support systems available and the help seeking behaviour of the individual. .

Personality has a role to play in adjustment. It is believed that when two people are exposed to the same stimuli or situations, the different responses or adjustive processes exhibited or observed are likely due to differences in their personality. Consequently, in order to understand individual differences in the adjustive process, psychologists have relied on the role of personality in this regard.

Various definitions of personality have been proposed, including theories of personality. However, for the purposes of this lecture, and simply defined from the psychological perspective, the concept of personality as described by Allport (1961) is that “Personality is the dynamic organization within the individual of those psychological systems, that determine his characteristic behaviour and thought”.

### **Coping with Periods of Crises**

Individuals in all societies sometimes are faced with adjustive crises which may require effective coping strategies. The birth of a new baby which naturally is a source of joy may call for adjustments between a couple in terms of role and responsibilities in the care of the baby. While it is true that parents and mothers-in-law usually fulfil these roles in the villages and rural communities it is becoming a challenge in urban cities and in situations where such grandparents are also present and are active players in decision-making. Periods of childbirth, marriage, and the different stages of development we pass through (such the childhood, the adolescent, adulthood and old age), can be periods of crises for some.

## ii) Couple Adjustment and Wellness

The second level of adjustment and wellness that will be considered as significant to national wellness is wellness between couples. In this instance, the relationships between couples in marriage will be explored. The significance of marriage is in line with the idea of the “power of two”. The view here is that marriage can enhance the effectiveness of the two individuals involved.

In mathematics, multiplication yields greater numbers than does the sum of addition; in addition, adding the value of the same number or figure to it only doubles their joint sum, but raising a number to the power of two causes an exponential growth (Heitler, 1997). For example,  $7 + 7 = 14$ , while  $7 \times 7 = 49$ .

According to a similar Biblical principle, it is said that: One can chase a thousand ... but two will chase ten thousand... Joshua, 23:10. This passage confirms the power of two compared to an individual.

Negative views of marriage:

Heitler (1997) noted that a perusal of the “marriage” listings in any anthology of quotations reveals entry after entry of dark, sarcastic and misogynist views, such as:

*Marriage, if one must face the truth, is evil, but a necessary evil- Menandar (343-292 BC)*

*It happens as with cages: the birds without despair to get in, and those within despair of getting out—Montaigne (1533-1592).*

Heitler (1997) asserted that such negative views could be due to the fact that for most people in the past eras, marriage was an economic and social necessity while affection and mutual emotional support were bonuses and not essential. However in recent times, marriage is seen to be a choice, with love assumed to be part of the equation.

## Significance of Marriage

While some may have expressed a pessimistic view about marriage, the significance and relevance of marriage in wellness cannot be over emphasized, it opens doors to many of life's rewarding blessings. In

addition to sharing, marriage is regarded as one of life's ultimate privileges and the core structure of a stable society (Heitler, 1997).

### **iii) Family Adjustment and Wellness:**

Family adjustment and wellness is considered as the third level of wellness towards achieving national wellness. It is noted that in some societies, the “childfree alternative” is gaining acceptance, because of the belief that children cause problems, interfere with the marriage relationship, disrupts careers (especially for the mother) and that children make noise (Knox, 1979).

### **The Childfree Alternative:**

The National Organization for Non-Parents (NON) since 1972 has been making efforts to make the childfree lifestyle an approved option for those who choose it, (NON, 1978). Other arguments usually put forth are that, non-parenthood allows for human creativity beyond bio-reproduction, it allows for time to concentrate on the wider “family” of community and society and can ultimately be far less “selfish” than a narrow “family” concern. (NON, 1978).

It is apparent that this notion of “child free alternative” is not in consonance with the command of God that we should replenish the earth. After God has created man in his own image, male and female: God blessed them and said to them *“Be fruitful and increase in number, fill the earth and subdue it.....Genesis 1:28.* It is the wish of God that we should replenish the earth.

For the majority of couples, it is presumed that after marriage, they will start planning for children. Unless members of a society have children, the society risks extinction. Consequently, the family, friends, religion, and the government encourage parenthood (Knox 1979). The society in general favours and encourages childbearing. The birth of a child is celebrated in many societies as an addition to the family and a gift from God.

### **iv) Group Adjustment and Wellness**

Group wellness is conceived as the fourth level of wellness that is

---

significant to national wellness. In this lecture, a group is conceived as a collection of individuals, who may be single or married with and without families or different families bound together by a geographical location. It is noted that there could be many reasons for forming a group and many theories of group formation abound. Usually groups may be formed based on related activities, common goals and aspirations or because of spatial and geographical proximity or constraints. Irrespective of the reason for the formation, a group will always strive for its own survival. Groups generally serve different functions for members ranging from security to protection, empowerment and support. The group wellness is sought by members individually and collectively, and the existence of groups can have a positive influence on a community.

#### **v) Community Adjustment and Wellness**

Community wellness is conceived as the fifth level of wellness significant to national wellness. The word 'community' means different things to different people. It may refer to individuals living in a specific geographical area (such as rural vs urban community). It may mean a group of people related by their unique culture, ethnic or rural background. It may also insinuate the interdependence each has on one another as members of a much broader global community, (Parsley 1966).

A community may also describe a group or gathering of people who share common interests and needs, (Parsley, 1966). Community wellness is significant for national wellness.

#### **vi) National Wellness**

National wellness depicts an environment where the citizens of a country enjoy wellbeing and live asatisfying life. It is assumed that in order to achieve national wellness, in addition to the role and responsibility of the individual, couple, family, group and community, the nation itself has a significant role in complementing various efforts at the lower levels in the quest for national wellness.

## **ADJUSTMENT FAILURES AND IMPLICATIONS FOR WELLNESS AT VARIOUS LEVELS**

In this instance, adjustment failures and implications for wellness will be discussed at the i) individual level, ii) couple level, iii) family level, iv) group level, v) community level and vi) national level.

### **i) Adjustment Failures at the Individual level**

An individual who lacks the ability and skill to adjust can develop a variety of adjustment disorders and can exhibit abnormal and excessive reaction to life stressors. The reaction can become more severe than would normally be expected and can result in significant impairment in social, occupational or academic functioning.

Adjustment disorders are associated with high risk behaviour such as alcohol and substance abuse, possibly at a milder level, to suicidal behaviour, at an extreme level. Adjustment disorders that persist may progress to become a more serious mental disorder (major depressive disorder). Lack of adjustment at an individual level can lead to mild and severe maladjustment, mental illness or psychopathology. Adjustment failures can compromise wellness in the individual, couple, family, community and the society at large. For the purpose of this lecture, focus will be on two maladaptive behaviours namely alcohol and substance abuse and suicidal behaviour.

### **Alcohol and Substance Use and Abuse.**

One of the palliative and symptom-directed modes of coping is the use of alcohol and substance which in most cases can lead to abuse. Unfortunately alcohol and substance abuse is becoming a challenge even in youths for different reasons not associated with difficulties or challenges. Alcohol and substance use is also permeating our educational systems.

In a study on the use of alcohol at the University of Botswana by Alao et al. 2004 in which 735 subjects, (382 or 52% were males, 353 or 48% were females), were involved, the adverse effects of alcohol were observed. The findings of the study revealed that 69% percent

of the subjects attributed most of the littering on campus to alcohol consumption, while 39% of subjects had been victims of alcohol abuse by students. Other reported adverse outcomes of alcohol use on campus were that, students have suffered the negative effects of drinking behaviour of others in the following order:

Sixty nine, (69%) had their study or sleep interrupted; 53% were humiliated or insulted; 44% had to take care of a drunken colleague; 42% had engaged in serious argument/quarrel with a drunken colleague; 25% had experienced vehicular obstruction of thoroughfares; while 24%, had experienced physical assault; 23% had experienced unwanted sexual advances and 14% had experienced sexual assault from students under the influence of alcohol. The study also noted the usage of substances by university students. In response to an item of inquiry in the study on the use of substances, it was found that although about three-quarters (1188 or 72%) of the university students in the sample never engaged in any drug practices; about one-fifth (356 subjects or 21.6%) have used alcohol; 49 or 3% had engaged in marijuana while 12 or 0.7% and 10 subjects or 0.6% indicated that they had engaged in the use of mandrax and cocaine respectively. Even though the percentage involved in drug use appeared to be small and insignificant, it should still be a source for concern in an academic setting.

With reference to the study of alcohol and substance abuse in Nigeria, Makanjuola, Abiodun & Sajo (2014), aimed at determining the prevalence and other predictive factors associated with alcohol and other psychoactive substances used among medical students of the University of Ilorin. The study noted that the most currently used substances were mild stimulants (19.4%), alcohol (12.5%), hypnosedatives (3.4%), tobacco (1.7%), cannabis (1.7%), opioids (0.9%) and organic solvents (0.4%). These findings seem to suggest that the use of alcohol and substances is also a challenge in tertiary institutions which must be confronted at institutional and other levels. Other studies on alcohol and substance abuse in Nigeria, include the



works of (Adelekan&Odejide, 1989;Owoaje, & Bello, 2010;Abiodun, Adelekan, Ogunremi, Oni &Obayan, 1994;Adelekan, Abiodun, Obayan, Oni, & Ogunremi,1993, Odejide, 1979). The palliative mode of coping is sometimes employed by the individual when faced with one stressful situation or another.

### **Suicide Ideation and Suicide**

The second area of focus in adjustment failure in an individual is suicide ideation and suicide. Suicide Ideation simply defined is the presence of thoughts, plans, and wishes to commit suicide in an individual who has not made any recent actual suicide attempt. An individual with such plans and wishes is a suicide ideator. Assessment of suicidal ideation is important because such ideation may precede an attempt (Beck, Davis, Frederick, et al., 1972), and the content of the ideation may indicate the seriousness and lethality of the intention.

The value attached to life may change in an individual when he or she is faced with problems in which the individual cannot cope or when life has lost its meaning to the individual.

According to (Blatt, 1995; Collins and Angen, 1997; and Dixon, Heppner, and Rudd, 1994) the meaninglessness of life may be due to several factors such as depression, family conflict, stressful life events, and conflicting cultural and value systems.

These may individually or collectively impact negatively on confidence and self-esteem, increasing the individual's vulnerability to personal and public criticism, (Blatt, 1995). Such an individual may eventually embark on a self-destructive behaviour resulting in suicide. People generally have committed suicide using different methods. The means of death utilized by an individual sometimes depend on the means familiar to that individual.

In 1989, the World Health Organisation (WHO) identified the increasing rate of suicide as an important area of public health and set guidelines for member states to halt this trend. It recommended that the

problem be addressed as a public health priority, national preventative programmes be developed and national co-ordinating committees be established, (WHO 1990).

There is need to determine the rate and trend of suicide in every country so that its trend can be monitored and appropriate measures taken as suggested by the WHO. Although suicide remains the most underreported means of death particularly among developing nations, it has also become very prevalent due to many challenges and stressors of life.

The literature on causes of suicide can be divided into three broad areas. These areas are researches which focus on: (a) biological theories, (b) psychological theories and (c) sociological theories in the explanation of suicidal behaviour. However, some researches on suicide have also focused on a combination of these theories.

### **Global Trends**

From the list of suicide rates country by country compiled by WHO (2011), the European countries top the list of the one hundred and ten (110) countries indicated, with Greenland ranked number one, followed by South Korea and Lithuania. South Africa is ranked 22<sup>nd</sup> (1<sup>st</sup> for Africa) followed by Zimbabwe in the 56<sup>th</sup> position in world ranking and 2<sup>nd</sup> for Africa. Egypt is ranked in the 105<sup>th</sup> worldwide and 3<sup>rd</sup> in Africa, (WHO, 2011).

### **Attitude to suicide:**

In a study by Alao et al (2004) to determine the University of Botswana Students' attitudes towards suicide among 1633 subjects, about half the subjects (810 or 49.6%), felt one could have a reason for wanting to commit suicide. From the responses of 1616 subjects, 40% or 661 subjects felt committing suicide would not solve any problem; 15.3% or 248 subjects felt it would end one's problems; while 33.1% or 552 subjects felt that the action would hurt the victim's relations.

The percentage of subjects who felt one could have a reason for suicide, seems to imply that suicide is seen as an option to solving problems, but this is not healthy.

The data on suicide in Botswana by Alao et al (2004), were generated from records of both suicide attempters and completers in various settings, such as in police detention, prison incarceration, medical settings such as clinics and hospitals, both private and public. The results obtained from the institutional records of suicides in Botswana from 1992 to 2002 are presented in Table 1.

Table 1: Records of suicide by gender (1992-2002)

Gender	Frequency	Percent	Response Percent
Male	988	80.0	80.9
Female	233	18.9	19.1
Total known	1221	98.9	100.0
Not Stated	14	1.1	
Total	1235	100	

The suicide rates calculated using the official population projections supplied by the Central Statistics Office (CSO) from 1992 are indicated in Figure 3.

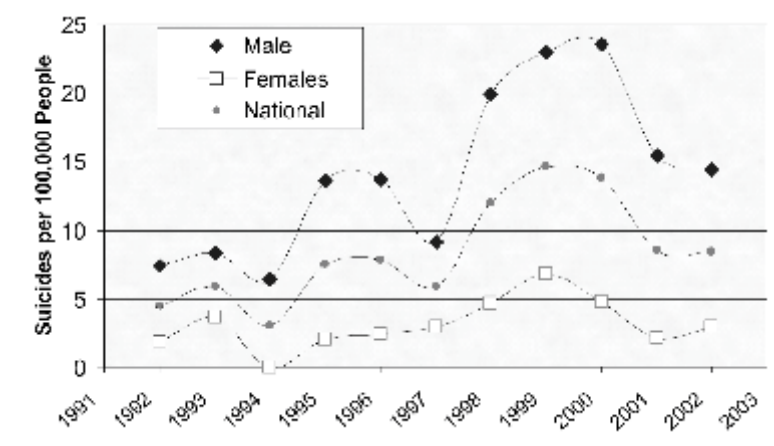
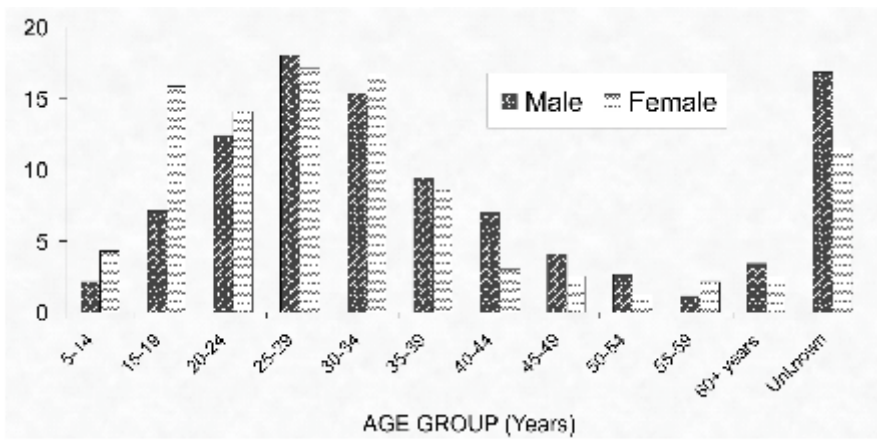


Figure3: Trends in sex-specific suicide rates per 1000,000 of the population from 1992 -2002.



**Figure 4: Age distribution of suicide victims by gender from 1992 to 2002.**

### **The Nigerian Situation**

In Nigeria, there are media reports of suicide attempts and suicide cases in the newspapers. Life generally has become more challenging and stressful. Individuals react differently to these challenges and they also employ different coping mechanisms during times of difficulty. The reports of suicide in Nigeria, include the works of Asuni (1961), Lanre-Abass, (2011), Nwafor, Akhiwu, & Igbe, (2013).

Asuni (1961) provided the coroner's reports of suicides over a four year period, from 1957 to 1960. Makanjuola (2002), focused on suicide among psychiatric patients in Ilorin, while Nwafor, Akhiwu and Igbe (2013) focused on suicidal deaths at the University of Benin Teaching Hospital. Lanre-Abass (2010) examined the moral status of physician-assisted suicide with particular attention to autonomy in the context of death and dying.

## **Comparison between Suicide in Nigeria and Botswana**

Specifically, the areas of comparison re three-foldnamely, age, mode of suicide and factors associated with suicide.

**Age:** With reference to age, for the period under review in Botswana, suicide cuts across the life span, the youngest being 7 years and the oldest being 98 years. Elderly suicide was not as common compared to suicide among youths (12 to 29 years) and the adult population taken as 30 to 60 years, (Alao et. al 2004).. In Nigeria, the suicide rate was higher in the older age 50+ for Benin;it was in the lower age group range for Ibadan, but there was no significant difference between the age groups for other zones and no suicides were recorded for any age below 15 years, (Asuni (1961).

**Mode of suicide:** The most frequently used means of suicide in Botswana was hanging. This method was used in about three-quarters 78.2% cases in the country.Other methods frequently used in lesser degree were firearms 4.8% and over dosage of drugs, 4.2% (Alao et. al, 2004). In Nigeria, at thecommonest methods of suicide were hanging (92 cases), Shooting (49 cases), poison (19 cases) and drowning (17 cases), (Asuni (1961).

**Factors associated with Suicide:**In Botswana, relationship problems were the most prevalent reason for suicide by both male and female subjects who committed suicide. Family problems were the next factor accounting for suicide in both male and female subjects, followed by mental disorder in both sexes, (Alao, et.al, 2004). In Nigeria, the factors associated with suicide were psychoses (54 cases), chronic illness (20 cases), separation/quarrel (14 cases), low libido (8 cases) and death of a kin (6 cases), (Asuni, 1961).

**i) Failures of Adjustment in Couples and implications for Wellness**

Marital conflicts and disharmony have led to strained relationships resulting in different forms of abuse. Violence in a relationship and in a family setting has been an issue of concern to various interest groups and professional organizations. Of particular interest in this lecture is violence against women in a relationship. The incidence of violence against women, and intimate femicide in particular, has been an issue of concern in the African setting. The increase in intimate femicide is an issue of concern which calls for collective effort in its tackling. Societal and cultural dynamics have continued to play significant roles in intimate femicide in the African setting. It is believed that the patriarchal nature of most African settings and the ideology of male supremacy have relegated women to a subordinate role. Consequently, respect for women in any relationship with men is lopsided in favor of men and has led to abuse of women, including intimate femicide.

Extreme strained relationships between couples and lovers carry the risk of not only physical injury but also death, either by homicide or suicide. Partner violence affects many aspects of a victim's life and battered women have been found to suffer from depression and anxiety (Saunders, Hamberger & Hovey 1993).

Rosenbaum and O'Leary (1981) assert that partner violence is related to relationship distress. Dattilio (1994) also noted that violent relationships are in crisis even when no violence is occurring as the victims live in fear and terror and suffer physical and psychological injury.

The killing of women by intimate partners (also known as intimate female homicide) is the most extreme form and consequence of violence against women. The murder of women by an intimate partner accounts for between 40% and 70% of all female homicides (Dahlberg & Krug, 2002).

## **Violence against women and intimate femicide**

Violence against women and intimate femicide in particular is a global occurrence. However, for the purpose of this lecture, focus will be on incidents in Africa, particularly, South Africa, Botswana and Nigeria.

### **Incidents in South Africa**

The findings in South Africa indicated (by Mathews, Abrahams, Martin, Van der Merwe, *et al.* in 2004), were that 8.8 per 100,000 women who were 14 years and older were killed by an intimate partner in 1999. This statistic amounts to 4 women killed per day by an intimate partner, or 1 woman killed every 6 hours by an intimate partner. It also suggests that one in every two women killed by a known perpetrator is killed by an intimate partner.

### **Incidents in Botswana**

It has also been observed lately that Botswana has been experiencing an increase in the problem of violence against women (Maundeni, 2001). This wave of intimate femicide is called “passion killing” in Botswana. Passion killing is directed at females, where either a husband or boyfriend decides to kill the female partner.

A report on intimate partner femicide in Botswana was published by Women in Law and Development in Africa (WILDAF, 1995). The report listed names of 46 women killed by their husbands or lovers between 1985 and 1991. From January to October 2005, the report indicated that sixty nine women were victims of passion killing in Botswana compared to fifty six cases reported in 2004.

The wrong impression is given that people kill because they love. A former President of Botswana, His Excellency Festus Mogae, appealed to the nation on national television to stop romanticizing this act of murder labeled “passion killing.”

In recognition of the magnitude of intimate femicide referred to as “passion killing” in Botswana, and in fulfillment of its national

mandate, the Criminal Justice Consultative Committee (NCJCC) at a point decided to address the issue of “passion killings” in Botswana. The NCJCC is a forum comprised of law enforcement institutions and is very concerned about the spate and trend of passion killing in the country.

### **Incidents in Nigeria**

Nigeria as a country is also not immune to violence against women and intimate femicide. Nigerian newspapers have reported domestic violence which eventually led to intimate femicide. In 2010, a traditional ruler in Southwest of Nigeria was reported to have physically and bloodily assaulted one of his wives resulting in her death. At the urging of the public, the police made a statement of pressing charges but the case was eventually dismissed in 2012, (Abayomi, 2012).

In 2013, Nigeria passed a federal law to reduce gender-based violence. The Violence against Persons Bill gave harsher punishments for sexual violence and also provided support and measures such as the restraining order to prevent continuation of abuse, (Repila 2013). However, it has also been noted that even though the Nigerian constitution is against domestic violence, there are still provisions that make it legal to engage in domestic violence against women. The provision of the Penal Code applicable in the Northern part of Nigeria specifically encourages violence against women. Underneath its provision, the beating of a wife for the purpose of correction is legal by use of (Section 55 (1) (d) of the Penal Code, (Nnandi, 2012).

From the various incidents of domestic violence and intimate femicide noted, it is apparent that measures to prevent violence against women and femicide need to be taken.



**ii) Failures of Adjustment at the family level//Implications for Wellness**

Failures of adjustment at the family level can lead to a dysfunctional family. A family that is dysfunctional can create challenges for itself and the community. A child from a dysfunctional family can become unfocused with adjustive issues not only at home but in the community and can become a burden for all around him and may lack respect for others and authority.

**iii) Failures of Adjustment and Wellness at the Group Level**

A group can easily lose its effective functioning when members feel the group is not meeting their needs, or when members feel they no longer belong. Groups also fail, when members sense lack of fair play, breach of confidentiality, feelings of discrimination or unresolved conflicts. A previously functioning group can easily slide to in-fighting, a form of disaffection among members that can lead to the collapse of the group and in some cases spell danger for members.

**iv) Failures of Adjustment /Implications for Wellness in Rural and Urban Community**

There is usually the misconception among the general public that rural communities offer a better environmental condition for healthy living and problem-free existence compared to living in metropolitan areas. This assumption if accepted can lead to the neglect of rural dwellers who equally need adequate mental health services and psychological support. It is also sometimes assumed that the less busy environment in which rural dwellers live compared to the bustling life of cities with its stressors will predispose rural dwellers to less challenging psychological issues. However, the study of mental health among rural dwellers has shown the contrary.

Symptoms related to mood and anxiety disorders, trauma, cognitive, developmental, and psychotic disorders appear to be as common among rural residents as metropolitan dwellers (Kane & Ennis, 1996).In the report by Asuni(1961)on the comparative incidence of

suicides in urban and rural communities in Western Nigeria, more suicide cases were found in rural communities compared to urban centres.

In a pilot and investigative interview of thirty rural dwellers in Ota, (Alao, Elegbeleye, & Olowookere, 2014), a total of 12 or (40%) of the participants reported marital quarrels, 7 or (23.3%) reported problems with their children misbehaving, 4 or (13.3%) reported alcohol and substance abuse, 4 or (13.3%) reported abuse by spouse, 3 or (10%) reported unemployment issues and 9 or (30%) reported other psychological problems such academic and job stress.

The result revealed marital quarrels as the most encountered or witnessed psychological problem, followed by problems with children misbehaving and then psychological problems such academic and job stress. A total of 7 or (23.3%) of the participants reported lack of access to professional helpers; 16 or (53.3%) reported lack of awareness of help facilities; 8 or (26.7%) reported financial constraints.

## **FOSTERING ADJUSTMENT AND WELLNESS AT VARIOUS LEVELS**

### **i) Fostering Adjustment and Wellness at Individual level**

Ordinarily when faced with challenges and stressful situations, it is assumed that an individual will take positive steps and actions aimed at modifying the individual's troubled situation. Lazarus (1976) outlined four varieties of direct actions of coping with one's coping with, namely, preparing against harm, aggression or attack, avoidance, and inaction or apathy; consequently, an individual prepares against harm by taking necessary, proactive steps to avoid the danger or harm. There is a Yoruba proverb that says "Ogun a witelekiip'aro", which translates as, "A war foretold does not claim a cripple". The proverb's wisdom is based upon the assumption that the cripple would have taken advance action to relocate early because of his limitations in mobility which could hinder his or her escape when the war starts.

A student faced with an impending examination is expected to make

adequate preparations through a planned time table of study, participate in tutorials and possibly review previous past questions. Receiving immunization against the danger of an epidemic disease could be a positive step in ensuring attack from a particular disease. Heeding a weather forecast from the meteorologist by relocating to a safer location can save lives.

### **Demonstrating appropriate Help Seeking Behaviour**

However, there are also situations in which an individual would need the help of experts in addressing issues of concern. An individual who is ill may need to seek the help of a physician, or seek spiritual healing from elders.

*Let him who is sick go to the elders.....: James 5: 14-15*

An individual facing a psychological problem may need to see a counsellor, psychologist, psychotherapist or psychiatrist, depending on the nature and intensity of the problem or challenge. The individual's positive attitude in seeking help is important as apathy or inaction needs always to be avoided. Inaction will not be a desired behaviour when alternatives are still available, so as to avoid an individual going into a state of depression and despair.

### **Improving Individual's Help Seeking Behaviour**

Alaoet *al* (2005) noted that some students did not bother to seek career services counseling despite the availability of such services. Services were not utilized for the following reasons: a) out of 461 subjects who responded, 42.5% indicated lack of time for non-utilization because of busy schedule; b) handling of problems by oneself was indicated by 38% out of 561 subjects who responded; c) lack of awareness of the centre was indicated by 35.9% of the subjects who responded; d) fear of breach of confidentiality was indicated by 28.2% of the 422 subjects who responded to the items; and e) seeking spiritual intervention was indicated by 25% of the 356 subjects who responded to the item.

With reference to counseling services, Alaoet *al* (2005) noted that the non-users provided a variety of reasons for not seeking counselling services: 190(34.7%) indicated that they handle their problems by themselves; b) 96 subjects (24.1%) indicated that they depend on

spiritual intervention; c) fear of breach of confidentiality and privacy, the belief that seeking counselling services is for people who lack integrity and self-confidence; and e) not wanting others to know they seek counselling services.

### **ii) Fostering Adjustment and Wellness at Couple Level**

While it is not unusual for one to experience difficulties when in a relationship, it is important to seek ways to resolve such difficulties through personal development or counseling. Professional help can make individuals in relationships understand the dynamics of relationships, how to grow in relationships, and how to resolve and adjust to different relationship issues. When help is not sought, difficulties experienced in relationships can become compounded with disastrous consequences, including intimate femicide. Seeking and receiving help when in a relationship difficulty or crisis can help prevent domestic violence and intimate femicide. Individuals experiencing relationship difficulties or distress need to seek help and should be assisted.

For any relationship to succeed, the two partners need to view each other as a person of worth. The male partner especially must like the female partner as she is. Her rights need to be respected. To reduce unnecessary violence in the relationship, the female partner needs to be allowed to possess and express her feelings. Male partners need to accept their female partners for who they are to limit the incidence of violence in the relationship.

Respect in a relationship entails recognizing the separateness of individuals, the right of each person to utilize his or her experience in his or her own way, and to discover his or her own meaning is a priceless possibility in life (Van Pelt, 1980). While it is true that most African societies tend to be patriarchal in nature, it is equally important that acceptance and respect in a relationship can help to improve such relationship and reduce violence if the male partner recognizes:

- (1) That there are no perfections in relationships;
- (2) That both partners in a relationship may have areas of the

relationship that need changing; and

(3) That accepting each person totally will reduce potential sources of conflict and violence.

Concerted efforts need to be made, especially by the male partner, to develop acceptance in the relationship. In developing acceptance, Van Pelt (1980) stressed the need to:

- (1) Recognize a self-righteous attitude;
- (2) Allow freedom to express self;
- (3) Concentrate on good points; and
- (4) Express acceptance in words.

### **iii) Fostering Adjustment and Wellness in the Family**

The family as a social unit is usually recognized for its importance in many roles. The psychological role of parents within the family needs to be understood by parents and potential parents. Parents are expected to cater and provide for children during the early years of development among other roles that parents are to perform. The method of child rearing practices adopted can either have positive or negative consequences for the children in later years. Parents are also important resources through which children build up patterns of behavior prior to schooling. Parents have a prominent role to play in the social, emotional, personality and intellectual development of children.

About 300 B.C., Plato felt that many parents had succumbed to the moral decadence of the Athenian society and therefore were not fit to raise children. Plato wanted all children separated from their parents early in life with the state taking control of child rearing and education. During the Dark Ages, parents were told that the misbehavior of children was due to innate wickedness. The Bible was the basis for all discussion on behavior and development. Religious leaders called the attention of the congregation to Biblical verses to ideal child rearing practices and the importance of teaching and child

discipline that would lead to functional families.

The Bible has presented to us models of both functional and dysfunctional families to guide us in our parenting role and some divine character qualities and attributes that we should have and emulate in our parenting role. Expected behaviours to ensure functional families are indicated in books and verses of the Scriptures such as:

*He who spares the rod hates his son, but he who loves him is careful to discipline him. (Proverbs 13:24, Holy Bible New International Version).*

*Folly is bound up in the heart of a child but the rod of discipline will drive it far from him. (Proverbs 22: 15, Holy Bible New International Version).*

*The rod of correction imparts wisdom but a child left to himself disgraces his mother (Proverbs 29:15 Holy Bible New International Version).*

*Fathers, do not exasperate your children, instead, bring them up in the training and instruction of the Lord, Ephesians 6:4.*

Other passages teaching us how to ensure a functional family include but are not limited to: delight in children, (Luke 18:16). Jesus taught that God is an approachable and loving father:

*For you did not receive a spirit that makes you a slave again to fear; but you received the Spirit of onenesship and by him we cry, Abba, Father—Romans 8:15: Galatians 4:6)*

The understanding of who God is to us as a father, who cherishes us, keeps his promises to us and is slow to anger, fair and impartial and

compassionate and who provides and protects us, is meant to serve as indication of how earthly fathers and parents should be.

#### **iv) Fostering Adjustment and Wellness at the Group Level**

Well-functioning groups do not come easy; it takes time, effort and the cooperation of members for any effective group to develop and fully evolve. Group wellness is assured when all members feel connected, assured, and are carried along in group decision making. The forming stage must be built on trust with rules of accepted behavior that will guide members. In the storming stage of group formation, a clear purpose of the group needs to emerge with members having a clear understanding and agreement of the direction of the group in achieving its goals and objectives. At the norming stage of group formation, it is essential that members understand how the group will be operating. At the performing stage, the group has to be focused in accomplishing its goals.

New members will need to be accommodated and taken through the forming, storming and norming stages. In building the cohesiveness of the group, it is essential that conflicts are discussed openly and not silenced. With reference to groups with challenges, Adeusi (2013) was able to demonstrate the efficacy of cognitive restructuring and behavioural rehearsal on conduct disorder in adolescents in Correctional Centres. Also, Elegbeleye (2014) was able to develop a Psycho Educational Programme, the Covenant Coping Skills Intervention which benefited orphans greatly. The content of the programme was derived from an amalgamation of some psychological principles and Covenant University core values.

#### **v) Fostering Adjustment and Wellness at Community Level**

Rural dwellers can easily fall into the vulnerable population especially when access to health services is not readily available. There is also the need to explore the most beneficial approach when providing psychological counselling and psychotherapy for rural dwellers. The availability of empowerment strategies to enable individuals and the community at large to take charge of their challenges will need to be developed.

## **Relevance of Community Counselling in promoting the wellness of Communities**

Alao, Olowookere and Elegbeleye (2014) explored the use and adaptation of community counselling in promoting wellness in communities. The community counselling approach is a multifaceted approach which combines direct and indirect services to help people live more effective and satisfying lives (Lewis, Lewis, Daniels & D'andrea, 1988). The model emphasizes direct efforts towards the prevention of problems rather than focusing primarily on clients experiencing serious mental health problems as a result of debilitating factors in their environments. Community counselling is a comprehensive helping framework of intervention strategies and services that promote the personal development and well-being of all individuals and communities. (Lewis, Lewis, Daniels and D'Andrea, 1988).

### **The Community Counseling Model**

The community counselling model comprises four service components:

- Direct client
- Indirect client
- Direct community and
- Indirect community services

**Direct Community Services (preventive education):** This ensures community wide educational programmes that provide direct experiences and are made available to the population as a whole. It proposes the training and education of a given populace at large on skills in values, clarification, assertiveness, decision making, life planning, etc. Some other functions include providing experiences that will foster community members' personal, social and career competencies. Also, it helps clients address environmental conditions that interfere with their group and well-being.



**Direct Client Services (outreach and counselling):** By providing programmes that offer direct assistance to clients or potential clients who might be at risk for developing mental health problems. Identify and provide outreach services to vulnerable clients who need personal counselling but cannot access the existing mental health facilities.

**Indirect Community Services (systematic changes and public policy):** In addition to assisting individuals, efforts are also made to intervene consistently and intentionally in the environment. They involve:

- The need to negotiate environmental change for victims of poverty, stigmatization, etc.
- Promotion of positive changes in those systems that directly impact on the psychological well-being of clients.
  - Assist individuals to meet needs relating to employment, health care, sanitation, education, accommodation.
- 

**Indirect Client Services (advocacy and consultation):**

This is the provision of programmes that intervene in the environments of specific individuals or groups and allowing their specific needs to be met. It also is characterized by:

- The counselor speaking on behalf of clients with special needs
- Empowering vulnerable individuals
- Informing individuals about the helping networks that can help the individuals meet their specific needs.
- Engaging in client advocacy.

**Adapting Community Counselling to Rural Dwellers in Nigeria**

Alao, Olowookere and Elegbeleye (2014) explored important factors that will enhance the community counselling approach in assisting rural dwellers in Nigeria. It was asserted that in ensuring the effectiveness of community counselling in improving the psychological wellbeing among rural dwellers in Nigeria, the

following may need to be taken into consideration:

- i. Understanding the needs of the rural community to be assisted.
- ii. Understanding their religious frame of reference.
- iii. Understanding the political structures in such communities.
- iv. Understanding the social and cultural context in which the rural dwellers live.
- v. Determination of the target groups to be assisted e.g. children, adolescents, young adults, adults, or the elderly.
- vi. Soliciting for support that will be needed (such as governmental, non-governmental organizations, religious organization) to accomplish the needed assistance to be provided.

### **Needs of the rural dwellers.**

Information about the needs of rural dwellers is critical in order to give focus on the identified needs. This may be prioritized when the urgent needs are first given prompt attention.

### **Religious beliefs**

It is not uncommon for rural dwellers to hold on tenaciously to their religious beliefs when seeking or receiving help. The religious beliefs of rural dwellers can affect their help seeking behaviour.

### **Understanding the political structures that are in place**

This becomes important when further assistance is to be sought for rural dwellers in terms of financial support and the appropriate arms of the government at the community, local, state, and sometimes, national level.

### **Understanding the social and cultural influences in the community**

The socio-cultural beliefs and disposition of the rural dwellers being assisted must be understood. Some rural dwellers may be suspicious

of the assistance being offered.

### **Determination of the target group(s) to be assisted**

To make the assistance offered to be felt by the rural dwellers, one could focus on specific developmental stages as the psychological needs vary depending on the developmental stage of the dwellers.

### **Soliciting support from other agencies**

The attention of external agencies that can provide support for rural dwellers will need to be drawn to the needs of the rural dwellers. It is important to ensure regular and continuous support from the relevant agencies when procured.

Community counselling has promise in assisting rural dwellers overcome their psychological problems. For this approach to be effective, the rural dwellers in the various communities to be assisted must be understood with reference to their needs, religions, political, and socio-cultural backgrounds.

## **The Role of Covenant University in Adjustment and Wellness**

### **The Visionary Profile of Covenant University**

The visionary profile of Covenant University in Obayan, Awonuga&Ekenanyawu (2012) revisited the vision of the University of being a leading World Class Christian Mission University committed to raising a new generation of leaders in all fields of human endeavour. The Total Man concept curriculum embeds in its mission the essence of wellness which is under discussion in this lecture.

The objective of training and equipping men and women to face the challenges of life supports the need for skills and resources which are requisite for facing periods of adjustive crises alluded to earlier in this lecture. The core values also guarantee and provide assurance of a bright and adjusted individual with accomplishments in different areas of wellness. The idea of establishing Covenant University has been captured in the quote by the Chancellor, Covenant University, Dr. David Oyedepo, that:

*...A University is a place where solutions to societal problems are*

*found and value added to humanity. A university is not a monastery but a factory that produces values and drives research. The real value of a University is only established by the problem it solves.” (The Idea of a University, Obayan, Awonuga&Ekeanyanwu, 2012, page 5)*

### **i) Research Activities**

In pursuance of the Idea of a University quoted earlier, in terms of driving research, various research clusters have been formed with Faculty indicating preferences for clusters or sub clusters in which they intend to belong. The research activities are to be multidisciplinary and international in outlook.

While the research clusters cover a wide range of issues in science and technology, the areas of psychological adjustment and wellness are not left out. In the Research Cluster on Wellbeing and behavioral issues, issues related to leadership and the Millennium Development Goals (MDGs) offered by the Government are sub research clusters. As the university provides the practical side of adjustment and wellness, Faculty members will engage in research activities to improve the adjustment and wellness in different life dimensions.

### **ii) University Programmes that Promote Wellness**

Covenant University offers a variety of courses aimed at making graduates of the institution, well rounded in different spheres of life. These courses include but are not limited to the Total Man Concept, Leadership courses and Entrepreneurial Development Studies.

The Total Man Concept (TMC) which centres on the spirit, the mind and the body, among other things, is to assist students to become intelligently conscious of their environment and thus be able to maximize their potential. The TMC focuses on the spiritual man, the intellectual man and the physical man.

Raising students to eventually become total graduates is the ultimate goal. Towards a Total Graduate (TTG) provides the the learning

culture to ensure that graduates of the University are found worthy in character and in leadership at the point of graduation.

Students are also exposed to Entrepreneurial Devevelopment Studies where the practical side of entrepreneurship is learnt. These skills no doubt are promoting employment opportunities for students who see this as a viable option to self employment, (Obayan, Awonuga and Ekeanyawu, 2012).

There is also no doubt that the newly established College of Development Studies and the new Certificate and Diploma Programmes in Leadership Development Studies and the proposed programmes in leadership at the higher levels will provide students with or “soft” skills that will make the graduates of Covenant University stand out in the world of work and in their relationships with others.

## **Recommendations and Conclusions**

### Recommendations

In this lecture, the concept of psychological adjustment and wellness has been explored at different levels, beginning with the individual level, to couple, family, group and the community levels, with the anticipatory effect on national wellness.

**Individual Level:** To ensure adjustment and wellness at the individual level, it is important that the individual facing challenges must first accept that there is a problem, challenge or difficulty. Positive steps need to be taken in resolving the problem, challenge or difficulty. Sometimes, the resolution of the problem, challenge or difficulty may be within the capacity of the individual. However, in instances where the issue is beyond the individual, help from an expert may need to be sought, because of the complexity of the problem.

**Family Level:** To prevent a family from becoming dysfunctional, strategies on how parents can become more successful in training their children through psychological principles and behavioural models will need to be adopted (Alao, 1982, 1988).

**Community level:** Cognizance of the unique nature of the community to be assisted must be taken and the helping strategies adopted will need to be flexible and relevant.

### **Alcohol and Substance Abuse**

With reference to alcohol and substance abuse, the availability of support services in terms of counseling in all our institutions of learning will help in preventing and assisting students who use and abuse alcohol and substances. At the lower level of education, integrating alcohol and substance use education into the curriculum will promote awareness of the dangers of alcohol and substance use and abuse. Facilities must also be available for out of school youths through community agencies in education on alcohol and substance use and abuse.

### **Suicide:**

Suicide ideation precedes successful suicide. Suicide ideation, suicide attempts or completed suicide are preventable. Our attitudes towards suicide can either help curb and prevent suicide or promote it. Professional counseling, family support, spiritual assistance and hospitalization are valuable options in lending aid and assistance to a suicide ideator.

The attitude of the community should be negative to suicide. There is also the need to discourage viewing suicide as a way out of a dilemma, or a way of solving problems or escaping from a difficult situation. Against this background, it is very important to setup preventive and protective measures to guard against suicide ideation and suicide. Preventive measures would target the factors that predispose one to think of ending one's life. Remedial measures should also be available to address those who have reached the level of suicide ideation or are thinking of ending their lives due to ongoing problems they are encountering.

### **Preventive Measures**

The preventive measures may include training in self-esteem, social connections, especially with family and friends, the sustenance of social support, and religious or spiritual commitment, and the

provision of recreational facilities. These activities will bring in feelings of engagement, a sense of wellbeing and belonging, worthiness and a purpose for living. It is not uncommon for clients with feelings of suicide to question the purpose of living, and to see life in general as being uneventful.

### **Protective Measures**

It would be helpful for all staff who handle student welfare matters within the University and other tertiary institutions to have some level of competence in recognizing students in distress and referring them appropriately. Health and psychosocial services on campus should be easily accessible in terms of time, location and professional outlook. There should be some literature in condensed form readily available for picking up by students at strategic locations.

### **Domestic violence and intimate femicide**

There should be better ways of viewing our differences or resolving our problems in a relationship than resorting to violence or intimate femicide. Couples will benefit from relationship skills such as communication, and other people skills that can promote healthy relationships in marriage. Appropriate laws and sanctions will also be helpful in curtailing intimate femicide.

### **Conclusions**

Ensuring wellness in the nation must begin with ensuring wellness at the individual level, in interpersonal relationships between two individuals and at family and group levels, in the community and in the society. If we have challenges in fostering wellness at the lower levels of our relationships, fostering national wellness can become more difficult. Peace in the society must begin with peace and wellness in the home and in our relationships.

At the community level, our rural dwellers must not be neglected when it comes to the provision of mental health services and

psychological support available to city dwellers. The characteristics found among rural dwellers also suggest the need for this population to be given special consideration if their mental health and psychological challenges are to be addressed.

Counselling services in our educational system need to be strengthened, beginning from our primary schools to our secondary schools and culminating in our tertiary institutions. Provision for counselling services must also be available for our out-of-school youths at community levels supported by governments at local, state and national levels. This will address the problems posed by unfocused kids who can easily become a danger to themselves and the community in which they live. The parts contribute to the whole: adjustment and wellness in the individual, couple, family, group and community all contribute to the corporate wellbeing of the nation. Indeed, psychological adjustment at these levels is pathway to national wellness.

### **Acknowledgements**

To God be the Glory for the privilege and opportunity given to me to stand before you all to give this public lecture. It also warms my heart to deliver this lecture, during the period of the celebration activities to mark the 60<sup>th</sup> Birthday of the Chancellor, Covenant University and God's servant, Dr. Bishop David Oyedepo, who received a divine revelation and acted on it to make Covenant University a reality. At what time can one give a lecture on Adjustment and Wellness in a nation if not now, by acknowledging your notable and unending contributions to wellness at the individual, family, community and the nation at large?! You are indeed an epitome of wellness, one who is also a source of wellness to others. Sir, we all wish you a happy birthday tomorrow.

I sincerely appreciate the Vice Chancellor of the University, Professor Charles Korede Ayo for your zeal and commitment, in driving Vision 10:2022, a prophetic verdict to make the university 1 of the best 10 university in the world by the year 2020.

I recognize the efforts of the Deputy Vice Chancellor, Professor



Taiwo Olubunmi Abioye, for your warm enthusiasm, in the discharge of duties. The contributions of the energetic Registrar, Mr. Olumuyiwa Akinrole Oludayo and other members of the Management, in making this lecture a possibility, are appreciated. The role of the indefatigable Dean, College of Leadership Development, Professor Aize Obayan, in her suggestions in the delivery of this lecture is recognised. I thank the Directors, Deans of Colleges, Deputy Deans, and Heads of Departments present in this lecture.

I thank the Head, Department of Psychology, Dr. Olujide Adekeye, the Faculty and Staff in the Department of Psychology and in the School of Human Resource Development, for your support towards the delivery of this lecture. I am appreciative of the motivation I received from Professor C. O. Awonuga and other colleagues towards the preparation of this lecture. My appreciation goes to the Corporate Affairs Division and others who have assisted one way or another to ensure the production of this paper. I appreciate the efforts of Dr. Mrs. Fayomi, Dr. Ayo Elegbeleye, Mrs. Olowookere who in collaboration with staff of the studio assisted with the power point assembly and projection of this lecture.

I thank my family members, Professor and Mrs Ogunremi, Professor and Dr. Mrs. Ajao, and Mr. and Mrs Olowude for their encouragement in the preparation of the lecture. The contributions of my wife, Doyin in typing and her verbal support are appreciated.

I thank you all for creating time to attend this lecture and I wish you all God's abundant blessings.

## References

- Abayomi, A. (2012) Court dismisses suit filed by fighting dethroned monarch. Premium Times.
- Abiodun, O. A., Adelekan, M. L., Ogunremi, O. O., Oni, G. A., Obayan, A. O. S., (1993). Psychosocial correlates of alcohol, tobacco and cannabis use among secondary school students in Ilorin, Nigeria. *West African Journal of Medicine*. 13: pp 213-217.
- Adelekan, M. L., Abiodun, O. A., Imouokhome, Obayan, A. O., Oni, G. A., Ogunremi, O. O. (1993). Psychosocial correlates of

- alcohol, tobacco and cannabis use: Findings from Nigerian University. *Drug and Alcohol Dependence*. Vol. 33: pp 247-256.
- Adelekan, M. L., Odejide, O. A., (1989). The reality and validity of the WHO students drug use questionnaire among Nigerian Students. *Drug and Alcohol Dependence*. Vol. 24: pp 245-249.
- Adeusi, S. O. (2013). Efficacy of Cognitive Restructuring and Behavioural Rehearsal on Conduct Disorder in Adolescents in Special Correctional Centres in Lagos State. Ph.D Thesis, Department of Psychology, Covenant University, Ota, Ogun State, Nigeria.
- Alao, A. A., Olowookere, E. I & Elegbeleye, A. O (2014) Promoting the Psychological Health and Well-being of Rural Dwellers: The role of Community Counselling. A Paper Presented at the Nigerian Psychological Association Southwest Zonal Conference held at the African Leadership Development Centre (ALDC) Covenant University, Ota, Ogun State, Nigeria.
- Alao, A. A., Elegbeleye, A. O., & Olowookere E. I. (2014) Psychological Needs and Help Seeking Behaviour of Rural Dwellers: An Exploratory Study in Ota, Ogun State. A Paper Presented at the Nigerian Psychological Association Southwest Zonal Conference held at the African Leadership Development Centre (ALDC) Covenant University, Ota, Ogun State, Nigeria.
- Alao, A.A., Pilane, C.D., Odirile, L.W., Semphadile, K.M., Mophuking, K., Kgathi, P.L., Kgosidintsi, A.O., Kobue, M., Mphele, S.M., Msimanga, S.H., Mulosu, S., Oagile, N., Sento-Pelaelo., Tidimane, C. & Roy, H. (2005). *Appraisal of Career Services offered at the University of Botswana*. A study funded by the Office of Research and Development, University of Botswana, Gaborone, Botswana.
- Alao, A. A. Forchheh, N. Roy, H. and Tidimane, C. (2004) Alcohol Use and Abuse at the University of Botswana Campus. Study conducted on

behalf of University of Botswana and funded by Institutional Research, University of Botswana. Gaborone, pp.40.

- Alao, A.A., Sento-Pelaelo., Kgathi, P.L., Mulosu, S., Kgosidintsi, A.O., Kobue, M., Mophuking, K., Mphele, S.M., Msimanga, S.H., Oagile, N., Odirile, L.W., Pilane, C.D., Semphadile, K.M., Tidimane, C. & Roy, H. (2005). *Appraisal of counselling services offered at the University of Botswana*. A study funded by the Office of Research and Development, University of Botswana, Gaborone, Botswana.
- Alao, A. A. (1982). How Parents can be more successful in Training Children. *Psychology for Every-Day Living: A Nigerian Journal of Applied Psychology*. Vol. No. 1 pp. 75-82.
- Alao, A. A. (1988). Parental Guide to Behaviour Change in the Home: A Behavioural Model. *Nigerian Journal of Counselling and Development*, Vol. 2, No. 1. November, pp.17-25-33.
- Allport, G. W. (1961). *Patterns of Growth and Development*. New York: Holt.
- American Psychological Association Dictionary of Psychology (2007) American Psychological Association, Washington D. C. USA.
- Archer, J., J., Probert, B., & Gage, L. (1987). Attitudes towards wellness. *Journal of College Student Personnel* (28), 28, 311-317.
- Asuni, T. (1961). Suicide in Western Nigeria. A paper read at the first Pan-African Conference, Aro, Abeokuta, November 13-18.
- Beck, A.T., Davis, J.H., Frederick, C.J., Perlin, S., Pokorny, A.D., Schulman, R.E., Kovacs, M., & Weissman, A. (1979). Assessment of suicidal intention.
- Blatt, S.J. (1995). The Destructiveness of Perfectionism: Implications for Treatment of Depression. *Journal of the American Psychological Association*. Vol. 50, No. 12

December.

- Collins, S. & Angen, M. (1997). Adolescents Voice their Needs: Implications for Health Promotion and Suicide Prevention. *Canadian Journal of Counselling*. Vol. 31, No. 1 January.
- Dahlberg, L.L. & Krug, E.G. ( 2002). Violence—A global public health problem. *In* World Report on Violence and Health. E.G. Krug, *et al.*, Eds.: 3–21. World Health Organization. Geneva.
- Dattilio, F.M. 1994. Cognitive Therapy with Couples: The Initial Phase of Treatment. Professional Resource Press. Sarasota, FL.
- Dixon, W. A., Heppner, P.P., & Rudd, M.D. (1994). Problem-solving appraisal, hopelessness, and suicide ideation: Evidence for a mediational model. *Journal of Counselling Psychology*. Vol. 41, No. 1 April.
- Dunn, H. (1961). High-level wellness for man and society. *American Journal of Public Health*, 49(6), 786-792.
- Durkheim, E. (1951) *Suicide: A study in Sociology* New York: The Free Press
- Elegbeleye, A. O. (2014). Psychosocial Predictors of Mental Health among Orphans In South West Nigeria: Efficacy of Psycho-Education Intervention. . Ph.D Thesis, Department of Psychology, Covenant University, Ota, Ogun State, Nigeria.
- Goss, H., & Cuddihy, T. (2009). Wellness as higher education curriculum: A comprehensive framework for health education and promotion. *Creating Active Futures*, 319.
- Heitler, S. (1997). *The Power of Two: Secrets to a Strong and Loving Marriage*, New Harbinger Publications Inc. Oakland, California.
- Kane, C. F. & Ennis, J. M. (1966). Health care reform and rural mental

services: Severe Mental Illness. *Community Mental Health Journal*, Vol. 32, pp. 445-4662.

Lanre-Abass, B.(2010) Suicide and Human Dignity: An African Perspective. *Humanity and Social Sciences Journal* 5 (1): 50-62.

Lazarus, R. S. (1976) *Patterns of Adjustment*. McGraw-Hill, New York, USA.

Lewis, J.A., Lewis, M.D., Daniels, J. A. &D'Andrea, M. J. (1988) *Community Counselling: Empowerment Strategies for a Diverse Society*. Brooks/Cole Publishing Company.

Makanjuola, A. B. (2002), Suicide Among Psychiatric Patients in Ilorin. *Nigerian Journal of Clinical Practice*, Dec. vol. 5 (2): 115-119.

Makanjuola, A. B., Abiodun, O.A. &Sajo, S. (2014) *European Scientific Journal* .Vol. 10, No 8.ISSN1857-7881(Print) e ISSN 1857-7431.

Mathews, S.N., Abrahams, L, Martin, L., Vetten, L., Van der Merwe&Jewkes, R. (2004). A National Study of Female Homicide in South Africa.MRC Policy Brief. No. 5, June.

Maundeni, T. 2001. Gender and HIV/AIDS. Conference Paper presented in Gaborone, Botswana.

Myers, J. E., & Sweeney, T. J. (2005).*Counseling for wellness: Theory, research, and practice*: American Counseling Association.

National Organization for Non-Parents. (1978)Motherhood is optional or is it? Baltimore, Md.: National Organization for Non-Parents.

Nnandi, I. (2012) “An Insight into Violence Against Women as

- Human Rights Violation in Nigeria”. *Journal of Politics and Law*.
- Nwafor, C. C., Akhiwu, W. O. and Igbe, A. P. (2013) Review of Suicidal Deaths Seen in a Nigerian Tertiary Health Institution. *Pioneer Medical Journal*, vol. 3 No.5 pp, 1-8
- Obayan, A., Awonuga, C. & Ekeanyanwu, N. (2012). *The Idea of a University*. Covenant University Press, Ota, Nigeria.
- Odejide, A. O. (1979) Alcohol use in sub-group literature. *Nigerian African Journal of Psychiatry*, Vol. 5 pp 15-20.
- Ogunremi, O. O. & Rotimi, D. O. (1979). The Nigerian teenage and the use of drug. *African Journal of Psychiatry*, Vol. 5 (1&2 ), pp 21-27.
- Owoaje, E. T., & Bello, J. (2010). Psychoactive Substance use among Undergraduate Students of the University of Ibadan, Nigeria. *The tropical Journal of Health Sciences*. Vol. 17, (2), pp. 56-60.
- Oyedepo D. O. ( 2012) “What a University is” in *The Idea of A University*, Eds. Obayan, A., Awonuga, C., & Ekeanyanwu, N. Covenant University Press, Ota, Nigeria.
- Repila, J. (2012). History is made as Nigeria passes domestic violence law. *OXFAM Policy and Practice*.
- Rosenbaum, A. & O'Leary K.D. (1981). Marital violence: characteristics of abusive couples. *J. Consult. Clin. Psychol.* 49, 63–71.
- Saunders, D.G., Hamberger, L.K. & Hovey, M. (1993). Indicators of woman abuse based on a chart review at a family practice center. *Arch. Fam. Med.* 2, 537–543.
- Smith, B., Tang, K., & Nutbeam, D. (2006). WHO health promotion glossary: new terms. *Health Promotion International*, 21(4), 340.
- The Holy Bible, New International Version (Genesis 1:28)
- The Holy Bible: New International Version (Joshua 23:10).
- The Holy Bible: New International Version (Proverbs 13:24)

The Holy Bible: New International Version (Proverbs 22:15).

The Holy Bible: New International Version (Proverbs 29:15)

The Holy Bible: New International Version (Romans 8:15).

The Holy Bible: New International Version (Galatians 4:6).

The Holy Bible: New International Version (Ephesians 6:4).

The Holy Bible: New International Version (Luke 18:16).

Van Pelt , N. (1980). *To Have and To Hold: A Guide to Successful Marriage*. The Stanborough Press Ltd. Alma Park, England.

World Health Organisation (1990). *Consultations on strategies for reducing suicidal behaviours in European regions*. Summary report. Geneva.

World Health Organisation (2011) *Suicides rates by country, 1950-2011* Published by the World health Organisation

Women in Law and Development in Africa (WILDAF). 1995. *Intimate Femicide in Botswana*. In WILDAF Publications. Gaborone, Botswana.