American Journal of Public Health and Epidemiology

Volume.8, Number 2;March-April, 2022; ISSN: 2644-0032 | Impact Factor: 6.16 https://zapjournals.com/Journals/index.php/ajphe Published By: Zendo Academic Publishing

HOARDING DISTRESS IN NIGERIA'S AGING POPULATION: A REEVALUATION OF SMAIL'S IMPRESS OF POWER MODEL

Dung Ezekiel Jidong¹ and Rajan Sanger²

Article Info

Keywords: Age-Friendly
Sustainable Development
Hoarding Elderly Psychological
Distress Nigeria United Nations
Sustainable Development Goals.

Abstract

This paper delves into the imperative need for implementing age-friendly sustainable development in Nigeria, in accordance with the World Health Organization's (WHO) vision of fostering active aging and enhancing the quality of life for the elderly population. The backdrop for this necessity arises from the foreseen demographic shift, where by 2030, two-thirds of the global populace will reside in urban areas, with a significant quarter of this demographic being 60 years or older. This coincides with the United Nations' Sustainable Development Goals (SDGs) timeline for achieving sustainable development worldwide. In the context of Nigeria, understanding hoarding becomes pivotal, as it serves as a reflection of various psychological distresses among older individuals, often attributed to socio-economic insecurities and governance deficiencies. This paper critically explores hoarding within the Nigerian context, shedding light on how it encapsulates broader psychological distresses and underlining the crucial role of age-friendly sustainable development in mitigating these issues.

1. Introduction

The need for implementing old age-friendly sustainable development in Nigeria is supported by the World Health Organization (WHO, 2007). WHO initiative plans to develop supportive modern communities that encourages —active aging by optimising opportunities for health, participation and security in order to enhance quality of life as people agell (WHO, 2007, p. 12). Sustainable development serves as an antidote that addresses social factors affecting population aging and structural settings of the 21st century urban communities. Recent studies show that, by the year 2030, two-thirds of the world's population will be residing in cities with at least one-quarter of this population aged 60 and above (UN-Habitat, 2010). The year 2030 appears sacrosanct as it is directly promotional with the targeted date slated by the United Nation's Sustainable Development Goals (SDGs) to accomplish a sustainable development in virtually all nations of the world. Therefore, understanding hoarding in relation to SDGs in Nigeria is essential as there are different perspectives to attributing hoarding distress among elderly persons. Such perspectives include socio-economic insecurity and potential tendency to lack of

¹ School of Psychology, University of East London,

² Stratford Campus, Water Lane, London E15 4LZ, United Kingdom

basic survival needs which all seems to be attributed by poor governance. The aim of this paper is to provide a critical perspective to understanding hoarding as a reflection of how other psychological distresses manifest in older people with a particular view on the need for implementing old age-friendly sustainable development in Nigeria.

Nigeria as a country gained independence on the 1st of October 1960. The country at present is a federation of 36 states and a federal capital territory Abuja. Geographically, it is located in the Western Africa bordering the Gulf of Guinea between Cameroun and Benin republic. Nigeria is a British Colony and the communities are made up of rich cultural heritage with sub-cultural diversity. The official language of communication is English. Nigeria is known to have over 500 indigenous languages in the country (Ujunwa, Okoyeuzu, & Nwakoby, 2012). However, there are three major languages which include Yoruba mostly spoken in the Western part of the country with Igbo in the Eastern part and Hausa/Fulani in the Northern part of Nigeria. Furthermore, Nigeria is the largest African country in the world with a population of over 198 million (National Population Commission, 2018).

2. The Impress of Power Model

The impress of power model by Smail (2005), proposes that exclusive power operates at two levels both at distal level (e.g. political injustice) and proximal level (e.g. lack of basic resources for daily survival). Thus, the model argued that resources and power have a central role in mitigating psychological distress. For instance, examining individuals resources is essential in identifying what the people have at their disposal. On the other hand, power mapping can be useful in numerous ways. This notion is aptly put as follows: —a person might be encouraged to recognise that aspects of their lives they have seen as personal faults or inadequacies may more accurately be understood as deficits within their social environment, and possibly that where such deficits can be identified it may be within their power to correct them to some extend for example a socially isolated person might be able to seek new friendship groups. (Hagan & Smail, 1997, p. 38). Thus, sustainable access to power and resources that is link to proximal and distal factors would enhance people and their communities, their waays of livelihood and psychological well-being. See Figure 1 below showing a pictorial illustration of the Smail's The Impress of Power Model:

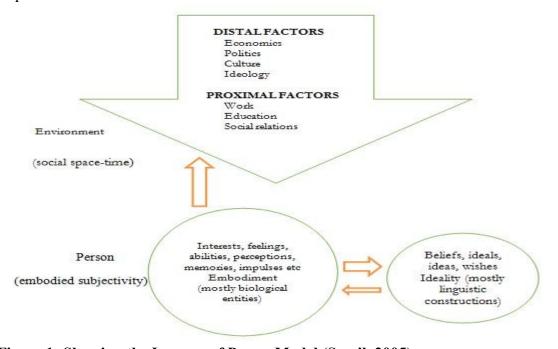


Figure 1: Showing the Impress of Power Model (Smail, 2005).

As depicted in Figure 1, there are enormous forces from the distal and proximal factors that overwhelms the masses beyond their control. These forces may partly explain why elderly people are vulnerable to distressful hoarding behaviours. Although, it is also arguable that hoarding of material things could serve an evolutionary purpose especially in the face of scarce survival resources. As such, in an economically deprived society, _hoarders' could be seen as likely to have greater chances of survival advantage. This line of argument may suggest that elderly persons in a third-world country like Nigeria will likely hoard material things as a result of insecurity of future basic survival needs. This is because, as elderly people age, they grow weaker and may rely mostly on good governance for daily survival. Thus, good government policy implementation is required that has a direct impact on eliminating poverty and making the community infrastructures an all-inclusive to accommodate citizens across all age groups regardless of their abilities or disabilities. This is succinctly supported by Burton and Kagan (2009) who argued that mental health and well-being has a direct link with the _health' of the political, social, infrastructural development and good governance of the country. It is therefore essential to offer an overview of hoarding distress in order to expatiate a critical approach to understanding psychological problems.

3. Hoarding: A history

In the year 1400, hoarding first appeared in Dante Alighieri's divine comedy of an epic poem about the transition through the nine circles of hell to paradise. People who were carrying too many things got trapped in the third or fourth circles of the nine circles to paradise. Also, during the early 1800s, there was a Bleak Shop known to be stocked with goods in which everything seems to be _bought in' and nothing _sold out' (Dickens, 1862). However, the Psychologist William James (1918) described hoarding as acquisitiveness, something instinctual that contributed to our sense of identity (e.g. sense a of self-fused _me/mine'). The fictional case example below demonstrates a classical example of hoarding distress in older person.

Ms J is 62 years old and lives alone in her three-room apartment. She was recently reported to the Adult Social Care Services (ASCS) by a concerned neighbour who observed her as she intended to cook in the garden. After enquiries, it was realized that Ms J had cluttered all the rooms in her apartment including the kitchen with things that appeared not necessarily useful. She was later referred to her Primary Care Mental Health Unit (PCMHU). As consultation progressed, she admitted to the clinician that her 18-year-old son had recently left her to find another apartment elsewhere due to insufficient space in the house and most of her friends stopped visiting her for the same reasons.

To further contextualize the above fictional case, American Psychological Association (APA), opined that Hoarding becomes a significant psychological problem when the person has a —persistent difficulty discarding or parting with possessions regardless of their actual value (APA, 2013 p. 247). In addition, hoarding was previously referred to as a subtype of Obsessive Compulsive Disorder (APA, 1994; Calamari, Wiegartz & Riemann, 2004) and now is classified as Hoarding Disorder (APA, 2013). Extreme hoarding behaviours could vary remarkably depending on age and gender. So far, it appears there is no literature or empirical study that has specifically examined hoarding distress among elderly people in Nigeria. This notion constitute part of the rationale to examine the topic from an exploratory perspective.

In geriatric old-age hoarding behaviours, research has shown greater impairment is associated with daily activities with more clinical conditions compared to same-aged non-hoarding population (Ayers, Ly, Howard, Mayes, Porter & Iqbal, 2014). In a related literature, Eckfield and Wallhagen (2013) posit that most _elderly hoarders' are female, unmarried, and lived alone. However, the prevalence of hoarding is greater in older adults than children and young adults (Samuels et al., 2008). In addition, the research suggests that, the prevalence of

clinically significant hoarding is approximately 5.3% of the general population with more woman than men (Samuels et al., 2008). It is pertinent to note that, extensive cluttering is associated with significant impairment in daily activities. This may include interference with basic hygiene and serious physical threats (e.g. emergency, fire outbreak, or personal safety) or inconvenience in personal space. Other effects include cognitive deficits, physical and psychological distress (Eckfield & Wallhagen, 2013).

Some theories have tried to explain hoarding behaviours, Freud (1908) for instance, in his psychoanalytic theory associated hoarding of things to fixations at the anal stage of psychosexual development which seems to be most related to savings of excrement. Other scholars including Frost and Hartl (1996) theorised that hoarding behaviours could occur due to information-processing deficits, dysfunctional beliefs about exaggerated emotional attachments to possessions of physical objects and difficulty organising them. However, contrary to the mainstream perspectives of the causes of hoarding behaviours, social factors could be seen as the primary causes of psychological problems. More illustratively, it appears there is no existing evidence-based research that has systematically measured specific regions of the mind or brain as the causes of mental _disorders'. This critical position is supported by Szasz (2007) who posits that, _mental illness is a myth' and therefore, there is no reliable evidence to prove same. To further buttress this assertion, it is essential to explore the Smail's _Power of Impress' Model would suggest that hoarding distresses occur due to social, economic and politically driven factors and not fixation in personality development or deficiency in cognitive processes as proposed by Freud (1908) and Frost and Hartl (1996).

4. The Smail's Model and the Mainstream Intervention for Psychological Problems

The model could be seen as socio-materialist approach to psychological distress and therapy. Thus, psychological well-being is linked to nature and significant experience of the exercise of power. In addition, the extent to which an individual suffering with psychological distress is able to influence their circumstances would depend largely on the availability of powers and resources at their disposal as well as embodied personal assets.

It is apparent that, power operates proximally and distally in societies, as such, mainstream treatment for Psychological distress may operates only at the proximal level, therefore, it is limited in its ability to initiate sustainable change. That is to suggest that, psychological treatment can only effect change to the extent that they facilitate or mediate access to power and resources that are link to distal factors as shown in Figure 1 above.

Exclusive powers are exclusively control by government policies and implementation. Public office holders therefore could salvage psychological distresses (including hoarding) among elderly persons through critical policy reorganisation and implementation that have direct bearing in the lives of elderly population in Nigerian communities. For example, evidence-based efficacy of Cognitive and Behavioural Therapy (CBT) and other mainstream approaches seems to offer some forms of help in managing hoarding distress (Steketee & Tolin, 2011). However, the mainstream conventional approach to therapeutic interventions for hoarding distress appears to be ineffective as it would only take place partially at the proximal level. The intervention is therefore, limited in scope to initiate a sustainable change or recovery. Thus, a viable psychological intervention would require mechanisms that provide access to exclusive power and resources (Smail, 2005). This argument proceeds to suggest that both the therapist and person seeking mainstream psychological intervention might have limited and no access to distal factors which appear to be root causes of psychological distress. In sum, the Smail's _power of impress' model suggests that hoarding distresses and other psychological problems may occur due to environmental forces surrounding the individual such as poor governance, lack of economic resources and imposed cultural ideation propelled by distal and proximal forces.

5. Implementing Old Age-Friendly Sustainable Development in Nigeria

The initiation of Sustainable Development Goals (SDGs) appears to be an extension of Millennium Development Goals (MDGs). Thus, the MDGs were concerned with the basic needs of middle income and thirdworld countries. However, SDGs are slated for the next 15 years world-wide speedy sustainable development that would meet the needs of the present and that would not be detrimental to the ability of the future generations to meet their own needs. This is to ensure that good health and mental wellbeing for all age groups by the year 2030 remains an essential target of SDG-3. This goal is particular about ensuring healthy lives and promotion of wellbeing for all age groups. The focus of this postulation is the provision of an all-inclusive mental health and wellbeing that support the needs of older adult, vulnerable persons and disable population. The SDG-11 is particularly about all-inclusive and sustainable approaches in making our cities safe, sustainable and resilient.

In the year 2010, the WHO launched the _Global Network of Age-friendly Cities' including 47 individual cities as part of a concerted effort to encourage the policy implementation. Other developed countries have since embraced the act and implemented the age-friendly modern communities of which Nigerian government can emulate. For example, the United Kingdom (UK) appears to have since attained a remarkable development towards achieving the building of age-friendly communities. Notable among these projects in the UK are the _lifetime neighbourhoods' and _lifetime homes' which were carefully planned and implemented as part of the country's local community effort to support population aging (Department for Communities and Local Government, 2008). The projects were implemented within the neighbourhoods to link different parts of the urban systems which extends from the designing of the streets to housing, the roads and transportation networks with improving accessibility to shops and other basic services (Lawler & Berger, 2009). In addition, the UK government has instituted so many benefits that are associated to old age (65 and above) such as free transport fare within the communities, monthly stipends and allowances and provision of carers for elderly persons (Shenfield, 2013). Whilst physical infrastructural development is essential for elderly livelihood, they would be more productive at older age with useful avenues that stimulates active participation in national issues.

5.1 Avenues for Active Participation of Elderly Citizens

The central theme in the past two decades was the idea of _active aging' which first appeared in the United Nation's Year of Older people in 1999 and was further emphasised in European Union (1999) and WHO (2002). The active role of older people remains an integral part of our modern generation, especially in a conservative society like Nigerian. _Active participation' might not necessarily imply that older citizens would remain in active civil service at the age of 65 years and above – it simply means that elderly persons at this age remain relevant in contributing to all facets of the society through words of advice to the younger generation based on their wealth of knowledge and experiences that has accumulated with aging. Thus, there is an African proverb which states that _what an old man can see while seated, a young man cannot see standing' (Standing, 2013). This implies that the younger generation who seek solace and wisdom from elderly persons are likely excel beyond their predecessors.

In this context therefore, the World Health Organisation (2002) operationalized _active aging' to entail the notion that older people could continue to contribute in socio-economic, civic, spiritual and political matters. Evidence from previous study showed that, _core age-friendly features' were examined using a checklist of 88-item for less developed and developed cities to produce a universal standard for an age-friendly community (WHO, 2007). The items included requirements that: Older people who are less well-off have good access to public, voluntary and private services; Public and commercial services that provide friendly, person-to-person services on request; ensures sufficient, affordable housing is available in areas that are safe and close to services and the

American Journal of Public Health and Epidemiology Vol. 8 (2)

rest of the community; and that, public areas are clean and pleasant (Buffel, Phillipson & Scharf, 2012). Therefore, as a matter of fundamental requirement of good governance, it is essential to establish effective elder protective service agencies in Nigeria with specific emphasis on the older population who appears to be vulnerable to hoarding distress.

The agencies for safeguarding elderly could work assiduously with urban development experts and community-based mental health care teams. This may include consulting with the ministry of health to obtain information about current state-specific laws and regulations that protect and safeguard vulnerable adults in all respects. In sum, the future of old age population appears to largely depends on infrastructural development of modern cities that produces an enjoyable feeling of growing old. For the Nigerian society to maximize and enjoy the full benefits of active aging in the communities, the present government needs to fully support and implement the United Nation's proposal of SDGs. More specifically, such supports should extend to SDG-3 and 11 which are primarily concern with ensuring healthy lives and promotion of well-being for all age groups with the installation of modern physical infrastructures that rids the society of avoidable psychological distresses such hoarding among elderly persons.

6. Conclusion

This paper has offered exploratory and critical perspectives to understanding hoarding as a reflection of how other psychological distresses can be effectively managed in the old age population. This include good governances, sufficient access to exclusive power in terms of access to economic resources and availability of basic old-age social amenities as postulated in the classic works of Smail (2005). In addition, this paper argued with specific interest to establishing a harmonious working relationship between SDGs and the Nigerian government in fostering sustainable old-age policy implementation that encourages active aging in the communities. Older persons are known to have wealth of knowledge and wisdom that comes with aging. Their aged-long experiences could contributes essentially in to numerous facets of the Nigerian society which range from history to tradition, politics, religious activities, and economy. Finally, it is pertinent to note that, this paper did not relied on empirical research or primary data on hoarding distress among elderly people in Nigeria. However, the paper has provided the basis for future studies which contextualised the Smail's Impress of Power model and explored the notion of psychological distress in Nigeria.

References

American Psychiatric Association (1994). Diagnostic and Statistical Manual of Mental Disorders 4th Edition. Washington: APA.

American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders 5th Edition. Washington: APA.

Ayers, C. R., Ly, P., Howard, I., Mayes, T., Porter, B., & Iqbal, Y. (2014). Hoarding severity predicts functional disability in late-life hoarding disorder patients. International Journal of Geriatric Psychiatry, 29(7), 741-746.

Buffel, T., Phillipson, C. & Scharf, T., (2012). Ageing in urban environments: developing _age-friendly' cities. Critical Social Policy, 32(4), 597-617.

Burton, M., & Kagan, C., (2009). Liberation social psychology: learning from Latin America. Journal of Community and Applied Social Psychology, 15, 63-78.

American Journal of Public Health and Epidemiology Vol. 8 (2)

Calamari, J. E., Wiegartz, P. S., Riemann, B. C., Cohen, R. J., Greer, A., Jacobi, D. M., ... & Carmin, C. (2004). Obsessive—compulsive disorder subtypes: an attempted replication and extension of a symptom-based taxonomy. Behaviour Research and Therapy, 42(6), 647-670.

Department for Communities and Local Government (2008). Lifetime homes, lifetime neighbourhoods: a national strategy for housing in an ageing society. London: Department of Health, Department for Work and Pensions.

Dickens, C., (1862). Bleak house. New York: W.W. Norton & Company.

Eckfield, M. B., & Wallhagen, M. I. (2013). The synergistic effect of growing older with hoarding behaviours. Clinical Nursing Research, 22(4), 475-491.

Freud, S., (1908). Character and anal erotism. In Collected Papers (Vol. II). London: Hogarth Press.

Frost, R. O., & Hartl, T. L.. (1996). A cognitive-behavioural model of compulsive hoarding. Behaviour Research and Therapy, 31 (4), 341-350.

Hagan, T., & Smail, D. (1997). Power-mapping—II. Practical application: the example of child sexual abuse. Journal of community & applied social psychology, 7(4), 269-284.

James, W., (1918). The principals of psychology. Vol. 2. New York, Dover Publications.

Krauss, M. (1992). The world's languages in crisis. Language, 68(1), 4-10.

Lawler, K., & Berger, C. (2009). Lifelong communities: re-imagining the Atlanta region from the ground up. Generations, 33(2), 76-78.

National Population Commission (2018). Nigeria's population as at May 2018 [Online] retrieved http://population.gov.ng/nigerias-population-now-182-million-npc/.

Samuels, J. F., Bienvenu, O. J., Grados, M. A., Cullen, B., Riddle, M. A., Liang, K. Y., ... & Nestadt, G. (2008).

Prevalence and correlates of hoarding behaviour in a community-based sample. Behaviour research and therapy, 46(7), 836-844.

Shenfield, B. E., (2013). Social policies for old age: a review of social provision for old age in great Britain. Oxford. Routledge.

Smail, D. J., (2005). Power, interest and psychology: elements of a social materialist understanding of distress. Herefordshire: PCCS Books.

Standing, Y., (2013). —What an old man sees while sitting a young man cannot see while standing!: Utilizing senior citizens to achieve peace. International Journal, 2(2), 2307-227.

Steketee, G. & Tolin, D.F., (2011). Cognitive-behavioural therapy for hoarding in the context of contamination fears. Journal of Clinical Psychology, 67(5), 485-496.

Szasz, T. S., (2007). The medicalization of everyday life: selected essays. Syracuse: Syracuse University Press.

UN-Habitat, (2010). State of the world's cities 2010/2011. London: EarthScan.

American Journal of Public Health and Epidemiology Vol. 8 (2)

World Health Organization (2002). Active aging: a policy framework. Geneva: WHO press. World Health Organization (2007). Global age-friendly cities: a guide. Geneva: WHO Press.