

Mid-Life Crises and Perceived Health Challenges among Women in Tertiary Institutions in Cross River State, Nigeria

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Abstract

The study sought to determine mid-life crises and perceived health challenges among women in tertiary institutions in Cross River State, Nigeria. Survey research design was used and a total of three (300) hundred respondents were selected through accidental sampling techniques. One hypothesis was tested at 0.05 level of significance. The instrument for data collection was a 40 item likert scale type questionnaire titled: Mid-life Crises and Perceived Health Challenges Questionnaire (MCPHCQ). Statistical tool used for data analysis was multiple linear regressions. The result showed that mid-life crises variable such as physical changes, family crises, work and occupational stress predict health challenges among women in tertiary institutions in Cross River State. Based on the findings, recommendations were made that women should engage in healthier lifestyle such as good nutrition, constant exercise, be in control of one's emotional state and seek counselling as need arises. Health care and consultancy services should increase awareness in women about this phase of life and preventive health services should help women cope with the emotional, physical and social issues experienced by women.

Keywords: Mid-life Crises, Perceived, Health Challenges.

1. Introduction

Human life is in transition from birth to death. In the course of this progression, hormonal changes and development takes place. These changes are physical, emotional, social, mental and spiritual. Isangedighi (2007) sees adulthood as a period of optimum mental functioning when individual intellectual, emotional and social capabilities are at their peak to meet the demands of their career, marriage, children among others. As human reach the peak of their growth, a downward turn sets in during the mid-years of human life. There appears to be confusion regarding when it begins and ends. Some psychologists observed that this period spans from early or young adulthood to middle adulthood ranging from 40 to 65 years of age. This period is termed mid-life which is a time of crises in development of all individuals as upheld by developmental theorist such as Erikson (1968).

Lackman (2001) indicated that there is no consensus time as specific biological and social events that mark the beginning and end in middle age, but a period of *biopsychosocial* changes that have great impacts on the individual. Bluck (2001) considered middle age to be distinct stage in life in its roles, opportunities, responsibility and falls between young adulthood and old age. Some psychologist indicated that it varies with health, gender, ethnicity, socio-economic status and culture. The crucial issues for middle age are work, marriage, family, health, children, among others.

Whitebourne (2001) observed that changes in personality and lifestyle during middle age is often attributed to “mid-life crises” a word coined by a psychologist Elliot Jacques (1967) referring to a critical phase in human development during the forties to early sixties or a period of transition which is likened to mortality. Papalia, olds and Feldman (2004) defined mid-life crises as a period of transition typically involving introspective review and reappraisal of values, priorities, managing of gains, loss and recognition of the finitude life. A period of stocktaking, a turning point in life yielding new insights into self and mid-life course correction in one’s life.

Heckhausen (2001) sees mid-life as a turning point involving changes in the way people see themselves or physical changes, for some, it bring regrets over failure to achieve a dream or keener awareness of social clock, while to others, it involves frustration, panic, feeling of pointlessness sometimes resulting to radical change of lifestyles. This include emotional response to stress, unhappy marriage, disappointment in job or job loss and financial woes. View of mid-life conjures a negative image of bodies beginning to age, increased forgetfulness, menopause in females, children leaving home, depression, loss of purpose and meaning (Lachman, 2000).

Diller (2011) renamed mid-life crises as an emerging maturing crisis, resulting to physical changes such as weight loss, wrinkle, vision changes, strength and coordination decline and many other changes. The effect of mid-life crises vary from individual to individual, for some, they navigate this stage smoothly while for others it is stressful, life altering in a negative way, uncomfortable and emotionally lead to stress overload.

People differ in opinion of what adult women experience during mid-life crises, but stress arising from biological, cultural, historical changes could determine how individual experience mid-life. Mid-life may not necessary be experienced as a time of crises by all individuals. Findings in Hong Kong fails to support its universality. (Chiroboga, 1989), however, stress is inevitable and normal during this period. Baron (2001) defined stress as a multi-faceted process that occurs in reaction to an event or situation in the environment termed stressors. It disrupts our physical and psychological functioning. Olds and Feldman (2004) observed that stress could drain our resources, keep us off balance physiologically and upset our internal chemistry. There are several factors that contribute to stress which include work, marriage, health, children, and physical changes among others. Some of the symptoms of stress are anxiety, irritability and depression. Many other major life events may pose a severe threat and challenge during the period of mid-life than ageing. It is against this background that this papers therefore intends to look at mid-life in women as it relates to physical changes, family crises, stress and perceived health challenges, as well as counselling implications. The gap this paper intends to fill is that midlife is a normal transition phase in life of the women. But many women are going through this phase without realizing it is a normal transition. Because of the accompanying symptoms (hot flashes, sweating, dryness) some women are affected negatively, some have gone mental and even under care in psychiatric because of the experiences some women have gone into depression. Others are in and out of hospitals, and even attribute their experiences to witchcraft attack or other forces at work. Running from one place to other looking for help and even accusing people of being responsible for what is happening to them. All this because people are not enlighten about this phase of life and it accompanying symptoms. One of the researchers went through this experience and the symptoms were so drastic and disturbing, affecting me emotionally. The knowledge of this phase will be of benefit to all woman who may have such experiences.

Purpose of the Study

The purpose of the study was to find if mid-life crises variable can predict health challenges among women in tertiary institutions in Cross River State. Specially, the study sought to find;

1. The extent to which the mid-life crises variable (physical changes, family crises and stress) collectively predict perceived health challenges among women in tertiary institutions in Cross River State

Research Question

1. How does mid-life crises variable such as physical changes, family variables and stress collectively predict perceived health challenge among women in tertiary institution in Cross River State?

Research Hypothesis

1. Mid-life crises variables such as physical changes, family crises and stress does not significantly predict perceived health challenges among women in tertiary institutions in Cross River State

2. Literature Review

Physical changes in women and perceived health challenges:

According to Kirasic (2004), mid-life changes fall into five categories: Systematic functioning changes, sensory changes, cardiovascular changes and changes in appearance. A national survey conducted by American board of family practice regarding most prevalent issues faced by those in mid-life showed that changes in physical conditions, health, mental functioning and getting older were considered the worst aspect of mid-life crises. Feeling of personal control, freedom, being settled and being financially secured were reported as the best things in mid-life. Important goals in mid-life were improving relationship with family and friends, caring for frail parents, helping children and saving for retirement (American Board of family practice, 1990).

Wethington (2001) using semi-structure telephone survey technique studied 724 participants exploring the definition American hold of mid-life crises and analyzing self report of mid-life. The result showed that over 90% of the participant could provide a definition of mid-life crises that these definitions coincide with physiological theories of mid-life crises. 26% of the respondents reported having experienced mid-life in a positive term, reporting feeling of more personal control, freedom, financial security, opportunities for exploring new interest, growth and fulfillment.

Baron (2001) observed that physical changes, strength, beauty, vigour, decline during this period with wrinkle, gray hair, dry skin. Age related visual problem occur, loss of visual sharpness and vision leading to some using glass for sight. There is also hearing loss for some sensitivity to taste and smell begin to decline in midlife; but women tend to retain this sense longer than men. Ekanem in Denga (2002); observed that adult loss sensitivity to touch, strength and co-ordination decline gradually becomes less efficient. Health wise, middle age persons are concern about signs of decline with less energy, occasional pains fatigue and arthritis become common in women, bone loss accelerates in the fifties and sixties sometimes leading to osteoporosis (Whiteboune, 2001). The heart begins to pump slowly and irregularly in mid-life to 65 resulting at times to heart problems and hypertension.

Menopause, a biological and psychosocial changes set in. Spiro (2001) sees it as the cessation of menstrual cycle in the late forties, and early fifties. For some women, it is stressful transition with experience of "hot flashes", burst of heat and perspiration occurs in what seem to be unpredictable manner, somewhat unpleasant and disturbing. Some women find themselves in hospitals while other experiences it in minimal degree.

During this period, dramatic changes occur in which functioning of reproductive system and sexual activity changes greatly and declines. Women become unable to bear children, due to drop in production of estrogen. All these psychological condition could result to irritability, anxiety, depression and at times memory loss, stress, headaches, mood swing, sleeping disorder. This negative emotion could be associated with poor medical and mental health challenges. Spiro (2001) observed that negative moods seem to suppress immune system increasing susceptibility to illness. As well as being a time when certain physiological and psychological symptoms may be experienced, the menopausal period can also be a problematic time, within the women is family and particularly so for their spouses. Yardakw (2002) identified that 27.4% of women experienced adverse effects regarding their relationship with their spouse due to menopausal complaints, and they identified an inverse relationship between menopausal symptoms and marital adjustment. This period can bring in deterioration on the one hand and quality of woman's life as well as her marriage, it should be carefully considered by healthcare personnel and even women themselves.

Cardiovascular changes result in decreasing ability to assimilate oxygen efficiently and vital capacity of the lungs begins to decline. The heart beat becomes slower and irregular, in some cases increasing rate of cardiovascular diseases occurs during midlife. In a study of menopausal status, menopausal symptomatology and various respects of sexual functioning in midlife, Osareren, Ubangha, Ndiadinigwe and Ogunleye (2009) reported that hot flashes, night sweats, vagina dryness and reduce interest in sex were significantly correlated with menopausal stage, with post-menopausal women reporting the worst symptomatology. Literature suggest that most of the problems associated with menopause centred around the women perceived general health and attitudes towards ageing and menopausal symptom patterns.

A youthful appearance is an important consideration in Western culture and Nigeria where many middle aged adults strive to make themselves look younger. Some middle age undergo cosmetic surgery, colour their hair, nails and intensive exercise regimes (Santrock, 1992). Oislanky, Hayflick and Carnes (2002) observed that more than 1.6 million people in 2001 had injection of "BOTOX", a drug that has been found temporarily to smoothen facial "worry wrinkles" and frown lines by paralyzing the muscles that causes them. In a youth oriented society like United States of America and Nigeria, middle age people spend a great deal of time, money and effort to look young. However, research has not found an intervention that actually slows the rate of aging (American Society of Aesthetic Plastic Surgery, 2002). The social pressure to retain a slim "girlish" figure or look make women self-conscious about their bodies and at time detrimental to health, some have done harm to their physical bodies through use of creams leading to cancer while death for some in the process of undergoing some operations to maintain their young looks. However, effort to maintain youthful and vigorous life style can be positive if it is not obsessive and reflect concern for health and fitness. Osinowo (2003) compared psychosocial factors associated with perceived psychological health using 32 post menopausal and 13 non-menopausal women and found that post menopausal women experienced better psychological health compared with non-menopausal ones. Similarly, Olalorun & Lawoyin (2009) in a survey of Nigeria women age 40 to 60 years, experiencing menopause observed that out of 11 symptoms identified in a total of 1,189 women, prevalence of menopausal symptoms were reported to be 84%. The study also showed that joint and muscular discomfort was reported by 59% of the women, followed by physical and mental exhaustion, sexual problems and hot flashes.

However, Lock (1994); in her survey of 1316 Japanese women ages 45 to 55, compared the result with data on 9,376 women in Massachusetts and Canada, and observed-that Japanese women experience of menopause turn out to be quite different from Western women. Fewer than 10 percent of Japanese women whose menstruation was becoming irregular reported having had hot flashes compared to 65 percent of Canadian women. The Japanese women reported little or no physical or physiological discomfort because of their feeding habits with soy-based food which are rich in isoflavories- a class of phytoestrogen e.g tofu, tempeh. But western women suffer from insomnia, depression, irritability or lack of energy. For many women, they find themselves in and out of hospital

because of this discomfort. However menopause is regarded as a normal condition in women lives not a medical condition requiring treatment. Laumann (1999) in an interview with sample of 1719 women ages 17 - 59, 43 percent of women reported some form of sexual dysfunction decreasing with age in their fifties and report non-pleasurable sex or sexual activity.

Family Crises and Perceived Health Challenges

Midlife often involves a restructuring of social roles in the area of work and family. Women have multitasked roles and responsibility caring for children, spouses, ageing parents, in-laws and the like. A sense of responsibility and concern for others may impair a women wellbeing. In the context of family, some have grown up children while some are raising children. Those with grown up children experience the "empty nest syndrome", this is a transition that occurs when children leave home. For some, these departure may usher in a second honeymoon while for others, it bring, chronic relief from parenthood (Robinson & Blanton, 1993). Good relationship with spouse is important in their quality of life. Some women become widows at this age and stress of coping with the demands of widowhood take a toll on them. Relationship with spouse, children, and in-laws, among others, also present demands that can be stressful. Huber (2006) carried out a study to investigate the relationship between physical changes at midlife and marital adjustment of couples. A sample of 4500 respondents was used for the study. A well validated structured questionnaire was used for data collection. Data collected was analyzed using Pearson Product Moment Correlation Coefficient. Findings revealed that there existed a significant relationship between physical at midlife and marital adjustment of couples. The author noted that because of physical changes such as loss of hair and changes in colour in women, most of them start feeling negatively about themselves. Some begin to bleach their facial skin, neck, leg and hands to make up most of which have health implications. Most of the women start looking for possible ways to look younger as before like patronizing the cosmetic industry by buying and using various colours and shades to paint their eyebrows, eyelids, lips etc. A lot subscribe to network marketing for various supplement to delay ageing and improve looks.

Henry, Berg, Smith and Floursheim (2008), in their study of 1004 couples, reported that a positive relationship between cohesive, cooperative and companionable marriages and general health and wellbeing of marital partners. The author further stressed that coupled in satisfying marriages had better physical and psychological health than those in dissatisfying had significantly lower level of both physical and psychological health than their husbands.

The demand on family incomes and hassles of day to day living could lead to stress, anxiety, and depression, among others. In a longitudinal study of 8,355 British Civil servants ages 37 to 63, those in the lower ranks had poorer health than those in the higher rank. People with lower socio-economic status have lower life expectancy, lower wellbeing and more restricted to healthcare than those with higher socioeconomic status. Reasons were that those with high socio-economic status tend to have greater sense of control over what happen to their bodies as they age and may chose a healthier lifestyle (Whitebourne, 2001). The more the stressful changes that take place in a person's life the greater the likelihood of illness.

Although many women's health tend to be overall healthier than men's; women are at the increased risk of heart diseases and osteoporosis because of the low production of oestrogen which help in calcium production but with the increase in attention paid to women's health issues, they are expected to live longer (Spiro, 2001). He added that women experience multiple stressors because of the demand of work and family than their male counterparts and report higher level of distress as a result.

Work/Occupational Stress and Perceived Health Challenges:

Efforts to meet work demands, wrong jobs, and loss of job can lead to stress and can cause havoc to physical and mental health. Many women in addition to juggling with work and family are under serious pressure in their workplace. Some women complain about their inability to advance to the

highest rank. Voydanoff (1990) observed that lack of job has been linked to headaches, high blood pressure, physical and mental health including anxiety, depression to marital problem, family problem, suicide, homicide and other crimes. Also, loss of job leads to loss of self-esteem. In a study of 90 Canadian families that had undergone a job loss, psychological problem were 55 to 75 percent greater among those who remain unemployed than among those who found steady jobs.

Holmes and Reche (1977) findings on a classic study in which two psychiatrists on the basis of interview with 5,000 hospital patients ranked stress associated with work and other life events had preceded illness. The most common psychological symptoms are nervousness, tenseness, anger, irritability and depression. Chiriboga (1987) sees, occupational stress to include hassles of day to day living associated with minor physical illness. Intense stress seems to weaken the immune system and increase susceptibility of illness. People with stress, sleeplessness, may let some drinking, smoking, eating poorly, and paying little attention to their health. Women experiences marriage and motherhood, followed by midlife divorce and the blossoming of possibilities that come with the emptying of the nest. In all women, the greatest assets are adaptability and adjusting to new situations that she comes across.

3. Methods

The research design adopted for the study is the descriptive survey design. This design is appropriate because the researchers did not manipulate the variables because they had occurred before the beginning of the study. The population of the study comprise of female adult in three tertiary institutions in Cross River State, University of Calabar, Cross River University of Technology and College of Education, Akamkpa. The researchers distributed the questionnaire among the participants in three institutions visited. The sample size was 300 female adult from teaching and non-teaching staff from the three institutions. 100 respondents from each institutions within the age range of 45-65. Purposive sampling technique was used to get the respondent.

The instrument captioned Mid-life Crises and Perceived Health Challenges Questionnaire (MCPHCQ) was used for data collection. The research instrument had four (4) sections measuring physical changes at mid-life, family crises at mid-life, stress at mid-life and perceived health challenges at mid-life. The researchers distributed the instrument to the subjects with the help of research assistance in the three institutions. The data generated were analyzed using multi-linear regression analysis. The hypothesis were tested at 0.05 level of significance.

4. Result and Discussion

Hypothesis One

The hypothesis states that mid-life crises do not significantly predict perceived health challenges among women in tertiary institutions in Cross River State. The independent predictor variable are mid-life crises variables while the dependent criterion variable is perceived health challenges among women in tertiary institutions in Cross River State. The statistical analysis technique used to test this hypothesis was multiple-linear regression analysis. The inter-correlation coefficient among the variables in the hypothesis is shown in Table 1.

Table 1: Inter-correlation among midlife crises variables and-perceived health challenges

Variables	Physical changes	Family crisis	Stress	Perceived health challenges
Physical changes	1.000	.706*	.443*	.629*
Family crisis	.706*	1.000	.596*	.802*
Stress	.443*	.596*	1.000	.504
Perceived health challenges	.629*	.802*	.504*	1.000

* Significant at .05 level of significance. R = .807.

From the result of the inter-correlation among the variables in Table 1, the result is significant when correlating physical changes with work and family crisis and also significant when correlating physical changes with stress and perceived health challenges. Furthermore, the result is significant when correlating work and family crisis with stress as well as perceived health challenges. Finally, the result is also significant when correlating stress with perceived health challenges. The significant ($R=.807$) multiple correlation suggest that perceived health challenges could be predicted from the midlife crises variables.

To check for the collective responsibility of midlife crises variables (physical changes, family crisis and stress) in predicting perceived health challenges. The composite contributions of all the variables to perceived health challenges were check as stated in Table 2.

Table 2: Regression analysis of the prediction of perceived health challenges with midlife crises variables

Source of variance	Sum of square	df	Mean square	F-ratio	p-level
Regression	5397.153	3	1799051	184.751	.00
Residual	2882.367	296	9.738		
Total	8279.520	299			

* Significant at .05 level of significance. $R = .807$; $R\text{-square} = .652$.

The result in Table 2 shows that the multiple regression analysis produced an F-ratio of 184.751, which was statistically significant at .05 level of significance. This result indicates that when midlife crises variables are taken together, they significantly predict health challenges. The combined contributions of physical changes, family crisis and stress to perceived health challenges produced a coefficient of multiple regressions of .811 and a multiple R-square (R^2) of .652. A multiple R-square (R^2) of .652 implies that when physical changes, family crisis and stress are taken together, they account for 65.2 percent (65.2%) of the variance in perceived health challenges among women in tertiary institutions in Cross River State.

To find out the relative contributions of each of the midlife crises variables (physical change, family crises and stress) in predicting perceived health challenges among women in tertiary institutions in Cross River State, a test of regression weight was carried out. The result is presented in Table 3.

Table 3: Test of regression weights for contributions of each of the midlife crises variables on health challenges among women tertiary institutions in Cross River State

SN	Variables	Beta wts.	t-ratio	p-level
1.	Physical changes	.123	2.539*	.012
2.	Family crisis	.694	12.832*	.000
3.	Stress	.035	.821	.412

Table 3 shows the standardised regression weights (beta), t-ratio and probability level for each of the variables. As presented, the standardised regression weights (B) ranged from .035 to .694, and t-ratio of 2.539 for physical changes, 12.832 for family crisis and .821 for stress. The table reveals that the t-ratios of family crisis physical changes and when taken individually significantly predicted health challenges among women in tertiary institutions in Cross River State but stress when taken individually do not significantly predicted health challenges among women in tertiary institutions in Cross River State. Finally, it was revealed that family crisis had the greatest prediction, followed by physical changes while stress docs predict health challenges among women in tertiary institutions in Cross River State.

The result showed that there is a significant correlation among the variables. This implies that physical changes, family crises and stress among women tertiary institution women in Cross River State predict their health challenges. However, family crises had the greatest prediction followed by physical changes while stress has the lowest prediction in terms of the health challenges. This finding

agrees with several studies carried out by the following. (Whitebourne, 2001; Spiro, 2001; Olslanky, Hayflick & Carnes, 2002; King, 1999). These studies revealed that midlife crisis is associated with physical changes, family crises, work, occupational stress significant predicting health challenges among women. This finding in agreement with Whitebourne (2001) who observed that physical changes which comes with loss of hair, grayness, sagging and dryness of the skin, lead to change in behaviour. Some women feel negative about themselves. The heart begins to pump slowly and irregularly resulting to heart problem and hypertension.

Furthermore, this findings is in agreement with Baron (2001) who indicated that physical change, strength, beauty, vigour decline with middle life with wrinkle, dry skin and gray hair. For some women, age related visual problem begin to occur leading to loss of visual sharpness and vision hearing loss. The finding is also in agreement with Spiro (2007) who observed menopausal transition which comes with physiological and psychological symptoms which could be problematic and disturbing for some women. This psychological condition could lead to irritability, anxiety, depression, headaches, stress, insomnia, mood swing and lot more. This negative emotion could result to health challenges. Relationship with spouse could be affected in some cases could even lead to divorce.

The physical changes also affect physical appearance which is supported by Oislanky, Hayilick and Garres (2002) who observed women go to the extent of maintaining the girlish look, use drugs to smoothen wrinkles, use of creams, sometimes at the deteminal of their health. The multiple roles of the women could also impart a woman's wellbeing. This supported by Almeida (2004) study who observed women experience multiple stressor because of the demands of family and work could result to health challenges. The heart pump slowly and irregularly in mid-fifties to sixties resulting in some cases to heart problem and hypertension. Some women experience "hot flashes" burst of heat, pains at the joints, insomnia, depression, irritability or lack of energy. For many women, they find themselves in and out of hospital.

However, this contradicts the findings of Locke (1994) who observed that Japanese women reported little or no physiological discomfort during midlife. This contradiction could be as a result of their food habit which is made up of food containing soya and good physical exercise. The implication and usefulness of this study will help women with early diagnosis of menopausal symptoms, planning of educational and consultancy services regarding these symptoms and increase health awareness in women are extremely beneficial in terms of helping women cope with the physical, emotional and social issues they experience when going through menopause increasing healthcare providers awareness regarding the subject will improve the development and use of preventive health care services. Furthermore, this result is supported by Holmes & Rahe (1977) finding that ranked stress associated with work and other life events preceded illness, intense stress seem to weaken the immune system and increase susceptibility to illness.

Conclusion

Midlife is a normal transition period in adulthood and a natural phenomenon. Most women consider themselves in excellent health while some experience chronic conditions and potential decline in health with arthritis, back problem, rheumatism, excessive pains and fatigue, hypertension which increase with age. Psychologists believe that this initial experience maybe difficult and confusing but as time passes, it becomes an experience of self-growth and self-realisation. For some women midlife crises could be complicated, uncomfortable sometimes, emotionally unstable leading to depression and health challenges. Hence, many women have lost their lives due to ignorance of this phase of life. As a result, the mortality rate of women within this midlife phase is significantly high. Lack of knowledge by some women have attributed their experiences to witchcraft and spiritual attack resulting to many seeking help from non-medical sources.

Women should accept it as a normal period of growth and development and manage it properly instead of being afraid, stressed or depressed. With this understanding, women can navigate through

this period successfully. Women with these challenges should seek medical advice and counselling services. Adaptability is advisable. This study will be of benefit to Pastors, counsellors, couples, psychologists, sociologists, families, education policy makers and governmental and non-governmental organization as all will have a role to play in helping women adjust to this phase in life and guide them accordingly. There is therefore need for proper establishment and training of medical personnel, psychologist and guidance counselors on the need to re-orient women on the issues of midlife crises.

Recommendations

- Physical exercise promotes physiological wellbeing.
- Good nutrition balanced diet and healthy lifestyle such as avoidance of smoking and weight gain can be of benefit to the women.
- Seeking social support, talking the problem over with others about their experiences, socializing is associated with lower stress.
- Workshops, seminars to teach women to control their reactions through techniques such as relaxation, mediation, biofeedback, cutting down on work, taking breaks, vacations, music and medication may help to sustain one's physical and mental health.
- Regular medical check-ups are encouraged because it may help alert an underlying problem.
- Women should view the midlife phase as normal and part of life processes, hence they should be in control of their emotion as challenges are expected.
- Sharing experiences with others can help relieve one from emotional trauma.
- Adequate polices should be enacted in our tertiary institution to help alleviate the challenges of mid-life crises among women.
- Governments should establish clinical psychological and counselling laboratories in the institution of higher learning to help women that are experiencing trauma and challenges as a result of midlife crises overcome them.

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