



Duration of Widowhood and Perceived Social Support as Predictors of Psychological Wellbeing among the Widowed

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Abstract. The study examined duration of widowhood and perceived social support as predictors of psychological wellbeing among the widowed. A sample of 425 participants drawn for the study with 147 males and 278 females with ages ranging from 20 to 85 years using purposive sampling technique. In the course of this study, three (3) hypotheses were tested using Analysis of Variance. Finding of hypothesis one (1) indicated that duration of widowhood did not significantly predicts the psychological wellbeing of the widowed, means, 13.78 ($SE = .29$), 14.32 ($SE = .90$), 17.10 ($SE = 1.73$), $F(2, 413) = 1.912$, $p = .149$. $\eta^2 = .009$. It means the psychological wellbeing of the widowed cannot be predicted by duration of widowhood. Result of hypothesis two (2) revealed that perceived social support did not significantly predicts the psychological wellbeing of participants, means, 13.88 ($SE = 1.10$), 16.26 ($SE = .73$), $F(1, 413) = 3.277$, $p = .071$. $\eta^2 = .008$. Meaning that the psychological wellbeing of the widowed cannot be predicted by perceived social support. Finding of hypothesis three (3) showed a significant interaction effect of widowhood duration and perceived social support on psychological wellbeing of the widowed, means, 13.92 ($SE = .45$), 13.63 ($SE = .37$), 11.96 ($SE = 1.56$), 16.68 ($SE = .91$), 15.75 ($SE = 2.86$), 18.46 ($SE = 1.95$), $F(2, 413) = 3.743$, $p = .024$. $\eta^2 = .018$. This means the psychological wellbeing of the widowed can be predicted by the interaction of widowhood duration and perceived social support.

Keywords: Duration of Widowhood, Perceived Social Support, Predictors, Psychological Wellbeing, Widowed.

1. Introduction

Duration of widowhood and perceived social support might play significant roles and influences in the prediction of psychological wellbeing especially among the widowed. This is due to the fact that the perception of widowhood experienced by widowed are not the same, the duration of widowhood experienced in life varies, and the perception of social support received by the widowed also varies. Widowhood is one of the most deeply distressing life events experienced by adults, which becomes more likely as people age or grow older. It is a catastrophic event at any stage of life for the surviving partner (widowed) with serious repercussions on their physical, economical, and emotional wellbeing, particularly in the first year of the loss of a spouse or in some cases for a longer term (Srivastava et al., 2021). It should be noted that widowhood is not a stage or event that occurs only at older age, but can also occur at younger ages. Widowhood represents a decline in health both physically and psychologically due to study which demonstrated that at least in the short-term, the death of a spouse causes lowered levels of psychological wellbeing (Soulsby & Bennett, 2012). The death of a spouse has immediate and longer-term consequences for many aspects of life of the widowed including his/her health and psychological wellbeing. Widowhood as a distressful life experience is associated with loneliness, and may

results to poor level of psychological wellbeing (Yang & Gu, 2021).

Widowhood can be seen as a status on one hand and a process on the other hand. Widowhood is a concept described as a status given to the woman that has not married after the demise of her spouse and thus the role of husband is lost and the identity changed from a wife to a widow. On the other hand, the status of widowhood is given to the man who has not married after the death of his one and only wife and therefore the role of spouse is lost, the identity changed from a husband to a widower (DeMichele, 2009). Perceived social support is one of the most important attributes that have received attention of researchers and is also a vital factor in adjustment to bereavement on the emotional and mental health of the widowed (Hewitt et al., 2010). The widowed are in need of social support from family, friends, neighbours, colleagues, and bereaved peers as a particular type of social support (Field & Schuldberg, 2011). Therefore, the widowed are in a high need of social support networks to enable them cope with tasks and responsibilities (Oniye, 2004). The perceived social support by family and friends should reduce the emotional and psychological distress of widowhood experience (Stroebe et al., 2010). Furthermore, psychological wellbeing is conceptualised as level of psychological happiness or health of individual which includes satisfaction of life and feeling of accomplishment. It is all about lives going well and the combination of feeling good and effective functioning. Psychological wellbeing is a core element of mental health (Tang et al., 2019). According to Ryff (1989), psychological wellbeing comprised of autonomy, environmental mastery, positive relationships with other people, personal growth and development, self-acceptance, and feeling of purpose in life. Huppert (2009) confirmed that psychological wellbeing is compromised when negative emotions are extreme and interfere with the ability of person to function in daily life.

The psychological well-being can be predicted by duration of widowhood alone, perceived social support alone, or combination of widowhood duration and perceived social support. There are empirical evidences indicating that widowhood can predict the psychological wellbeing of participants. One of such evidences is that of Momtaz et al. (2009) who reported that widowhood duration significantly affects the psychological well-being of the widowed. Srivastava et al. (2021) also revealed association between widowhood and psychological well-being of the widowed. Even perceived social support can have significant effect on the psychological wellbeing

based on some evidences. One of such evidences is that of Okawa et al. (2011) who confirmed that perceived social support has positive relationship with the psychological well-being of participants. Onuoha and Akintola (2018) found direct influence of perceived social support on psychological well-being dimensions among a sample of participants. In addition, Talwar et al. (2013) indicated that generally perceived social support has been found to promote psychological well-being of participants. Adyani et al. (2019) posited that increase in the level of perceived social support results to increase in the level of psychological wellbeing. More so, there are also empirical evidences revealing that widowhood and perceived social support have significant effect on the psychological wellbeing of the widowed. One of such evidences is that of Thuen et al. (2009) who confirmed that long-term widowhood had effect on psychological well-being of the widowed, and perceived social support of the oldest groups of the elderly participants.

1.1 Statement of Problem

With increase in population rate in the world, there is also increase in death rate. It has been observed that circumstances like accidents, diseases, natural disasters, old age, insurgency, communal clashes and the like lead to increase in death rates. The death of married people due to any of these circumstances has led their surviving spouses or partners in a stressful life experience referred to as widowhood. Despite the overwhelming hospital records and practical evidences revealing increased death rate with corresponding widowhood increase in Nigeria, there seems to be dearth of empirical studies in Nigeria on duration of widowhood and perceived social support as predictors of psychological wellbeing among the widowed. The problem identified for study is therefore to investigate whether the psychological wellbeing of the widowed can be predicted by duration of widowhood alone, perceived social support alone or the combination of widowhood duration and perceived social support.

1.2 Aim and Objectives

The study aimed at examining duration of widowhood and perceived social support as predictors of psychological wellbeing among the widowed. Specific objectives of the study are:

- To determine whether the widowed in late duration of widowhood would experience better psychological wellbeing compare with

those widowed in early and mid-durations of widowhood.

- To investigate whether the widowed who experience high level of perceived social support would likely exhibit higher levels of psychological wellbeing compare with those widowed with low level of perceived social support.
- To find out whether there would be a significant interaction effect of duration of widowhood and perceived social support on the psychological wellbeing of the widowed.

1.3 Hypotheses

The following hypotheses were tested in the study:

- Widowed in late duration of widowhood would likely experience better psychological wellbeing compare with those widowed in early and mid-durations of widowhood.
- Widowed participants who experience high level of perceived social support would likely exhibit higher levels of psychological wellbeing compare with those widowed participants with low level of perceived social support.

There would likely be a significant interaction effect of duration of widowhood and perceived social support on the psychological wellbeing of the widowed.

2. Research Methodology

2.1 Design

The study which sets to examine duration of widowhood and perceived social support (as independent variables) on psychological well-being (as dependent variable) used a factorial design, particularly a 3x2 factorial design. The choice of factorial design in this case is informed by the fact that there are two independent variables (IVs) and each have at least two levels. Thus, IV1 (Duration of Widowhood) has three levels (short term, mid-term, and long term), while IV2 (Perceived Social Support) has two levels (high and low).

2.2 Participants

A sample of 425 widowed from Northern Senatorial Zone of Plateau State in Nigeria were drawn for the study using purposive sampling technique. In terms of gender, 147(34.6%) were males while 278 (65.4%) were females. Among the participants, 183 (43.1%) were 40-59 years, whereas 158 (37.2%) and 84

(19.8%) were 20-29 years and 60-85 years respectively. Based on widowhood duration, majority 354 (83.3%) were at early widowhood duration, 59 (13.9%) at mid-widowhood duration and 12 (2.8%) at late widowhood duration. Among them, 149 (35.1%) were civil servants, 181 (42.6%) were into businesses and farming, 23 (5.4%) were retirees, while 17 (4.0%) and 55 (12.9%) were students or applicants and dependants respectively. Among the participants, 185 (43.5%) had 0-3 children, 183 (43.1%) had 4-6 children and only 57 (13.4%) had 7 children and above. Based on employment status, majority 329 (77.4%) were employed whereas only 96 (22.6%) were not employed.

2.3 Sampling Technique

Purposive sampling technique was employed by the researchers to select participants of interest for the study.

2.4 Measures

Multidimensional Scale of Perceived Social Support (MSPSS): Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al. (1988) was employed to collect data on perceived social support. The MSPSS is an instrument consists of 12 items rated on a 7-point Likert-type scale ranging from “very strongly disagree” to “very strongly agree” and made up of three (3) subscales namely family, friends and significant others. MSPSS demonstrates excellent internal consistency and test-retest reliability with Cronbach’s alpha of 0.92 to 0.94 in clinical samples (Zimet et al 1988). In addition, evidence for validity and reliability of the MSPSS as a measure of perceived social support come from several sources with principal components factor analysis confirms distinctions on the basis of the source of support. Finding supports the outcomes of previous studies of the MSPSS (Zimet et al 1988) and even the internal reliability investigation which used Cronbach’s alpha support earlier evaluation of MSPSS reliability (Zimet et al., 1988; Zimet et al.,1990).

The MSPSS has been assessed across different populations and settings and its validity has been established in a few populations were researchers have taken different approaches to validity testing among these populations (Mayo, 2015) and therefore, MSPSS’s stability overtime has been examined using the test-retest procedures. Furthermore, Damilep (2022) used a sample of 165 widowed to determine the validity and reliability of MSPSS in the Nigerian context. The study reported satisfactory internal

consistency and convergent validity for the scale for all the items. In determining the convergent validity of the MSPSS, factor analysis was carried out and results showed factor loading of 0.413 to 0.770 for all the 12 items, revealing a good factor extraction for the instrument. Also, in determining the reliability coefficient of the MSPSS, an internal consistency of the MSPSS indicated that all the 12 items had high Cronbach alpha scores within the range of 0.840 to 0.863 (Damilep, 2022).

The Psychological General Well-Being Index (PGWB-S) Short Version: The Psychological General Well-Being Index (PGWB-S) Short Version, developed by Grossi et al. (2006), consists of 6 items with 6 options each and is used to measure psychological well-being. The PGWB-S has 5 subscales: anxiety, vitality, depressed mood, self-control, and positive well-being. The PGWBI, a 22-item health-related Quality of Life (HRQoL) questionnaire, was also used to measure psychological well-being. Six relevant items were identified statistically from the original questionnaire to create a new summary scale. The internal consistency of the PGWB-S was found to be high, with Cronbach's alpha coefficients ranging from 0.80 to 0.92. Cross-validation in an independent sample of cancer patients confirmed the item selection procedure and the amount of variance explained by the shorter questionnaire. The PGWB-S

demonstrated good validity and acceptability in various Italian settings. The instrument was also validated in Nigeria by Damilep (2022) with satisfactory internal consistency and convergent validity reported for all items. Factor analysis showed construct validity, and the convergent validity was supported by factor loadings ranging from 0.266 to 0.597. In determining the reliability coefficient of the PGWB-S, an internal consistency of the PGWB-S indicated that all the 6 items had higher Cronbach alpha scores within the range of 0.669 to 0.733 (Damilep, 2022).

2.5 Procedure

The researchers sought the consent of all participants, and they were instructed that participation is completely voluntary. The confidentiality of the participants was assured, by informing them that all information provided will be treated confidential and strictly for purpose of research only.

3. Results

3.1 Descriptive Results

The mean, standard error, and 95% confidence interval of psychological wellbeing across duration of widowhood and perceived social support of the study participants are indicated in Tables 1 and 2.

Table 1: Mean, Standard Error, and 95% Confidence Interval of Psychological Wellbeing across Levels of Duration of Widowhood

Duration of widowhood	Mean Wellbeing	psycho.	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
1-10 years	13.78		.29	13.21	14.35
11-20 years	14.32		.90	12.54	16.09
31 years & above	17.10		1.73	13.71	20.50

Table 1 show the mean, standard error, and 95% confidence interval of psychological wellbeing across levels of duration of widowhood. Participants who have been widowed for 1-10 years reported a mean psychological wellbeing score of 13.78 ($SE = 0.29$), those widowed for 11-20 years had a slightly higher mean score of 14.32 ($SE = 0.90$), and widowed for 31 years and above had mean psychological wellbeing score at 17.10 ($SE = 1.73$). The 95% confidence intervals confirm the reliability of these findings, showing a high level of confidence in the observed differences. For participants widowed for 1-10 years, the confidence interval spans from 13.21 to 14.35, for those widowed for 11-20 years, it ranges from 12.54 to 16.09, and for those widowed for 31 years and above, it extends from 13.71 to 20.50.

Table 2: Mean, Standard Error, and 95% Confidence Interval of Psychological Wellbeing across Levels of Perceived Social Support

Perceived social support	Mean Wellbeing	psycho.	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Low	13.88		1.10	11.72	16.03
High	16.26		.73	14.83	17.69

Table 2 reveals the mean, standard error, and 95% confidence interval of psychological wellbeing across levels of perceived social support. Participants reporting low perceived social support displayed a mean psychological wellbeing score of 13.88 ($SE = 1.10$) while those reporting high levels of perceived social support had a mean score of 16.26 ($SE = 0.73$). The 95% confidence intervals provide strong support for these findings, showing a high degree of confidence in the observed differences. For participants with low perceived social support, the confidence interval ranges from 11.72 to 16.03, while for those with high perceived social support, it spans from 14.83 to 17.69.

Mean, Standard Error, and 95% Confidence Interval of Psychological Wellbeing across Widowhood Duration and Perceived Social Support Interactions

The mean, standard error, and 95% confidence interval of psychological wellbeing across widowhood duration and perceived social support interactions of the study participants are indicated in Tables 3.

Table 3: Mean, Standard Error, Lower and Upper Bound Scores of Psychological Wellbeing across Duration of Widowhood and Perceived Social Support Interactions

DW*PSS (Interaction)	Mean Psycho. wellbeing	Std. Error	95% Confidence Interval	
			Lower	Upper
1-10 years*Low	13.92	.45	13.04	14.80
1-10 years*High	13.63	.37	12.91	14.36
11-20 years*Low	11.96	1.56	8.88	15.03
11-20 years*High	16.68	.91	14.90	18.46
≥31 years*Low	15.75	2.86	10.14	21.36
≥31 years*High	18.46	1.95	14.62	22.29

Table 3 provides a comprehensive view of the mean, standard error, lower and upper bound scores of psychological wellbeing across duration of widowhood and perceived social support interactions. Participants who have been widowed for 11-20 years and reported high perceived social support exhibited the highest mean psychological wellbeing score at 16.68 ($SE = 0.91$). Conversely, those widowed for the same duration but reporting low perceived social support had a markedly lower mean score of 11.96 ($SE = 1.56$). Among those widowed for 1-10 years, regardless of perceived social support levels, the mean psychological wellbeing scores were relatively similar, indicating moderate levels of psychological wellbeing. Participants widowed for 31 years and above who reported high perceived social support had the highest mean score at 18.46 ($SE = 1.95$). The 95% confidence intervals affirm the reliability of these findings, reflecting a high level of confidence in the observed variations. In sum, this data illustrates the intricate interplay between the duration of widowhood and perceived social support, revealing distinct patterns in psychological wellbeing mean scores, with the highest mean score seen in those with higher levels of perceived social support and longer-term widowhood.

3.2 Inferential Results

Three (3) hypotheses were tested with the 2-way ANOVA and the results indicated in table 4.

Table 4: ANOVA Summary Table for Widowhood Duration and Perceived Social Support on Psychological wellbeing

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Effect size
Corrected Model	799.440	11	72.676	2.785	.002	.069
Intercept	13704.058	1	13704.058	525.201	.000	.560
Widowhood Duration (WD)	99.770	2	49.885	1.912	.149	.009
Perceived Social Support (PSS)	85.498	1	85.498	3.277	.071	.008
WD* PSS	195.323	2	97.661	3.743	.024	.018
Error	10776.409	413	26.093			
Total	94652.000	425				
Corrected Total	11575.849	424				

Table 4 ANOVA results for the hypotheses tested. Findings of hypothesis one indicated that participants in late widowhood duration did not significantly experience better psychological wellbeing compared with those in early and mid-widowhood durations, means, 13.78 ($SE = .29$), 14.32 ($SE = .90$), 17.10 ($SE = 1.73$), $F(2, 413) = 1.912$, $p = .149$. $\eta^2 = .009$.

The results of hypothesis two showed that widowed participants who experienced high level of perceived social support did not significantly exhibit higher levels of psychological wellbeing compared with those with low level of perceived social support, means, 13.88 ($SE = 1.10$), 16.26 ($SE = .73$), $F(1, 413) = 3.277$, $p = .071$. $\eta^2 = .008$.

The results of hypothesis three revealed that there is a significant interaction effect of duration of widowhood and perceived social support on psychological wellbeing among the study participants, means, 13.92 ($SE = .45$), 13.63 ($SE = .37$), 11.96 ($SE = 1.56$), 16.68 ($SE = .91$), 15.75 ($SE = 2.86$), 18.46 ($SE = 1.95$), $F(2, 413) = 3.743$, $p = .024$. $\eta^2 = .018$.

4. Discussion of the Findings

This study aimed at examining widowhood duration and perceived social support on the psychological wellbeing among the widowed. Results of hypothesis one showed that widowed in late widowhood duration did not significantly experience better psychological wellbeing compared with those in early and mid-widowhood durations. Meaning that psychological well-being of the widowed cannot be predicted by duration of widowhood. This is in line with the findings of Nwanozie (2023) which indicated that widowhood did not have significant impact on the psychological wellbeing of widowed women. Wilcox, et al. (2003) reported poor psychological well-being among widowed women, and also found that recent widowed women experienced low psychological well-being while longer term widowed women revealed stability and slight improvement in psychological well-being.

Adena et al. (2023) discovered a sharp decline in the level of psychological wellbeing of the widowed, with slow partial recovery of psychological wellbeing by the widowed after a period of five years. McGloshen and O'Bryant (1988) reported that widowhood had positive effect on the widowed women due to religious involvement, number of siblings, and support from their children and families, while negative effect of widowhood was reported for the widowed women due to the death of their husbands and other deaths. O'Rourke (2004) confirmed that despite older widowed women often experience considerable level of poor psychological well-being immediately after they loss their husbands, but majority of them adjusts over time due to psychological resilience or hardiness. In addition, Pena-Longobardo and Oliva-Moreno (2021) posited that widowed in the short-term widowhood duration reported worse psychological well-being compared

with the widowed in the medium-term widowhood duration.

Findings of hypothesis two indicated that widowed who experienced high level of perceived social support did not significantly exhibit higher levels of psychological wellbeing compared with those widowed with low level of perceived social support. Meaning that perceived social support cannot predict psychological well-being of the widowed. This is contrary to the view of Adyani et al. (2019) which revealed that increase in the level of perceived social support results to increase in the level of psychological well-being and vice versa. Furthermore, Okawa et al. (2011) asserted that perceived social support has positive relationship with psychological well-being. Batool and Ahmed (2014) also reported that perceived social support is a significant determinant of psychological well-being. Even Damilep et al. (2021) confirmed that perceived social support had significant effect on the psychological well-being. Li et al. (2021) reported that greater level of perceived social support is related to greater level of psychological well-being. Kalpana (2016) revealed that perceived social support has a significant positive correlation with the psychological well-being. Damilep et al. (2022) indicated that perceived social support had significant impact on the psychological well-being of participants.

The results of hypothesis three showed that there was a significant interaction effect of duration of widowhood and perceived social support on psychological wellbeing among the participants. This is related to Lubben (2010) study which reported that perceived social support significantly have influence on psychological wellbeing of the widowed irrespective of the duration of widowhood. Furthermore, Rafieei (2013) posited that middle-aged widowed showed higher level of motivation through perceived social support and positive psychological wellbeing compared to retired widowed who are old. Also, Anugwom (2011) discovered relationship among widowhood experience, perceived social support and psychological wellbeing among participants.

5. Conclusion

In conclusion, researchers in this study posit that the psychological wellbeing of the widowed cannot be predicted by duration of widowhood. This implies that duration of widowhood will not have significant effect on the psychological wellbeing of the widowed. Meaning that widowed might had

experienced the same psychological wellbeing irrespective of duration of the widowhood. This is because it was discovered in the study that duration of widowhood did not significantly had effect on the psychological wellbeing of the widowed. Similarly, the study asserts that the psychological wellbeing of the widowed cannot be predicted by perceived social support. This means perceived social support will not have significant effect on the psychological wellbeing of the widowed. It is an indication that high or low perceived social support cannot predict psychological wellbeing of the widowed. However, the psychological wellbeing of the widowed can only be determined by the interaction of duration of widowhood and perceived social support. This is due to the fact that there was a significant interaction effect of duration of widowhood and perceived social support on the psychological wellbeing of the widowed. Meaning that the psychological wellbeing of the widowed cannot be influenced by duration of widowhood alone or perceived social support alone but can be influenced by the interaction of both duration of widowhood and perceived social support.

6. Recommendations

Government at all levels should establish special services unit to provide social support to the widowed irrespective of the duration of widowhood. Legislative law should be in place to provide social support to all the widowed without considering their durations of widowhood.

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