



## Prevalence and Predictors of Psychache among Widows in Imo State, Nigeria

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### Abstract

*Widowhood has been ranked by widows as the most stressful and devastating life events. In order to understand how widows survive and manage intense psychological pain, this study was geared towards identifying if there is prevalence of psychache among widows. The study also aimed at identifying if social support can reduce psychache among widows as well as identify roles length of widowhood, age at husband's death and number of children play on their psychache. Participants for the study comprised of 472 widows with age range of 25 to 79 (M= 58.52, SD=12.73) drawn from the three geo-political zones of Imo State. The widows were drawn from rural and semi-urban areas through convenience and snowball sampling techniques. The Psychache scale and Multidimensional Scale of Perceived Social Support (with demographic section) were employed for data collection. Cross-sectional survey design and Hierarchical Multiple Regression Analysis were employed. Result revealed a significant prevalence of psychache. Social support, length of widowhood and age at husband's death had significant inverse relationship with psychache- the higher the perceived social support, longer the length of widowhood and higher the age at husband's death respectively, the lower psychache among widows in Imo State. However, number of children was not significant predictor of psychache among widows in Imo State. It was recommended inter-alia that the government should create better welfare programmes that will support and ameliorate the plights of widows, especially among younger widows and during early widowhood.*

*Keywords: Family Support, Psychache, Social Support, Widows, Nigeria*

### Introduction

One of the most vulnerable groups of people that has been a subject of discussion globally are women and in particular, widows. According to the Loomba Foundation's World Widows Report (2015), there are an estimated 258,481,056 widows globally with 584,574,358 children (including adult children). The report also states that the number has grown by 9 percent since 2010, partly because of conflicts and disease, also one in seven widows globally is living in extreme poverty.

Widowhood occurs when a man/woman loses his/her spouse through death or permanent absence. Oreh (2006) observed that widowhood involves a physical break in the family relationship and it is ranked by widows as the most stressful and devastating event in life. The experience during

widowhood as well as widowhood practices differ for men and women. In Nigeria especially among the Igbos, widowhood practice is exclusively preserved for widows not widowers. According to Agumagu (2007), a widower has no traditionally laid down laws governing his mourning rites. For most widows, it is a period of psychological, social, physical and emotional torture, thus making adjustment for these women difficult.

Some of the widowhood practices observed by widows include: Ritual Seclusion (Ino na nso), Programmed Wailing, Sitting on the floor, Sleeping or sitting next to the corpse, Oath ritual, Shaving of hair, Forced to take a bath on her husband's grave, Stipulated period of mourning, eating from broken plates, etc. some widows are denied access to their husbands' properties and inheritance (regardless of the number of children the widow is left to carter for) but especially when surviving children are all females or quite young.

The UN declaration of human rights *inter alia*, has it that "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment". This declaration has constantly been violated through the above mentioned widowhood practices. It is against this backdrop that the UN General Assembly (A/RES/65/189) declared 23rd June of every year as International Widows' Day, the essence being to create awareness on the plights of widows of all ages and across regions and cultures.

According to the Global Fund for widows, there are more than 500 million children of widows worldwide who are deprived of schooling, health care and proper nutrition because their mothers cannot afford to provide for them. There is no-gain-saying the fact that these challenges widows face will affect their overall psychological and social wellbeing and in particular their psychache.

Shneidman (1993) defined psychache as an acute state of intense psychological pain associated with feelings of shame, humiliation, hurt, anguish, despair, loneliness, fear and dread. It is a painful inner experience of negative emotions Shneidman (1999a). Researchers have reported that psychache is a significant and unique predictor for various suicide criteria, including suicidal ideation and suicide attempt, even after being controlled for effects of depression and hopelessness (DeLisle & Holden, 2009, Patterson & Holden, 2012, Troister & Holden, 2010).

Social support a widow receives can cushion the likelihood of experiencing psychache. Perceived social supports (Mustanski & Liu, 2013; Liu & Mustanski, 2012; Reisner et al., 2014), and

supportive social environments (Hatzenbuehler, 2011) have been associated with decreased suicidal ideation or attempts. Thus, if widows perceive or receive support (both tangible and non tangible support) they would be less likely to experience this intense psychological pain (psychache).

### **Statement of problem**

Prior to 2017, Nigeria has ranked fairly in the World Happiness Reports. For example, in 2016, it ranked 78th in the world and 2nd in Africa on the World Happiness report. Surprisingly, the country dropped to 103rd and 6th positions in the 2017 World Happiness report (Helliwell, Layard & Sach, 2017). There is no doubt about the validity and reliability of this report for the general population because of the heightened level of hardship in the nation, however, it is expected that condition would be worse for women who were and those who recently became widows. According to the World Health Organization (WHO), approximately one million people die by suicide every year, and for everyone who dies by suicide, about 20 more have attempted suicide. Since suicide ideation precedes suicide, it therefore becomes imperative to x-ray the likely factors that can lead to suicide ideas among widows with a view to preventing such. Regardless of the role of the media and human right organizations, widowhood practices are still prevalent in some parts of Nigeria. This study will bring to lime light the extent of psychological pains these women experience.

Among the Ibos, marriage to a large extent is perceived as a symbol of success, but in the event of the death of a husband, the widow is moved from the category of success to loss. According to Stillion (1998) the death of a husband reduces the social status of the widow which could affect their self-esteem (especially the less educated). This loss could increase their physical and emotional pain particularly because of its impact on their socio-economic status of the widows. Most widows especially those who were economically dependent on their husbands become “a little poorer” at the death of their husbands especially when the offspring of such relationships are still young and dependent. The economic status of these women quickly spiral down to that of the less privileged because they become automatically dependent on their relatives and the society’s support. Where this social support is lacking or conditionally available, widows might become victims of psychache. There is also paucity of study on the experience of psychache among

widows, as well as its predictors. Most of the researches done focused on suicidal behaviour or ideation; it therefore becomes imperative to fill this gap in literature.

It is against this backdrop that this study examines if there is prevalence of psychache among widows and if social support, length of widowhood, age at husband's death and number of children predict psychache.

### **Hypotheses**

1. There is a statistically significant prevalence of psychache among widows in Imo State
2. Social support negatively predicts psychache among widows in Imo State
3. Length of widowhood negatively predicts psychache among widows in Imo State
4. Age at husband's death negatively predicts psychache among widows in Imo State
5. Number of children significantly predicts psychache among widows in Imo State

### **Method**

#### **Participants**

The participants for this study comprised of about 473 widows drawn from Imo State. Imo state is located in the South-East of Nigeria and has a population of over 4 million. The state comprises of three geo-political zones- Owerri, Orlu and Okigwe. Three communities were randomly sampled from each of the zones, giving a total 9 communities. The widows (participants) were drawn through Convenience and Snowball sampling techniques. The table below gives a description of the participants.

Table 1; Demographic distribution of the participants

Variables	minimum	maximum	mean
Age	25	79	59.76
Age at husband's death	15	76	46.58
Length of Widowhood	1	46	13.03
No. of Children	00	11	5.04

  

Educational Qualification	Frequency	Percentage (%)
No Formal Edu.	101	21.3
Primary	257	54.2
Secondary	79	16.7
Tertiary	36	7.6

**Materials:**

Two instruments with demographic section were used in this study. Namely: Psychache Scale (PAS) and Multidimensional Scale of Perceived Social Support.

The Psychache Scale was developed by Holden, Metha, Cunningham and Mcleod (2001). It is a 13 item inventory that measures intense feeling of psychological pain. It is a five point Likert scale with response options ranging from 1- 'Strongly disagree' to 5- 'Strongly agree'. Some of the items state 'I feel psychological pain', 'My soul aches', 'my pain is making me fall apart'. Holden *et.al* (2001) obtained a Cronbach's alpha reliability of .92 while Orieka (2004) obtained a 2-week test-retest coefficient of .41. Orieka obtained the norm for Nigerian sample which are: 33.29 (males, n=80), 28.04 (females, n=80) and 30.66 (n=160) for both males and females. Scores equal to or above the norm imply manifestation of Psychache while scores lower than the norm indicate the absence of psychache. The researchers obtained a reliability Cronbach's alpha reliability of .88 and a norm of 36.87 (n=71) among widows.

The second scale - Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet Dahlem, Zimet , and Farley (1988) is a 12- item likert inventory. It has seven response choices ranging from Very Strongly Disagree (1) to Very Strongly agree (7). Sample items include: 'There is a special person who is around when I am in need', 'I can talk about my problems with my family', 'My friends really try to help me'. The scale has three subscales: Significant Other Subscale (items 1, 2, 5, & 10). Family Subscale (items 3, 4, 8, & 11), and Friends Subscale (items 6, 7, 9, & 12). In this study, the total scale will be employed. The mean score of the total scale is obtained by summing across all 12 items, then divide by 12. Higher scores indicate greater perceived social support. Previous research has shown the MSPSS to have strong internal consistency ( $\alpha = .88$ ) for the overall scale and high subscale alphas (.85–.91), in addition to good construct validity (Zimet, Dahlem, Zimet, & Farley, 1988). The overall scale was employed. The researchers reported a reliability of .85 and a norm of 44.33 (n=72) for the overall scale. The demographic section in the scale assessed the widows present age, age at husband's death, length of widowhood, number of children, educational level and occupation.

All instruments were translated to Igbo language to accommodate the participants who do not understand English language. The Igbo versions of the scales were also re-validated and Cronbach alpha reliability of .74 and .87 for the social support and psychache scales respectively.

### **Procedure:**

A cover letter introducing the researchers and the aim of their study was attached to each questionnaire distributed to the participants. The widows in the sampled communities were met during their annual August women meeting. With the help of the chairpersons of the women, the widows were identified. After explaining the purpose of the study, the instruments were distributed to the willing participants. The researchers and their assistants provided assistance where necessary. Some of the widows not present at the meetings were located at their homes with the help of their fellow widows (snow balling). The participants were appreciated for their involvement in the research. Out of a total of 545 questionnaires distributed and returned, 36 (6.61%) were discarded for incomplete responses remaining 509 (93.39%). However, only 474 (93.12%) were found suitable after data screening, and were subsequently used.

### **Ethical Consideration.**

**Debriefing:** Every participant was briefly informed of the purpose of the research.

**Anonymity:** In order to protect the identity of the clients, information that would be considered personal identifiers (e.g. Names, name of deceased husband, family name and children names) were not collected.

**Confidentiality:** Participants were assured of that their responses would be protected from any form of leakage, exposure and use for any other purpose other than as source of information in this research.

**Maleficence:** None of the participants was coaxed to participate in the study. Also, researchers ensured that participating in the study did not in any way pose psychological, physical or social harm to the participants.

### **Design and Statistics**

Cross-sectional survey design was employed because a sample of a large population was studied. Two statistics will be employed, namely: Chi square and Standard Multiple Regression Analysis. The Chi square statistics was utilized to test hypotheses I. The data generated were converted to a nominal data to enable the chi-square statistics. Hypotheses 2, 3, 4, and 5, were tested with standard multiple regression analysis so as to find out the predictive impacts of social support, length of widowhood, age at husband's death and number of children on psychache respectively.



## Result

**Table 2: Chi square table showing prevalence of psychache among widows**

	Frequency	Percent	X <sup>2</sup>	Sig.
Presence of Psychache	334	70.5	79.401	.000
Absence of Psychache	140	29.5		
<b>Total</b>	<b>474</b>	<b>100</b>		

To test for the prevalence of psychache, the psychache scores were categorized into presence of psychache and absence of psychache based on the norm of the psychache scale. Scores equal to 28.04 or above indicate presence of psychache among females while score below is an indication of absence of psychache. The result therefore revealed a significant prevalence of psychache among the widows ( $\chi^2(474) = 79.401, p < .01$ ). a total of 334 widows (70.5%) had psychache while only 140 (29.5%) had no experience of psychache. Thus the first hypothesis is accepted.

**Table 3: Correlation of all variables**

	Psychache	Social Support	Length of Widowhood	Age at Husband's Death	No. of Children
Psychache	1	-.175**	-.046	-.130**	-.084
Social Support		1	-.002	.198**	.069
Length of widowhood			1	-.443**	.050
Age at husband's death				1	.120**
No. of Children					1

The above result shows that psychache negatively and significantly correlated with social support ( $r=-.175$ ,  $p<.01$ ), and age at husband's death ( $r=-.130$ ,  $p<.01$ ) but did not significantly correlate with length of widowhood ( $r=-.046$ ,  $p>.01$ ) and number of children ( $r=-.084$ ,  $p>.05$ ). Social support positively correlated with age at husband's death ( $r=.198$ ,  $p<.01$ ) but did not correlate with length of widowhood ( $r=.002$ ,  $p>.05$ ) and number of children ( $r=.050$ ,  $p>.05$ ). Age at husband's death positively correlated with number of children i.e. the higher the age of the widow at husband's death, the higher the number of children.

**Table 4: Summary result of standard multiple regression analysis of psychache and the criterion variables.**

Model	R <sup>2</sup>	Df	F			
	.053	4(469)	6.55			
				<i>β</i>	<i>t</i>	<i>Sig.</i>
Social Support				-.143	-3.109	.002
Length of widowhood				-.107	-2.111	.035
Age at husband's death				-.142	-2.741	.006
No of children				-.052	-1.141	.254

The overall model of the multiple regression analysis was significant ( $R^2=.053$ ,  $F(4,469) = 6.55$ )  $p<.01$ ). Nevertheless, only 5.3% of the variation in psychache is explained. Independently, social support negatively predicted psychache among the widows. ( $\beta=-.143$ ,  $p=.002$ ,  $t=-3.109$ ); this confirms the second hypothesis of the study. Thus, increase in social support leads to a decrease in psychache.

The result also confirms hypothesis three; length of widowhood significantly (negatively) predicted psychache ( $\beta=-.107$ ,  $p=.035$ ,  $t=-2.111$ ). That is, psychache decreases as widowhood progresses (length of widowhood increases).

Similarly, Age at husband's death negatively predicted psychache which upholds hypothesis four ( $\beta=-.142$ ,  $p=.006$ ,  $t=-2.741$ ). This also implies that psychache is lesser with increase in the age of the widow at the time of husband's death.

However, number of children was not a significant predictor of psychache ( $\beta = -.052$ ,  $p = .254$ ,  $t = -1.141$ ). The fifth hypothesis is therefore rejected.

## **Discussion**

This study has several important findings. First, it revealed a prevalence of psychache among widows. This confirms the submission of Shear et al; 2011 that widowhood seems to trigger various health problems. Similarly, Orbach et al; 2003 found that psychological pain which is psychache mediates the relationships between suicide and many other factors, such as depression, hopelessness, helplessness, and questioning of the meaning of life.

The reason for this prevalence is not far-fetched. Marriage binds couples together both physically and psychologically. When this bond is broken, it creates a sense of vacuum. Similarly, the widows in this study were drawn from the rural areas and majority of them are petty traders and who financially depend on their spouses. Therefore, once death occurs, it becomes very difficult for the widows to cope and re-adjust.

The finding is in line with the assertion that increase in social support rendered to widows reduce their experience of psychache. Shneidman, 1993, 1998 and 2005 posited that the negative emotions that give rise to psychache stem from unfulfilled, frustrated, or thwarted psychological needs. Social support when provided cushions the effect of the unfulfilled psychological needs that their spouse would have provided.

It was also found that as length of widowhood increases, psychache decreases. This lends support to Williams et al (2012) assertion that the experience of losing a spouse appears to change over time. The assumption that “time heals every wound” could be true. Widows could learn ways of adjusting to their new status as they progress in widowhood.

Age at husband’s death negatively predicted psychache, meaning that women who were older when their spouses died have lesser psychache. This contradicts the submission that death of a spouse has a negative impact on the health and well-being of older community-dwelling adults (Golden et al., 2009; Williams, Sawyer, & Allman, 2012).

Finally, the finding that number of children is not a significant predictor of psychache contradicts Cheng, Chan, Li and Leug (2014) finding that having no children is significantly associated with depression among old widowed adults. A plausible explanation to this finding is that

### **Implications of the study**

This study has far reaching implications for psychologists, the government, the widows themselves and the society at large. For the psychologists, it gives a firsthand information that widows experience intense psychological pain which should be noted/considered during therapy or counselling of widows.

The study has also highlighted the need for government to provide support to the widows through welfare packages since the study showed that social support reduces psychological pain of widows. The society should (including family/church members and friends) help in ameliorating the plights of widows instead of encouraging unhealthy widowhood practices that will intensify their psychological pain. For the widows, it is important to make them realize that death is inevitable and cannot be reversed. The acceptance of this reality will go a long way to help them adjust to the new reality.

### **Limitations of the study**

Being a cross-sectional survey, this study did not establish cause relationships and could not control extraneous variables especially in the filling of the research instruments. However, the random selection of the communities for the study which cuts across all the zones in Imo State will make up for any short fall in responses. Nevertheless, caution should be exercised when making generalizations from the finding of this work.

### **Conclusion**

The prevalence and predictive impacts of social support, length of widowhood, age at husband's death and number of children on psychache were examined among widows in Imo State, Nigeria. The study revealed prevalence of psychache, and that social support, longer length of widowhood and higher age at husband's death were found to inversely predict psychache. It therefore becomes imperative that all effort should be on deck. in helping widows adjust to their new situation instead of compounding their plights through obnoxious widowhood practices.

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