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INFLUENCE OF DEATH ANXIETY AND DEPRESSION ON PSYCHOLOGICAL WELLBEING OF WIDOWS IN IDEMILI NORTH LOCAL GOVERNMENT AREA, ANAMBRA STATE

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Abstract: *The study examined the influence of death anxiety and depression on psychological well being of widows in Idemili North Local Government Area of Anambra State. A total of three hundred and sixteen (316) widows drawn from Idemili North Local Government Area in Anambra State participated in the study. The age of the participants range from 23-78 with mean age of 48.73 and standard deviation of 19.79. Non-probability (snowballing sampling technique) was used in selecting the participants, while probability sampling (simple random sampling techniques) was used for the selection of the towns. Ryff's Psychological Well-being Scale-Short-Form Version, Templer's death anxiety scale (DAS) and Beck Depression Inventory were used to collect data for the study. The study adopted two by two factorial design and Two Way Analysis of Variance was used for data analyses. The analysis of the study indicated that the overall model did not account for psychological wellbeing of widows. Also the first hypothesis which stated there will be significant difference between those with high and low death anxiety on psychological well-being of widows in Idemili North L.G.A and second hypothesis which stated that there will be significant difference between those with severe and those with low depression on psychological well-being of widows in Idemili North L.G.A were both not confirmed at p>.05. In addition, the third hypothesis which stated that there will be significant interaction of death anxiety and depression on psychological well-being of widows in Idemili North L.G.A was not confirmed at (F1, 312) =2.47, p>.05. Based on the findings, the study highlighted the implications, limitations, recommendations and suggestions further studies.*

INTRODUCTION

Background to the Study

Today, widow's psychological well-being has been challenged due to symptomatic severity connected to sudden loss of their husbands. The death of a husband has myriad economic, social and psychological problems and is rated as one of the most stressful life events in women (Ball, 2017; Wilcox, Everson, Aragki, Wassertheil-Smoller, Mouton & Loevinger, 2016). It often causes deprivation of the primary provider of social and emotional support, leads to social isolation occasioned by the absence of a major attachment figure and increases the risk of suicide (Guohua, 2015; Somhlaba & Wait, 2018). More so, is estimated that 20–40% of widowed persons never fully recover (O'Rourke, 2014). And age at widowhood has increased from a median age of around 65 to 72 (Hirst & Corden, 2010). Thirty-one percent of women aged 65-74 are widowed, rising to 80% of women aged 85 and over. Davidson (2010), asserted that a husband's death causes a widow to slide towards chaos (sometimes temporarily and occasionally permanently).

While every age group may experience death of a husband, literature revealed that death of a husband is known to have a profound effect on the well-being of the widow and is an event which provokes important life changes and increase vulnerability of abuse, especially from family members (Bennett, Hughes & Smith, 2015; Somhlaba et al., 2018). This is because some widows experience several losses in a short period of time which may make them to become physically ill after the death of a husband and may suffer many

losses, including financial security (Curtis, 2017; Rando, 2014). Studies also indicated that widows experience lower morale and a higher incidence of mental problems in comparison to married persons (Greene & Sheila, 2017). For example, Maciejewski, Prigerson and Rosenheck (2010), noted that people who are widowed had more problems with depression, chronic illnesses and functional abilities than married individuals. Hence, the study examined the influence of death anxiety and depression on psychological well being of widows in Idemili North Local Government Area, Anambra State.

Psychological wellbeing is described as the quality of a life of a person and it includes what a lay people call "happiness", "peace", "fulfilment" and "life satisfaction". Huppert (2009) opined that psychological wellbeing is about life going well, combination of feeling good and functioning effectively. Psychological wellbeing is however, compromised when negative emotions are extreme or last very long and interferes with a person's ability to function in his or her daily life (Huppert, 2009). Kumar (2006) observed that conceptions of wellbeing are integrally related to how one values the nature of man and what perspective is valued. Further, psychological wellbeing is a broad term that encompasses different psychological functioning such as general health, life satisfaction and attitudes, just to mention a few.

More so, psychological well being is viewed as a state, characterized by acceptance, actualization, contribution, coherence, and integration with others (Ryff & Keyes, 1995). It is defined as an amalgamation of positive affect such as happiness and pleasure (the Hedonic perspective) and functioning with optimal effectiveness in personal and social life and realizing one's potentials (the Eudomonic perspective) (Deci & Ryan, 2008). It is also defined as a proactive and intentional aspect of one's life consisting of autonomy, self-acceptance and mastery, and personality characteristics such as curiosity, integrity, spirituality, and forgiveness (Ryan & Deci, 2000; Seligman, 2002, 2011).

Ryff (1989), categorized psychological wellbeing into six dimensions, namely, autonomy, personal growth, self-acceptance, life purpose, mastery, and positive relatedness. According to him, Self-acceptance means to have a realistic perception of one comprising of both positives and negative, and still be able to accept oneself. Positive relations with others mean to be able to form sound, warm, caring relationships with others; it is the capability to develop intimacy and to show empathy towards others. Autonomy is the capability to make one's own decisions without relying on, or waiting for, the other's approval; the ability to assess oneself according to one's own beliefs and not the other's beliefs. Environmental mastery is the capability to manage and mould the environment which aligns with one's needs and values. Purpose in life mean having goals in life and a sense that one's life has purpose and meaning while Personal growth means to continuously grow and develop as a person and maximize one's capabilities. Arguably, research has demonstrated that the widowed experience have link with the levels of psychological wellbeing (Hughes & Waite, 2009; Umberson, Wortman, & Kessler, 2012).

There is evidence to suggest that the negative impact of widow on women psychological wellbeing is complex and some of them may not recover from the traumatic experience over time (Lopata, 2016; Stroebe, Stroebe, & Hansson, 2013; Wilcox et al., 2016). The effects on psychological wellbeing are straightforward. For example, in Bennett's work, there were no decreases in psychological wellbeing problems as a consequence of bereavement, only changes which occurred as a result of increased age. However, in other work, she suggests that there are differences in the patterns of psychological wellbeing as a consequence of widowhood when compared with newly divorced and stable marital status groups.

For example, she noted that there was a dissassociation for wellbeing and welfare service use between baseline and the year following bereavement, while the effect for wellbeing problems occurred later in life (Bennett, 2016). These support those of others who suggest that it is wellbeing behaviours and health maintenance behaviours which are challenged by bereavement. For example, there may be disruptions in eating and sleeping patterns. Moreover, for younger widows bereavement is a non-normative event and, therefore, its effects are less familiar. Interestingly, at younger ages widowhood is associated with a greater decline in physical and psychological wellbeing (Prigerson, Maciejewski, & Rosenheck, 2009; Stroebe & Stroebe, 2017; Wilcox et al., 2013). Off-time widowhood is seen to be the most disruptive since younger

adults are generally less prepared emotionally and practically than older adults to cope with the loss of a spouse (Scannell-Desch, 2013; Stroebe & Stroebe, 2017).

Lopata (2009) and Parkes and Weiss (2013), pointed out that people who are widowed young have been found to present more psychological problems and have fewer friendships than people who are widowed in later life. Studies also noted a higher risk of mental illness, physical illness, and mortality in younger compared to older widows and widowers, and reported higher consultation rates for psychiatric symptoms from widows under 65 (Baler & Golde 2014; Parkes 2014). Having discussed psychological wellbeing, the study will consider the influence of death anxiety on widows psychological well being.

Death anxiety is one of the most important concerns of the upper self, and such anxiety is thought to play an effective role in psychopathology and psychosomatic diseases (Freud, 1992). Carl Jung, on the other hand, suggested that, since the fear of life underlies the anxiety of death, one who fears death is actually afraid of life (Jung, 1997). In general, existentialist philosophers and psychologists have argued that death anxiety is an inevitable anxiety that exists in the depths of individual egos, without reaching the conscious level (Geçtan, 2010). Yalom (2011) argued that the inevitable is not death anxiety, but death itself. He also pointed out that, in order to deal with death anxiety, one must face death, recognize death, and understand death (Yalom, 2011). According to Tanhan (2007), the way in which an individual is able to remove such anxiety is that he/she lives in the presence of death and discovers the meaning of life. Although there are many different concepts, according to some viewpoints, life and death constitute a whole (Akın & Taş, 2015). As Kalaoğlu-Öztürk (2010) pointed-out death is the aim of life and it completes life. Meanwhile, death anxiety has been defined as a multi-dimensional concept.

Death anxiety is defined as an unusual and big fear from death is accompanied with feeling of horror or terror when one thinks the process of death or the things that happen after death (Karakus, Öztürk, Tamam, 2009).The most emphasized aspects have included: fear of uncertainty and loneliness; fear of losing one's relatives; fear of losing one's identity; fear of punishment after death; worry about the ones left behind; fear of losing control; fear of suffering; loss of body; and fear of extinction (Karaca, 2000). However, other studies have shown that the meaning of death for adults can differ from that of children and adolescents. In addition, various concepts, such as one's culture, belief system, and lifestyle, can affect an individual's feelings about death (Sezer & Saya, 2009). Death as the biggest problem and event of life has a complex concept that is accompanied with a lot of physical and psychological symptoms of pain and suffering. Death anxiety is associated with depression, generalized anxiety and suicidal thoughts that all of these lead to reduces a person's performance (Martins & Neil, 2009).

However, there are controversies in the relationship between death anxiety and psychological wellbeing. For example, Soleimani, Lehto, Negarandeh, Bahrami and Nia (2016), noted that death anxiety negatively affect psychological wellbeing. Also, Khaki, Farajzadeh, Dalvand, Moslemi and Gheshlagh (2017), observed that death anxiety reduces psychological wellbeing of widows. On the other hand, Missler, Stroebe, Geurtsen, Mastenbroek, Chmoun and Van Der Houwen (2012), reported that the anxiety of death and fear of a dying process negatively affect a goal in life, self-esteem, and physical well-being of the widows. McKenzie, Brown, Mak and Chamberlain (2017), also pointed out that death anxiety could affect mental health and well-being. Considering that psychological well-being requires understanding the existential challenges of life and conflicts with ontological challenges and widow's people have an existential and mental challenge that life ends, death anxiety is one of the most important ontological and existential challenges of their life (Ryff & Keyes, 1995). Another variable to consider in relation to psychological wellbeing is depression.

Depression is a common mental disorder that is connected with mood disorder, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration (WHO, 2012). Depression is characterised by a persistent feeling of sadness and loss of interest or pleasure in activities that affect a person's thoughts, behaviours, feelings, and sense of wellbeing (American Psychiatric Association, 2013). A person who is depressed usually experiences several of the following symptoms: feelings of sadness, hopelessness and/or pessimism, lowered self-esteem, heightened self-

depreciation, decrease or loss of ability to take pleasure in ordinary activities, reduced energy and vitality, decreased concentration, changes in appetite, weight loss or weight gain, insomnia or hypersomnia, loss of motivation, and recurrent thoughts of suicide (American Psychiatric Association, 2013; Colman, 2006; Sue, Sue & Sue, 2006).

Moreover, depression is a significant contributor to the global burden of disease and affects people in all communities across the world and it is estimated to affect 350 million people are depressed. This becomes a chronic problem often leading to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. At time it leads to suicide and almost 1 million lives are lost yearly due to suicide, which translates to 3000 suicide deaths every day and twenty or more people may attempt to end his or her life (WHO, 2012).

The prevalence rate of depression varies worldwide and their prevalence rates range between 10% and 55% (Khattri, & Nepal, 2006; Sherina, Rampal, & Mustaqim, 2004). Research shows the depression ranges from 34.6% to 77.5% in old age widows. (Weyerer, Mann, & Ames, 2005). Depression in widowhood is associated with significant morbidity, including deficits in a range of cognitive functions and considerable influence on functional impairment, disability, decreased psychological wellbeing, and has a negative effect on the body's recovery from illness, increases the rate of suicide, increases use of health care services and expenses and can result in early death and disturbance in the general state of wellness (Kaplan & Shadock, 2016; Mathur & Sen 2009).

However, studies have indicated that people who are upset, depressed, or anxious describe themselves as unwell (Beiser, 2014; Farmer & Ferraro, 2017). Interestingly, an intense feeling of depression may cause negative psychological wellbeing, which may in turn lead to suicidal ideation among widows. The opposite, however, may be more possible, in the sense that negative psychology wellbeing may affect twofold suicidal behaviour in both an indirect way, due to depression that may cause and in a direct way, due to the fact that life and its difficulties seem ill wellbeing (Fitzpatrick, 2009; Heisel & Flett, 2004; Kang, Shim, Jeon, & Koh, 2009; Krause, 2009; Robak & Griffin, 2000; Yang, Staps, & Hijmans, 2010). Having established the background to the study the next to consider is statement of the problem.

Statement of the Problem

In Nigeria specifically in Igboland, losing a husband in life is known to have profound effects on well-being and is an event which provokes important life changes and increase vulnerability of abuse, especially from family members and umuada and this abuses ranges from shaving of hairs, wearing of black/white clothes, sleeping and sitting on the floor or mat, refrain from bathing for a number of days, being made to swear with husband's corpse, seclusion and denial of husband's right which often causes emotional distress, physical symptoms, compromised health behaviours, potentially disruptive residential relocations and economic strains among widows (Ilozue, 2007; Nwanegbo, 1996; Nzewi, 1981). It also causes deprivation of social and emotional support that leads to social isolation occasioned by the absence of a major attachment figure, which increases the risk of suicide, anxiety, anger, depression, irritability, frustration, over reaction to everyday problems, memory loss and the lack of concentration which makes some of these widows to slide towards chaos (Avison, Ali & Walter 2007; Guohua, 2015; Somhlaba & Wait, 2018). For example, Maciejewski, Prigerson and Rosenheck (2010), noted that people who are widowed had more problems with depression, chronic illnesses, anxiety and functional abilities than married individuals. And also studies indicated that widows experience lower morale and a higher incidence of mental problems in comparison to married persons (Greene & Sheila, 2017). Based on the above enumerated problems it is however imperative to state that there is limited studies in this area in Nigeria and Anambra state in particular to the researcher's best of knowledge. Against this backdrop, this study examined the influence of death anxiety and depression on psychological well being of widows in Idemili North Local Government Area of Anambra State.

Research Questions

The following research questions will guide the study:

1. To what extent would death anxiety significantly influence psychological well being of widows in Idemili North Local Government Area of Anambra State?

2. To what extent would depression significantly influence psychological well being of widows in Idemili North Local Government Area of Anambra State?
3. To what extent would death anxiety and depression have significant interaction effect on psychological well being of widows in Idemili North Local Government Area of Anambra State?

Purpose of the Study

The general purpose of this study was to examine the extent death anxiety and depression would significantly influence psychological well being of widows in Idemili North Local Government Area of Anambra State. ***Specifically, the study sought to::***

1. Examine the extent death anxiety would significantly influence psychological well being of widows in Idemili North Local Government Area of Anambra State.
2. Find out the extent depression would significantly influence psychological well being of widows in Idemili North Local Government Area of Anambra State.
3. Ascertain the extent death anxiety and depression would significantly interact effect on psychological well being of widows in Idemili North Local Government Area of Anambra State.

Significance of the Study

The finding of the study will have professional, theoretical and empirical impact to the body of knowledge and to policy makers. Professionally, the study will aid social psychologists and behavioural scientists in understanding the interplay between widows' psychological wellbeing, death anxiety and depression. Also, it will be an eye opener to these scientists in understanding more about the effect of husband lost on the widows' psychological wellbeing; this will help them in propounding intervention model that will alleviate the traumatic experience of these widows. Theoretically, it will add and enrich theories reviewed in this study like terror management theory that posited that humans are social animals, endowed with consciousness that allows for the awareness of their individuality and morality. This is accomplished, in part, by utilizing psychoanalytic defense mechanisms. This reality provides humankind with a defensive structure that can reduce death anxiety and increase well-being by offering existential meaning, structure, self-esteem, and the promise of symbolic and literal immorality. Empirically, this study will open a body of research in this area.

Operational Definitions of Key Study Terms

Death Anxiety: Refers to the concerns, fears, apprehensions and forebodings of people often have about dying as measured by Templer Death Anxiety Scale (1970).

Depression: Refers to sadness, loss of interest or pleasure, disturbed sleep or appetite, feeling of tiredness and poor concentration and so on as measured by Beck's Depression Inventory 11 (BDI-11).

Psychological Well-Being: Refers to as a positive person's perception of various dimensions of individual and social life, autonomy, positive relationship with others, and dominance over the environment, personal growth, purposefulness in life, and self-compassion as measured by Ryff Psychological Well-being Scale.

LITERATURE REVIEW

The chapter dealt with theoretical review, theoretical framework, conceptual review, empirical review, summary of reviewed literature and hypotheses of the study.

Theoretical Review

Psychological Well Being Theories

Liking, Wanting, Needing by Peterson, Park and Seligman, (2005), Maslow (1943) Davidson (1994)

The Liking, the Needing, and the Wanting theory. First, the Liking theory represents a hedonic focus. The Liking or Hedonic Happiness theory focuses on maximizing pleasure and minimizing pain (Peterson, Park & Seligman, 2005), which was purported by Aristippus who recommended immediate gratification as the path to a meaningful life (Watson, 1895). Hedonic Happiness considers what makes events and life pleasant or unpleasant, interesting or boring, joyous or sorrowful (Kahneman, 1999).

The needing classification of PWB purports that a set of elements that every human needs, regardless of his/her values, is essential to attaining subjective well-being. Maslow (1943) suggested that a hierarchy

existed of five levels of basic needs—starting from physiological needs, safety, love/affection, self-esteem, to self-actualization—that must be satisfied in order, one after another. Wilson (1967) suggested basic universal needs exist; the prompt fulfilment of those needs causes happiness while the needs that are left unfulfilled result in unhappiness.

The third classification is the Wanting Theory, which suggests that psychological well-being is determined by the pursuit of desires or goals. The wanting theory illustrates that the journey (wanting) is more important than the destination (pleasure from fulfilment of the goal). Davidson (1994) distinguished affect gained from pre-goal attainment from that which was received through post-goal attainment. The prior concerns the pleasure gained when working towards the goal while the latter typifies pleasure from achieving the goal. Davidson presented that the most pleasure comes from the progress towards a goal rather than the fleeting feeling of contentment when the prefrontal cortex reduces its activity during the accomplishment of a goal.

Multiply Discrepancy Theory by Wilson (1967)

Wilson (1967) discussed that satisfaction from the fulfilment of needs depends on the degree of expectation and adaptation. Michalos (1985) believed that individuals compare themselves to many standards such as other people, past conditions, ideal levels of satisfaction, and needs or goals. A discrepancy due to an upward comparison (my expectation was better than the actual vacation) results in decreased satisfaction whereas downward comparisons (my expectation was worse than the actual vacation) result in an increase in satisfaction. So relating this theory to this study, it can be said that as experience of anxiety or depression increase the widows' psychological wellbeing may be likely affected.

Top-Down and Bottom-Up Factors by Diener (1984)

Diener (1984) differentiated between top-down and bottom-up factors important to psychological well being. Diener, Suh, Lucas and Smith (1999) described bottom-up factors as external events, situations, and demographics. Veenhoven (1999) explained that average level of happiness in nations means that macro-social factors, such as wealth, freedom, and equality, together this explain 63% of the difference in average happiness and mark off more or less liveable societies. Additionally, Veenhoven (2004) showed that differences in Happy-Life-Years (HLY)—how long and happy people live in a country—can be explained by variations in societal characteristics (e.g. economic development, political democracy, and mutual trust). For instance, Andrews and Withey (1976) revealed that demographic factors (age, sex, income, education, race, marital status) accounted for only about 8% of the variance in PWB. Many researchers have favoured the bottom-up model and have believed that PWB results from a linear additive combination of domain satisfactions such as marriage, work, and health (Andrews et al., 1976; Argyle, 1987; Campbell, Converse & Rodgers, 1976; Headey, Holmstrom & Wearing, 1985).

Researchers pointed out that domain satisfaction could be consequences rather than causes (Costa and McCrae1980; Veenhoven1988). In fact, Diener (1984) claimed that high inter correlations with domain satisfactions could be evidence for a top-down model. In a top-down model, subjective interpretations of events influence PWB as oppose to objective criteria (Bodner, Jacobs, Miles & Tan, 1995). Top-down factors represent individual factors (such as values and goals) that trigger external events that influence well-being (Diener et al.1999). In the top-down model, an individual's disposition filters and interprets specific, lower-order events (Feist et al., 1995). It is important to recognize the integration of these two theories when holistically understanding Psychological well-being (Brief, Butcher, George & Link 1993; Feist et al., 1995)

Death Anxiety Theory

Terror Management Theory by Greenberg, Pyszczynski and Solomon (1986)

Terror Management Theory (Greenberg, Pyszczynski & Solomon 1986) is derived from the work of Becker (1973). Becker asserts that humans are social animals, endowed with consciousness that allows for the awareness of their individuality and morality. This consciousness gives rise to anxiety as humans realize they are helplessly alone in a world where the only certainty is the inevitability of death (Becker, 1973). Because this reality provokes terror, humankind exerts tremendous effort to deny and transcend it (Becker, 1973). This is accomplished, in part, by utilizing psychoanalytic defense mechanisms (Greenberg, Martens,

Jonas, Eisenstadt et al., 2003). Additionally, it is defended against by ingroup formation, turning the "I" into "we" (Yalom, 2008). Individuals' band together to form cultures through a system of shared symbolic interactionism and behavioral rituals that can transcend individual mortality. Humans thus live in a shared symbolic conception of the universe that is culturally created and maintained, and yet is believed to be an absolute representation of reality by individual members of the culture (Solomon et al., 1991). This shared reality provides humankind with a defensive structure that can reduce death anxiety. Culture works to minimize the terror of death by offering existential meaning, structure, self-esteem, and the promise of symbolic and literal immorality (Becker, 1973; Cicirelli, 2006; Solomon, Greenberg & Pyszczynski 1991; Yalom, 1980, 2008).

Terror Management Theory (Greenburg et al, 1986) posits that self-esteem is a basic human need that is obtained by conforming to the norms of the cultural group with which individuals are affiliated (Greenberg, Simon, Pyszczynski, Solomon, & Chatel, 1992). Self-esteem allows individuals to derive a sense of intrinsic value that hinges upon the degree that they meet and uphold the values of their culture (Cicirelli, 2006; Solomon et al., 1991). By being part of, maintaining, and passing on the tenets of their culture, individuals can achieve symbolic immortality by proxy. By deriving self-esteem through conformity to cultural standards, the self becomes transposed onto the culture, which is then passed on to younger generations (Harmon-Jones, Greenberg, Solomon, & Simon, 1997; Pyszczynski, Greenberg & Solomon 1999; Wass & Neimeyer, 1995). Thus, self-esteem becomes the character armor that may protect humankind from the terror of annihilation (Becker, 1973; Harmon-Jones et al., 1997). In addition to providing symbolic immorality, culture provides the promise of literal immortality through religious belief and affiliation. In religion, the problem of death becomes fundamental (Vail Rothschild, Weise, Solomon, Pyszczynski & Greenberg, 2010). Religion offers literal immortality for those who endorse the religious doctrines and teachings, and centralize their behaviour around the determined religious values (Dawkins, 2006; Vail et al., 2010). In essence, Terror Management Theory (Greenburg et al., 1986) posits that humans have two primary mediums through which death anxiety can be denied, assuaged, and transcended. The first is through the erection of psychological defense mechanisms (i.e., denial, suppression, regression, projection, displacement, etc.) and the second is through the affiliation with, and participation in, cultural practices that bolster self-esteem and provide symbolic and/or literal immorality (Becker, 1973; Cicirelli, 2002; Greenberg, Koole & Pyszczynski 2004; Solomon et al., 1991).

Depression Theory

Wendy Treynor Depression Theory by Treynor (2009)

According to Treynor (2009), depression happens when one is trapped in a social setting that rejects the self, on a long-term basis (where one is devalued continually), and this rejection is internalized into self-rejection, winning one rejection from both the self and group—social rejection and self-rejection, respectively. Stated differently, according to Treynor, the cause of depression is as follows: One's state of harmony is disrupted when faced with external conflict (social rejection) for failing to measure up to a group's standard(s). Over time, this social rejection is internalized into self-rejection, where one experiences rejection from both the group and the self, the rejection seems inescapable and depression sets in. In this theory, depression is conceptualized as being the result of long-term conflict (internal and external), where this conflict corresponds to self-rejection and social rejection, respectively, or the dual needs for self-esteem (self-acceptance) and belonging (social acceptance) being unmet, on a long-term basis. The solution to depression offered, therefore, is to end the conflict (get these needs met): Navigate oneself into an unconditionally accepting social environment, so one can internalize this social acceptance into self-acceptance, winning one peace both internally and externally (through self-acceptance and social acceptance—self-esteem and belonging, respectively), ending the conflict, and the depression.

The theory suggests that a lack of self-acceptance lies at the root of depression and that one can heal their own depression if they (a) keep an alert eye to their own emotional state (i.e., identify feelings of shame or depression) and (b) upon identification, take reparative action: undergo a 'social environment' shift and immerse oneself in a new group that is unconditionally accepting (accepts the self, as it is) whether that group is one that exists apart from the self or simply is the self (in meditative solitude). Over time, the

unconditional acceptance experienced in this setting will be internalized, allowing one to achieve self-acceptance, eradicating conflict, eliminating one's depression

Theoretical Framework

Terror Management Theory will serve as theoretical framework guiding the study because the theory united depression, death anxiety and psychological wellbeing based on their assertion that humans are social animals, endowed with consciousness that allows for the awareness of their individuality and morality. This reality provides humankind with a defensive structure that can reduce death anxiety, depression and increase well-being by offering existential meaning, structure, self-esteem, and the promise of symbolic and literal immorality. Because this theory also posited that humans have two primary mediums through which death anxiety can be denied, assuaged, and transcended. The first is through the erection of psychological defense mechanisms (i.e., denial, suppression, regression, projection, displacement, etc.) and the second is through the affiliation with, and participation in, cultural practices that bolster self-esteem and provide symbolic and/or literal immorality (Becker, 1973; Cicirelli, 2002; Greenber et al, 2004; Solomon et al., 1991).

Naturally, individuals' band together to form cultures through a system of shared symbolic interactionism and behavioural rituals that can transcend individual mortality. Moreover, the experience of death of a husband, altered the band together introduced by cultures and have a profound effect on the well-being of the widows and increase vulnerability of abuse, especially from family members and this experience may trigger several losses in a short period of time which may make them to become physically ill and financial insecurity which also bring about lower morale and a higher incidence of mental problems which invariably affect the widows self-esteem followed by anxiety and depressive tendency (Bennett et al., 2015; Curtis, 2017; Greene et al., 2017; Rando, 2014; Somhlaba et al., 2018).

Conceptual Review

Psychological Well-Being

Psychological wellbeing is described as the quality of a life of a person and it includes what a lay people call "happiness", "peace", "fulfilment" and "life satisfaction". Huppert (2009) opines that psychological wellbeing is about life going well, combination of feeling good and functioning effectively. Psychological wellbeing does not require individuals to feel good all the time; the experience of painful emotions (for example, disappointment, failure, grief) is a normal part of life, and being able to manage these negative or painful emotions are essential for long-term wellbeing. Psychological wellbeing is however, compromised when negative emotions are extreme or last very long and interferes with a person's ability to function in his or her daily life (Huppert, 2009).

Etymology of Eudaimonia - Psychological Wellbeing

Eudaimonia is a Greek word commonly translated as well-being or flourishing. Synonyms for eudaimonia are living well or doing well. Ancient eudaimonic philosophers based their concept of well-being to be constituted by virtue and the fulfilment of human capacities (Vittersø, 2016). Whereas the hedonic tradition limited the concept of well-being to the balance of pleasure and pain, the eudaimonic tradition takes virtuous activity to be necessary for well-being as well. While hedonistic philosophers, such as Epicurus and Mill, may make space for virtue as a prerequisite or contributor to well-being, they do not take it to be necessary or essential for well-being (Vittersø, 2016). The eudaimonic tradition of well-being is the principle of self-fulfilment. According to Aristotle (384–322 BCE), well-being can be interpreted as well-living: it is about the actualization of human potential. Therefore, the Aristotelian conception of well-being has more to do with the fulfilment of a person's nature: it aims at reaching one's fullest potential in line with one's deeper principles (Huta & Ryan, 2010). Especially the absence of self-actualization within PWB conceptualization was troubling and gave rise to a new formulation for capturing this construct (Ryff & Singer, 2008). This new formulation for PWB consists of six core dimensions: Self-Acceptance, Positive Relations with Others, Autonomy, Environmental Mastery, Purpose in Life, and Personal Growth. PWB, as proposed by Ryff, is without doubt a result of eudaimonic thinking: it was in her intention to create a measure that captures the eudaimonic line of thought.Therefore both PWB and eudaimonia are predominantly concerned with the development and self-realization of an individual (Ryff & Singer, 2008).

Widows and Psychological Well-Being

Each widow may respond to their husband's death differently. After the death of a husband many widows begin to take more prescription medications for mental health issues (Elwert, & Christakis, 2008). The psychological wellbeing of widows also differs at that point. These widows may become more depressed in widowhood because of lack of strong social support group. Moreover, these women also report a higher rate of happiness in their marriage at time their husband was alive and the death of their husband drastically alter this happiness. At times some these widows may have an easier time adapting to widowhood and be more willing to seek mental help like to do chores, go to church, or help their children (Avis, Brambilla, Donald, Vass & McKinlay, 1991).

Widowhood and its Psychological Aspects

In many developing countries, the exact numbers of widows, ages, social and economic aspects of their lives are unknown. Worldwide, widows comprise significant proportion of all women from 7% to 16% of all adult women (UN Division for the Advancement of Women, 2000). However, in some countries and regions, their proportion is far higher. In developed countries, widowhood is primarily experienced by elderly women, while in developing countries it affects younger women; many of them still rearing children (Ibid). In some regions, girls become widows before reaching adulthood.

More so, women are more likely than men to be widowed for two reasons. First, women live longer than men (a fact highlighted by worldwide data regarding differences in life expectancies of men and women). Moreover, women tend to marry older men, although this gap has been narrowing. Because women live longer and marry older men, their odds of being widowed are much greater than men's (Lee, 2002). Loss of spouse is one of the most negative life events, next only to the loss of a child (Bennett,Smith & Hughes 2005). Ironically, the disorganization and trauma that follow the death of a spouse seem to be greater in women than in men whenever either looses their spouse (Fasoranti &Aruna, 2007). Widowhood is linked with myriad of economic, social and psychological problems, particularly in the first year or so after the death of the spouse. A major problem for both sexes is economic hardship. If the husband was the principal breadwinner, his widow is now deprived of his income and the nucleus of the family is destroyed (Fasoranti et al., 2007).

Many studies (Amoran, Lawoyin & Oni, 2005; Abdallah & Ogbeide, 2002) have concluded that a higher rate of mental illness exists among the widowed than their married counterparts. Even a study conducted by Chen,Bierhals, Prigerson, Kasl, Mazure and Jacobs (1999) concluded that widows had higher mean levels of traumatic grief, depressive and anxiety symptoms (compared to widowers). Another problem associated with widowhood is loneliness. Many widows live by themselves. They suffer the fear of being alone and loss of self-esteem as women, in addition to the many practical problems related to living alone. They feel the loss of personal contact and human association; therefore, they tend to withdraw and become unresponsive (Fasoranti et al., 2007).

The greatest problem in widowhood seem to be emotional even if the marriage is an ugly one, the survivor feels the loss. The role of spouse is lost, social life changes from couple-oriented to association with other single people; and the widowed no longer have the day-in, day-out companionship of the spouse that had become an intrinsic part of their lives. People respond differently to loss and overcome grief in their own time. Frequently, the most difficult time for new widows is after the funeral (Scannell, 2003). Young widows often have no peer group. Compared to older widows, they are generally less prepared emotionally and practically to cope with the loss. Widowhood causes financial stress because a major income source is lost with the death of a husband. There has been controversy as to whether widowhood is a more difficult experience psychologically for men or for women.

Widowhood is generally a greater problem financially for women than men, and economic difficulties can lead to lower psychological well-being. Several studies (e.g., Schuster & Butler, 1989; Thompson, Gallagher, Cover, Galewski & Peterson, 1989; Davar, 1999; Reddy, 2004) have indeed found that widowhood has a greater adverse impact on the psychological well-being of women. Other studies, however

(e.g., Lee, Demaris, Bavin & Sullivan, 2001; Umberson, Wortman & Kessler, 1992; Jason Luoma, Pearson, 2002), have reported stronger effects on men. Still others have found no gender differences at all (Li,Liang, Toler & Shengzu, 2005)

Traumatic Aspects of Widowhood

A large number of studies have been done on the psychiatric aspects after death of the spouse. Zisook and Shuchter (1991) and Niaz and Hassan (2006) concluded that depressive episodes were common after the death of a spouse.Those who experience full depressive syndrome soon after the loss may better be considered to be suffering from depression than bereavement. Zisook et al., (1994) noted that existence of subsyndromal symptomatic depression contribute significantly to morbidity in widows and widowers during the first two years of bereavement. It is hence very important that existence of such entities be kept in mind; and rather than viewing altered behaviour among the bereaved as socially or culturally acceptable, psychological aspects such anxiety as well as substance abuse disorders should be examined (Collins, 1999; Barrett, 2000).

Effects of widowhood on social life

Elderly widows experience changes in their social lives prior to and following the deaths of their spouses. A study conducted by Utz, Carr, Nesse and Wortman (2002), revealed that elderly persons experiencing widowhood spent more time with family and friends than nonwidowed counterparts, based on the lifestyle changes that occur in elderly couples (Boyle, Feng & Raab, 2011). Although widowed subjects were more likely to socialize with family and friends, they were no more likely to visit church or volunteer than the intact couples. This study also found that healthy spouses were reclusive while their significant other was on their deathbed, but due to a network of family and friends; the surviving spouse entered society being more social than had been prior to the death of their husband or wife. Elderly widows were more or less involved socially depending on the amount of support they had from family and friends (Boyle et al., 2011). It has been noted that widows who have a close and supportive social network can counteract the effects of widowhood by remaining active in their social group. The loss of a spouse affects almost every domain of life, and as a consequence has a significant impact on wellbeing: psychological, social, physical, practical, and economic (Wilcox, Evenson, Aragaki, Wassertheil-Smoller, Mouton & Loevinger, 2003). With all of these aspects of a widowed individuals being affected maintaining a sense of normality is important to help avoid depression like symptoms. Social support, as well as creating new lasting relationships through social interaction can help the process of bereavement go smoother for widow affected individuals.

Empirical Review

Psychological Well-Being

Hashmi, Hashmi, Hashmi, Parveen, Kanwal and Haroon (2018) examined "impact of death anxiety and hopelessness on psychological well being among soldiers" that is battling against terrorism in northern regions in locale Bannu. Utilizing information gathered from objective example officers sent in region Bannu. The determination of the test was dependent on the way of thinking of activity Zarb – e-Azab. The study outcomes demonstrate that the death anxiety and hopelessness develops among soldiers because of dread of uncompleted life undertakings. From the investigation of information they reason that death anxiety and hopelessness developed among soldiers was because of the dread of uncompleted life errands. Uncompleted life assignment implies that the majority of the officers need to leave a type of budgetary advantages to their relatives (for example Guardians/life partner/children's). Henceforth, the dread about their relative wishes makes dread about existence, when they are playing out their employments in soldiers influenced territories. The majority of the officers who have a place with urban zones and the individuals who are hitched are influenced from death anxiety. Then again hopelessness is additionally related with psychological well being of deployed soldiers.

In another examination by Adeniyi and Onadiji (2016), they researched the influence of emotional intelligence on psychological well being of undergraduates as well as determined influence of demographic variables on psychological well being of undergraduates. Their investigation used descriptive survey design. The sample comprised of 480 students chose from six chose resources out of the thirteen Faculties in

Obafemi Awolowo University, Ile-Ife, and utilizing convenience sampling technique. Two adopted instruments were "Ryff's Scale of Psychological Well-Being (RSP)" and "Survey on Students' Emotional Intelligence (QSEI)" was utilized to gather data from the undergraduates. The reliability tests of the instruments used were Spearman Brown Coefficients and Spearman Brown Split-half reliability tests for RSP yielded results of 0.81 and 0.90 while that, of QSEI had 0.85 and 0.80. Descriptive statistics and chi-square statistics were utilized to examine the information. The study outcomes demonstrated that 95% of the students had high level of psychological well being. There was a huge impact of levels of emotional intelligence on psychological well being of undergraduates ($\chi 2 = 0.577$ at $p < 0.05$). Moreover, the study indicated that sex at ($\chi 2 = 0.786$; $p < 0.05$) and place of residence at ($\chi 2 = 0.624$ at $p = < 0.05$) had impact on psychological well being of undergraduates. In any case, there was no noteworthy impact of age on psychological well being of undergraduates ($\chi 2 = 0.365$; $p > 0.05$).

Likewise, Ramkisson, Pillay and Sartorius (2016), investigated the prevalence and association of anxiety, depressive features and psychological well-being in patients with Type 2 DM. Utilizing a cross-sectional study, patients with Type 2 DM were selected from open and private offices. The Hospital Anxiety and Depression Scale (HADS), the General Health Questionnaire (GHQ-28) and WHO-5 Well-being Index (WHO-5) were regulated. 400 and one members finished the surveys. On the WHO-5, 277 (69%) announced good well-being, while 124 (31%) demonstrated poor well-being and were considered risk for depressive features. On the HADS, 186 (46%) had mild-to-severe depressive features and 128 (32%) had mild-to-severe anxiety. The result indicated a strong negative correlation between the WHO-5, HADS and General Health Questionnaire (GHQ) scales; this indicated that an increase in anxiety and depressive features decreased psychological well-being.

Further, Vaghela (2015) researched the distinction of psychological well- being, death anxiety, depression between incurable and curable diseases patients. The investigation was led over an example of eighty patients both serious sicknesses patients and treatable ailments patients. psychological well- being scale, death anxiety scale and depression scale were used data generation. Information was investigated utilizing t-test. They confirmed that difference exists in psychological well-being between incurable and curable diseases patients. As regarding the death anxiety in curable diseases patients was not different significantly from that of patients with incurable diseases. Noteworthy contrast is likewise seen between incurable diseases and curable diseases patients as regarding to their level of depression.

What's more, Liu, Shono and Toshinori (2009), researched the relationship of psychological wellbeing with depression and anxiety. Utilizing students from five colleges with populace of 545 with a mean period of 20.1 (SD = 2.2) years. The study outcome demonstrates that each of the six dimensions—autonomy (AU), environment mastery (EM), personal growth (PG), positive relationships with others (PR), purpose in life (PL), and self-acceptance (SA)—of the Scales of Psychological Well-being Inventory (SPWB) negatively correlated with depression and anxiety as measured by the Hospital Anxiety and Depression Scale (HADS). Besides, because of a good fit with the present data, the model of SPWB on sadness and nervousness was steady with the hypothesis of psychological well-being and showed that HADS depression predicted by EM, PR, and SA, while HADS anxiety predicted by AU, EM, PG, PR, and SA.

Death Anxiety and Psychological Well-Being

Varaee, Momeni and Moradi (2018) analyzed the connection between self-compassion and death anxiety with psychological well-being in the older in Kermanshah (Iran). An unmistakable correlational study research was utilized to test 300 older individuals from the Mehregan low maintenance retirement home as members for the investigation. To gather information, Ryff's Psychological Well-being Questionnaire (1989), Short Self-Compassion Forms of Raes et al. (2011), and Templer's Death Anxiety (1970) were utilized. Gathered information was investigated utilizing the Pearson connection coefficient and the stepwise numerous relapse examination. Their outcomes demonstrated that there is a positive and noteworthy connection between self-compassion and psychological well-being ($r = 0.61$) while there is a negative critical connection between psychological well-being and death anxiety ($r = - 0.20$). Their analysis of various relapse examinations utilizing stepwise technique likewise demonstrated that over-identified, self-

kindness, isolation, mindfulness, death anxiety, and self-judgment, in the request for their significance, together are fit for anticipating 57% of the progressions in psychological well-being.

Likewise, Yüksel, Güneş., and Akdağ, (2017) examined the relationship between's individual levels of death anxiety and meaning in life in terms of certain factors, for example, sex, age, instructive status, conjugal status, saw level of devoutness, and observer to death. The example comprised of 185 people (82 guys, 103 females; matured 25–55 years) living in Istanbul, Turkey. They gathered information by utilizing a Personal Information Form, the Death Anxiety Scale, and the Meaning in Life Questionnaire. Their discoveries demonstrated that, as the death anxiety and meaning in life subscale levels expanded, the significance in life levels diminished. Likewise, it was discovered that death anxiety doesn't contrast as indicated by the accompanying factors: age (25–35 and 35–55 years), instructive status, conjugal status, saw strict conviction, and living with somebody. Their outcomes likewise showed that women in general experience more death anxiety than men, and that people who saw the passing of a nearby individual for the most part feel more death anxiety than the individuals who didn't.

What's more, study by Dadfar, Bahrami, Noghabi and Askari (2016) that inspected the connection between religious spiritual well-being and death anxiety among Iranian seniors. Their members were 146 volunteer seniors. Chosen by a helpful inspecting and instruments utilized were Multidimensional Inventory of Religious Spiritual Well-Being (MI RSWB 48) the Arabic Scale of Death Anxiety (ASDA) factors. Their discoveries demonstrated there were no huge relationship between religious spiritual well-being and death anxiety absolute scores. Furthermore, there were noteworthy relationships between Hope Transcendent (HT), and Experiences of Sense and Meaning (SM) subscales of MI RSWB 48.

Then again, Azarian, Aghakhani and Ashuri (2016) explored the connection between death anxiety and attitude towards life in students of Payam-e-Nour University in Rezvanshahr, Iran. Utilizing a cross-sectional examination in the edge ofa correlational structure on an example of 100 understudies (N = 100) at Payam-e-Nour Universityin Rezvanshahr in 2015. So as to choose members in the examination the arbitrary testing strategy was utilized, given the idea of their investigation the technique for information gathering was a review approach, and so as to gather information Templers' Death Anxiety Scale (DAS), Life Attitudes Scale (LAS), and agenda of statistic record were utilized. Likewise, so as to break down the information, the free t-test was utilized for the distinction in the pace of mentality towards life and the Pearson relationship test was utilized for connection between's the factors. Their information investigation demonstrated that there was a noteworthy connection between's the pace of death anxiety and attitude towards life. Also, there was a noteworthy relationship between's students' death anxiety with high attitude and low attitude towards life ($p < 0.05$).

Shukla and Rishi (2014) examined the connections among psychosocial, spiritual well being and death anxiety among advance stage cancer patients so as to improve the guess and personal satisfaction just as diminish their sufferings. By examining well beings and death anxiety, information was gathered from Sample of 80 development organize malignant growth patients, from six elite disease medical clinics of western and focal zones of India. Patients were distinguished as advance stage cancer patients according to clinical subtleties (treatment history, indicative profile and records) and determination was finished by treating specialists of the emergency clinic. The study outcomes were broke down to distinguish the psychological needs of cancer patients. Gotten results were investigated utilizing SPSS for descriptive and variance analysis followed by multiple correlation. Results uncovered negative correlation between psychosocial well being and death anxiety and furthermore same outcomes were found between spiritual well being and death anxiety.

Depression and Psychological Well-Being

Bashir and Shah (2018) inspected the connection among depression and psychological well-being among adolescents who lost their kin to the conflict. The Beck Depression Inventory (second release, 1996) and psychological well-being of Ryff (1995) were utilized to look at depression and psychological well-being individually. Utilizing all out examples of 50 young people from different areas of Kashmir division were contemplated. Pearson's connection coefficient, Regression and T-test were utilized and likewise the

outcomes were assessed. The correlational investigation uncovered that there is a negative relationship amongst depression and psychological well-being. Their relapse investigation uncovered that 45% of fluctuation in psychological well-being can be credited to depression. The similar examination uncovered that there is a critical mean contrast in both psychological well-being and depression regarding sexual orientation. Psychological well-being among immature adolescent's boys was higher than that of juvenile adolescent's girls. To the extent depression is viewed as girls have more depression than that of boys.

In a similar vein, AablaAkhalq and Arshad (2018) inspected the connection between sleep disturbance and depression and its effect on psychological well-being among hostel living students. Utilizing an example of the examination was 400 (200 male and 200 female) hostel living students from University of Gujrat. To gauge rest unsettling influence, melancholy and mental prosperity three institutionalized scales Pre Sleep Arousal Scale (Shahzadi and Ijaz, 2014), Beck Depression Inventory (Beck, 1996) and Ryff Psychological Well-being Scale (Ryff, 1989) were utilized separately. The study outcomes showed noteworthy positive connection between are rest sleep disturbance and depression ($p < .05$). Results likewise showed a critical negative connection among depression and psychological well-being ($p < .05$).

While study by Bassi, Fave, Cetin, Melchiorri, Pozzo and Vescovelli (2017) additionally investigated the impact of parity and childbirth on both women's perinatal depression and psychological well-being in Italy. Utilizing a comfort test of 81 ladies was pursued during pregnancy (Time 1) and baby blues (Time 2). At the multiple times, members finished the Edinburgh Depression Scale and the Psychological Well-being Scales, estimating perceived autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance. The study outcome demonstrates that huge negative connections were seen among depression and psychological well-being dimensions. ANCOVA and blended ANOVA investigations demonstrated that depression levels didn't contrast among primiparous and multiparous ladies, or among pre-and baby blues appraisals. On the other hand, after labor, primiparous ladies revealed higher estimations of environmental mastery and self-acceptance than multiparous women than multiparous ladies. Furthermore, levels of self-acceptance and personal growth expanded from pregnancy to baby blues among primiparous women, while no distinctions were identified after some time in the scores of all the psychological well-being measurements among multiparous women.

Srisailamaiah, Suresh and Srikanth-Reddy (2016), analyzed the mean contrast among depression and psychological well-being among institutionalized and non- institutionalized elderly. To understand the destinations and to test the hypothesis defined, they utilized two instruments to survey misery and mental prosperity The Geriatric despondency Inventory (Holroyd and Clayton, 2000), and Psychological Wellbeing Scale (Bhogley and Prakash, 1995), were utilized on old populace. For motivations behind their investigation, an all out example of 60 were removed from which 30 were (60+ years) old individuals from mature age homes and 30 were (60+ years) from non- institutionalized elderly from Tirupati in Chittoor locale, Andhra Pradesh. 't'- test was applied to check the distinction of gloom and mental prosperity and the Karl-individual 'r' strategy used to check the relationship. The study outcome uncovered huge contrasts in depression and psychological well-being concerning institutionalized and non- institutionalized elderly. Furthermore, their relationship examination among depression and psychological well-being uncovered - 0.68, negative connection.

Dhara and Jogsan (2013) inspected mean difference between adult and aged in depression and psychological well being. Utilizing 60 example that were taken out which 30 were grown-up (20 to 59 years) male and female and 30 were matured (60 years or more) male and female. The examination instrument for depression, Beck depression inventory was utilized. Here Guajarati adaption utilized. For psychological well being, Sudha Bhogle's Psychological well being scale was utilized, interpreted in Gujarati and the t-test was applied to check the distinction of depression and psychological well being and the Karl-individual 'r' strategy used to check the connection. The study outcome uncovers that huge distinction in depression and psychological well being with respect to both adult and aged. While co-connection among depression and psychological well-being uncovers - 0.70 negative relationship.

Summary of the Reviewed Literature

From reviewed literatures: it is obvious that the loss of a husband affects almost every domain of life, and as a consequence has a significant impact on wellbeing of widows: psychological, social, physical, practical, and economic wise and this have triggered depression, anxiety and suicidal ideation among widows. Based on this, the study reviewed five theories and fifteen empirical literatures in relation to the study variables. The first theory the Liking, the Needing, and the Wanting theory. First, the Liking theory which focuses on maximizing pleasure and minimizing pain, while second theory, multiple discrepancy theory asserted that individuals compare themselves to many standards such as other people, past conditions, ideal levels of satisfaction, and needs or goals. Also third theory, Top-down factors represent individual factors (such as values and goals) that trigger external events that influence well-being (Diener et al.1999). In the top-down model, an individual's disposition filters and interprets specific, lower-order events (Feist *et al.*, 1995). Moreover, the fourth theory**,** Terror Management Theory asserted that humans are social animals, endowed with consciousness that allows for the awareness of their individuality and morality. This consciousness gives rise to anxiety as humans realize they are helplessly alone in a world where the only certainty is the inevitability of death. And the fifth theory Wendy Treynor Depression Theory is of the opinion that depression happens when one is trapped in a social setting that rejects the self, on a long-term basis (where one is devalued continually), and this rejection is internalized into self-rejection, winning one rejection from both the self and group—social rejection and self-rejection, respectively. And from the empirical study reviewed their result pointed towards alternate hypotheses hence, the researcher adopted alternate hypotheses in other to find answers to the problem being research upon.

Hypotheses

1. There will be significant difference between those with high and low death anxiety on psychological well-being of widows in Idemili North L.G.A.
2. There will be significant difference between those with severe and low depression on psychological well-being of widows in Idemili North L.G.A.
3. There will be significant interaction of death anxiety and depression on psychological well-being of widows in Idemili North L.G.A.

METHOD

This chapter described the methods that were used in carrying out the study. It includes the participants, instruments, procedure, design and statistics.

Participants

A total of Three hundred and sixteen (316) widows drawn from Idemili North Local Government Area in Anambra State participated in the study. Idemili North is a Local Government Area in Anambra State, south-central Nigeria with ten towns. The towns that make up the local government are Abacha, Abatete, Eziowelle, Ideani, Nkpor, Obosi, Ogidi, Oraukwu, Uke, Umuoji. And in order to select the towns and participants. Simple random sampling technique was used to select the six towns (Abacha, Abatete, Eziowelle, Nkpor, Obosi and Ogidi) under this Local Government Area that served as towns for the study, this is to ensure there is equal participation of the towns while snowballing sampling technique was used to select the participants of this study; this is because the researcher cannot assess the participants except via referrers. The data of the towns shows that 60 (19.0%) of widows are from Abacha, 69 (21.8%) from Abatete, 29 (9.2%) from Eziowelle, 82 (25.9%) from Nkpor, 37 (11.7%) from Obosi and 39 (12.3%) from Ogidi. The age of the participated widows ranges from 23-78 with age mean of 48.73 and standard deviation of 19.79. Their educational level shows that 58 (18.4%) have tertiary education, 148 (46.8%) have secondary education, 45 (14.2%) have primary education while 65 (20.6) have none. Their numbers of years been widows indicated that 42 (13.3%) have been widow for twenty years and above, 172 (54.4%) for nineteen to nine years, while 102 (32.3%) for eight and below.

Instruments

Three instruments were used in the study. The instruments include: Ryff's Psychological Well-being Scale-Short-Form Version by Ryff and Keyes (1995), Templer's death anxiety scale (DAS) by Templer (1970) and Beck Depression Inventory by Beck et al., (1979)

Ryff's Psychological Well-being Scale-Short-Form Version

Ryff's Psychological Well-being Scale-Short-Form Version was developed by Ryff and Keyes (1995). An 18 item Scale, designed measure of psychological well-being that consolidated previous conceptualizations of eudaimonic well-being into a more parsimonious summary. The Ryff's scales of psychological well-being (RPWB) has six components of psychological functioning: a positive attitude toward oneself and one's past life (self-acceptance), high quality, satisfying relationships with others (positive relations with others), a sense of self-determination, independence, and freedom from norms (autonomy), having life goals and a belief that one's life is meaningful (purpose in life), ability to manage life and one's surroundings (environmental mastery), and being open to new experiences as well as having continued personal growth. And each of the subscale has 3-items. The calculated scores of these six factors (i.e., autonomy, positive relationship with others, dominance over the environment, personal growth, purposefulness in life, and self-admission) are calculated as a general score for psychological well-being. The test is a kind of self-assessment tool that is answered in a 6-point continuum from 1 (quite agree) to 6 (completely disagree), a higher score indicating a better psychological well-being. Correlation between the short versions of the scale of the psychological well-being of the Ryff with the main scale was ranged from 0.70 to 0.89. The overall Chronbach's alpha α=0.85.The psychometric properties of the scale have been evaluated and supported by several studies (Clarke, Marshall, Ryff & Wheaton, 2001; Ryff & Keyes, 1995). The subscale intercorrelations was reported (in absolute value) among latent variables—particularly between self-acceptance and purpose in life at 0.976, self-acceptance and environmental mastery at 0.971, and environmental mastery and purpose in life at 0.958. Personal growth also correlated highly with self-acceptance at 0.951, purpose in life at 0.958 and environmental mastery at 0.908. The researcher conducted a pilot test using sixty-two (62) married women in Nkpor metropolis and obtained a Cronbach alpha of .75 for Ryff's overall scale, while the subscales indicated Cronbach alpha of .85 for self-acceptance, .51 for autonomy, .90 for purpose in life, .81 for positive relationship, .74 for environmental mastery and .51 for personal growth and concurrent validity of r=.53 was reported while correlating RPWSFV with Beck Depression Inventory by Beck et al., (1979).

Templer's Death Anxiety Scale (DAS)

This questionnaire was designed by Templer (1970). This questionnaire is a self-report questionnaire consisting of 15 true-false questions. Designed to measure the concerns, fears, apprehensions and forebodings of people often have about dying. The scale five has factor loading: Absolute death anxiety, Fear of patience and pain, Death related thoughts, Time passing and short life and Fear of future. The scale of measuring Templer's death anxiety is a standard questionnaire that has internal consistency of .76 and test-retest of .83. Rajabi and Bohrani (2001) conducted it on 138 students in Ahvaz, and reported its reliability 0.60 and its internal consistency coefficient0.73 (Mohammadi, 2008). Templer (1970) reported 0.83 coefficients for test-retest reliability and 0.76 for internal consistency coefficient (Masoudzade, Setare, Mohamadpour & Kurd, 2008), Sain and Klein have reported Cronbach's alpha coefficients for the three operating factors that were obtained with factorial analysis and Italian edition of this scale, respectively, 0.68, 0.49 and 0.60 (Naderi, Bakhtiarpoor & Shokouhi, 2010). Also, Kelly and Corriveou (1995) reported 0.85 test-retest and 0.73 internal consistency coefficient. Meanwhile, Abdelkhalegh (1991) reported split-half reliability co-efficiency of 0.57 for males and 0.78 for females in Arabic version of DAS. Also Elarja and Abdollah (2005) reported 0.92 Cronbach alpha coefficients in their study. And Adebakin (1990), reported concurrent validity coefficients of .45 and test-rest of .15 by correlating death anxiety scale with fear of personal death scale by Florian and Kravetz (1983). The researcher conducted a pilot test using sixty-two (62) married women in Nkpor metropolis and obtained a Cronbach alpha of .83.

Beck Depression Inventory (BDI-II)

Beck Depression Inventory (BDI-II). Consistent with the original version, BDI-II has 21 Items describing symptoms of depression as specified in the DSM-IV. Each item is scored on a four-point scale ranging from 0 (absent) to 3 (severe). Total scores may range from 0 to 63. Beck Depression Inventory (Beck et al., 1979) is a 21-item self-report questionnaire on which presence and severity of depressive symptoms are assessed. The Cronbach a coefficients for the nonclinical and clinical groups were .90 and .89, respectively. This shows high internal consistency of the BDI-II, which is very similar to the value for clinical (.92) and

nonclinical college samples (.93) reported by Beck *et al.*, (1996). In the nonclinical group test–retest stability of the BDI-II with a 2-week interval was found to be quite high (r5.94; P<.001). The item-total correlations for the nonclinical group ranged from .13 (21 item) to .70 (15th item) and from .32 (16th item) to .68 (1st item) for the clinical group and all were statistically significant (P<.01). Convergent validity of the BDI-II was assessed by its correlation with BDI and BSI Depression subscale in the nonclinical group and was found to be .82 (P<.001) and .67 (P<.001), respectively (Kapci, *et al.*, 2008). These latter results were quite similar to those reported by Beck et al. (1996) for a clinical population. Discriminant validity analyses demonstrated that the correlations between BDI-II-TR and HS (r5.65), BAI (r5.65) and BSI-Hostility subscale (r5.63) were all significant (P<.001). The researcher conducted a pilot test using sixty-two married women in Nkpor metropolis and obtained a Cronbach alpha of .69 and concurrent validity of *r*.=29 while correlating BDI 11 with Templar Death Anxiety by Templer (1970).

Procedure

The participants of this study were made up of all the widows drawn from Idemili North Local Government Area of Anambra State. A combination of simple random sampling techniques and snow balling sampling techniques were used to select to the towns this local government area and the participants for this study. First, the widows were drawn from the towns that make up the local government area. Simple random sampling technique was used to select the six communities (Abacha, Abatete, Eziowelle, Nkpor, Obosi and Ogidi). To select to the towns, the names of the towns were written down in pieces of papers and the towns used in the study picked and selected for the study. This gave a true representation of widows across the local government area.

To select the participants, snowballing techniques was used with letter of introduction from the department and informed consent letter this enabled the researcher to secure the aid of referrers that assisted the researcher in meeting with the widows since the researcher cannot ascertain who is a widow except with help of the referrers from each of the selected towns. After selecting the participants rapport was established with the participants through referrers' aid from each of the selected town and consent was taken from the respondents and the participants were assured that their responses could be kept confidential. They were briefed about the study and that there are no wrong or right answers as per the instructions given in the questionnaire. On the whole 340 questionnaires were administered, while 316 was properly answered. This was subjected to SPSS version 23 for analysis. And the process took the researcher one month and two weeks.

Design and Statistics

The study was a cross sectional research because data was collected using survey method (questionnaire). Cross-sectional surveys are observational surveys, conducted in situations where the researcher intends to collect data from a sample of the target population at a given point in time. Researchers can evaluate various variables at a particular time. Data gathered using this type of survey is from people who depict similarity in all variables except the variables which is considered for research. Whereas two by two factorial design was employed for the study because the objective of the study was to establish significant difference between independent variables (death anxiety and depression) on the dependent variable (psychological well-being) and Two Way Analysis of Variance was used to analyze the hypotheses. Because the study is geared towards ascertaining the influence of variables (IV) to another variable (DV).

RESULTS

The result of the statistical analysis of the data obtained in the study is presented in this section.

Table 1: Summary Table of Descriptive Statistics of the Study Variables.

Death Anxiety	Mean	Std. Deviation	N
High	56.44	10.93	164
Low	56.49	10.41	152
Total	56.46	10.66	316

Depression	Mean	Std. Deviation	N
Severe	57.69	11.10	133
Low	55.57	10.28	183
Total	56.46	10.66	316

Table 2: Summary Table of Two Way Analysis of Variance of the Study Variables.

Source	Type III Sum of Squares	*df*	Mean Square	*F*	Sig.
Corrected Model	631.32[a]	3	210.44	1.866	.135
Death Anxiety	26.38	1	26.38	.234	.629
Depression	397.16	1	397.16	3.521	.062
Death Anxiety * Depression	278.55	1	278.55	2.470	.117
Error	35189.22	312	112.79		
Total	1043216.00	316			

R Squared = .018 (Adjusted R Squared = .008).

Interpretations

Based on the above tables, the corrected model accounted for .18% variance in psychological well being, with (F3, 312) = 1.87, p>.05; R = .018, R2 adjusted = .008. This indicated that the overall model did not account for psychological wellbeing of widows in Idemili North Local Area. While the first hypothesis which stated there will be significant difference between those with high and low death anxiety on psychological well-being of widows in Idemili North L.G.A. was not confirmed at (F1, 312)=.23, p>.05. Also the mean differences and standard deviation within the death anxiety: M=56.44, SD= 10.93 (High) and M=56.49, SD=10.41 (Low), N=316. This means that widows with low death anxiety experience good psychological well being than widows with high death anxiety experience, this because the high the mean, the high the experience of the key study or the problem. The second hypothesis which stated that there will be significant difference between those with severe and those with low depression on psychological well-being of widows in Idemili North L.G.A was also not confirmed at (F1, 312) =3.52, p>.05. Also the mean differences and standard deviation within the depression: M=57.69, SD= 11.10 (severe) and M=55.57, SD=6.45 (low), N=316. This means that widows with severe depression experience good psychological wellbeing more than widows with low depression experience, this because the high the mean, the high the experience of the key study or the problem. In addition, the third hypothesis which stated that there will be significant interaction of death anxiety and depression on psychological well-being of widows in Idemili North L.G.A was not confirmed at (F1, 312) =2.47, p>.05.

Summary of the Findings

1. Widows with high and widows with low death anxiety did not indicate significant difference on psychological well-being in Idemili North L.G.A. Though, the mean indicated that widows with low death anxiety experience good psychological well being than widows with high death anxiety experience.
2. Widows with severe and widows with low depression did not indicate significant difference on psychological well-being in Idemili North L.G.A. However, the mean indicated that widows with severe depression experience good psychological wellbeing more than widows with low depression experience.
3. There is no significant interaction of death anxiety and depression on psychological well-being of widows in Idemili North L.G.A.

DISCUSSION AND CONCLUSION

From the results of this study, the first hypothesis which stated there will be significant difference between those with high and low death anxiety on psychological well-being of widows in Idemili North L.G.A. was not confirmed and its means indicated that widows with low death anxiety experience good psychological well being than widows with high death anxiety experience. This result is not in line with the findings of Varaee et al., (2018) they examined the relationship between self-compassion and death anxiety with psychological well-being in the elderly. Their results showed that there is a positive and significant relationship between self-compassion and psychological well-being while there is a negative significant

relationship between psychological well-being and death anxiety. Their results of multiple regression analysis using stepwise method showed that over-identified, self-kindness, isolation, mindfulness, death anxiety, and self-judgment, in the order of their importance, together are capable of predicting changes in psychological well-being.

This result also is not in line with the study of Yüksel et al., (2017) that investigated the correlation between individual levels of death anxiety and meaning in life in terms of variables such as gender, age, educational status, marital status, perceived level of devoutness, and witness to death. The study showed that, as the death anxiety increases meaning in life levels decreased. The study also indicated that women experience more death anxiety than men, and that individuals who witnessed the death of a close person generally feel more death anxiety than those who did not. Theoretically, the findings support the assertion of terror management theory that posits that basic human need that is obtained by conforming to the norms of the cultural group with which individuals are affiliated (Greenberg, Simon, Pyszczynski, Solomon, & Chatel, 1992). By being part of, maintaining, and passing on the tenets of their culture, individuals can achieve symbolic immortality by proxy. This implies that psychological wellbeing of the widows is not affected by death anxiety; this shows that the general beliefs that widows' psychological wellbeing will be affected by death anxiety are always not true. Hence, the researcher is of the opinion that the widows that participated in this study might have experience incidents similar to theirs or bigger than them been widows that is why the issue of death anxiety did not affect their psychological wellbeing. Also, it may be that they received appropriate social support from their kit and kin this invariably sustained them as widows and aid in comforting them and shield them from being trapped by death anxiety, because the mean of the study denote that those widows with low death anxiety usually enjoy good psychological wellbeing.

The second hypothesis which stated that there will be significant difference between those with severe and those with low depression on psychological well-being of widows in Idemili North L.G.A was also not confirmed and its means indicated that widows with severe depression experience good psychological wellbeing more than widows with low depression experience. This finding is not in tandem with the study of Bashir et al., (2018) that examined the relationship between depression and psychological well-being among adolescents who lost their siblings to the conflict. And the study revealed that 45% of variance in psychological well-being attributed to depression. The comparative analysis revealed that there is a significant mean difference between psychological wellbeing and depression with respect to gender. Psychological well-being among adolescent boys was higher than adolescent girls. As far as depression is considered girls have more depression than boys.

It is also not in tandem with the result of AablaAkhalq et al., (2018) they examined the relationship between sleep disturbance and depression and its effect on psychological well-being among hostel living students. And their results indicated significant positive correlation between sleep disturbance and depression. Results also indicated a significant negative relationship between depression and psychological well-being. Theoretically, this findings also does not support the assertion of Wendy Treynor depression theory that depression happens when one is trapped in a social setting that rejects the self, on a long-term basis (where one is devalued continually), and this rejection is internalized into self-rejection, winning one rejection from both the self and group social rejection and self-rejection, respectively. The theory, also conceptualized as being the result of long-term conflict (internal and external), where this conflict corresponds to self-rejection and social rejection, respectively, or the dual needs for self-esteem (self-acceptance) and belonging (social acceptance) being unmet, on a long-term basis. This suggests that widows in this study are not trapped in the web of depression this actually made it possible for their psychological wellbeing not to be affected by depressive tendencies. Hence, the researcher opined that depression is not a factor that decreases psychological wellbeing among widows in Idemili north of Anambra state.

The third hypothesis which stated that there will be significant interaction of death anxiety and depression on psychological well-being of widows in Idemili North L.G.A was not confirmed. The result is not in consonance with finding of Hashmi et al., (2018) they examined impact of death anxiety and hopelessness on psychological well being among war soldiers who are fighting against terrorism in northern areas in

district Bannu. The study indicated that death anxiety and hopelessness develops among war soldiers due to fear of uncompleted life tasks. From the analysis of data they concluded that in the death anxiety, hopelessness develops among war soldiers due to the fear of uncompleted life tasks. Uncompleted life task means that the soldiers want to leave some financial benefits to their family members (e.g. Parents/spouse/children's). Most of the soldiers who belong to urban areas and those who are married are affected from death anxiety and hopelessness which is also related to psychological wellbeing of deployed soldiers.

The result is also not in consonance with finding of Ramkisson et al., (2016) they explored the prevalence and association of anxiety, depressive features and psychological well-being in patients with Type 2 DM. Their result indicated strong negative correlation increase in anxiety and negative correlation depressive features decreased psychological well-being. Theoretically, this finding support the postulation of multiply discrepancy theory that postulated that satisfaction from the fulfilment of needs depends on the degree of expectation and adaptation. And that individual compares themselves to many standards such as other people, past conditions, ideal levels of satisfaction, and needs or goals. A discrepancy due to an upward comparison that is my expectation was better than the actual vacation which results into decreased satisfaction and a downward comparison that is my expectation was worse than the actual vacation) which result into an increase in satisfaction. This demonstrated that the widows that participated for this study used externalization method to cope with their loss and this make it possible for their psychological wellbeing not to be affected by death anxiety and depression. Therefore, the researcher insinuated that death anxiety and depression are not factors that contribute to psychological wellbeing of widows as canvass by previous researchers. And the researcher also established the following implications for the study.

Implications of the Study

The outcome of this study, indicated that experts like social psychologists should as matter of urgency explore other variables that might affects the psychological wellbeing of this widows, since death anxiety and depression are not factors that contribute or decrease their psychological wellbeing. So other psychological issues like fear, somatisation, and so on should be explored in order to gain appropriate insight about factors that affects wellbeing of widows, so that they will not be bewildered by these issues without peoples knowledge thereby making them victims of loneliness and suicidal thought because of lacuna caused by the death of their husbands. This finding will also put the widows at the vantage position of understanding psychological wellbeing and other factors that affects it, since study manipulating variables did not indicate significant effect on psychological wellbeing.

Conclusion

The study investigated influence of death anxiety and depression on psychological wellbeing of widows in Idemili north of Anambra state. Literatures were reviewed, hypotheses formulated, data was generated and carefully analyzed. The result of the study was cautiously and meticulously interpreted. Implication of the study, limitation of the study, recommendations and suggestion for further study were established. Consequently, the researcher concludes based on the findings that death anxiety and depression have no significant influence on psychological wellbeing; this implies that death anxiety and depression are not factors that contribute to psychological wellbeing of widows in Idemili north of Anambra state.

Recommendations of the Study

Based on the outcomes of the study, the study recommended that Psychologists (social and other psychologists) begin massive public enlightenment programmes to educate the public on the psychological implications of death anxiety and depression on widow's psychological wellbeing. Also widows that are still young should be encouraged to remarry, as a way of integrating them properly into a social inclined society like Nigeria. Also, Governments should establish a Ministry of Widow Affairs as a way of fostering widows' empowerment in the society. And also provide psychological and social support system for these widows such as scholarship for their children. The government at the state and local levels should establish Widowhood Trust Fund (WTF) and other non banking institutions that could grant credit facilities to the widows so as to enable them to be socio-economically relevant in their communities: This will aid minimize

death anxiety, depression and increase psychological wellbeing among these widows. Psycho-Health education programme should be put in place to educate widows on psychological and health implications of depression, death anxiety and psychological wellbeing.

Limitations of the Study

The present study is based only on data gathered in six towns in Idemili North Local Government Area of Anambra State, Nigeria. The result therefore must be taken with caution and consideration when comparing to other countries or other ethnic groups in Nigeria putting cultural differences into account. Also, educational qualification of the participants was another limitation encounter by the researcher, because many of the participants that participated in the study have difficulty understanding the questions on the questionnaires, this however brought about cancellation and bias experiences by respondents thereby cause rejections of some of the printed questionnaire. Further, the number of items on the questionnaire also was observed as another limitation because some of the respondents claim that it was too much for them, though the researcher was able to persuade to finish the items.

Suggestions for Further Study

Based on the findings, future researches can also focus on other aspects of adjustment to widowhood such as, pursuit of new relationships and interests or rekindling of old interests or relationships that may have been neglected during one's marriage. Researchers also can check the effect of other variables such as, social support, economic support, age of bereaved person, circumstances of the death of the partner. More so, future researchers should also examine how being depended upon within marriage affects survivors' adjustment to their husband loss. Moreover, there is need for future researchers to follow qualitative approach in studying widows' psychological wellbeing.

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APPENDIX 1

CONSENT FORM/AGREEMENT

I am above 18 years of age. I have read and understood that the information contained herein is for research purpose. I therefore voluntarily chose to participate and respond to these questionnaires. Tick in any of the boxes below:

Agree ☐ **Disagree** ☐

SECTION A

Tick the box as applicable to you

(1) **Gender:** Female ☐

(2) **Age:** ☐

(3) **Educational Level:** Tertiary SSC☐ Prima☐ ☐

None ☐

Years of Widowhood: Twenty years and above ☐

Nineteen Years to nine years ☐

Eight Years and Below ☐

Towns: ☐

SECTION B

Ryff Psychological Wellbeing Scale-Short-Form Version

Instructions: Circle one response below each statement to indicate how much you agree or disagree. **RESPONSE FORMAT**: 1 = strongly agree; 2 = somewhat agree; 3 = a little agree; 4 = neither agree nor disagree; 5 = a little disagree; 6 = somewhat disagree; 7 = strongly disagree.

S/N		1	2	3	4	5	6	7
1	I like most parts of my personality.							
2	.When I look at the story of my life, I am pleased with how things have turned out so far.							
3	Some people wander aimlessly through life, but I am not one of them.							
4	The demands of everyday life often get me down.							
5	In many ways I feel disappointed about my achievements in life.							
6	Maintaining close relationships has been difficult and							

	frustrating for me.							
7	I live life one day at a time and don't really think about the future.							
8	In general, I feel I am in charge of the situation in which I live.							
9	I am good at managing the responsibilities of daily life.							
10	I sometimes feel as if I've done all there is to do in life.							
11	For me, life has been a continuous process of learning, changing, and growth.							
12	I think it is important to have new experiences that challenge how I think about myself and the world.							
13	People would describe me as a giving person, willing to share my time with others.							
14	I gave up trying to make big improvements or changes in my life a long time ago							
15	I tend to be influenced by people with strong opinions							
16	I have not experienced many warm and trusting relationships with others.							
17	I have confidence in my own opinions, even if they are different from the way most other people think.							
18	I judge myself by what I think is important, not by the values of what others think is important.							

SECTION C
Templer's Death Anxiety Scale (DAS)

Instructions: These are statements which describe feelings we often have. Please each statement and if it true as it applies to you, SHADE "T" in front of it or SHADE "F" if the statement is false as it applies to you. This is not a test, so there are no right or wrong answers. Work quickly and ensure that you respond to All the statements frankly.

S/N		T	F
1	I am very much afraid to die.		
2	The thought of death seldom enters my mind.		
3	It doesn't make me nervous when people talk about death.		
4	I dread to think about having to have an operation.		
5	I am not at all afraid to die.		
6	I am not particularly afraid of getting cancer.		
7	The thought of death never bothers me.		
8	I am often distressed by the way time flies so very rapidly.		
9	I fear dying a painful death.		
10	The subject of life after death troubles me greatly.		
11	I am really scared of having a heart attack.		
12	I often think about how short life really is.		
13	I shudder when I hear people talking about a World War III.		
14	The sight of a dead body is horrifying to me.		
15	I feel that the future holds noting for me to fear.		

SECTION D
Beck Depression Inventory 11

On this questionnaire are groups of statements. Please read each group of statements carefully. Then pick out the one statement in each group which best describes the way you have been feeling the ***PAST WEEK,*** **INCLUDING TODAY!** Circle the number beside the statement you picked. If several statements in the

group seem to apply equally well, circle each one. **Be sure to read all the statements in each group before making your choice.**

S/N		1	2	3	4
1	Grief				
2	Pessimism				
3	previous failure				
4	loss of enjoying life				
5	Remorse				
6	feeling of being subject to punishment				
7	lack of self-love				
8	self-criticism and blaming				
9	suicidal thoughts				
10	Crying				
11	Excitement				
12	loss of interest				
13	hesitation in decision-making				
14	lack of value				
15	lack of energy at work				
16	changes in sleep system				
17	susceptibility to anger				
18	changes in appetite				
19	difficulty in concentrating				
20	fatigue or stress				
21	loss of interest in sex				

APPENDIX 11

PILOT Study, FREQUENCIES AND UNIVARIATE ANALYSIS OF VARIANCE

Reliability of Ryff's Psychological Well-Being Scale Short-Form Version

Case Processing Summary

		N	%
Cases	Valid	62	100.0
	Excluded[a]	0	.0
	Total	62	100.0

a. List wise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.751	.697	18

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
56.9839	120.508	10.97761	18

Reliability OF Self-Acceptance Subscale of Ryff's Psychological Well-Being Scale-Short-Form Version

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	62	100.0
	Excluded[a]	0	.0
	Total	62	100.0

a. List wise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.850	.866	3

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
9.7258	17.645	4.20058	3

Reliability of Autonomy of Subscale of Ryff's Psychological Well-Being Scale Short-Form Version

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	62	100.0
	Excluded[a]	0	.0
	Total	62	100.0

a. List wise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.505	.491	3

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
8.9677	7.540	2.74589	3

Reliability of Purpose in Life Subscale of Ryff's Psychological Well-Being Scale Short-Form Version

Case Processing Summary

	N	%

Cases	Valid	62	100.0
	Excluded[a]	0	.0
	Total	62	100.0

a. List wise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.898	.791	3

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
9.4516	4.744	2.17796	3

Reliability of Positive Relationship Subscale of Ryff's Psychological Well-Being Scale Short-Form Version

Case Processing Summary

		N	%
Cases	Valid	62	100.0
	Excluded[a]	0	.0
	Total	62	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.810	.808	3

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
10.5000	20.877	4.56914	3

Reliability of Environmental Mastery Subscale of Ryff's Psychological Well-Being Scale Short-Form Version

Case Processing Summary

		N	%
Cases	Valid	62	100.0
	Excluded[a]	0	.0
	Total	62	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items[a]	N of Items
.737	.736	3

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
9.3710	6.631	2.57500	3

Reliability of Personal Growth Subscale of Ryff's Psychological Well-Being Scale Short-Form Version

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	62	100.0
	Excluded[a]	0	.0
	Total	62	100.0

a. List wise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.505	.491	3

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
8.9677	7.540	2.74589	3

Descriptive Statistics

	Mean	Std. Deviation	N
Psychological WellBeing	56.9839	10.97761	62
Death Anxiety	22.7581	1.27634	62

Correlations

Descriptive Statistics

	Mean	Std. Deviation	N
Psychological WellBeing	56.9839	10.97761	62
Depression	38.2258	7.12516	62

Correlations

		PsychologicalWellBeing	Depression
Psychological WellBeing	Pearson Correlation	1	-.079
	Sig. (2-tailed)		.543
	Sum of Squares and Cross-products	7350.984	-375.774
	Covariance	120.508	-6.160
	N	62	62
Depression	Pearson Correlation	-.079	1
	Sig. (2-tailed)	.543	
	Sum of Squares and Cross-products	-375.774	3096.839
	Covariance	-6.160	50.768
	N	62	62

Reliability of Templer Death Anxiety Scale
Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	62	100.0
	Excluded[a]	0	.0
	Total	62	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha[a]	Cronbach's Alpha Based on Standardized Items[a]	N of Items
.825	.631	15

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
22.7581	1.629	1.27634	15

Reliability of Beck Depression Inventory 11

Case Processing Summary

		N	%
Cases	Valid	62	100.0
	Excluded[a]	0	.0
	Total	62	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.691	.697	21

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
38.2258	50.768	7.12516	21

Descriptive Statistics

	Mean	Std. Deviation	N
Depression	38.2258	7.12516	62
Death Anxiety	22.7581	1.27634	62

Correlations

		Depression	Death Anxiety
Depression	Pearson Correlation	1	.136
	Sig. (2-tailed)		.292
	Sum of Squares and Cross-products	3096.839	75.387
	Covariance	50.768	1.236
	N	62	62
Death Anxiety	Pearson Correlation	.136	1
	Sig. (2-tailed)	.292	
	Sum of Squares and Cross-products	75.387	99.371
	Covariance	1.236	1.629
	N	62	62

Frequencies

Statistics

		Age	Educational level	Towns	Year of Widowhood
N	Valid	316	316	316	316
	Missing	0	0	0	0
Mean		48.7342	2.3703	3.3291	2.1899
Std. Error of Mean		1.11324	.05667	.09380	.03650
Median		45.0000	2.0000	4.0000	2.0000
Mode		45.00	2.00	4.00	2.00
Std. Deviation		19.78934	1.00740	1.66740	.64883
Variance		391.618	1.015	2.780	.421
Range		55.00	3.00	5.00	2.00
Minimum		23.00	1.00	1.00	1.00
Maximum		78.00	4.00	6.00	3.00
Sum		15400.00	749.00	1052.00	692.00

Frequency Table

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	23.00	19	6.0	6.0	6.0
	24.00	9	2.8	2.8	8.9
	25.00	9	2.8	2.8	11.7
	26.00	2	.6	.6	12.3
	27.00	24	7.6	7.6	19.9
	28.00	11	3.5	3.5	23.4
	29.00	11	3.5	3.5	26.9
	30.00	20	6.3	6.3	33.2
	31.00	4	1.3	1.3	34.5
	34.00	12	3.8	3.8	38.3
	35.00	9	2.8	2.8	41.1
	42.00	4	1.3	1.3	42.4
	44.00	13	4.1	4.1	46.5
	45.00	32	10.1	10.1	56.6
	56.00	4	1.3	1.3	57.9
	62.00	23	7.3	7.3	65.2
	65.00	9	2.8	2.8	68.0
	68.00	9	2.8	2.8	70.9
	69.00	18	5.7	5.7	76.6
	71.00	29	9.2	9.2	85.8
	74.00	9	2.8	2.8	88.6
	75.00	16	5.1	5.1	93.7
	77.00	6	1.9	1.9	95.6
	78.00	14	4.4	4.4	100.0
	Total	316	100.0	100.0	

Educational level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tertiary	58	18.4	18.4	18.4
	Secondary	148	46.8	46.8	65.2
	Primary	45	14.2	14.2	79.4
	None	65	20.6	20.6	100.0
	Total	316	100.0	100.0	

Towns

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Abacha	60	19.0	19.0	19.0
	Abatete	69	21.8	21.8	40.8
	Eziowelle	29	9.2	9.2	50.0
	Nkpor	82	25.9	25.9	75.9
	Obosi	37	11.7	11.7	87.7

	Ogidi	39	12.3	12.3	100.0
	Total	316	100.0	100.0	

Year of Widowhood

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Twenty year and above	42	13.3	13.3	13.3
	Nineteen years to nine years	172	54.4	54.4	67.7
	Eight years and below	102	32.3	32.3	100.0
	Total	316	100.0	100.0	

Descriptives

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Age	316	23.00	78.00	48.7342	19.78934
Educational level	316	1.00	4.00	2.3703	1.00740
Towns	316	1.00	6.00	3.3291	1.66740
Year of Widowhood	316	1.00	3.00	2.1899	.64883
Valid N (list wise)	316				

Means

Case Processing Summary

	Cases					
	Included		Excluded		Total	
	N	Percent	N	Percent	N	Percent
Psychological WellBeing * Death Anxiety	316	100.0%	0	0.0%	316	100.0%
Psychological WellBeing * Depression	316	100.0%	0	0.0%	316	100.0%

Psychological WellBeing * Death Anxiety

Report

Psychological WellBeing

Death Anxiety	Mean	N	Std. Deviation
High	56.4390	164	10.92989
Low	56.4868	152	10.40503
Total	56.4620	316	10.66377

ANOVA Table[a]

			Sum of Squares	df	Mean Square	F	Sig.
Psychological WellBeing * Death Anxiety	Between Groups	(Combined)	.180	1	.180	.002	.968
	Within Groups		35820.364	314	114.078		
	Total		35820.544	315			

a. With fewer than three groups, linearity measures for Psychological WellBeing * Death Anxiety cannot be computed.

Measures of Association

	Eta	Eta Squared
Psychological WellBeing * Death Anxiety	.002	.000

Psychological WellBeing * Depression

Report

Psychological WellBeing

Depression	Mean	N	Std. Deviation
Severe	57.6917	133	11.09817
Low	55.5683	183	10.27504
Total	56.4620	316	10.66377

ANOVA Table[a]

			Sum of Squares	df	Mean Square	F	Sig.
Psychological WellBeing * Depression	Between Groups	(Combined)	347.287	1	347.287	3.074	.081
	Within Groups		35473.257	314	112.972		
	Total		35820.544	315			

a. With fewer than three groups, linearity measures for Psychological WellBeing * Depression cannot be computed.

Measures of Association

	Eta	Eta Squared
Psychological WellBeing * Depression	.098	.010

Univariate Analysis of Variance

Between-Subjects Factors

		Value Label	N
Death Anxiety	1.00	High	164
	2.00	Low	152
Depression	1.00	Severe	133
	2.00	Low	183

Descriptive Statistics

Dependent Variable: Psychological WellBeing

Death Anxiety	Depression	Mean	Std. Deviation	N
High	Severe	56.6364	12.21185	77
	Low	56.2644	9.72465	87
	Total	56.4390	10.92989	164
Low	Severe	59.1429	9.26465	56
	Low	54.9375	10.76135	96
	Total	56.4868	10.40503	152
Total	Severe	57.6917	11.09817	133

Low	55.5683	10.27504	183
Total	56.4620	10.66377	316

Tests of Between-Subjects Effects

Dependent Variable: Psychological WellBeing

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	631.324[a]	3	210.441	1.866	.135
Intercept	976596.360	1	976596.360	8658.847	.000
Death Anxiety	26.377	1	26.377	.234	.629
Depression	397.159	1	397.159	3.521	.062
Death Anxiety * Depression	278.545	1	278.545	2.470	.117
Error	35189.220	312	112.786		
Total	1043216.000	316			
Corrected Total	35820.544	315			

a. R Squared = .018 (Adjusted R Squared = .008)