# BOUTS OF ANXIETY, ANGER, AND GUILT AS PRECIPITATORS OF PROLONGED GRIEF AMONG WIDOWS IN SOUTH-EAST NIGERIA

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## Abstract

This research delves into the exploration of anxiety, anger, and guilt as potential catalysts for prolonged grief experienced by widows in Awka. The primary focus lies in investigating traditional customs and practices surrounding widowhood, which may contribute to anxiety and other psychological disturbances. The study aims to test the hypothesis that anxiety, anger, and guilt do not significantly contribute to pathological grief among widows in Awka, Nigeria. A sample of four hundred widows from eighteen villages in Awka participated in the study by completing self-report questionnaires. The instruments utilized included the Anxiety Assessment Scale, a 5-point Likert scale questionnaire comprising 10 items; the Guilt and Shame Experience Scale (GSES), a 4-point Likert scale with 8 items; and the Prolonged Grief Disorder Scale (PGDS), a 15-item questionnaire, of which 12 items were rated on a 5-point Likert scale. The analysis of the data, conducted using ANOVA F-statistics, revealed the overall significance of the study, suggesting a limited impact on grief. Moreover, the t-value analysis indicated a significant negative correlation between anxiety and grief, signifying a decrease in their relationship. Similarly, anger and guilt exhibited significant decreases in their association with prolonged grief. In conclusion, the study provides valuable insights into the psychological experiences of widows in Awka, shedding light on the potential triggers of prolonged grief while highlighting the need for further exploration in this area

Keywords*:* Anxiety, Anger, Guilt, Prolonged grief, Widow.

## Introduction

Grief is a natural response to the loss of a loved one, yet when left unaddressed, it can escalate into pathological grief, adversely affecting the bereaved individual's life. Particularly among widows, intense emotions like anxiety, anger, and guilt can prolong the grieving process if not managed appropriately (Dunham, 2019). The American Psychological Association (APA) defined anxiety as a feeling of unease accompanied by physical symptoms like increased heart rate and restlessness, it is a common reaction to stress and uncertainty (Felman, 2023). Widows, coping with the loss of their spouses, often experience anxiety as they navigate through the challenges and uncertainties of their changed circumstances. Anger is a response triggered by frustration or perceived threats, which can intensify in widows, especially if the circumstances surrounding their spouse's death are distressing or unjust (Alia-Klein et al., 2020). Unexpressed or unresolved anger may complicate the grieving process, potentially leading to prolonged grief (Killikelly & Maerck, 2018).

Guilt, stemming from feelings of responsibility for the death or perceived wrongdoing, can haunt widows, particularly if they believe they could have prevented their spouse's demise (Tendeiro & Stroebe, 2019). This sense of guilt can exacerbate grief and hinder the healing

process if not addressed. The societal and cultural norms in places like Awka, Nigeria, often exacerbate the grief experienced by widows, subjecting them to rituals, emotional trauma, and social isolation (Iloka, 2022). These practices can intensify feelings of anxiety, anger, and guilt, prolonging the grieving period and impeding emotional recovery. Research conducted in similar contexts underscores the psychological challenges faced by widows, highlighting the need for interventions tailored to address anxiety, anger, and guilt among this vulnerable population (Adeyemo, 2016; Falk, 2021; Onrusts, 2006).

Anxiety disorders, characterized by persistent worry and physical symptoms, affect millions of individuals worldwide, yet many do not receive adequate treatment (Stocksy, 2021). Anxiety, if left unchecked, can impair daily functioning and contribute to the development of other mental health conditions (Heeren et al., 2015). Anger, a normal emotional response, can become problematic when it interferes with interpersonal relationships and daily functioning (Ohwovoriole, 2023). Chronic anger may lead to various physical and psychological health issues if not effectively managed (Chipidza et al., 2016).

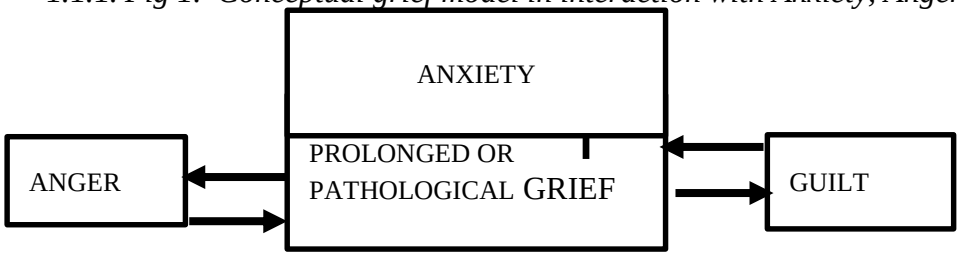
Guilt, arising from perceived moral transgressions, can weigh heavily on individuals, contributing to distress and shame (Gopinath & Abraham, 2018). Unresolved guilt can impede the grieving process and hinder emotional healing (Shapiro & Stewart, 2011).
Pathological grief, characterized by persistent distress and impairment following a significant loss, necessitates comprehensive interventions to address its debilitating effects (Sekowski & Prigerson, 2022). Attachment theory offers insights into how grief influences individuals' attachment patterns and coping mechanisms in response to loss (Cassidy et al., 2019). Therefore, understanding and addressing the triggers of prolonged grief among widows, including anxiety, anger, and guilt, is essential for promoting emotional well-being and resilience in the face of loss. Effective interventions tailored to the cultural and societal context can help widows navigate the grieving process and rebuild their lives after the death of their spouses.

1.1. Complicated Grief Model: The Complicated Grief Model, also referred to as Prolonged Grief Disorder (PGD), offers a psychological framework to elucidate a more intricate and prolonged manifestation of grief. It posits that grief can become intricate or protracted when individuals encounter extreme challenges in adapting to the loss of a loved one. This model underscores several pivotal features. According to its tenets, individuals grappling with complicated grief undergo intense and enduring emotions of sadness, longing, and emotional pain, which may not ameliorate over time as anticipated in typical grief processes. Additionally, the model highlights that individuals experiencing complicated grief often contend with intrusive and distressing thoughts associated with the departed person, impeding their ability to focus on other facets of life (Sekowski & Prigerson, 2022).
The conceptual underpinning of this study integrates both attachment theory and the Complicated Grief Model. Attachment theory delves into the profound human bond that shapes human interaction and how the rupture of this bond can precipitate various conditions conducive to prolonged grief. According to attachment theory, the loss of a spouse severs the bond they share, potentially leading to feelings of anxiety, anger, and guilt for the surviving partner. These emotional states collectively complicate the grieving process, possibly culminating in pathological grief.

Similarly, the Complicated Grief Model posits that individuals encountering difficulties in coping with the loss of their loved ones, particularly their spouses, are predisposed to

experiencing pathological grief. Consequently, pathological grief may ensue when widows grapple with feelings of anxiety, anger, and guilt concerning the loss of their husbands. The presence of anxiety, anger, and guilt complicates the grieving process, impeding widows' ability to transition back to their normal lives effectively.

In a study by Lindstrøm (2021), the temporal aspect of grief was explored, investigating early bereavement reactions' predictive value for the later development of the grieving process, and whether bereavement could cause enduring changes in personality traits, particularly anxiety. Interviews conducted with 39 Norwegian women aged 44–79 years, who had lost their husbands after terminal illnesses, revealed that most widows experienced diminished anxiety, perceived themselves as better copers, and reported improved moods after one year of bereavement. These changes were most pronounced in self-evaluated coping and emotional well-being, indicating substantial progress in grief resolution after one year of bereavement.
Another study by Marques et al. (2013) examined the prevalence of comorbid complicated guilt (CG) in bereaved primary anxiety disorder (AD) patients compared to bereaved healthy controls. The research also assessed the impairment associated with comorbid complicated guilt (CG) in AD. The study involved 242 bereaved adults diagnosed with primary AD, including generalized anxiety disorder (GAD), panic disorder (PD), posttraumatic stress disorder (PTSD), and generalized social anxiety disorder (GSAD), alongside 155 bereaved healthy controls with no current DSM-V Axis I diagnosis. The findings indicated significantly higher rates of threshold CG symptoms among participants with primary ADs compared to bereaved controls. Furthermore, after adjustments for demographic variables and comorbid major depressive disorder, threshold CG was linked to lower quality of life and greater impairment among individuals with prolonged grief.
1.1.1. *Fig 1. Conceptual grief model in interaction with Anxiety, Anger and Guilt.*




The study aimed to investigate the following hypotheses:
1. Anxiety will not significantly trigger pathological grief among widows in Awka.
2. Anger will not significantly trigger pathological grief among widows in Awka.
3. Guilt will not significantly trigger pathological grief among widows in Awka.
2. Participants

Participants of the study was selected from Awka Mmetropolis in South East Nigeria. Awka metropolis comprised of eighteen Igbo Communities namely: Amawbia, Awka, Ezinato, Isiagu, Mbaukwu, Nibo, Nise, Okpuno, Umuawulu, Oba ofemili, Ugbene, Ugbenu, Amanuke, Isu -Aniocha, Achalla, Urum, Amansea, Mgbakwu. Ten towns were selected for the study: Amawbia, Awka, Ezinato, Isiagu, Mbaukwu, Nibo, Nise, Okpuno, Ifite-Awka, Isu-Aniocha. Forty widows were selected from each town through the process of simple random sampling totaling 400 participants. The widows selected from these ten towns aimed to provide a representative sample, as outlined in Table below

2.1. Table of Distribution of study participants by town

| S/N | Towns in Awka/Anambra | Number of samples selected |
|---|---|---|
| 1 | Amawbia | 40 |
| 2 | Awka | 40 |
| 3 | Ezinato | 40 |
| 4 | Isiagu | 40 |
| 5 | Mbaukwu | 40 |
| 6 | Nibo | 40 |
| 7 | Nise | 40 |
| 8 | Okpuno | 40 |
| 9 | Ifite-Awka | 40 |
| 10 | Isu-aniocha | 40 |
| TOTAL | | 400 |

3. Design

*3.1: Instruments:* The data collection for this study utilized several instruments: the Clinical Anger Scale (CLS, Snell, Gum, Shuck, Mosley & Hite, 1995), Anxiety Assessment Scale (AAS, Malakcioglu, 2022), Guilt and Shame Experience Scale (GSES, Malinakova, Furstova, Kalman & Trnka, 2020), and Prolonged Grief Disorder Scale (PGDS, Prigerson, Boelen, Xu, Smith, & Maciejewski, 2021).

*3.1.1: Reliability and Validity:* The Clinical Anger Scale (CLS) is a self-report questionnaire designed by Snell, Moseley, and Hite in 1995, featuring 21 4-point Likert scale items addressing various facets of anger. Factor analysis confirmed a unidimensional item structure, with reliability analyses demonstrating satisfactory internal consistency and test-retest stability (Snell et al., 2002). The Anxiety Assessment Scale (AAS) comprises a 5-point Likert scale with 10 items focusing on anxiety, with a Cronbach alpha reliability coefficient of 0.85 (Malakcioglu, 2022). The Guilt and Shame Experience Scale (GSES) is a 4-point Likert scale questionnaire comprising 8 items, demonstrating a Cronbach's alpha reliability of 0.89. The Prolonged Grief Disorder Scale (PGDS) includes a 15-item questionnaire, with 12 items rated on a 5-point Likert scale.

*3.2: Pilot Study:* Before commencing the main study, a pilot test was conducted to ensure the research instruments' internal consistencies. Forty widows experiencing grief in Awka were identified, and 40 copies of the research instruments were distributed after obtaining their consent. The pilot study, which investigated anxiety, anger, and guilt as triggers of prolonged grief among widows, revealed a Cronbach's alpha reliability scale of 0.89 for the instruments. The Anxiety Assessment Scale (AAS) also exhibited a Cronbach alpha coefficient of 0.85 during the pilot study.

*3.3: Procedure:* Permission was obtained from the catechist of St. Thomas Aquinas Church in Awka, and widows were briefed on the research's nature, confidentiality, and purpose. Questionnaires, along with informed consent forms, were administered to the widows in the church. The researcher ensured a conducive environment for questionnaire completion, obtaining verbal consent from the participants. Once completed, the questionnaires were collected, sorted for accuracy, and analyzed using statistical software SPSS to conduct regression analysis on the study's hypotheses.

*3.4: Design/ Statistics:* The researcher employed a survey and predictive design for the study. Data were processed using the Statistical Package for Social Sciences (SPSS). Simple Linear Regression was applied to analyze how independent variables (anger, anxiety, and guilt) trigger pathological grief. SPSS version 21 was used to manage the study's data.

4: RESULTS

4.1 Table: 1: Showing model summary

**Model Summary[b]**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate | Durbin-Watson |
|---|---|---|---|---|---|
| 1 | .668[a] | .446 | -1.214 | 13.58146 | 1.941 |

a. Predictors: (Constant), Guilt, Anxiety, Anger

b. Dependent Variable: Grief

The table above shows the model summary of the analysis conducted on the variables. It shows that the R squared value of 0.446 shows that about 44.6 % changes in grief is explained by guilt, anxiety and anger.

Durbin-Watson measures the evidence of autocorrelation of the variables. The Durbin-Watson value of 1.941 shows no evidence of autocorrelation.

4.1.1: Table 2: ANOVA

**ANOVA[a]**

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| 1 | Regression | 148.744 | 3 | 49.581 | .269 | .851[b] |
| | Residual | 184.456 | 1 | 184.456 | | |
| | Total | 333.200 | 4 | | | |

a. Dependent Variable: Grief

b. Predictors: (Constant), Guilt, Anxiety, Anger

The tables show the ANOVA view of the model which measures the overall significance of the model. The ANOVA measured the F. statistic value to be (0.269) and P = 0.851 at 5% level of significance which states that the overall significance of the model is not good enough.

4.2 Table 3: Coefficients

**Coefficients[a]**

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. | Collinearity Statistics | |
|---|---|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | | | Tolerance | VIF |
| 1 | (Constant) | -51.733 | 237.747 | | -.218 | .864 | | |
| | Anxiety | -.314 | 1.532 | -.172 | -.205 | .871 | .785 | 1.273 |
| | Anger | -.840 | 1.544 | -.557 | -.544 | .683 | .529 | 1.892 |
| | Guilt | 3.123 | 4.596 | .684 | .679 | .620 | .546 | 1.832 |

a. Dependent Variable: Grief

This table shows the t-statistics and significance values which are included in the coefficients results. The regression coefficients of summary explain that, the anxiety coefficient of (-0.314) shows a unit decrease and on the average decreased prolonged grief by (-0.314), also other coefficients showed a unit decrease in their values on anger by (-0.840) but guilt showed a unit increase by the value (3.123) which increased the prolonged grief value.

The calculated t-value for the relationship between Anxiety and grief is (-0.218) with an associated p-value of 0.864. Since the p-value is less than 5% level of significance, then anxiety has no significant impact on prolonged grief. Also, t-values for anger and guilt with their p-values at (-0.205) and (-0.679) with p-values at (0.68 and 0.62) which shows that both have no significant impact on prolonged grief.

5. Discussion: This study aimed to test three hypotheses regarding the triggers of pathological grief among widows in Awka. The first hypothesis posited that anxiety would not significantly contribute to pathological grief, the second hypothesized that anger would not be a significant trigger, and the third suggested that guilt would not significantly lead to pathological grief among widows in Awka. Surprisingly, the results revealed that none of these variables significantly contributed to pathological grief. This outcome offers clarity to the research question: Do anxiety, anger, and guilt significantly trigger pathological grief among widows in Awka? Based on our findings, anxiety, anger, and guilt do not exert a significant impact on prolonged grief. The analysis indicated that the model summary showed an aggregate change of 44.6% influenced by anger, guilt, and anxiety. Moreover, the Durbin-Watson statistic (1.941) indicated no evidence of autocorrelation.

The ANOVA summary assessed the overall significance of the model summary. However, the ANOVA F statistic suggested that the overall significance of the study was not substantial, indicating that the variables had less impact on grief. The t-value was employed to examine the significant relationship between the dependent and independent variables. The results revealed a significant negative decrease in the relationship between anxiety and grief. Similarly, anger and guilt demonstrated significant decreases in their relationship with prolonged grief.
The findings of the study diverge from previous research by Li, Tendeiro, and Stroebe (2018), who suggested that bereavement-related guilt is more closely associated with complicated grief than depression. Specifically, they highlighted responsibility guilt, indebtedness guilt, and the intensity of guilt as prominent features of complicated grief as opposed to depression. These findings underscore the significant role of guilt, potentially a core symptom, in the mental health of the bereaved. Identifying individuals experiencing grief complications and depression could benefit from understanding the nuanced manifestations of guilt.

However, our study aligns partially with the findings of Escober-Agreda, Romero, Contreras, and Cuba-Fuentes (2023). They observed a correlation between complicated grief (CG) and depression, anxiety, and suicidal ideation, particularly in older adults. Complicated grief may trigger negative self-assessments and guilt, dysregulate the hypothalamic-pituitary-adrenal axis responsible for stress responses, and impair emotional regulation, all contributing to anxiety development.

5.1.1 Implications of the Study: This study highlights that many widows experience pathological grief stemming from prolonged states of depression. Anger may precipitate impulsive decisions among widows, influencing their emotional responses. Guilt can subject widows to emotional turmoil, affecting their reactions. Anxiety, a factor in human emotions, contributes to the restless state experienced by widows, exacerbating their emotional distress.
5.2 Limitations of the Study: Several limitations were encountered during this study. Some widows may have withheld information due to emotional barriers, affecting the accuracy of responses. Time constraints limited the acquisition of comprehensive information regarding pathological grief among widows. Additionally, certain aspects of the study's context were not thoroughly explored.

5.3. Remedies for Grief

1. Treatment: Following the loss of a loved one, most individuals experience a natural decrease in grief-related symptoms over time, allowing them to resume their everyday functioning. While feelings of grief may fluctuate and intensify periodically, they typically do not necessitate mental health intervention. However, for those experiencing persistent and intense symptoms characteristic of prolonged grief disorder, evidence-based treatments are available. Therapeutic approaches incorporating elements of cognitive-behavioral therapy (CBT) have demonstrated efficacy in symptom reduction.
2. Accept Support from Family and Friends: Considered by some experts as the primary factor in navigating grief, the support of family and friends is invaluable. Nevertheless, individuals may occasionally desire solitude and may even feel irritable towards well-meaning support. Such reactions are normal. It's important not to feel obligated to constantly be in the company of others, while also avoiding complete isolation. Recognize that future support may be necessary and communicate your current needs clearly, striking a balance between companionship and solitude.
3. Maintain a Healthy Diet and Exercise Routine: A balanced diet contributes to managing the stress associated with grief. Incorporate a variety of fruits, vegetables, and lean proteins into your meals, and stay hydrated with water and other nourishing fluids. If appetite is diminished, opt for smaller, more frequent meals, and consult a healthcare professional regarding nutrition supplements if necessary. Engaging in physical activity, such as brisk walks, helps alleviate negative emotions, providing opportunities for both reflection on the loss and respite from overwhelming thoughts.
4. Prioritize Adequate Sleep: Quality sleep is vital, particularly for individuals experiencing grief, as it can alleviate additional fatigue induced by mourning. Exercise caution with caffeine and alcohol consumption, as both substances can disrupt sleep patterns.
5. Avoid Self-Destructive Coping Mechanisms: Some individuals attempt to alleviate emotional pain through the misuse of alcohol or drugs, a harmful form of escapism. While such methods may offer temporary relief, they inevitably lead to adverse consequences. Instead, seek healthy avenues to manage anxiety and distress, fostering long-term well-being.

5.4: Conclusion: In conclusion, the study findings indicate that the impact of anger, guilt, and anxiety on prolonged grief is not significant among widows in Awka, Nigeria. The relationships between these emotions and prolonged grief were found to be insignificant. However, the beta weight analysis revealed the percentage contributions of predictor variables—anxiety, anger, and guilt—to prolonged grief among widows in Awka. Pathological grief appears to be culturally inherent and not substantially influenced by these variables.

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Ethical statement

The study involving human participants were reviewed and approved by the Local Research Ethics Committee of Nnamdi Azikiwe University, Awka. The study was also performed by the ethical standard as outlined in the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards. The study was approved by the ethical committee of the Department of Psychology, Nnamdi Azikiwe University, Awka.

Conflict of Interest:

The authors hereby declare that there is no conflict of interest.

Data Availability Statement

The data supporting this study will be provided by the authors upon request.

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APPENDIX

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REGRESSION
  /MISSING LISTWISE
  /STATISTICS COEFF OUTS R ANOVA COLLIN TOL
  /CRITERIA=PIN(.05) POUT(.10)
  /NOORIGIN
  /DEPENDENT Grief
  /METHOD=ENTER Anxiety Anger Guilt   /RESIDUALS DURBIN.
```

Regression

Notes

| | | |
|---|---|---|
| Output Created | | 24-JAN-2024 14:29:37 |
| Comments | | DataSet0 |
| Input | | <none> |
| Missing Handling | Value | <none> |
| Syntax | | 5 |
| Resources | | User-defined missing values are treated as missing.<br>Statistics are based on cases with no missing values for any variable used.<br>REGRESSION<br>/MISSING LISTWISE<br>/STATISTICS COEFF OUTS R<br>ANOVA COLLIN TOL<br>/CRITERIA=PIN(.05) POUT(.10)<br>/NOORIGIN<br>/DEPENDENT Grief<br>/METHOD=ENTER Anxiety Anger<br>Guilt<br>/RESIDUALS DURBIN. |
| | Active Dataset | 00:00:00.02 |
| | Filter | 00:00:00.04 |
| | Weight | 3472 bytes |
| | Split File | 0 bytes |
| | N of Rows in Working Data File | |
| | Definition of Missing | |
| | Cases Used | |
| | Processor Time | |
| | Elapsed Time | |
| | Memory Required | |
| | Additional Memory Required for Residual Plots | |

Variables Entered/Removed[a]

| Model | Variables Entered | Variables Removed | Method |
|---|---|---|---|
| 1 | Guilt, Anxiety, Anger[b] | . | Enter |

Dependent Variable: Grief

All requested variables entered.

Model Summary[b]

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate | Durbin-Watson |
|---|---|---|---|---|---|
| 1 | .668[a] | .446 | -1.214 | 13.58146 | 1.941 |

Predictors: (Constant), Guilt, Anxiety, Anger
Dependent Variable: Grief

ANOVA[a]

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| 1 | Regression | 148.744 | 3 | 49.581 | .269 | .851[b] |
| | Residual | 184.456 | 1 | 184.456 | | |
| | Total | 333.200 | 4 | | | |

Dependent Variable: Grief
Predictors: (Constant), Guilt, Anxiety, Anger

Coefficients[a]

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. | Collinearity Statistics | |
|---|---|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | | | Tolerance | VIF |
| 1 | (Constant) | -51.733 | 237.747 | | -.218 | .864 | | |
| | Anxiety | -.314 | 1.532 | | -.205 | .871 | .785 | 1.273 |
| | Anger | -.840 | 1.544 | -.172 | -.544 | .683 | .529 | 1.892 |
| | Guilt | 3.123 | 4.596 | -.557 .684 | .679 | .620 | .546 | 1.832 |

a. Dependent Variable: Grief

Collinearity Diagnostics[a]

| Model | Dimension | Eigenvalue | Condition Index | Variance Proportions | | | |
|---|---|---|---|---|---|---|---|
| | | | | (Constant) | Anxiety | Anger | Guilt |
| 1 | 1 | 3.986 | 1.000 22.757 | .00 | .00 | .00 | .00 |
| | 2 | .008 | 26.511 | .00 | .50 | .31 | .00 |
| | 3 | .006 | 113.204 | .03 | .23 | .32 | .02 |
| | 4 | .000 | | .97 | .27 | .37 | .98 |

a. Dependent Variable: Grief

Residuals Statistics[a]

| | Minimum | Maximum | Mean | Std. Deviation | N |
|---|---|---|---|---|---|
| Predicted Value | 53.3521 | 66.5103 | 58.6500 | 6.09803 | 5 |
| Residual | -8.91025 | 7.23972 | .00000 | 6.79073 | 5 |
| Std. Predicted Value | -.869 | 1.289 | .000 | 1.000 | 5 |
| Std. Residual | -.656 | .533 | .000 | .500 | 5 |

a. Dependent Variable: Grief