

## PSYCHO-SOCIAL VARIABLES AND ADJUSTMENT TO WIDOWHOOD AMONG MEMBERS OF THE LUTHERAN CHURCH

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### Abstract

This study investigated the extent to which emotional support, community support, peer support, and mental health predict adjustment to widowhood among members of the Lutheran Church in Akwa Ibom North-East Senatorial District, Nigeria. A correlational research design was adopted, with a population of 2,548 widowed members. A sample of 320 participants was selected using stratified random sampling. Data were collected using structured questionnaires (Psycho-social Variables Questionnaire and Adjustment to Widowhood Questionnaire), validated by experts and achieving a Cronbach's Alpha reliability coefficient of 0.87. Simple linear regression was used for data analysis, with hypotheses tested at .05 significance level. Findings revealed that emotional support significantly predicted adjustment to widowhood ( $R^2 = 0.663$ ,  $p < .05$ ), accounting for 66.3% of the variance (very high extent); community support significantly predicted adjustment ( $R^2 = 0.337$ ,  $p < .05$ ), accounting for 33.7% of the variance (moderate extent); peer support significantly predicted adjustment ( $R^2 = 0.435$ ,  $p < .05$ ), accounting for 43.5% of the variance (high extent); and mental health significantly predicted adjustment ( $R^2 = 0.691$ ,  $p < .05$ ), accounting for 69.1% of the variance (very high extent). All four null hypotheses were rejected. The study concluded that emotional support, community support, peer support, and mental health are significant psycho-social predictors of widowhood adjustment, with mental health and emotional support demonstrating the strongest predictive power. Recommendations include establishing structured emotional support systems, strengthening community support structures, developing peer support mentoring programmes, and integrating mental health education into church counselling services.

**Keywords:** Emotional support, Community support, Peer support, Mental health, Adjustment, Widowhood, Lutheran Church, Nigeria.

### Introduction

The family is universally regarded as the cornerstone of society and the most critical environment for human growth and development. It serves as the primary space where values, cultural norms, and faith are transmitted from one generation to the next, shaping individuals' character, identity, and worldview. Within the family, members experience emotional security, moral guidance, and social belonging, all of which are essential for psychological stability and resilience (Udoh, 2024).

Widowhood profoundly alters the structure and wellbeing of the family, often triggering emotional, social, and economic challenges that extend beyond the individual widow to affect the entire household. The death of a spouse disrupts the balance of shared responsibilities, leaving the surviving spouse to shoulder the dual burden of caregiving and providing for the family, often with limited financial resources. This transition can create feelings of loneliness, anxiety, and vulnerability, especially in societies where social identity is closely tied to marital status (Ibrahim & Mohammed, 2022).

Widows who are faced with the post-traumatic event of their spouse's demise need some level of emotional energy to adjust for a better mental wellbeing. Adjustment refers to the process through which individuals adapt psychologically and behaviourally to the demands, challenges, and changes in their environment, particularly within educational or social contexts. It involves the ability to maintain mental health, emotional stability, and functional social relationships despite stressors or adversities (Matos-Ramírez *et al.*, 2024). Adjustment is operationalized by assessing coping strategies, emotional regulation, social adaptability, and academic adaptation among students, using standardized psychological scales or behavioural observations. Effective adjustment reflects a balance between personal needs and environmental pressures, leading to positive outcomes such as academic success, social integration, and psychological well-being (Jusri & Lechner 2025).

Adjustment to widowhood is understood as a dynamic psycho-social process that extends beyond immediate coping with grief to include the broader transformation of personal identity, social roles, and everyday life. According to Ukachi and Ukaegbu (2025), adjustment is the process by which an individual establishes and maintains satisfying relationships and integrates into their social environment without any psychological conflict or maladaptive behaviour.

The death of a spouse does not indicate the end of the family. It is noteworthy as presented by George *et al.*, (2014) that family therapy is organized to fix problems, resolve issues, repair relationships, increase family health, or take the family's functioning level to a higher level. A family could still require therapy even after the death of a marriage partner. According to Williams and Green (2020), adjustment is the individual's capacity to achieve equilibrium between internal psychological states and external environmental demands. The authors noted that adjustment encompasses emotional stability, social competence, and problem-solving abilities, which collectively facilitate positive adaptation to stressors. Their research highlights that poor

adjustment is often linked to maladaptive behaviours, academic difficulties, and mental health problems such as anxiety and depression.

In religious communities like the Lutheran Church of Nigeria, widowhood is experienced within a distinctive social and spiritual environment. The church, as both a spiritual and communal institution, offers structured opportunities for fellowship, counselling, and participation in faith-based activities, which could significantly aid the adjustment process. Yet, despite these potential buffers, many widows still struggle with loneliness, feelings of marginalization, and psychological distress.

Psycho-social variables refer to the interconnected psychological and social factors that shape how widows experience, interpret, and ultimately adapt to life after spousal loss. These variables include personal attributes as well as external influences like perceived social support from family, friends, and faith communities (Okonkwo, 2022). This study focuses on four specific psycho-social variables: emotional support, community support, peer support, and mental health.

Emotional support for widows in Nigerian churches is increasingly recognized as a ministry priority, moving beyond material aid to address psychological well-being, belonging, and spiritual healing. Emotional support is defined as the perceived availability and quality of care, empathy, encouragement, and understanding that widows receive from significant others including family members, fellow congregants, church leaders, and close friends (Haine et al., 2021).

Community support is another key aspect of that could assist widows in the study area. Community support is defined as the collective assistance, acceptance, and practical help widows receive from the broader social environment beyond their immediate family, including church members, neighbours, local associations, and community-based organizations (Williams & Johnson, 2022). The lack of community support for widows in the Lutheran Church of Nigeria (LCN) can lead to severe, multifaceted problems. Without the protective framework of a caring church community, widows become vulnerable to a cascade of interconnected challenges that affect them spiritually, emotionally, socially, and materially.

Peer support is critical in helping widows to deal with the issue of post-traumatic event. Peer support is defined as the emotional, informational, and practical assistance widows receive from other widows or individuals within similar life situations (Lee et al., 2023). Mental health is defined as the widow's overall psychological and emotional wellbeing, reflected in her ability to

manage grief, maintain a sense of purpose, relate positively with others, and function effectively in daily life (World Health Organization, 2022).

This study anchored on Grief Theory (Kubler-Ross, 1969). Grief Theory posits that individuals experiencing significant loss go through five emotional stages: denial, anger, bargaining, depression, and acceptance, providing a framework for understanding how widows emotionally process spousal loss.

Empirically, the study of Udo (2020) determined the relationship between perceived family emotional support and adjustment to widowhood among elderly widows in Akwa Ibom State, Nigeria. The study employed a correlational research design, with a focus on widows aged 60 years and above who had lost their spouses within the previous five years. From this population, a sample of 200 widows was randomly selected to ensure fair representation across urban and rural communities. Data were gathered through the Family Emotional Support Scale and the Widowhood Adjustment Checklist, which measured both perceived emotional support from family members and adjustment indicators such as emotional stability and life satisfaction. Findings indicated that widows who perceived strong family emotional support exhibited significantly higher levels of emotional stability and reduced feelings of isolation. This study is related to the current study because they share the same focus and research design, but both studies differ in method of data analysis, and were carried out on different populations.

Similarly, Adegoke (2017) investigated the impact of community-based psycho-social support on the emotional adjustment of orphans and vulnerable children in southwestern Nigeria. The objective was to examine how the availability and quality of community support structures influence the emotional stability and social well-being of bereaved children. The study adopted a descriptive survey design and targeted a population of orphans aged 6 to 17 in both rural and urban areas of Oyo State. A sample of 200 participants was selected using stratified random sampling to ensure equal representation across different locations. Data were collected using a structured questionnaire titled Community Support and Child Adjustment Inventory (CSCAI). The findings revealed that children who had access to organized community support such as mentorship, after-school programs, and emotional counselling showed higher levels of emotional stability and school attendance. The study concluded that community support plays a crucial role in helping bereaved children adjust psychologically and socially. This study connects to the present study, as both examine the same central subject. Nevertheless, they differ in research design and approach to data analysis.

Nwachukwu and Eze (2020) examined the role of informal peer support networks in the adjustment to widowhood among Anglican Church members in Enugu State, Nigeria. Employing a correlational design, the study involved a population of 500 widows, from which a random sample of 200 was selected. Data collection relied on the Peer Relationship Inventory and Adjustment to Widowhood Scale (AWS). Findings revealed a significant positive correlation between the level of perceived peer support and psychological wellbeing, particularly in reducing loneliness and depressive symptoms. The study concluded that peer interactions provide emotional resilience and help widows reconstruct meaningful social roles. Although the reviewed and current study share the same central focus, they both differ in research designs, sampling techniques, methods of data analysis, and population of study.

Despite existing research on widowhood, there remains a significant gap in understanding how specific psycho-social variables influence adjustment to widowhood within the unique religious context of the Lutheran Church of Nigeria. Most prior studies tend to generalize findings across diverse populations without adequately addressing the role of faith-based community support, local coping mechanisms, and the interplay of psychological factors in this setting. It is on this basis that this study was set to determine the extent to which emotional support, community support, peer support, and resilience predict adjustment to widowhood among members of the Lutheran Church Nigeria in Akwa Ibom North-East Senatorial District.

The researcher developed interest in this study through personal observations within the Lutheran Church community in Akwa Ibom North-East Senatorial District, where while some widows adjusted positively, others experienced emotional distress and social isolation, sparking curiosity about the role of psycho-social variables in widowhood adjustment.

### **Purpose of the Study**

This general purpose of the study was to determine the extent to which psycho-social variables predict adjustment to widowhood of members of the Lutheran Church. Specifically, the study sought to determine:

1. the extent to which emotional support predicts adjustment to widowhood among members of the Lutheran Church.
2. the extent to which community support predicts adjustment to widowhood;
3. the extent to which peer support predicts adjustment to widowhood;

4. the extent to which mental health predicts adjustment to widowhood.

### **Research Questions**

1. To what extent does emotional support predict adjustment to widowhood among members of the Lutheran Church in Akwa Ibom North-East Senatorial District, Nigeria?
2. To what extent does community support predict adjustment to widowhood among members of the Lutheran Church?
3. To what extent does peer support predict adjustment to widowhood among members of the Lutheran Church?
4. To what extent does mental health predict adjustment to widowhood among members of the Lutheran Church?

### **Hypotheses**

1. There is no significant extent to which emotional support predict adjustment to widowhood among members of the Lutheran Church.
2. There is no significant extent to which community support predict adjustment to widowhood.
3. There is no significant extent to which peer support predict adjustment to widowhood.
4. There is no significant extent to which mental health predict adjustment to widowhood.

### **Methodology**

This study adopted a correlational research design, suitable for examining relationships between variables without manipulation. The study was carried out in the Lutheran Church in Akwa Ibom North-East Senatorial District, Nigeria, comprising nine Local Government Areas. The population comprised all 2,548 widowed members registered in the Lutheran Church in Akwa Ibom North-East Senatorial District (Lutheran Regular Council Brochure, 2025). Using Taro Yamane's (1967) formula, a sample size of 320 widowed respondents was determined. Stratified random sampling technique was used. Yamane's formula is:  $N = \frac{N_1 + N_2 + \dots + N_k}{1 + N(e)^2}$

Where:

n = desired sample size

N = total population size

e = margin of error (as a decimal)

Data were collected using a researcher’s made structured questionnaires titled “Psycho-social Variables Questionnaire (PSVQ)” assessing emotional support (8 items), community support (8 items), peer support (8 items), and mental health (8 items). Also, Adjustment to Widowhood Questionnaire (AWQ) was used to elicit response on the dependent variable. All items were rated on a 4-point scale. The instrument was administered to a sample of 50 widowed members who did not take part in the study but share similar characteristics with the main study population in the Lutheran Church in Akwa Ibom North-East Senatorial District. The responses obtained were subjected to Cronbach’s Alpha reliability analysis to determine internal consistency. The analysis yielded a reliability coefficient of 0.87, indicating that the instrument has a high level of reliability and is suitable for measuring the psycho-social variables and widowhood adjustment among the respondents.

**Results**

**Research Question One: Emotional Support and Adjustment to Widowhood**

**Table 1: Simple Linear Regression of Emotional Support and Adjustment to Widowhood**

| Variables                                    | R     | R <sup>2</sup> | Adjusted R <sup>2</sup> | Decision         |
|--|-------|----------------|-------------------------|------------------|
| Emotional support<br>Adjustment to widowhood | 0.814 | 0.663          | 0.661                   | Very High Extent |

R<sup>2</sup> = 0.663 indicates that 66.3% of the variance in adjustment to widowhood is explained by emotional support. This means that emotional support predict adjustment to widowhood among members of the Lutheran Church in Akwa Ibom North-East Senatorial District, Nigeria to a very high extent.

**Research Question Two: Community Support and Adjustment to Widowhood**

**Table 2: Simple Linear Regression of Community Support and Adjustment to Widowhood**

| Variables                                    | R     | R <sup>2</sup> | Adjusted R <sup>2</sup> | Decision        |
|--|-------|----------------|-------------------------|-----------------|
| Community support<br>Adjustment to widowhood | 0.581 | 0.337          | 0.335                   | Moderate Extent |

R<sup>2</sup> = 0.337 indicates that 33.7% of the variance is explained by community support. This means that community support predict adjustment to widowhood among members of the Lutheran Church in Akwa Ibom North-East Senatorial District, Nigeria to a moderate extent.

### Research Question Three: Peer Support and Adjustment to Widowhood

**Table 3:** Simple Linear Regression of Peer Support and Adjustment to Widowhood

| Variables                               | R     | R <sup>2</sup> | Adjusted R <sup>2</sup> | Decision    |
|---|-------|----------------|-------------------------|-------------|
| Peer support<br>Adjustment to widowhood | 0.660 | 0.435          | 0.433                   | High Extent |

R<sup>2</sup> = 0.435 indicates that 43.5% of the variance is explained by peer support. This means that peer support predict adjustment to widowhood among members of the Lutheran Church in Akwa Ibom North-East Senatorial District, Nigeria to a high extent.

### Research Question Four: Mental Health and Adjustment to Widowhood

**Table 4:** Simple Linear Regression of Mental Health and Adjustment to Widowhood

| Variables                                | R     | R <sup>2</sup> | Adjusted R <sup>2</sup> | Decision         |
|--|-------|----------------|-------------------------|------------------|
| Mental health<br>Adjustment to widowhood | 0.831 | 0.691          | 0.690                   | Very High Extent |

R<sup>2</sup> = 0.691 indicates that 69.1% of the variance is explained by mental health.

### Hypothesis Testing

**Table 5:** Summary of Simple Linear Regression for Hypothesis Testing

| Hypotheses      | Predictor         | Sum of Squares | df | Mean Square | F     | Sig. | Decision |
|-----------------|-------------------|----------------|----|-------------|-------|------|----------|
| Ho <sub>1</sub> | Emotional support | 9297.16        | 1  | 9297.16     | 72.51 | .000 | Rejected |
| Ho <sub>2</sub> | Community support | 6135.17        | 1  | 6135.17     | 44.34 | .000 | Rejected |
| Ho <sub>3</sub> | Peer support      | 6857.89        | 1  | 6857.89     | 50.41 | .000 | Rejected |

| Hypotheses      | Predictor     | Sum of Squares | df | Mean Square | F     | Sig. | Decision |
|-----------------|---------------|----------------|----|-------------|-------|------|----------|
| Ho <sub>4</sub> | Mental health | 10182.09       | 1  | 10182.09    | 81.20 | .000 | Rejected |

All null hypotheses were rejected at .05 significance level. The unstandardized coefficients indicate that for every one-unit increase in emotional support, adjustment increases by 2.12; for community support, adjustment increases by 1.27; for peer support, adjustment increases by 1.38; and for mental health, adjustment increases by 3.12.

## Discussion of Findings

### Emotional Support and Adjustment to Widowhood

The finding that emotional support significantly predicts adjustment to widowhood ( $R^2 = 0.663$ ,  $p < .05$ ) implies that widows who receive empathy, encouragement, comfort, and understanding from family members, friends, and fellow church members are more likely to adjust positively. Emotional support reduces feelings of loneliness, grief intensity, and hopelessness. This finding aligns with Udo (2020) whose findings showed that widows who perceived strong family emotional support exhibited significantly higher levels of emotional stability and reduced feelings of isolation. In the same vein, the findings also align with that of Okonkwo (2022) who findings revealed that widows who reported higher levels of perceived emotional support also experienced significantly better emotional adjustment, characterized by reduced feelings of loneliness and depressive symptoms.

### Community Support and Adjustment to Widowhood

The finding that community support significantly predicts adjustment to widowhood ( $R^2 = 0.337$ ,  $p < .05$ ) implies that involvement of the wider community through financial assistance, welfare programmes, and communal activities enhances widows' coping ability and sense of belonging. This finding aligns with earlier study of Adegoke (2017) whose findings revealed that children who had access to organized community support such as mentorship, after-school programs, and emotional counselling showed higher levels of emotional stability and school attendance. In the same vein, the finding also aligns with the work done by Eze (2019) whose findings showed that

consistent emotional attention and encouragement from caregivers significantly improved children's feelings of safety, belonging, and self-worth.

### **Peer Support and Adjustment to Widowhood**

The finding that peer support significantly predicts adjustment to widowhood ( $R^2 = 0.435$ ,  $p < .05$ ) implies that widows who interact with fellow widows with similar experiences receive comfort, validation, and shared understanding. This finding corresponds with study by Yusuf and Bello (2019) whose findings showed widows engaged in peer companionship reported better adjustment across social, economic, and emotional domains regardless of religious affiliation, though Christian widows benefitted slightly more due to formalized church groups. In the same vein, the findings also align with the work done by Nwachukwu and Eze (2020) whose findings revealed a significant positive correlation between the level of perceived peer support and psychological well-being, particularly in reducing loneliness and depressive symptoms.

### **Mental Health and Adjustment to Widowhood**

The finding that mental health significantly predicts adjustment to widowhood ( $R^2 = 0.691$ ,  $p < .05$ ) implies that widows with better mental health characterized by emotional stability, reduced depressive symptoms, and positive psychological functioning adjust more effectively. This finding is in line with previous research of Nwankwo and Bello (2020) whose study found a high prevalence of psychological distress, including symptoms of anxiety and depression, and observed that most widows relied heavily on religious faith and informal social networks as their main coping strategies. In the same vein, the findings also align with the previous study of Chigbu *et al.* (2023) whose findings revealed that the cognitive restructuring technique significantly enhanced emotional adjustment among the single mothers, and no significant differences were found between urban and rural participants.

### **Conclusion**

It is concluded that psycho-social variables specifically emotional support, community support, peer support, and mental health play significant roles in determining how widowed members adjust to the challenges of widowhood. Widows who receive strong emotional backing, enjoy supportive peer and community relationships, and maintain good mental health are more likely to experience better psychological, social, and spiritual adjustment after spousal loss.

## Recommendations

1. The church should establish structured emotional support systems through pastoral counselling, regular visitation programmes, and prayer networks specifically designed for widowed members.
2. Community support structures should be strengthened through awareness campaigns educating families and community members on providing financial, material, and emotional assistance to widowed members.
3. Peer support systems should be established, identifying widows who have successfully adjusted to serve as peer mentors to newly bereaved members.
4. Mental health education should be incorporated into church and community programmes, with professional counsellors conducting periodic mental health assessments.
5. Government and non-governmental organizations should collaborate with churches to develop community-based widows' support centres providing counselling, legal aid, and economic empowerment programmes.

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