

Chapter One

Introduction

1.1 Background to the Study

In life, unpleasant situations can happen anytime, and when this occurs, it tends to destabilise the person involved. Unexpected occurrence could be the loss of a job, sickness or the death of a loved one among others. When the death of a loved one, especially one's spouse, happens suddenly, it could be, not only shocking but also enough to leave one shattered without knowing what to do or where to turn to for help. The frustration inherent alone may make a sane person go into depression¹. The effect could be devastating to one's well-being if not properly managed. Well-being often times could be financial, physical, or even psychological. When someone is traumatised by an occurrence, it most times, affects the person's psychological well-being¹.

Psychological well-being (PWB) therefore, according to World Health Organisation (WHO), is a "state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"¹. On the other hand, if an individual fails to realise her own abilities, cannot cope with the normal stresses of life, work productively and fruitfully, make useful contributions to her society, then she is psychologically unwell. Psychological well-being (PWB) has to do with one's emotional and social well-being. It has a lot to do with one's thinking, feelings and actions. It goes a long way to show one's relationship with others, how one makes choices and how one manages stress. So, once anything tampers with one's psychological well-being, it affects one's thinking, mood, interaction with others and even one's whole life. It is the level at which one is healthy and has this satisfaction about life resulting from successes or achievements in life¹.

Psychological well-being, can be measured using metrics such as autonomy, which describes one's level of self-independence; environmental mastery, which explains how well an individual knows his/her environment; personal growth, which shows continuous process of learning; positive relations with others, which means maintaining close relationship with others; purpose in life, that is, having a clearly driven mission; and self-acceptance, which explains how one has come to terms with one's successes and achievements¹. Therefore, when these are lacking, then there is a problem. In our society, there are some harmful widowhood practices which have one way or the other affected the PWB of some of these women.

The loss of a spouse is a traumatic event that alters the course of one's life and frequently necessitates changes and modifications to one's social roles for the surviving spouse. Widowhood is linked to increasing financial burden, taking on new responsibilities for household management, and modifications in social interactions, all of which may aggravate psychological discomfort. The death of one's spouse, whether expected or sudden can leave one heartbroken and some people may not recover from the effect of the loss. When a man's wife dies, he is referred to as a widower and when the husband of a woman dies, she is referred to as a widow. Widowhood therefore is the state or a period of being a widow or a widower². More so, widowhood can be regarded as the disruption of marriage due to the death of the spouse. Widowhood is linked to numerous unfavourable physical and emotional strains, including psychological anguish, doctor visits, institutionalisation in mental homes, and greater rates of morbidity and mortality. It involves observing different rites by the widow which is different depending on the culture of the people².

However, the effect of losing a spouse is felt and treated differently between the two genders in Nigeria, especially in some climes as a result of their tribe or culture. In Nigeria, if a man's wife dies and he becomes a widower all of a sudden, the community tend to console, condole and

sympathise with him and even encourage him to re-marry as soon as possible without even venturing into the cause of the wife's death but the reverse is the case for the woman². Women continue to be the target of unpleasant widowhood practices in many areas throughout Nigeria as many of them have suffered unjustified misfortunes as a result of this. After the death of their husbands, many women were compelled by circumstance to live lifestyles that were very different and degrading from their accustomed lives².

Widowhood is an unwelcome and painful stage in a woman's life. It's a time of melancholy, dissatisfaction, solitude, and powerlessness³. The suffering of this time cannot be adequately described in words. Widowhood involves emotional loss and changes to one's identity, way of life, social standing, and occasionally, job³. Continuation of the period of grief is expected, and it may last for a predetermined amount of time depending on the cultural customs of each group. Expressing sadness and grief over the death of the spouse, particularly the husband who provides for the family, are typically influenced by culture. The process of widowhood is characterised by series of rites, denials, life of solitude, poverty, loss of status, compulsory marriage, anxiety about the future, and despair for the woman³. Every culture in the world has its own set of expectations for how the widow should respond to her husband's passing. These expectations are known as the many mourning ceremonies that are exclusive to each culture³.

Therefore, widowhood practices or rites involves series of actions or behaviour expected from the widow, it also involves the actions of others towards the widow, and all rituals, performed by or on behalf of the widow from the moment the husband died. These can also be a series of superstitious activities carried out by or against the widow on the instruction of the late husband's relatives in the guise of custom or tradition³. In most cases, these offensive acts are frequently enforced by women in the various communities in the name of traditions and customs. Often times, the genesis of the suppression of women which has been so deeply

embedded into our culture and tradition is the supposed inferior status of women, their erratic personalities, and the unseemliness of their participation in politics and society and which in effect has also extended into the economic spheres. These factors have resulted into the way women have been relegated and their treatment as possessions and objects instead of subjects³.

In addition, widowhood rites are viewed as a purification ceremony to rid the woman of the curses associated with disobedience as well as a test of her loyalty to her deceased spouse. Regrettably, these rites have resulted in women being mistreated and subjected to horrific psychological agony just when they need solace the most¹. Psychological well-being issues can be exhibited in the following ways: inconsistency with sleeping or eating habits; staying away from people and activities previously enjoyed; lack of energy or constant fatigue; the feeling of emptiness or lackadaisical attitude; unexplained aches and pains; constant feeling of hopelessness and helplessness; abuse of drugs and alcohol; and constant edgy feelings. This well-being issues can also be exhibited through anger, confusion, forgetfulness, worry, constant shouts or quarrels with relatives and friends, always feeling paranoid, and having suicidal thoughts, among other symptoms². The customs surrounding widowhood differ from community to community, and some of them are likely to be in violation of a woman's human rights³.

Loss of social status and a decline in economic position are two prevalent experiences shared by widows all over the world. African widows are among the most defenceless and impoverished women in the continent, regardless of their ethnicity. The idea that marriages do not end with death is shared by countries in both the Francophone and Anglophone worlds. Although the widow may not have ownership rights to her husband's property, she is typically expected to fulfil commitments to her late husband by taking part in widowhood rites². In some climes, as part of widowhood traditions, widows are tortured physically and emotionally thereby

experiencing double loss of losing their spouses and also having to go through painful cultural procedures to demonstrate their innocence in their husbands' deaths irrespective of the stage of the marriage. Nigeria is one country with diverse cultures, both good and harmful. It has been observed that despite the fact that some cultures put the widows through some cruel rituals, some civilised and educated in-laws care less about observing these rituals as they see it as obsolete and degrading. They prefer to rally round the widow to see how she can be re-integrated into the society without much hassle and take care of the children the late husband left behind².

On the other hand, some in-laws, out of greed and envy, intentionally or hiding under culture, put these widows through untold harmful practices upon the loss of their husbands. Often times, they are made to go through some unpalatable situations in the bid to prove they know nothing about the death of their husbands and these rituals are usually detrimental to the psychological well-being of the woman³. In some regions of Nigeria, widows are forced to enter confinement and endure severe hardships and deprivations throughout the period of mourning, which could extend for weeks or months. Some of these practices include drinking the water used in bathing the corpse, sleeping on the bare mud kitchen floor, where food is cooked with firewood for 21 days without bathing or brushing while at the same time, made to scream and shout to show she is actually crying to mourn her late husband; some are made to sleep with the corpse for seven days among other practices³. After going through these agonizing and torturous practices, some may not recover from it while some may develop psychological trauma.

This study used moderating variables which are hinged on demographic factors of age, economic status and tribe. These are prevalent in the observance and adherence to these widowhood practices. The age of widowhood varies across studies, which is certain to have an impact on the conclusions about psychological adjustment. Compared to elderly persons who

get widowed, the effects of widowhood may be more severe on the younger widows³. Early widowhood is more likely to be unexpected or sudden, which has been linked to greater psychological suffering and readjustment challenges. Often times, the age of the widows determines the extent to which they are willing or unwilling to go through these harmful practices³. The younger and inexperienced widows are cajoled or coerced into agreeing to take part in the ritual under the guise that they have a lot to gain if they go ahead. And these young widows innocently go through and come out worse than before because, they end up being stripped off the late man's property³. Some bold ones may reject vehemently the practices which more often than not see them leaving their marriage outright³. The older generation, who most likely has suffered with the late husband, would not want any intruder to inherit what she and her late husband laboured for, may decide to stay and slug it out with them. However, if the children are grown, they would ensure that their mother is not denied her right³.

Furthermore, researches have shown that economically buoyant widows are less likely to go through these harrowing widowhood experiences all in the name of culture^{2,3}. Since the whole essence is to inherit the late husband's estate, she may decide to walk away because she has the means to acquire more for herself. The working class widow may not have the luxury of engaging in such practice because she may not be given such length of time at work to engage in such practices. On the other hand, the widows who are basically full time house wives and depended practically on the late husband for everything may not have a choice³.

In the United Kingdom, most widows choose to remarry instead of remaining widows because of discriminations and the harsh economic climate dominated by the male folks⁴. However, some widows in United States, experience series of psychological uncertainty and trauma which often emanates from thinking about how they will cope in their new normal situation and also the way forward after the death of the husbands⁵.

In Africa, among the Zimbabwean, the widow is isolated from participating in any social events because she is still believed to be associated with the spirit of the late husband and has to be cleansed before she can take part in any social activities⁶. She is also excluded from participating in decisions that concerns her and her children and this often leads to psychological disorder among some of them. Moreover, widowhood ceremonies are seen as a test of a woman's devotion to her deceased spouse as well as a cleansing ceremony to free her of the curses connected with disobedience. Unfortunately, these traditions have led to women being tortured and going through terrible psychological trauma at precisely the time when they need comfort⁶.

In Nigeria, widowhood practices differ across the three predominant tribes that exist. In the Eastern part of the country, a woman whose husband is dead is not required to be fully dressed. All she is expected to do is to tie a single wrapper around the upper part of her body and remain like that for a certain period of time. Often times, they are not expected to take their bath or speak to people around them, except to cry; and as soon as the husband is buried, the women of the clan, referred to as '*umuada*' would then shave her hair and bathe her, initiating her into widowhood, among other practices⁶. While seated at the same spot for the whole day, she is not expected to get up and only attends to visitors that come to condole with her and she is supposed to wear a particular coloured attire all through the period of mourning⁶.

More so, in the Northern part of Nigeria, the widows are prevented from doing any farm work or go out in the guise of going to the market. They are not allowed to leave the room where they are confined throughout the period of mourning. During this period, they are not allowed to talk to anyone⁷. The only people allowed in her '*pudah*' are often times, close relatives. The loneliness and despair caused by these practices can make any sane woman lose her cool and suffer depression. In addition, it is an abomination for the widows to touch directly anything

and even themselves because whatever they touched during this period is considered defiled and would require special cleansing. Whatever they must touch, will be done using a stick. A special place is usually prepared for them to sleep on the mat, placed on wooden planks. To mark the end of the mourning period, the mat and planks are gathered and burnt⁷.

Furthermore, in South-west Nigeria, widows go through similar experiences. They are expected to wail and fall to the ground in the process. The culture expects her to be confined in a place for seven days without bathing or change of clothes. While eating, she is meant to eat from a broken plate and the food itself prepared in a broken earthenware pot. After the stipulated period, she is then washed at night after performing other rituals, to signify the end of mourning thereby putting the soul of the deceased to rest⁸. They are made to swear under oath that they do not have a hand in the death of their husbands and sometimes, made to drink from the water used in bathing the dead husband to prove whether or not she has a hand in the death of the man in the case of a mysterious death. After the period of mourning, she is then inherited by any of the husband's relative who is entitled to inherit his property, this act is known as '*oposusu*' in Yoruba land⁸.

These practices have one way or the other adversely affected these widows. The effects are felt physically on their health; socially, as it becomes difficult for them to really trust the society who robbed them of their pride and dignity; and economically too because all their late husbands left have been taken over by relatives, thereby leaving the widow in penury; above all, their psychological well-being is dented in no small measure, and when the psychological well-being is affected, if care is not taken, they may become depressed, unproductive and even suicidal¹. Therefore, widows who are made to go through these harmful widowhood practices may suffer not just psychological issues, but also may go through physical and emotional trauma. Physically, they may look unwell and older than their age and may be constantly down

with one ailment or another, one of such being hypertension. Some widows go through these humiliating widowhood practices because of their low level of self-assertiveness. Some as a result of fear of the unknown accept all manners of ill treatment without the ability to decline offers that are injurious to them. So, one of the ways to help these widows regain self-respect, dignity and autonomy is helping them to improve their level of self-assertiveness.

Self-assertiveness, therefore, is the ability to express one's self unequivocally and in a straight forward manner, stating one's feelings, ideas and rights in such a manner that the other person's right is respected as well. Assertive people have the ability to act in accordance to what they want without any feeling of significant anxiety or disregarding other people's rights. To desire to openly and directly advocate for one's demands and interests go a long way to define self-assertiveness as style of human communication and behaviour⁹. Generally speaking, self-assertiveness is the honest and appropriate expression of one's own rights, sentiments, opinions, and aspirations without infringing upon or undermining other people's rights. It is the capacity to communicate one's emotions and stand up for one's rights while still respecting those of others. Assertive communication makes one's requirements clear to the other person and is appropriately straightforward, honest, and open. While some people are inherently assertive, others have to acquire the skill⁹.

Self-assertiveness can be measured using open expression, consideration for others, emotion control and self-direction⁹. Open expression is the free will to express, hear, contemplate different opinions and the ability to criticize and also accept criticism without fear or favour. Also, emotion control is the capability to modulate one's feelings and actions in such a manner that one is not hurt and also does not hurt the feelings of others in the course of exercising it. On the other hand, consideration for others is when the feelings and opinions of others are contemplated before certain actions or inactions are taken, while self-direction is the ability to have a focus and a target objective to be achieved⁹. Self-assertiveness has been found to have a

positive impact on psychological well-being of widows like depressive mood and stress response. Also, it was believed to improve their sense of autonomy, interpersonal interactions, self-confidence, self-esteem, and fulfilment which are the indices of psychological well-being. It has been suggested that a feeling of coherence is a psychological indicator of wellness and successful adjustment. In as much as it is good to be self-assertive, some widows find it difficult to assert themselves because societal harmful practices have rendered them voiceless and unassertive⁹. It has become one group of individuals, be it the family or society asserting their power over them and making demands, while they give in to their demands because it is simpler to do so than to refuse or to do what is right⁹. This is the case of the widows, who may have suffered maltreatment as a result of some societal and cultural practices. They are left with lifelong scars from their experiences, which can lead to despair or even psychological well-being issues since they have lost the capacity to regain balance. However, widows who are adept at assertiveness are able to drastically minimize the degree to which inter-personal conflict occurs between them and others, and this eliminates a significant contributor to stress⁹.

Usually, some vulnerable widows often find themselves in a situation where they find it challenging to refuse an invitation to do anything. They have developed the habit of doing what others request for a variety of reasons at some point in their lives. They are reluctant to say no thereby going through life with the conviction that they do not have any choice than to render such service and that, in doing so, they are repaying those they are indebted to. Making demands, expressing tough emotions like anger and frustration, and successfully negotiating with others all require assertiveness⁹. Strong willed widows are aware of their shortcomings, they will assess and process whatever request that is made of them, and then decide whether to accept it or decline it¹⁰. Studies have shown that in Iran there is a connection between assertiveness, that is the ability to say no and psychological well-being, whereas, it was

proposed that self-assertiveness and the ability to say no would be beneficial for psychological well-being^{9,10}.

As a result of its many beneficial effects, self-assertiveness is regarded as the most successful communication and behavioural style. More so, assertiveness encourages increased rates of physical and psychological well-being and provides the finest control for both the personal and professional spheres of life. Increased self-confidence, greater motivation, self-esteem and the unleashing of intrinsic resources; the capacity to cope with different situations with ease, increase in the level of tolerance when handling diversity and uncertainty; reduced levels of anxiety; healthier and happier relationships, and many other changes are all possible once the widow start to think, feel, and interact more assertively⁹. People who are predominantly assertive create opportunities for themselves and others and at the same time know how to promote themselves and showcase their abilities. Authenticity and independence are closely linked to an assertive lifestyle. In order to activate assertiveness traits, the widow must identify the underlying core beliefs that are activated in social circumstances which lead to unassertiveness. Mastering assertive communication requires identifying the underlying core beliefs which are activated in social circumstances and which lead to unassertiveness. These maladaptive beliefs can then be replaced with more realistic, positive beliefs that foster assertive communication, resulting in an increase in self-evaluation in social circumstances thereby impacting self-esteem and quality of relationships⁹.

Widows will have positive relations with others if they are given the care and attention they need; nevertheless, widows whose needs are not satisfied will face insecure affinity with others. Therefore, unstable relations with others have been linked to poor psychological well-being in these widows; it also prevents them from building a strong psychological foundation, reduce their ability to cope with difficult life circumstances and make them more likely to struggle to control their emotions in stressful situations¹⁰. The ability to express displeasure or annoyance

in reply to someone else's lack of regard, as well as the spontaneous expressing of preference for changing a situation, are all examples of self-assertiveness. Self-assertiveness has been regarded as a multidimensional notion and collection of abilities. Also, it is suggested that self-assertiveness is a technique of expressing various emotions, besides worry, in a way that is acceptable to others. It was discovered that training in the identification and expression of the many emotional states and feelings is necessary for widows in order for them to be more assertive or emotionally and psychologically free¹⁰. Because unassertive widows lacked the behavioural techniques and social skills necessary to adjust to social reality, it was hypothesized that their behaviour constituted a social deficiency⁹. On the other hand, it is believed that widows who could act assertively did so in a socially competent manner. The capacity to say no, to express both good and negative emotions, to make contacts, and to start, maintain, and conclude discussions were identified as an extension of the concept of assertiveness⁹.

Widows who struggle to articulate their demands, wishes, thoughts, and feelings or who are overly accommodating engage in unassertive behaviour. They think that they lack the authority to ask for things from others, are unworthy of doing so, or are wrong for thinking and acting in the manner they do; therefore this type of behaviour is termed passivity. Unassertiveness has been linked to disorders including stress and despair as well as interpersonal issues⁹. Additionally, it is said that the associations between passivity and low self-esteem may be the starting point for several psychological disorders. Lack of expertise, discriminations and unreasonable fear of repercussions are just a few of the causes of unassertiveness. Those who learned and employ greater assertive communication techniques and exhibited more assertive conduct are found to have a clearer understanding of their own personal objectives. Being self-assertiveness has been demonstrated to alleviate symptoms of many different psychological conditions, including depression, anxiety, and a host of others⁹. Following self-assertiveness training, and the inclusion of the use of bibliotherapy, the widow is able to improve her self-

confidence and self-esteem and is able to live a meaningful life and contribute positively to the society⁹.

Bibliotherapy therefore can be said to be the use of "literature to help people cope with emotional problems, mental illness, or changes in their lives"¹⁰. Scholars have opined that it is used to bring about positive changes in thinking and behaviour, and also encourages personality growth and development¹⁰. It is also the use of information materials in any format as a therapy, treatment or intervention to help and support people who have suffered psychological issues to come to terms with the emotional trauma and help them become better. Sometimes it can be challenging to make sense of what is occurring in one's mind and body, especially when struggling with conditions like anxiety and depression or grieving, especially if there are no previous experiences to compare it to. Therefore, bibliotherapy seeks to close this gap by using literature to help improve one's state of life by providing information, support, and direction in the form of reading self-help books and storybooks¹¹.

The use of storybooks as a strategy to treat and heal is not new and this has been in existence for centuries¹¹. Bibliotherapy has been known and used since antiquity, but it wasn't until the early 1900s that the term came to particularly refer to using books as a therapeutic aid for people. Bibliotherapy can help with a variety of issues that people face on a daily basis, such as aggression, psychological issues, and personality problems. Many studies have also shown that bibliotherapy is effective in a variety of other areas, such as psychological well-being, depression, violent behaviour, abusive behaviour and assertiveness¹¹. Credence is given to the usefulness of bibliotherapy in light of engaging in a more in-depth discussion to get to the root of the problem. The two types of bibliotherapy are clinical and developmental. Clinical bibliotherapy employs guided reading to help those going through trauma related to their emotions, behaviours, or environment. It occurs in a therapeutic environment with a trained

counsellor or therapist present. On the other hand, developmental bibliotherapy uses guided reading in settings that are more akin to real life. Through reading, participants make links between the book they are reading and their daily lives¹¹.

Bibliotherapy is a growing form of therapy that can be used as a therapeutic or preventative method because it anticipates people's needs and specific areas of crisis¹². This sort of bibliotherapy helps the patients grasp their current problems and gives them hope. It equips students with the skills needed to know what to do in a crisis or challenging situation. In bibliotherapy, people can improve their ability to deal with challenges by observing how fictional characters deal with them¹¹. The use of books to promote affective change, self-expansion, and self-development is known as bibliotherapy. The use of literature at the correct moment that is suited for their developmental needs and unique circumstances is a way of helping people understand themselves and cope with obstacles¹¹.

There are four phases of bibliotherapy: identification, catharsis, insight, and universalisation. The first stage is identification. When a reader starts to identify with a fictional character and sees similarities between the character and themselves, they have reached this stage. This encourages the reader to feel a connection to the character¹². The reader learns that they have characteristics in common with the character in the novel. The more connections readers have with the character, the easier it is to identify them. When people relate to the fictional characters, they are able to link their inner emotions with their actions. Reading a book that depicts a circumstance similar to their own might help readers better understand their own ideas and actions¹². The second stage is catharsis. Catharsis is a more potent emotional process. With this arousal of feeling, readers are able to realise that they are not alone in their problems; others are experiencing analogous sentiments and circumstances. The reconnecting of feelings and experiences that occurs during the identification stage enables catharsis. The catharsis

experience allows readers to escape their obligations and live vicariously through others¹². By realizing they are not alone, this stage enables readers to connect with characters and feel their emotions released. Third stage is insight. Displacement is a technique a reader might use in bibliotherapy. The reader is able to drop their protective walls as a result of the greater distance, which makes them more sensitive to knowledge and growth that would not otherwise occur¹². Problems in the real world that are comparable to those in a book are tackled using this newly gained insight¹¹. Also, the exercises provided at this point provide more clarity and solutions. Activities are more effective than lectures at teaching readers about these topics because they are more developmentally appropriate and in accordance with how people actually learn. A fourth phase known as universalisation was added by some bibliotherapists. Seeing that the issues the fictional character and the reader both encounter are common is the idea that underlies universalisation. Problems are part of life and people encounter it daily, so also the generation of solutions to those problems. Throughout the universalisation phase, readers comprehend that they are not alone in their troubles and that others are experiencing the same things¹². With bibliotherapy, people discover that other people experience the same emotions they do. As a result, readers can identify with the character in the book since they experience comparable circumstances¹¹. Because other individuals experience the same difficulties they had, universalisation helps the reader know they are not alone. This gives them a sense of hope, balance, and normalcy¹².

In Sweden, it was demonstrated that the use of bibliotherapy was found potent in improving the psychological well-being, self-assertiveness and social engagement of participants who participated in the intervention¹³. Through the use of interviews, it was also made clear that the individuals had improved their social engagement and self-confidence¹³. More so, bibliotherapy can help people of any age become more self-aware, boost their self-esteem, and help them deal with developmental crises¹⁴. A study carried out in Sri Lanka shows that reading can be used as

therapy to cure a variety of conditions, including depression, anxiety, eating disorders, and communication problems. The results also suggest that bibliotherapy can benefit a variety of psychiatric problems and traumas¹³. Reading therapy is of utmost beneficial for clients dealing with problems including grieving, post-traumatic stress, or family-related issues¹³.

In using bibliotherapy as an intervention, literary characters who went through the same ordeal or experience like the widows are identified. This association helps them discharge their emotions, chart a new course in life and also discover new and better ways of relating with people. This feeling of not being alone in their plight gives them encouragement and hope for a better future. It gives them the opportunity of exploring and learning vividly how to go about providing solutions to their problems by reflecting on how the characters in the literature being read handled their problems and come out victorious¹¹. Due to the socio-cultural stigma attached to widowhood, the problems widows experience are more severe and complicated. Many widows experience social and psychological trauma as a result of the difficulties of rejection, deprivation, loneliness, and wickedness that are associated with widowhood on the part of the women³. These practices are full of torments and barbarous in character². The ancient burial practices of cleansing that involve inflicting physical and psychological harm on widows have several effects on the health of the widow, who is frequently traumatized and abused. These issues results into low self-esteem, a sense of worthlessness, fear, anger, and a loss of zeal to live².

Furthermore, the practice may cause health issues including high blood pressure, kidney disease, diabetes and heart failure, all of which can easily to the death of widows leaving their kids orphans³. As bad as this sounds, there is still hope for the widows with the use of bibliotherapy as an intervention which entails the use of recommended books to improve the psychological well-being of these widows thereby restoring their dignity, self-esteem and willingness to live a

successful and fulfilled life again. In as much as there have been similar researches involving the use of other forms of therapy as interventions for emotional and behavioural disorders, however, using bibliotherapy to improve the psychological well-being of widows will be significant in creating awareness about the effectiveness and potency of using recommended books as therapy to mend and improve the psychological well-being of widows in Ibadan Metropolis.

1.2 Statement of the Problem

Widows deserve to be healthy, productive and should be able to care for themselves and their children despite the death of their husbands. Naturally, the government, religious houses, the society and their families are meant to rise up and give them support to better their lot but in reality, this is far-fetched. They were made to go through some unhealthy societal practices in the name of mourning their dead which were very detrimental to their psychological well-being^{4,6}. It had been observed that some of these women, often times, seek help in places like hospitals for medical attention, religious houses, traditional healing centres and the likes⁷. In some cases, they ended up being addicted to sedatives and other substances for succour, yet these remedies often times had a short term relief and their psychological well-being remains poor⁵. Where this persisted, they ended up losing their autonomy and dignity, thereby, seeing themselves as failure.

In order to improve the psychological well-being and self-assertiveness skills of these widows; and fully re-integrate them back into the society, the use of bibliotherapy and self-assertiveness strategies will be adopted as interventions. Several researchers have conducted varying researches on bibliotherapy but a gap was noted in the area of using bibliotherapy and self-assertiveness strategies to improve the psychological well-being of widows^{14,15}. As a result of this observation, this study went ahead to determine the effects of bibliotherapy and self-

assertiveness strategies on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria. It also examined the effects of moderating variables of age, economical status and tribe on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.

1.3 Aim and Objectives of the Study

The aim of this study is to determine the effects of bibliotherapy and self-assertiveness strategies on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria, while the following objectives are to determine:

- i. the main effect of treatment (bibliotherapy) strategy on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria;
- ii. the main effect of treatment (self-assertiveness) strategy on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria;
- iii. the interactive effect of treatment (bibliotherapy) strategy and age on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria;
- iv. the interactive effect of treatment (bibliotherapy) strategy and economic status on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria;
- v. the interactive effect of treatment (bibliotherapy) strategy and tribe on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria;
- vi. the interactive effect of treatment (self-assertiveness) strategy and age on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria;
- vii. the interactive effect of treatment (self-assertiveness) strategy and economic status on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria;
- viii. the interactive effect of treatment (self-assertiveness) strategy and tribe on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria;

- ix. the combined effects of treatments (bibliotherapy, self-assertiveness) strategies and age on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria;
- x. the combined effects of treatments (bibliotherapy, self-assertiveness) strategies and economic status on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria; and
- xi. the combined effects of treatments (bibliotherapy, self-assertiveness) strategies and tribe on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.

1.4 Hypotheses

- H₀1: There will be no significant main effect of treatment (bibliotherapy) strategy on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.
- H₀2: There will be no significant main effect of treatment (self-assertiveness) strategy on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.
- H₀3: There will be no significant interactive effect of treatment (bibliotherapy) strategy and age on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.
- H₀4: There will be no significant interactive effect of treatment (bibliotherapy) strategy and economic status on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.
- H₀5: There will be no significant interactive effect of treatment (bibliotherapy) strategy and tribe on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.
- H₀6: There will be no significant interactive effect of treatment (self-assertiveness) strategy and age on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.

H₀7: There will be no significant interactive effect of treatment (self-assertiveness) strategy and economic status on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.

H₀8: There will be no significant interactive effect of treatment (self-assertiveness) strategy and tribe on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.

H₀9: There will be no significant combined effects of treatments (bibliotherapy, self-assertiveness) strategies and age on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.

H₀10: There will be no significant combined effects of treatments (bibliotherapy, self-assertiveness) strategies and economic status on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.

H₀11: There will be no significant combined effects of treatments (bibliotherapy, self-assertiveness) strategies and tribe on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.

1.5 Significance of the Study

The study would be of benefit to widows, policy makers, librarians, non-governmental organisations and the body of knowledge. The outcome of this study would enable widows in Ibadan metropolis whose psychological well-being have been affected as a result of some harmful widowhood practices change their perspective and attitude about life by believing more in themselves through the use of bibliotherapy; thus living a happier and more productive life, and are also able to contribute meaningfully to the society. More so, this investigation would reveal the benefits of using bibliotherapy and self-assertiveness strategies as treatments or

interventions to improve the lives of widows who suffer psychological traumas by providing necessary and needed information through books.

The study would assist the policy makers in knowing the statistics of widows in Ibadan metropolis in order to empower them when such needs arise, which could also lead to the formulation of policies on widows emancipation. The government in their decision making could enact laws forbidding the act of some harmful widowhood practices meted on the widows as it robs them of their psychological well-being. Policies could also be made to train and equip widows with necessary skills required and also empower them both financially and materially in order to better their lots. Furthermore, the outcome of this research would serve as alternatives to drugs. Not all ailments need prescription of pills. Some may only require the prescription of bibliotherapy for deep healing. Therefore, the medical practitioners could also prescribe books in this regard to people with low psychological well-being in order to improve the state of their mind.

More so, implementing bibliotherapy as treatment strategy would be beneficial in any academic environment. Librarians need to be aware of the resources at their disposal that have the potential to significantly change the lives of the users/patrons. It is interesting to note that librarians and the texts are easily accessible and available resources to users. Therefore, this study will further open the eyes of librarians on the importance of being more patient and accommodating with the library user who comes into the library confused. Asking salient questions and the ability to recommend relevant self-help books, can open the door of not just being a librarian but also a bibliotherapist, thus taking the profession to a higher pedestal.

The findings of this study would also help non-governmental organisations in their efforts to raise awareness about the danger inherent in the practice of some of these widowhood practices. More so, enlightening the citizens on the damage they do to the widows and how to deal with

various challenges associated with psychological well-being, and also, how to cease stigmatisation of people suffering from the effects. The research would also impact the society as it will enlighten them about the dangers characterised in the practice of these harmful widowhood practices and the harm it does to the widows affected. The body of knowledge would be improved because the findings would reveal how bibliotherapy and self-assertiveness strategies were used as an intervention to improve the psychological well-being of widows as a result of some harmful widowhood practices. The study would provide original research on the use of bibliotherapy and self-assertiveness strategies as interventions on the psychological well-being of widows and this would be useful as reference to future researchers on the same field.

1.6 Scope of the Study

The scope of this study was limited to determining the effects of bibliotherapy and self-assertiveness strategies on the psychological well-being of widows in Ibadan Metropolis, Oyo state, Nigeria. The study also looked into the effects of bibliotherapy, self-assertiveness strategies and the moderating variables of age, economic status and tribe on the psychological well-being of widows in Ibadan Metropolis, Oyo State. According to the World Health Organisation, age groups are classified into: young (25–44 years), middle (44–60), elderly (60–75), senile (75–90), and long-lived (beyond 90)¹⁶. But for the purpose of this study, young will be less than 50 years while old will be above 50 years of age. This is because the young widows are often the worst hit as they suffer the psychological trauma of the loss more as a result of unassertiveness skills while those above 50 years of age are less likely to suffer and this is because at this period, they are more mature and wiser to effectively handle whatever issues that could arise at the demise of their spouse. The economic status included education, occupation and income; while tribe involved only the three predominant and major tribes in Nigeria which are Yoruba, Hausa and Igbo. More so, it studied widows located within Ibadan South-West and Ibadan South-East in Oyo State who remained unmarried after the death of their spouse. The

choice of the location was because these places have a more organised group of widows who meet regularly to share thoughts and ideas about issues of concern. Widows were specifically chosen for this study because they are at the receiving end of widowhood practices such as, been given out in marriages, often against their wish to the deceased relatives and failure to accept will rob them and their children of the estate the late husband and father left behind. However, the use of storybook and activities were used as interventions. The main sample population was drawn from Ibadan South-West while the control group was taken from Ibadan South-East in Oyo State, Nigeria. The study was limited to the use of the measures of psychological well-being which are autonomy, environmental mastery, positive relations with others, self-acceptance, personal growth and life purpose of widows; and also measures of self-assertiveness which includes self-direction, consideration for others, open expression and control of emotions of widows in Ibadan Metropolis, Oyo state, Nigeria. For bibliotherapy, the storybook 'Lonely Days' by Adebowale was used while for self-assertiveness, the following activities were carried out: Three Zones of Emotions; Start. Stop. Continue. Change. Share; Empty chair; Magic Lantern; Unfinished Business; and Tree of Knowledge.

1.7 Limitations to the Study

At the beginning, the participants showed much enthusiasm thinking that in the course of the study, there will be palliative or empowerment, but along the line, they were disappointed when their expectations were not met and this reflected in their level of participation at that time. But, after series of sensitisation and education on the need for the study, their expectations were doused with the hope that the outcome of the study would be presented to the appropriate authorities who may deem it fit to reach out to them. Not with standing, there were refreshments at every encounter to keep the zeal alive.

1.8 Operational Definition of Terms

Psychological Well-being: is the level of psychological health and happiness or the state of mind of the widows in Ibadan metropolis, Oyo State, Nigeria. This was measured using the following metrics:

Autonomy: this describes the level of self-independence of the widows in Ibadan Metropolis, Oyo State, Nigeria.

Environmental Mastery: this explains how well the widows in Ibadan Metropolis, Oyo State, Nigeria know their environment and how they use the knowledge to their advantage.

Personal Growth: this shows the continuous process of learning and development of the widows in Ibadan Metropolis, Oyo State, Nigeria.

Positive Relations with Others: this is when the widows in Ibadan Metropolis, Oyo State, Nigeria maintain close and interactive relationship with others.

Purpose in Life: this is when the widows in Ibadan Metropolis, Oyo State, Nigeria have and maintain a clearly driven mission and objective to fulfil in life.

Self-Acceptance: this explains how the widows in Ibadan Metropolis, Oyo State, Nigeria come to terms with their successes, achievements and the type of life they live.

Bibliotherapy: this is the use of story books to help widows who have been affected psychologically as a result of some societal widowhood practices in Ibadan, metropolis, Oyo State, Nigeria. The phases of bibliotherapy include:

Identification: this is the ability of the widows in Ibadan Metropolis to associate and identify themselves with the character in the storybook who share similar situation.

Catharsis: this is when the widows in Ibadan Metropolis go emotional by going down memory lane, thereby releasing pent up emotions as a result of widowhood practices experienced.

Insight: this is the ability of the widows in Ibadan metropolis to think objectively about their situation, thereby, arriving at a logical conclusion based on how the character in the storybook is able to resolve her own situation.

Universalisation: this is when the widows in Ibadan Metropolis understand that they are not alone in their predicament as people all over the world experience the same thing.

Self-Assertiveness: this is the ability of the widows in Ibadan Metropolis, Oyo State, Nigeria to communicate freely, openly, fairly, appropriately and in a straight forward manner without violating the rights of others and without losing respect for themselves. This was measured using these metrics:

Open Expression: this is the ability of the widows in Ibadan Metropolis to freely express their thoughts, feelings and actions without fear.

Self-Direction: this is when the widows in Ibadan Metropolis are able to have a focus in order to achieve their set goals.

Emotion Control: is the capacity of the widows in Ibadan Metropolis to modulate their feelings and behaviour without disrespecting others.

Consideration for Others: is when the widows in Ibadan Metropolis think about the feelings and emotions of others before taking actions.

Moderating Variables: these are the demographic factors of age, economic status and tribe of widows in Ibadan metropolis, Oyo State, Nigeria.

Age: this is the number of years the widows in Ibadan Metropolis, Oyo State, Nigeria have spent from birth to date and this also shows the stage or degree of physical maturity, mental and social development of these widows.

Economic Status: this is the financial position of the widows in Ibadan Metropolis, Oyo State, Nigeria on the economic scale which could be low, middle or high; and this is determined by education, occupation and income earned.

Tribe: is the social group the widows in Ibadan Metropolis, Oyo State, Nigeria belong and this consists mainly of several families, kindred or lineage who share the same origin and language as these widows. In Nigeria, there are three predominant tribes: Igbo, Yoruba and Hausa.

Widows: are the women in Ibadan metropolis, Oyo State, Nigeria whose husbands are dead and have remained unmarried.

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Chapter Two

Literature Review

This chapter shows the review of literature as it relates to the study. It also provides insights into the conceptual and theoretical framework upon which the study was laid. This review was done to highlight the contemporary state in the area of study and also detect gaps in the studies previously carried out. This was done with the sole intention of justifying the conduct of this study. The review of literature was carried out under the under-listed sub-headings.

2.1 Conceptual Review

2.1.1 Psychological well-being of widows

2.1.2 Self-assertiveness

2.1.3 Bibliotherapy

2.2 Theoretical Framework

2.2.1 Psychological well-being Theory

2.2.2 Cognitive Behavioural Theory (CBT)

2.3 Review of Empirical Studies

2.3.1 Bibliotherapy and Psychological well-being of widows

2.3.2 Self-assertiveness and Psychological well-being of widows

2.4 Conceptual Model

2.5 Summary of Literature Reviewed

Endnotes

2.1.1 Psychological well-being of Widows

Widowhood is a period or state where a person who has lost either a husband or a wife is said to remain unmarried. A widow therefore is the woman who has lost her husband and chooses to remain single. In Nigeria, widows frequently experience repressive and dehumanizing traditional customs from the husband's family and other relatives as a result of losing their husband to death¹. These widowhood practices often have damaging effects on the woman. There are collection of duties, expectations, and customs that women must go through after losing their husbands. Although they differ from culture to culture, the family of the deceased husband often decide on these. The widow frequently faces societal stigmas, traditional harassment, and mistreatment from the in-laws since the family believes often that she was responsible for the husband's death². These harrowing and degrading experiences that often reduce the self-worth and dignity of the woman leads her to lose faith in herself and even the society and thereby drastically and negatively affecting her psychological well-being³.

Psychological well-being, therefore is generally the positive attitude toward life. It is a period when one's mind is sound. The general definition of psychological well-being is positive mental health and well-being⁴. When one is psychologically well, one feel good about oneself, is satisfied with one's lives, and is hopeful about the future. On the other hand, if the widow has a negative attitude to life, feels unsatisfied with herself and has lost hope in the future, then she is psychologically unwell. Some signs of poor psychological well-being are mood swings or emotional outbursts, feeling frightened or anxious, difficulty in sleeping, a change in appetite or weight, shyness or being reserved, misuse of drugs, guilt or a sense of worthlessness, and engaging in negative behaviour⁵.

Psychological well-being can be measured using the following metrics which are **autonomy**, that is, the ability to regulate one's actions and act based on one's judgement even when it

opposes that of others; **environmental mastery**, this is the capacity to manage and control what happen within one's environment; **personal growth** has to do with constant development and learning new things in order to be better; **positive relationships with others** means creating and maintaining close and favourable relationship with other people; **self-acceptance**, the ability to accept one's faults and achievements; and lastly, **purpose in life** which entails have a clearly defined goals and objectives in order to give one a clear direction in life⁴. Each and all of these dimensions define what it entails to be psychologically healthy.

In defining well-being, variations exist and different terminologies have been used to define well-being. These terms are happiness, welfare, subjective well-being, life satisfaction, life quality and so on. well-being is a broad term used to denote all types of mechanism used to assess an individual's emotional experience or life³. This could be in form of the individual's positive or negative affect or satisfaction in life³. In as much as there is a divergent opinion on well-being which denotes the quantitative assessment on the state of live of an individual so as to know if the individual has the ability to function optimally in a given environment², there are also some well-being opinion that are more comprehensive with a formidable framework, which shows a more significant and long lasting relationship that exist between one and the society³.

There is now a shift from the usual definition of well-being which involves the affect and life satisfaction to a more significant relationship between the person and the physical and social space in such a manner that the person is seen to be healthy and well if they are in harmony and a homophilial relationship exist with their true nature and essence⁶. well-being should be defined to include one's mental health, cognitive composition, physical fitness and also a balanced psychosocial well-being while at the same time ensuring that one's basic needs are met. A person is said to be healthy if they are aware of what the good things of life are; which often times are feeling content with life; positive everyday emotions, like happiness and enjoyment; and reduced bad emotions⁵; and more so, have the chance and motivation to pursue

them⁴. According to theories of human nature such as social well-being theory, psychological well-being theory, self-determination theory, and others, grasping what is meant by the good things of life is not a universal trait but rather depends on one's level of social and cognitive development⁵.

When a person has the chance to reach their full potential as a human, that person is said to be healthy. According to the capabilities theory, a person's ability to realise their potential is influenced by their level of education, economic status, upbringing, financial capability, social situation, condition of living, access to healthcare, and life style. A person is said to be healthy if the society creates a conducive environment and opens up opportunities necessary for them to live in harmony with their nature, maximize their potential as people, and achieve the good things in life that people aspire to. According to supporters of the capacities theory, a society should have a number of favourable conditions, including mutual trust, gender equality, participation in the community, and freedom⁵.

The term well-being is a broad term that is frequently used in both the health and human development fields and this dependent on the environment and the individual. Psychological well-being therefore is when one is mentally healthy and feels happy and contented about one's life⁵. This is the general health and wellness of the mind, the state of enjoying positive feelings about one's self, satisfied with your condition in life, and the feeling of hopefulness for the future⁶. More so, psychological well-being, is the combination of pleasure and enjoyment known as hedonism; meaning and fulfilment which is otherwise known as eudaimonic; coping, emotion regulation and healthy problem solving, known resilience and happiness. In defining happiness, two concepts are highlighted, which are hedonia, meaning pleasure and eudaimonia, which means a life well lived⁶. However, happiness as it relates to hedonism refers to when an individual has reached and experienced life satisfaction by making the most of positive affect

and reducing negative affect. On the other hand, the conception of eudaimonism denotes experiencing life purpose, self-acceptance, air of autonomy, inner sense of vitality and positive relationship with others⁷. The eudaimonic school of thought claims that the thoughts and actions of an individual are not steered only by taking full advantage of pleasure but rather, happiness is supposed to be calculated in terms of what an individual is able to become and is able to do and this has to do with the capacity to enjoy access to basic needs in order to develop themselves and achieve their goals which often time, involve education, social relationships, work, family and other endeavours⁷.

In defining well-being, different terms are used which are happiness, welfare, quality of life, good health, satisfaction with life and others. More so, in a broader term, well-being is said to be how the emotional experience or the overall life of an individual is evaluated and this includes satisfaction from life, high positive affect and downward negative affect⁷. However, a divergent opinion on well-being denotes a measurable evaluation of the daily condition of life of a person so as to know if the individual have the prospects and the ability to live a healthy and fulfilled life in a given community³. More so, other opinions of well-being are more all-inclusive, thereby reflecting a more expressive and long lasting relationship between a person and his environment which could be either physical or social⁶. well-being can be categorised into three which are feelings and this could be complex and positive; relationships, this is further broken down into pro-sociality and intimacy; and character which comprises spirituality and personal resources which enables a better understanding of difference in culture as it relates to well-being³. Therefore by this definition, people who have high psychological well-being report happy feelings, ability to carry out routine tasks well, being supported, are satisfied with life and the likes. The effects well-being comprises improved physical fitness. In expressing well-being, life satisfaction and happiness, often times are used alternatively. Individuals give different responses when evaluating their life satisfaction and their happiness⁵.

The concept of well-being is intricate and multifaceted. The term "standard of living" is often used to describe objective measurements of well-being. Subjective measures, on the other hand, are based on people's cognitive and affective assessments of their lives and include psychological, spiritual, economic and social dimensions. These measurements are frequently referred to as measures of psychological well-being when they relate to psychological elements such as happiness⁴. While some psychological well-being dimensions, like satisfaction in life are frequently incorporated into measures of quality of life, the latter multifaceted concept is much wider and provides multiple factors that are connected to both physical and mental health, such as anxiety symptoms, highly functional and disability status, and physical ailments. Psychological well-being research has been a major focus in psychology for many years. Understanding how epidemiology contributes to health outcomes and public health more generally, particularly when implementing country-level monitoring and policies supporting overall health, is also vital⁵.

Furthermore, Psychological well-being (PWB) is defined as an individual's level of emotional happiness/health, which entails satisfaction in life, and the feelings of fulfilment. Ryff pioneered the study of the component of psychological well-being which emphasises that for there to be proper development and self-realisation, an individual has to be psychologically sound. It is claimed that happiness provides a short term sentimental experience, which in effect is hedonism but in order to attain a more lasting well-being, an individual should desire to move from simply being satisfied with what life has to offer to experiencing a more meaningful life and being sincere to one's personality which is the eudaimonic approach⁷. For there to be a healthy psychological well-being, six approaches were proposed as follows: Self-acceptance, this is when an individual comes to a full knowledge and understanding of one's self to the point of accepting one's strengths and limitations; positive relation with others, this deals with level at which an individual connects with significant others, family members and others;

purpose in life, this entails the search for meaningful achievements and making sense out of life's purpose. Also, worthy of mention is personal growth which involves the continuous growth, progress and development of an individual; autonomous, this is the exhibition of independence in one's thoughts and actions without any undue interference; and lastly, environmental mastery and this is the capacity and the capability to cope with and manage the intricacies that emanate from one's environment in order to satisfy personal needs, desires and ideals⁷.

However, this approach was criticised following the emphasis it laid on environmental mastery which discusses the ability of an individual to adjust and interfere in the environment to suit one's purpose thereby neglecting other positive aspects like living life with purpose and positive intentions, awareness of one's capabilities and personal talents and self-knowledge. More so, resilience has also been considered as an important factor in sustaining well-being which is the ability to withstand and fully recover in the event of hardship, as this relates to the degree to which the widows are able to pick up the broken bits and pieces of their life again after the death of their spouse⁷. A multidisciplinary method has been used to examine psychological well-being, with each profession defining the term and examining it within its own paradigm of inquiry. Regarding its composition, definition, and scope, this notion is challenged due to the interdisciplinary approach to well-being³. Individual life satisfaction ratings, subjective emotions or moods like happiness, sorrow, and rage, and assessments of the meaning and purpose of life are common definitions of psychological well-being³.

Although this idea often aims to summarize how each person evaluates their own life outcomes, discussions about well-being among scientists from different disciplines and backgrounds have flourished. The sociological investigation of this idea has been made easier by the subjective aspect of well-being, which enables people to assess their own lives in light of larger social forces and environment⁴. Contrarily, the WHO definition of health as a condition of well-being

rather than merely the absence of disease continues to foster the biopsychosocial investigation of well-being by health professionals⁶.

In as much as there is not a general agreement on a single definition or measure of well-being, it is generally agreed that conceptualising well-being includes the presence of happy feelings and moods, the absence of anxiety or depressive feelings, life satisfaction, accomplishment, and functioning positively^{3,5}. Simply put, combining all components of mental and physical health, socio-economics, and environment results in a holistic approach to disease prevention, health promotion, and promoting exceptional life outcomes can be seen as well-being. Furthermore, the inquiry approach or its compositions are not the only factors contributing to the lack of agreement on what defines well-being. The generalisation of psychological well-being across cultures is another subject of disagreement⁵. The creation of well-being measures and their use in various cultural contexts assume that well-being denotes the same thing everywhere and can be measured consistently³.

The multiple conceptualisation of psychological well-being as a concept and the different measurements for study and policy are further indications of its complexity. The two main kinds of these measurements, which come in the form of scales and indices, are objective and subjective well-being. Subjective well-being assessments concentrate on a person's internal subjective evaluation of their own life as a whole, which is based on cognitive judgements and affective reactions⁷. Most of these measurements, such as the World Health Organisation Quality of Life Index, the Life Satisfaction Questionnaire, and the Psychological Well-Being Scale, focus on various aspects of the idea of well-being⁸. However, objective well-being, which is based on measurable and quantifiable measures, captures society perspectives on well-being rather than personal ones⁷. As an illustration, consider the Better Life project of the OECD or the Human Development Index of the United Nations Development Programme⁹. Frameworks for social indicators are used in these objective measurements to gauge societal advancement.

They use metrics such as total assessments of socio-economic status such as education, employment, income; safety, health, accommodation, the quality of environment; and a society with an all inclusion political and social policy⁹.

Growing interest in well-being as a means of reducing inequality and facilitating improved life outcomes has been signalled by a number of government policies, social agendas, and community activities. In a similar vein, research have discovered links between high levels of well-being and a variety of favourable life outcomes, such as productivity, sound health, social advancement, pro-social behaviour, and longer life expectancy¹⁰. However, it is essential to comprehend the traits and predictors of well-being in its own right as well as in the context of socio-demographic, cultural, and environmental factors if the knowledge from well-being research is to be applied to practices. Numerous researches have recommended examining and comprehending psychological well-being in relation to the context and nature of the inhabitants of a specific socio-cultural or geographic area⁴. For individuals involved in health promotion and policy-making to promote psychological well-being, this will serve as a crucial foundation and as standard measurements¹⁰.

Numerous researchers have tried a thorough assessment of the literature on psychological well-being in recent years, focusing on various life outcomes, demography, socio-economic features, and different facets of life. Although the results of these reviews have shown a more direct approach to enhancing well-being, the vast disparity in how this term is understood continues to exist. Numerous psychological therapies can greatly enhance well-being, according to comprehensive analysis. They also emphasised how the impact and scale of interventions vary depending on the target demographics and outcomes examined. This suggests that the contextualisation of well-being and the socio-cultural, demographic, economic, and other features of the targeted population play a major role in the adoption and efficacy of a well-being

promotion intervention¹¹. Defining psychological well-being and setting it apart from other terms that comparable can be difficult, even when used in the same context. For instance, they contend that numerous researches failed to distinguish between happiness, well-being, and quality of life¹¹. However, the review argues that a multidimensional exploration is necessary due to the variety of issues, methodologies, and contexts in which well-being are examined. The authors claim that this extensive investigation will provide the chance to reconsider the well-being issue by contextualizing it and tailoring it to other demographic features such as culture¹¹.

As psychological well-being predicts favourable outcomes in terms of health, employment, family life, and economic stability, it can be beneficial for numerous stakeholders involved in social work, control and prevention of disease, and health promotion. For instance, improved psychological well-being is linked to a lower risk of injury, illness, and disease; a healthier immune system; a quicker recovery; and a longer lifespan¹². Economic research on well-being also indicates that people with high levels of well-being are more useful at work and much more prone to having a beneficial impact in their societies. While the results of these studies support the notion that well-being is a valid population outcome that measures mortality rates, deaths, and financial status, they also stress the fact that well-being, as a measurement tool, offers insight into how people consider their lives in relation to their social and cultural changes, population, and geographic factors¹². The meanings, conceptions, and metrics of well-being that have been modified also have their roots in culture and represent middle and upper class perceptions of what it means to live a full and meaningful life¹¹. Other psychological predictors of life outcomes, such as happiness, also exhibit this variance in definition and assessment. In layman's terms, it is impossible to over emphasise the importance of cultural and environmental elements in determining what well-being means to an individual and how this is assessed¹⁰.

The psychological well-being of man continues to be a major priority in discussions of psychological health. This is due to how well-being affects a variety of life outcomes, including

physical well-being, satisfaction with life, career satisfaction, and interpersonal relationships. The fact that well-being is one of the United Nations' sustainable development goals (SDGs) highlights how important it is. Psychological well-being is emphasised as a public health variable by its inclusion in the SDGs as one of the important elements or variables in societal sustainability and success¹³. The challenge of the conceptualisation of well-being as being western-centric is based on the idea that a people's culture affects what is important to them, their belief systems, and their ideals. For instance, Hofstede's theory of cultural dimension emphasizes the fundamental cultural distinctions and how these variations affect how individuals from various cultures behave. Additionally, societal quirks including political, economic, and other social traits play a big role in determining psychological well-being¹³. Therefore, it is highly likely that what "makes individuals feel well" varies between cultures. This assertion is mostly backed by well-being researchers who have claimed that the characteristics that are crucial to people's well-being vary significantly between cultures⁵.

The issue with defining or identifying the components that contribute to psychological well-being without taking cultural realities into account is that comparisons across countries may be inaccurate since well-being indicators may be incorrectly generalised across cultures. When countries are ranked on their levels of psychological well-being and policies and strategies for addressing well-being are developed, inter-country comparisons are utilised, this generalisation becomes more problematic. For instance, the same measures or criteria are used to compare well-being across nations in international well-being reports like the Happy Planet Index, World Happiness Report, or quality of life Index, which rate and report on country-level well-being¹⁴. The norms for behaviour, what is desired, and what is socially acceptable are all heavily influenced by a group's culture. What is necessary for well-being is substantially impacted by cultural differences in individuality vs collectivism¹⁰. Personal accomplishments, the quest for individual ambitions, individual control, and identity are often more inclined to be valued in

cultures that are more individualistic than collectivistic, such as those in Western Europe, North America, Australia, and New Zealand¹⁵. As a result, the subjective well-being of the individuals would unintentionally reflect the prevalent cultural prescriptions for a living⁸.

African culture places a strong focus on social interconnectedness and collectivism. A key component of the African culture is the collectivistic nature, which is the definition of self in relation to others. As a result, social belongingness factors such family ties, ancestral religion, socialisation and spirituality are emphasised by African cultural prescriptions. There is little research on how well-being is conceptualised and the factors that influence it from an African perspective. Never the less, measures of well-being have been used in Africa since the 1980s, despite the fact that the majority of research on the topic comes from the west¹⁶. The majority of recent research on psychological well-being in Africa has concentrated on using contextual data to pinpoint and examine factors that are specifically relevant to well-being in the African context. The elements that determine well-being have been highlighted in research on well-being from these various African contexts¹⁶. These studies offer proof against the casual application of foreign psychological well-being indicators. In a study based on the Ghanaian setting, the idea of well-being was studied by speaking with local cultural experts about the implicit well-being models in the four Ghanaian languages of Ga, Akan, Dagbani, and Ewe. The results showed that there are local models of well-being that include moral living, financial success, healthy relationships, and mental tranquillity. Participants cited strong physical and psychological health as prerequisites for well-being¹⁷.

A focus group discussion methodology with a South African sample examined the factors that relate to the psychological well-being of a group of South African women. It was discovered that women's relationships with their spouses, children, and peers serve as a foundation for their well-being¹⁸. Similar to this, a qualitative technique was employed to investigate the

psychological well-being among four villages in Bomvana land in the Eastern Cape Province of South Africa. This was carried out by using focus group discussion, one-on-one interviews, photographs, observations and reflective journal entries. The study shows that a key component of the well-being of those living in these communities is spirituality¹⁹. The conviction that each person has a purpose in the world and that all people share a spiritual connection can be used to define spirituality¹⁶. Other studies on well-being in the African context have emphasized social integration and dependence on others, transcendence, justice, knowledge and wisdom, compassion, and healthy familial ties as fundamental components of well-being⁷. The value of contextually exploring psychological processes—in this case, those that lead to well-being—is illustrated by the many studies. African psychological well-being models have strongly emphasized the role of meaningful relationships with others, in contrast to western well-being models that emphasize the importance of personal progress, ambitions, and fulfilment in well-being¹¹.

Hedonia, which is the absence of suffering, and eudaimonia, the creation of meaning, either for oneself that is, psychological well-being; or with others, also known as social well-being, are the primary forces that guide our lives. They are also a top priority for policymakers, particularly for healthcare, socio-cultural and economic plans or initiatives, as these concentrate on enhancing the quality of life of the people in certain areas. Hedonia or eudaimonia in people are likely to increase with improvements in one or more areas. Different aspects of hedonia or eudaimonia will be impacted by each form of policy or intervention, possibly in opposing ways⁷. Understanding the connections between different life-domains and unique hedonic and eudaimonic aspects in the population might help with policy creation and targeting. For instance, there might be proof of the beneficial effects of a microfinance intervention on women's life satisfaction, which is a subset of hedonia⁷. However, the study is unable to provide any information regarding how the intervention affected women's views of their own autonomy or

their capacity to make a good difference in the lives of others, both of which are important policy goals and components of eudaimonia⁷.

Hedonic and eudaimonic theory have emerged as a result of the rise and expansion of positive psychology, which has increased the amount of research into well-being⁷. The hedonic view emphasizes subjective well-being and represents the idea of well-being as a result, consisting of an internal feeling of pleasure or satisfaction. In this wise, being well-adjusted means having a high level of positive emotions, a low level of negative impact, and a high level of life satisfaction. According to eudaimonic theories, not all desires, or desirable results, will result in happiness when they are realised⁷. In accordance with this perspective, happiness is a process that involves realizing one's potential as a person, rather than an end result or condition. It relates to the development of abilities and qualities as well as to satisfaction with life⁷. The most empirical evidence in this area supports Ryff's multidimensional model of psychological well-being⁷.

According to this perspective, there are six components that make up well-being: autonomy - this is the capacity to control our own actions, suppress social influence, and act on our judgements even when they conflict with the majority; environmental mastery - the capacity to manage the environment and everyday tasks; personal growth - which involves a constant process of growing our own prospect, the capacity to be willing to try new things, and the experience of getting better over time; positive relationships with others - that is, establishing intimate relationships with others, which is described as having favourable relationships with others; self-acceptance - is the ability to have a positive outlook and sentiments of contentment and acceptance of ourselves, including both our good and poor qualities; and purpose in life - setting objectives and goals, this give our lives meaning and direction. Each of these dimensions

expresses what it means to be healthy, well, and completely functional as well as the various difficulties that individuals encounter in their pursuit of positive functioning⁷.

Similarly, individuals tend to see themselves in the positive light while being aware of their own shortcomings which in effect portrays self-acceptance; in ensuring positive relation with others, they also strive to maintain and preserve suitable social connection with people around them; autonomy is also exhibited which shows an improved sense of independence and authority in their involvement with others; personal growth enables the individual to maximise their potentials, abilities and talents in order to attain their objectives or goals. More so, environmental mastery allows the individuals to have a hold of their environment and maximising the potentials inherent to achieve their needs and in purpose in life, they make sense out of the challenges and obstacles they face in the course of living and are able to surmount it²⁰.

Furthermore, there is evidence linking improved psychological health to better physical health. Cardiovascular illnesses or their complications have been related to lower chances when one has an optimistic outlook. If you have greater levels of psychological well-being, this is probably because you want to look after yourself. A better social life is a benefit of psychological well-being as well. You are more inclined to participate in social activities and look for companionship if you are happy with your life and feel good about yourself. Having intimate relationships has been shown to enhance psychological well-being and improve mental health, therefore this benefit serves a dual purpose²¹.

Psychological well-being is significant for its own sake as well as for any potential implications it may have on physical health. Health is described by the World Health Organisation (WHO) as "a condition of complete physical, mental, and social well-being and not only the absence of sickness or disability"²². Psychological well-being is significant because it represents more than just the absence of psychological symptoms of distress, such as anxiety or depression. Even while

there is an inverse relationship between self-reported positive and negative psychological states, the majority of these coefficients range from small to moderate, but they are typically not very large⁶. The view that psychological discomfort and well-being are different rather than mirrored constructs is further supported by the fact that they have discrete bodily correlates¹⁰. Accordingly, a successful psychotherapy or pharmaceutical treatment of anxiety symptoms will lessen psychological distress symptoms but may not result in an increase in optimism, autonomy, or a feeling of purpose in life²⁰.

Studies indicate that different psychological well-being dimensions are linked to mortality and chronic diseases and plausible explanations for these links include stress-relieving effects and healthy lifestyle choices¹¹. For instance, previous studies have demonstrated that people with higher levels of positivity were more likely to adopt positive habits like physical exercise and decrease in negative habits such as excessive drinking, thereby resulting in better living and healthier lifestyle¹³. As a result, embracing such healthier lifestyle may reduce one's likelihood of developing protracted illnesses and premature death¹⁴. Although socio-economic position such as personal income and education, influences both psychological well-being and health, it is not always obvious if these longitudinal connections persist after thorough management. It is also occasionally unclear whether these longitudinal correlations do not just reflect reverse causation, in which psychological well-being levels are driven by health condition²¹. However, taking higher morbidity risk into account as an explicit outcome has some analytical advantages, including nearly zero misinterpretation and research that is longitudinal in nature¹⁴.

Having a feeling of direction and purpose in life has repeatedly been linked to a lower death rate. Greater life purpose was linked to a decreased chance of death during a 2-year period in older women in the Women's Health Initiative cohort, following extra quantitative analysis on psychological trauma in multivariable models¹⁵. More so, personal growth which has to do with

whether people get to attain their potential in life has been associated with lower mortality rate. In the same vein, environmental mastery which involves understanding, managing and controlling one's environment has been said to improve life expectancy and reduction in morbidity²⁰. However, in as much as there is limited study on the effects of autonomy on psychological well-being, available data reveals that the rate of morbidity is not strongly related to autonomy which involves the degree to which people behave on their own accord without so much regard to pressures emanating from the society¹⁷.

Several factors contribute to positive psychological well-being. These factors include successful marriage, a fulfilling career, and fulfilling relationships with other people. Marriages that incorporate forgiveness, constructive expectations, positive self-talk, and kindness greatly enhance psychological well-being. It can be beneficial to have a tendency toward excessive self-evaluations and unwarranted optimism. These constructive illusions are particularly crucial when a person receives dangerous negative feedback because they enable adaptation under these conditions to safeguard psychological well-being and self-confidence¹⁰. A person's ability to cope with challenges to their well-being can also be aided by optimism. On the other hand, negative factors that can have an impact on psychological well-being include unsatisfactory duties, toxic relationships, demeaning cultural practices and unrewarding work environment. Psychological well-being is substantially influenced by social interaction because negative social effects are more closely associated with well-being than positive social effects¹⁰. Traumatic experiences can harm psychological resilience in adults and they can also lower psychological well-being throughout life. Perceived stigma also has a negative impact on psychological health, particularly stigma associated with widowhood and other physical conditions or limitations⁶.

One of the key components of psychological well-being is living a fulfilled life and this consists of having a positive attitude to life and performing well. The experiencing of painful emotions (such as frustrations, failure, or sorrow) is a natural part of life, and being able to control these unpleasant or agonising emotions is crucial for long-term well-being. Hence, sustained well-being does not require people to always feel happy. Nevertheless, psychological well-being is jeopardized when severe or persistent destructive emotions are constantly interfering with a person's capacity to operate in daily life¹⁹. However, feeling good refers to a variety of emotions, which includes confidence, interest, positive engagement, and love, in addition to the good feelings of joy and satisfaction¹³. Studies have shown that people that are happy are often more inclined to do better in life than people that are less happy. Happy people are more dynamic and productive; also take part in social activities¹¹. Experimental and longitudinal studies reveal that positive emotions have a direct helpful effect on survival and psychological well-being. Drawing a conclusion from a recent analysis of an experimental research, there is a strong evidence for an optimistic impact of emotions on physical well-being and existence, and that this impact may be unrelated to the intensity of harmful emotions. Positive affect may have a stronger impact on well-being in the general population than when negative affect exists¹¹.

More so, Ryff's model, has been used to determine the psychological well-being using the following metrics: Autonomy which evaluates an individual's freedom and independence and how they react to societal pressure; Environmental mastery: examines the level of knowledge and control an individual think they have about their community and daily needs; Personal growth: this assesses the desire of an individual to grow and develop; Positive relationships with others: appraises the type and quality of associations and the level of interaction an individual has with others around them; Purpose in life: evaluates the objectives and the will an individual has to live a fulfilled life; and Self-acceptance: this examines an individual's perception or how they feel about themselves⁷. One's overall degree of psychological well-being will be

influenced by how one feels about these six categories. By concentrating on these things, one may enhance one's quality of life, mental health, and attitude to life in general. In order to have a healthy psychological well-being, it is advisable to concentrate on growing the six areas identified. The best method to increase one's autonomy is to boost one's self-confidence. A self-assertive individual is at ease with their decisions and does not seek out or let others' opinions readily sway them⁷.

In a relationship, the other partner is considered to be widowed when one of the partners passes away. This is only applicable if the surviving partner decides not to get married again. That is, they can only be referred to as widows if they remain single following the death of their spouse. Widowhood therefore, is the state of being a widow and this is applicable to both male and female¹. In the case of a man, he is referred to as a widower. One of the most distressing situations a person may go through in their life is losing their spouse. Widows and widowers learn to adjust their relationships with loved ones and friends, get used to new schedules, and inherit the deceased's daily tasks, such as taking care of the family or working to earn a wage, and at the same time mourning the loss of the loved one¹. Researchers have discovered that mourning of a spouse requires the most adjustment when compared to other sad losses in life, such as divorce or the loss of a child^{1,2}. Losing a spouse can be upsetting, devastating, and mentally stressful experience for the surviving partner². The intimacy of the marital relationship may be one reason why the surviving partner frequently go through changes in their psychological health, as shown by a rise in the incidence of depression¹. Bereavement describes the total feeling of the loss, whereas mourning is the deliberate social manifestation of that loss². However, grief is the instinctive, psychological, and physiological response particular to losses. Women are more likely than males to experience grief, and they also seem to experience its psychological repercussions more frequently¹.

Every woman undergoes different milestones in life, marriage and widowhood are part of the milestone. Therefore, a widow is a woman who has lost her husband to the cold hands of death and decides to remain unmarried. She assumes this position when the man she hoped to spend the rest of her life with is no longer present to share her hopes, aspirations and dreams. This renders her helpless as she embarks on this lonely sojourn filled with uncertainties everywhere. She is all of a sudden regarded as voiceless, a liability, susceptible and helpless²³. In essence, widowhood which is otherwise known as the state of being a widow is the consequence of a lifelong marriage which terminates when one of the spouses die. Therefore, a widow is either a young or old woman whose marriage was formally contracted under the Customary Marriage Act or under any other religious Act and whether prepared or unprepared losses her spouse to death and then decides to remain unmarried. When this ugly occurrence happens in an African setting, the woman suddenly finds herself in a marginalised, voiceless, powerless and invisible setting known as the widows²⁴. More so, the concept of widowhood can be termed as the state where the woman remains a widow. As noted, widowhood entails experiencing a bodily separation from the deceased spouse and it is said by the widows to be the most traumatic and agonising time of their lives because the woman losses her role as a wife as well as the loss of a husband who was not only supportive but played an integral role in the life of the woman, in the life of the children and also as the breadwinner of the family. Often times, moving from being a wife to being a widow is usually so sudden and it is at this point that the woman begins the whole ritual into widowhood²³.

Subjective well-being which is also known as self-reported well-being, is said to be how people understand and assess different phases of their lives as it is negatively affected by widowhood, this is not only as a result of the initial anxiety and stress of losing one's husband but more importantly, the loss of resources that come with it either in the form of property, funds, social, emotional or instrumental. The instrumental support could also be in the form of routine,

everyday services like house-keeping⁸. The widows will, like everyone else, experience poorer subjective well-being if they lack access to these resources. More so, widows require access to social and emotional assistance. Social and emotional support refers to interactions with others that enable the widows to get guidance and assistance on emotional and private issues²⁴. Because these widows no longer have a relationship with their departed spouse and, presumably, their spouse's social network, becoming widowed might make it more difficult to express feelings or engage in social interactions. Irrespective of the visible adverse effect of widowhood on psychological well-being, this is not the same across other groups as studies have shown that the effects of being a widow differ across different tribes and gender^{12,16}.

In actuality, the phases of the grieving process may not be sequential. The first phase is characterised by disbelief and protest, which is followed by shock and denial, along with noticeable sadness and obsession with memories of the loved one. After that, there could be a period of disarray while the loss is reluctantly agreed. As an unsuitable perspective on the loss is rejected, the final stage of resolution begins. But if the grieving process takes longer than six months to settle, it may become more challenging to deal with²³. Low self-esteem, which magnifies the fear of survival, an unfriendly relationship with the deceased spouse, unstable personality traits in the individual, being a woman, and spontaneous, unforeseen, premature, and harrowing deaths - such as taking one's life, killing, or other stereotyped deaths - are some of the factors that are reflective of a poor results of grief and loss in the surviving spouse. When the surviving spouse lacks support networks, is isolated and lonely, has a low socio-economic standing, and has concurrent life events, the loss may be difficult. On how widowhood affects physical well-being, the evidence, however, is conflicting. Compared to their married counterparts, widowed individuals have a greater tendency to experience vague physical symptoms¹⁵.

This submits that the level to which the state of being a widow has a negative effect on psychological well-being rests on other characteristics of the widow and her social sphere. In essence, while some widows may pass through a higher degree of social, economic, instrumental and emotional loss after losing a spouse, others may not experience it the same way¹⁶. In a patriarchal culture like ours, men, particularly younger ones, express less sorrow for their losses and sooner go on to other intimate relationships with another woman. The widower's depression feelings can be concealed by increasing alcohol consumption, which could invariably put him at risk for serious health issues in the future¹⁸. When culture provides the predispositions that make grieving more difficult, it may be a problem. In some cultures, the burial of the departed may occur months after passing and may involve a number of burial ceremonies and rites that must be carried out by the widow. This often times, includes fasting, periods of solitude, hair shaving, donning all-black clothing, and missing work¹⁶.

Some of the behaviours that reduce the psychological well-being of widows include loneliness and social alienation, refusing to let widows quickly return to work, and occasionally requiring widows to wed the deceased husband's sibling. In other cases, the husband's family seizes late husband's properties, leaving the wife to care for the children alone and without financial assistance¹⁶. Even worse, the deceased's family can connive and consider the widow as a stranger and intruder in an inter-ethnic marriage. In some situations, especially after some sort of consultation with their gods, the widow could be accused or being blame for her husband's passing. In some religious communities, widows are shunned because some people believe they are carriers of bad luck and hence have less social support. Remarrying may also be discouraged since it may appear disrespectful to the deceased for the widow to have male companions so soon after the death of her husband¹⁶.

Widows also endure a lot of sexual molestations, particularly from close family members and friends who could use offers of financial support to entice them²⁴. As a result, we hear about

campaigns to safeguard widows more frequently than widowers, however elderly widowers may also be more vulnerable, especially in a monogamous setting. Widowhood practices are one of these oppressive cultural norms that have an impact on the existence and living conditions of women. When a woman's husband passes away, she is inevitably at risk of going through the painful process of being a widow. Some traditional widowhood customs meted on widows are cruel to women, especially when they restrict their rights²⁴.

In 1993, the United Nations provided the first official definition of this type of violence. As a result of this, the declaration on the abolition of cruelty against women was then endorsed by the United Nations general assembly¹³. Article 1 of this proclamation encompasses any violent act that is motivated by gender bias and results in psychological, sexual, or bodily harm to women. These cultural behaviours almost usually target women, and men are the ones who engage in them. In most communities, the norms and laws were created mostly by men and have been passed down through the generations. But due to fear and dread of the supposed consequences of these superstitious traditions and beliefs, women accept these rules. Women also frequently have a significant role in supporting and spreading cruel cultural practices. The effect of widowhood is the low levels of self, fear, agony, misery, inactivity and reliance on others that widows endure as a result of the socio-cultural practice, these poor personality traits are shared by almost all widows¹⁷.

Furthermore, studies have shown that widow's psychological well-being is different across the globe, with some widows from Southern Europe showing more depressive signs than widows from Northern Europe¹⁴. These cross border variations on the effect of widowhood on the psychological well-being could be as a result of the differences in the custom and tradition and also how the widows are portrayed in the media and also in the society and the media. It is however evident that environment where the widows live can also affect their psychological

well-being¹¹. Widows all over the world experience grief, untold hardship, prejudice, and stigma from their friends, families, communities, and nations. Coupled with these, they also need to make ends meet financially and where children exist, the financial burden is increased. Various nations have different conservative customs that further isolate and exclude widows from society. Such old customs exclude the widows from modern society rather than allowing them to feel independent and self-sufficient¹⁸. Often times, for many years after their husband's demise, widows may have stereotypes, biases, limitations on how they should dress, move, and communicate, among other things. Old Indian widows, for instance, who reside in Varanasi, a historic city, are not expected to dress in colourful attire¹⁵.

The loss of a spouse for many people results in both emotional and financial hardship. When a spouse dies, life becomes more traumatic that leads to an unexpected turn in the life of the surviving spouse. These involve changes and adapting to different social roles. Being a widow is accompanied by additional financial burden, taking over the role of managing the home and also alterations in societal interactions¹⁶. All these go a long way to aggravate the psychological stress experienced by the widow. More so, widowhood is known to have series of adverse effects of both the physical and psychological well-being of the widow and this includes, emotional distress, suicidal thoughts, regular visits to the hospital and hospitalisation and even sudden death²³. In as much as there are significant reduction of these depressive signs among widows, they are still relatively high for several years compared to women who are married²³. The ability of surviving spouses to plan for the changes in income after the spouse's death is limited because death frequently occurs with little warning. Even when a death is foreseen with enough notice, there is little that can be done to prepare for it because many households do not have much room for savings²³.

The income sources and institutional arrangements, such as the pension system, also influence the income changes after widowhood²⁵. The surviving spouse would not face significant financial challenges if their primary source of income were their own employment or retirement benefits. However, if the surviving spouse's primary source of income was their spouse's employment or pension, the survivor pension regulation would have a significant impact on their financial condition²⁵. Hence, a surviving spouse's entire financial condition depends on their own employment, pension income from their job, and survivor pension income, in addition to other financial resources. Elderly women in Europe today have experienced a world where mothers reared children, worked from home, and sadly experienced widowhood at a younger age. And due to the fact that they did not have enough work experience to qualify for their own retirement pension, a sizeable majority of present elderly widows in Europe - although there are considerable variations between countries - rely mostly on survivor pensions¹³. Pension laws in various European nations aggravate the financial situation of surviving spouses, especially widows who rely on survivor pensions as their main source of income. In Europe, the public pension system shows almost no alteration in the old age pension received albeit the passing away of the dependent spouse, however, a considerable reduction in the amount paid is usually experienced with respect to the pension of the surviving spouse as relates to the old-age pension that the dead spouse received while still alive. Nevertheless, this disparity is a major concern as it leaves a huge gap in the financial condition between widows and widowers¹³.

There are numerous studies that examine the economic circumstances of widows in the US. From previous studies, it was found that widows are significantly more likely to be poor than couples who are still alive¹⁶. The most significant factor influencing the change in living arrangements among elderly widows in the US was the growth in social security benefits. Available data shows that widowhood is a significant predictor for falling into poverty¹⁶. The present condition of the widow is more often than not influenced by some choices made by the

family. In a situation where the pension from the deceased spouse is very small and the widow does not have any other means of livelihood to cater for herself, she is forced to live with any of her children or in desperate situations are made to look for job to compliment the pension received²².

Traditionally in African communities, there is the principle of shared brotherly love and togetherness, respect for others, compassion and the like. All these are sparingly practised when it comes to how widows are treated and as such, untold hardship is meted on them. Despite communal love and care which ought to exist among everyone, especially towards the bereaved and thus vulnerable widows, there is an apparent deliberate lack of concern, disrespect, discrimination, impoliteness, and unjust treatment of widows in African communities. Presently, widows appear to be neglected and even oppressed. In Africa, widowhood is more of a gender issue. The men folk spend the better part of their lives being married unlike their female counterpart. Studies have shown that at age 30 years, most women are already married and this lasts for a shorter period, often times, after the age of 40 years. It was indicated that by the time women are 65 years of age, the number of widows is almost at par with the married women but by the age of 80, 80% of the women are already in the widowed state¹⁶.

Furthermore, typically it is often thought that widows are always elderly but in Africa, women who are quite young are found in this category. Across Africa, the percentage of women who are already widowed at some points are usually between 15 to 49 years, accounting for 3%¹⁶. In Africa, widows are unduly disadvantaged and deprived of some financial and social amenities as a result of losing their spouse. Aside the shock of the death of their husbands, they are also faced with losing access to productive assets (like land) and other financial resources that are dependent on marriage, as well as losing the security and status that came with having a husband. The imposition of lengthy periods of isolation, humiliating rites, and allegations of

having caused the death are also still prevalent in some places, but more often than not, widowers are not subject to these practices¹⁷.

In Mali, widows who are breadwinners of their households still find it very difficult making ends meet. In addition, compared to their age mates who are still married, they have worse nutritional status. Even when they remarry, this disadvantaged situation still carries over into subsequent marriages and affects the health and education of their children²⁵. The ability to remarry may offer some security for widows in Senegal and in some other climes. Studies show that in Senegal, widows who remarry are worse than they were and those who can afford to avoid remarriage do so more frequently than those who cannot. Most of those who remarry choose to marry their spouse's relative. Often times, remarriage can be a lifesaver in a situation where women's rights and access to property are still dependent on men. It is evident that women of Senegal whose husbands have more than one wife and several children, as a result of inheritance, jettison all caution by extremely reducing birth spacing and have more pregnancies than is healthy in an effort to get a son as means of inheriting some part of the deceased estate and also as a protection against widowhood because the widow gets a larger share if she has more sons²⁴.

Traditionally, Africans hold in high esteem community values such as togetherness, respect for others, compassion, and so forth. They operate on the principle of growing by lifting others. But in reality, they do not practice what they preach when it comes to how widows are treated. The widows, however, are treated with disrespect, lack of care, they are discriminated against and also marginalised in no small measure. In spite of the principle of oneness, that emphasize love and care, especially towards the bereaved and thus vulnerable widows, there is an apparent deliberate lack of concern, disrespect, discrimination, impoliteness, and unjust treatment of widows in African communities. Widows appear to be neglected and even oppressed²⁴. These myriads of challenges encountered by these widows as a result of the maltreatment and neglect

has not been given adequate consideration or the attention it requires in scholarship as there are supposed lack of enthusiasm to reveal the harmful widowhood practices and their consequences, irrespective of the fact that widows comprise a huge number of females in various communities. These harmful widowhood practices and rites have been left unchallenged irrespective of the fact that they leave these widows in agony and more so, infringes on human rights as contained in the international human rights conventions²⁴.

The topic of widowhood is sometimes entangled in myth or mystic expressions, just like when death itself is discussed. Even during conversations, every effort is made to make the topic and its processes unpleasant and painful. The very social support system designed to lessen the painful effects of widowhood are usually the ones frequently involved in meting distressing and sadistic experiences to the widows involved. Different communities have different widowhood customs. While some towns and villages practice theirs in a very loving manner, especially toward widows, others are primitive, barbaric, and quite brutal and this occurs regardless of whether the woman has children for the late husband or not²³.

In Nigeria, the stages of widowhood are frequently shrouded in myth and are subject to the control of whatever social or cultural system a bereaved individual finds themselves. It is believed that the paramount constituted authority or direction to follow in widowhood is cultural traditions. Yet, recent cultural experiences with widowhood and the adjustment process call to question this claim. The subjugation of women in Nigeria has been linked to the social systems in their African traditional religion. Apart from the social foundations of African traditional religion, imperialism and globalisation have increased the way women are being subjugated²⁴. Women's social inadequacy stems from the imperialism of the disproportionate European's influence and the accompanying masculine control mechanism. Widowhood is a path marked by excessive traditions and customs, forced gloomy lifestyles, social

marginalisation, rights being denied, severe mistreatment, societal inequalities, and psychological despair, among other things. More so, the widow is relieved of her position, humiliated, and dispossessed of all her inheritance at the passing of the spouse. This implies that a woman in Igboland loses all of her value the moment her husband passes away. Her husband is thought to be the source of her dignity, and when the husband dies, the dignity is lost². For this reason, widowhood traditions in Igboland continue to be among the most unfair cultural norms that have an impact on women.

Most of the customs that women go through after their spouses pass away are demoralizing and have a detrimental effect on their lives. The treatment of widows varied during the pre-Christian era depending on the traditions of the various groups. The ritual cleansing is intended to be performed by every widow in south-east Nigeria, regardless of the community²⁴. There are differences in how people behave toward widows, primarily based on the widow's socio-economic standing. Before deciding on the procedures that the widow will go through, the socio-economic position of the widows is carefully taken into account. The widows' financial situation, educational background, relationship with her in-laws, and relationship with her spouse are among the considerations taken into account. Consequently, these variables dictate the amount of stress and pressure a widow experiences in Igboland².

In Igboland, there are many instances of repugnant cultural customs; certain communities are so cruel that the widow is occasionally asked to consume the water used to bathe the husband's corpse in order to demonstrate her innocence. Widows experience social isolation because their early-life relationships, such as marriage, which were ascribed to them as social duties, have been lost, and other interactions are either inaccessible to them or prepare them to take on new social roles freely²⁴. In some parts of Ebonyi State, the widow is required to spend some time with her deceased husband to demonstrate that she did not kill him. The widow is chained as her

husband was being buried in some part of Enugu State until the funeral service was over, and she was also not allowed to eat or take her bath. The first 28 days of grieving are typically the harshest as the woman is expected to sit on a bare floor for the duration of the period of grieving. The widow should cry frequently to show that she misses her husband. During this period, the bereaved woman is not allowed to go to the market. More so, widows are not permitted to shave their pubic hair when they are still mourning. They are housed in an unclean setting. They are not intended to be neat in order to deter other men²⁵.

When a widow loses her spouse, which always traumatizes her and affects her psychological well-being, she often goes through three phases of agony in her life. She first endures the emotional torture and stress of caring for her sick husband, then after his passing, she also participates in making arrangements for his funeral²³. She then experiences the most agonizing grief as she witnesses her husband's siblings argue and quarrel over who should own her late husband's possessions²⁴. Being a widow can be difficult for an Igbo woman. Her agony begins with being forced to shave her head, followed by social seclusion and even a week without a decent bath. She appears to be mentally unstable because of her pitiful state and her messy body. She looks hopeless, rejected and ugly. Peradventure, the widow had no children or particularly a male child before the death of her spouse, she instantly loses all of her late husband's property, requiring her to pack her baggage and return to her own family. To ruin her taste throughout the day, the widow in some Igbo tribes is made to chew bitter kola every morning. Widowhood has not been fair to women. The effects of widowhood are economic, physical, social, psychological and health-related²⁴.

Widows in Igbo community experience specific trauma in the guise of widowhood customs, which has psychological repercussions. For example, until six months after her husband is buried, the widow is forbidden from bathing, shaving her hair, visiting the farm or market, or

doing any other activity. There are several other harmful customs associated with widowhood, including the custom of widows eating without washing their hands. In some societies, women are made to sleep in the same room with the deceased overnight before he was finally buried the next day²³. Thereafter, the widow is instructed to cook a native dish in a native way and put outside in the night. If the food disappears before morning, then it is believed that the deceased has eaten it and found no grudge with the widow but on the other hand, if the food remained, it therefore means that the widow has a hand in the death of her husband. She is thereafter stripped of all her late husband's inheritance and banished from the community. Nevertheless, being found innocent is not a guarantee for a safe haven for the widow and her children in a situation where the family members are greedy²⁴.

Furthermore, in other climes, there are series of events which happen after the burial of the deceased husband. On the first night, the widow is asked to go to the husband's graveside and pray for hours. The following day, the widow and the children are made to dance round the neighbourhood with the late man's picture. The third day features a meeting with other widows who give counsel on how to cope with life as a widow. After which the widow is summoned to another meeting where she is meant to choose the man to marry out of the siblings of the late husband. Failure to comply would result in the members of the family sharing the children of the deceased among the relatives since the widow refused their biddings and therefore no longer a part of their family²³. Some other harmful widowhood practices entail the widow, urinating in the public glare of everyone present to prove she did not have a hand in the death of her husband. The widow's hair is also shaved by the older women in the community and the widow is made to wear a black mourning cloth for three months after which she was given two different sets of wrapper which she would wear for a one year period²³.

Some communities in Delta State share the same harmful practices to widows but with a slightly different approach. All still go a long way to show injustice and inhumane treatment to the widows. These accusations and inhuman treatment of widows will not rear its ugly head when the man is alive but the moment the husband dies, she becomes the first suspect in the death of the man as allegations and counter allegations are levelled. More so, some cultures allow the children of the deceased to be flogged until they beg for mercy²⁴. For children that are very young, this act may be injurious to their health and for the adults, it may lead to violence when you are being beaten for a crime you did not commit. The widow may be asked to marry the son of the late husband if he is not her biological child but this does not come with coercion or force but according to the widow's volition. In the eastern part of Nigeria, the people respect and hold in high esteem their values which they engrave in their traditions and cultural practices, but when it comes to widowhood practices, the problem is the same. As thoughtless and wicked the issue may sound, the worst perpetrators of these barbaric widowhood practices are also women. But after the Beijing conference, there is a ray of hope in the positive treatment of widows in that area as there is a vanguard of change²⁴.

One year or six months after her husband's passing, a widow in some parts of Edo State, is compelled to move into her parents' home. Women who are indigenes of this community are subjected to this treatment. Even though she helped build their home, according to tradition, she must vacate it upon her husband's passing². However, women who have the means to build their own personal house do so even while living in their husbands' house because they are aware that they will not be entitled to inherit their husbands' property after they pass away. But on rare occasions, widows are permitted to remain in the house after consulting the oracle properly and receiving permission from the deceased man's ghost. Widows that are not indigenes experience a slightly different fate. After her spouse passes away, the non-indigene wife has a right to the late man's property. Even while residing in that same house, she is permitted and free to get

married again to another man. This culture has remained till date. Similar to how it is done in Ghana, lineage is traced from the woman in Ikpeshi, Edo State. Both children and property are owned by women. This often times is the reason why most men choose to marry women who are non-indigenes so that their wives can keep the family home and also raise the children after their passing².

Never the less, the experience and hardship faced by widows in Makurdi when a breadwinner passes away varies between the Tivs and Idomas, which are the two main ethnic groups that make up Benue State. Their widowhood practices are derived from the stipulations of the relevant tribe's native laws and customs. In any case, unless in extreme circumstances where a widow is implicated in her husband's death, widows in Benue State are rarely exposed to the cold and unwelcoming practices that are available in various regions of the country. In Tiv land, when a husband passes away, the widow is typically shown great compassion, care and is given all the support she can get²⁴. Following the completion of the deceased's funeral rites, the late husband's clan would then suggest that the widow remarries a new spouse, who often times is typically one of the deceased's brothers. In as much as this is often the wish of the family, she is not under any form of obligation to accept. It is typically her choice to accept or reject the proposal to wed one of her late husband's brothers. According to Tiv tradition, a widow is also not made to undergo any offensive, dehumanising or humiliating procedure to determine her involvement in the death of her husband. The fact that a widow may be permitted to inherit her late husband's property, particularly if he passed away without writing a will is another intriguing side of Tiv local law and tradition about widowhood²⁴.

The whole transition is smoother and more cordial if the widow is cherished by her late husband's kinsmen. This is also the practised in a polygamous family; however, if there is a perception of rancour in the family, the elders would divide the deceased husband's assets

among the women before giving them out to their new husbands, if they are willing to re-marry²⁶. In terms of widowhood practices, the Tiv native laws and customs are kind, fair and favourable to widows. She is given the freedom to live, possess her late husband's property, and choose whether to get remarried to one of his brothers or to stay single. Widows are not made to face any form of harmful widowhood practices, but if it is discovered and proven that if she was involved in her husband's death, she will be banished from the community. The Tiv native laws and customs are kind, fair and favourable to widows. She is given the freedom to live, possess her late husband's property, and choose whether to get remarried to one of his brothers or to stay single²⁴.

Widows are not made to face any form of harmful widowhood practices, but if it is discovered and proven that she was involved in her husband's death, she will be banished from the community. For the Idoma people, when a man passes away, his kinsmen would consult the gods to determine whether the life of the man had been taken by the community's deity, who kills the husband when the wife has adulterous affairs with another man and the husband purposefully fails to report such to his kinsmen. In this case, the widow is prevented from inheriting her late husband's possessions and thereafter banished from her dead husband's house and the society. Nonetheless, if it is found that the widow had no involvement in her husband's passing, she is given free rein to inherit and manage her late husband's assets or property²⁴.

One of the many atrocities committed against widows in Nigeria is the problem of inheritance. Because they are viewed as mere personal property in some societies, women sometimes have no claim to inherited lands or buildings when their husbands pass away. The kind of marriage that many women entered still determines their future in the event of the death of the man. According to Nigerian customary law, women are still seen as a man's property that is inheritable. Since the 4th World Conference on Women in Beijing, the discussion of gender rights has exhibited features of increasing complexity, and this is reflected in the growing

awareness to women's rights in other contexts apart from marriage²⁵. The property of the marriage belongs to the wife and the children the late man leaves behind, therefore under the statutory provisions, a woman's rights to inheritance are safeguarded upon the death of the husband. Nonetheless, where the deceased husband left a Will, this will determine and control how the inheritance is shared²⁵.

Nigeria's ratification of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), along with 120 other nations, demonstrates its commitment to the eradication of all forms of discrimination against women, particularly on the basis of culture²⁵. The governments of Enugu and Edo States have taken the lead in the struggle to protect women's rights. Legislation has been passed by both houses of the assemblies to end all forms of prejudice against widows. The Igbo tradition and custom that prevented women from inheriting the family legacies was recently declared invalid by the Supreme Court. International Widows' Day, generally celebrated on June 23 each year, was created since it is widely acknowledged that widows suffer many difficulties. It is a day set aside by governments and the public to raise awareness to the struggles faced by widows around the world, including poverty, injustice, and neglect²⁵.

2.1.2 Self-Assertiveness

Self-assertiveness has been defined as the capacity to communicate oneself clearly and directly, articulating one's thoughts, opinions, and rights in such a way that the other person's rights are also respected²⁷. In 1966, Wolpe and Lazarus were the first to define assertiveness as any presentation of one's socially acceptable personal rights and feelings²⁷. Self-assertiveness is also the multifaceted ability of someone to reason, feel, and behave in a non-passive and non-aggressive manner. It is also the ability to openly communicate one's opinions, feelings, needs, and wishes as well as behave in line with one's own aims and objectives while also

acknowledging the viewpoints, sentiments, wants, ambitions, aims, and objectives of others. Assertive people are capable of acting in accordance with their desires without experiencing intense anxiety or violating the rights of others. Self-assertiveness is defined as a style of human communication and behaviour by the desire to openly and directly advocate for one's demands and interests²⁸.

The concept of self-assertiveness has multiple dimensions. It can be viewed as a set of abilities, a way of communicating, and a type of conduct all at once. It consists of cognitive, emotional, and behavioural components as a set of abilities. One is able to think clearly, control one's emotions, and take assertive action. It was often believed that lack of self-assertiveness and inability to honestly convey one's thoughts and feelings were the root causes of poor psychological well-being²⁶. Part of the traits that define an assertive person are empathy, effective listening abilities, and primarily rational thought processes. The effects of using assertive skills can be evident in most areas of a person's life on the level of thinking, emotions, and behaviours²⁶.

One of the advantages of leading a self-assertiveness-driven lifestyle are the development of complex secondary skills like stress management, criticism handling, and conflict management. An assertive person is capable of openly, honestly, and authentically expressing his or her thoughts, feelings, and demands. In assertive communication, inner speech control is a key component. Being able to act generally in manners that reflect the assertive conceptions and attributes are also qualities of assertive behaviour. Each of these notions can be used to explain the structure of self-improvement techniques or a field of study and knowledge, depending on the context, despite the fact that they clearly interact and draw from the same fundamental ideas. It is a form of communication that depends on personal characteristics and abilities as well as experiences both inside and outside the individual²⁸.

Self-assertiveness demand a level of skill as well as a depth of self-awareness and self-knowledge^{29,30}. It is, generally speaking, the truthful and proper expression of one's own rights, thoughts, beliefs, and aspirations without violating or compromising the rights of others. It is the ability to express one's feelings, stand up for one's rights, and do so while still showing respect for those of others. Assertive communication is adequately direct, honest, and open and makes one's needs obvious to the other party³¹. While some people are naturally self-assertive, others must learn the ability to be assertive. Those with strong assertiveness skills can significantly reduce the amount of interpersonal conflict they experience, which removes a major source of stress. Self-assertiveness has been shown to improve psychological well-being, including depressive mood and stress reaction. Also, it was thought to enhance a person's sense of autonomy, social interactions, self-confidence, self-esteem, and fulfilment, all of which are indicators of psychological well-being³².

Self-assertiveness can be measured using: open expression, control of emotions, consideration for others and self-direction. Open expression is the ability to openly express one's wants, thoughts, beliefs, wishes and feelings using honest, appropriate, direct, transparent and reasonable means. This entails when an individual act in their own good, defend themselves without feeling overly anxious, express their true feelings without feeling uncomfortable, and assert their own rights without criticizing the rights of others. In order for both sides to act responsibly, open expression involves encouraging others to be open and honest about their opinions, desires, and feelings³³. More so, before emotions can be controlled, it must be known that emotions are present in every aspect of lives. In fact, it may be said to constitute the foundation for one's interactions, decisions, and achievements. Emotions define people. Therefore, attention must be paid to it. Once this is accomplished, changes can then be made to one's behaviour and communication that will have a beneficial effect. Lives are impacted by emotional skills in many different ways. One's development, satisfaction, performance, and

interpersonal connections are all impacted by one's ability to identify one's emotions, comprehend them, and effectively manage them. According to studies, emotional skills indirectly determine life pleasure³³. As the name of the concept suggests, control of emotions relates to self-control. It involves being conscious of one's emotions and controlling them in order not to act out of emotion instead of being able to analyse the circumstance and the people around one before making a decision. Thus, the control of emotions aids in self-control and lessens acting on impulse. It is also said to be a capability to recognise one's irritable and violent signals, composing one's self and putting a hold on irrational, antagonistic, and reckless conduct³³.

Therefore, emotional control permits one to maintain composure, comprehend one's feelings, and refrain from acting impulsively. In addition to instances involving anger or aggression, situations involving tremendous joy, pleasure, or excitement also call for control of emotions. The capacity to restrain one's emotions so that one is not controlled by them is known as emotional control. It is the capacity to manage or regulate emotions in order to get the desired results. It is a skill that makes use of emotional awareness to help one deal with events more effectively. Rational thinking becomes difficult when one is gripped by emotions²². Using techniques for emotional management, a moment can be taken to reflect, comprehend emotions and their effects, and act and think rationally as a result. Being able to maintain self-control enables one to deal with any situation without being upset or distressed. It is important for one to maintain composure and does not allow emotions to harm them. It also supports healthy interpersonal relations and effective communication. As a result, competent emotion control can lead to development, adjustment, positive relationships, success, and accomplishment. Being able to effectively control one's emotions, including tension, urges and inspiration, ideas and actions in various contexts, is referred to as emotional control. Control of emotions or the ability

to manage one's emotions stimulates the thinking, logical, and analytical faculties, which aid in providing the correct setting and perspective for events³⁰.

On the other hand, consideration for others entails having open, honest conversations with others without purposefully offending anyone. Direct communication that takes this into account can improve interpersonal relationships, boost self-confidence, and lessen conflict. It also includes accepting that other people's perspectives may differ from one's own and respecting their needs, wants, and feelings. It also entails viewing the other individual as a collaborator rather than an adversary²⁷. Likewise, it involves expressing one's feelings to the other person truthfully, without accusing them or attempting to make them feel bad. It is not proper to cut someone off in a conversation when they are speaking. It is wise to make an effort to pay attention and comprehend their viewpoint and also request that you are treated with the same deference and consideration. Successful relations with others may result from having beneficial and meaningful encounters with them. This might also include accepting personal accountability for one's deeds and remaining true to one's word. Ideas can be expressed while keeping an eye on other people's sentiments and reactions by being considerate of others²⁸.

In the same vein, self-direction is the capacity for individuals to manage their own learning, motivation, and behaviour based on their knowledge and awareness of themselves, others, and the outside environment. Additionally, it refers to the capacity to organise, plan, start, carry out, or engage in problem-solving tasks on one's own. This is the capacity to be straightforward, sincere, and speak up for ones' self without infringing on the privileges of other people while being aware of one's own objectives²⁹. Self-direction, on the other hand, is the capacity to control and modify behaviour in response to environmental demands in order to realise personally chosen objectives and values, and this is a personality feature of self-determination. The idea of self-direction might imply independence compared to dependency and the capacity

to govern one's activities and lives without outside influences thereby impacting or directing one's actions. This implies a high level of mental and behavioural independence and self-sufficiency²⁹.

Non-assertive people find it difficult to say no and live their lives believing that they have no choice but to do that which is demanded of them. They lack the will power or the self-confidence to look people in the eye and tell them no, even when they are being taken for granted or in the most uncomfortable situation. Generally, widows in vulnerable positions encounter this kind of circumstance frequently. Some individuals, however, find it difficult to decline an invitation to do anything. Even though it is good to be assertive, some widows find it challenging to exhibit it as they have been rendered voiceless by the negative social practices which they have been subjected to²⁸. A group of people, in the name of family members or the society, assert their dominance over the widows and making selfish demands of them, while the widows on the other hand, accede to their demands because according to custom and tradition, it is easier to do so than to refuse or act morally. Due to the fact that these widows are unable to achieve balance, they are left with lifetime scars from their experiences, which can cause them to feel hopeless or even have psychological problems. As a result of these and other reasons, widows have become so docile that they have become passive, complying with the request of others³³.

Self-assertiveness is necessary for demanding things, expressing difficult feelings like anger and dissatisfaction, and engaging in productive negotiations. Rational people are conscious of their flaws; therefore, they will evaluate and consider any request made of them before deciding whether to accept it or reject it. Studies have shown that being self-assertive, that is, possessing the capacity to say no is beneficial for psychological well-being. According to a study that examined sex differences in being self-assertive, men reported a greater tendency to express assertiveness than women in public settings, whereas women have a tendency to be more

assertive in close interpersonal settings³¹. Furthermore, self-assertiveness is recognised as the most effective communication and behavioural style due to its many positive benefits. Being self-assertive promotes higher levels of physical and psychological well-being and offers the best level of control in both the personal and professional domains of life. Once one starts to think, feel, and interact more assertively, a variety of changes are possible, including increased self-confidence; greater motivation; self-esteem and the unleashing of intrinsic resources; the ability to cope with various situations with ease; an increase in the level of tolerance when handling diversity and uncertainty; decreased levels of anxiety; healthier and happier relationships; and many other changes. Individuals that are primarily assertive know how to market themselves and highlight their skills while also creating possibilities for others. An assertive lifestyle is intimately related to authenticity and independence^{34,35}.

An individual must first and foremost identify the underlying factors that ignite passiveness in social situations in order to activate self-assertiveness attributes. Then, the maladaptive beliefs can then be replaced with realistic, empowering ideas that encourage self-assertiveness, leading to a rise in self-evaluation in social interaction, which in turn affects relationships' quality and self-esteem. If widows receive the social support and care they require, they will develop strong self-assertiveness; however, widows who are intimidated and denied of their rights, will have unstable affinities with others. Unstable attachment to others has been associated with low cognitive, emotional, and social development in humans^{33,34}. More so, lack of self-assertiveness prevents people from establishing a solid psychological foundation; lessens their capacity to deal with challenging situations; and increases the likelihood that they will find it difficult to maintain emotional control under pressure³⁵.

The ability to express anger or displeasure in reaction to another person's lack of consideration; and the unprompted expressing of preference for changing a situation are examples of self-assertiveness. As it has been described as a multidimensional concept and set of abilities, it is

further mentioned that self-assertiveness is a method for expressing other emotions besides worry in a way that is acceptable to others. It was discovered that training in the recognition and expression of the many emotional states and feelings is necessary if one wants to be more assertive or emotionally and psychologically free³⁶. It was assumed that unassertive individuals had social deficiencies because they lacked the behavioural strategies and social competencies required to cope with social realities³².

Assertiveness was expanded to include the ability to say no, express both positive and negative emotions, make contacts, and initiate, sustain, and end conversations. People who find it difficult to express their needs, desires, ideas, and feelings or who are unduly accommodating behave in an unassertive manner. They may believe that they lack the right to solicit assistance from others; that they are undeserving of it; or that they are incorrect in their beliefs and actions. This type of action is simply referred to as passivity. Stress, sadness, and interpersonal problems have all been linked to lack of assertiveness³².

Additionally, studies have shown that a number of psychological diseases may be as a result of their connections to passivity and low self-esteem. However, a few of the factors contributing to lack of assertiveness include lack of knowledge, prejudice, and unwarranted fear of consequences. It is therefore necessary to identify the causes of a person's lack of assertiveness in order to offer or suggest the appropriate therapeutic intervention. Those who learnt and used more assertive communication strategies and demonstrated more assertive behaviour were found to have clear purpose in life, that is, a deeper knowledge of their own personal objectives. Assertiveness training is a research-proven therapy strategy that produces great intra- and interpersonal outcomes³⁶.

Pioneers in the study of assertiveness defined assertiveness as the capacity to detect and appropriately express all affective states while also expressing emotions other than anxiety²⁷.

Self-assertiveness has been shown to reduce the symptoms of numerous psychological problems, such as sadness and anxiety. An individual's capacity to advocate for their own interests without being overly worried is demonstrated by their assertive demeanour³². It is the exercise of their own privileges without denying others of theirs when they are successful³². Self-assertive people behave in a confident manner, speaking up for their rights and standing by them when they have strong ideas. It is a way of expressing one's ideas forcefully so that people will pay attention³². Self-assertiveness is the capacity to appropriately represent oneself to the outside world while respecting the rights and sentiments of others. It goes to say that assertive behaviour fostered self-disclosure, self-control, and a good sense of self-worth, as well as showed respect for oneself and others. It also decreases interpersonal disputes in daily life, which in turn decreases stress and improved appropriateness for committed relationships³².

Self-assertiveness and communication are considered to be a synthesis of both passive and aggressive interpersonal approaches. The Centre for Clinical Interventions added one more definition to the many, flexible, and occasionally complicated ones for assertiveness and assertive communication. It states that assertiveness is a way of expressing one's thoughts, feelings, and beliefs in a direct and honest manner without abusing the rights of others³⁰. An individual's rights are violated through passive communication when they accept to be intimidated or persuaded by others to act against their will because they do not think their needs are as important as everyone else's. Allowing others to treat you disrespectfully hurts relationships and lowers your self-esteem. On the other hand, aggressive communication happens when someone bullies others into fulfilling their demands because they feel that their needs are more important than everyone else's. Most individuals detest aggression and won't accept it, because aggressive behaviour damages relationships³⁰. It has been argued that a person's capacity for self-assertiveness changes depending on the situation and individual concerned, more so, it depends on the setting in which they find themselves³⁷.

More so, assertive cognition has been defined as the capacity of a person to develop the awareness and identification of their own ideas and emotions. As a result, they proposed that an important aspect of assertiveness was assertive cognition and that assertiveness training should also include techniques for helping people recognise their ideas and feelings in order to finally achieve congruence³⁶. They also employed an information processing model to the research of assertiveness in which the notion was added due to the significance they feel assertive awareness plays in assertiveness. The paradigm started when a person encountered a social event that caused the stimulation of interpersonal fundamental beliefs while they simultaneously attempted to comprehend social signals from others³¹.

A balanced understanding of one's talents and shortcomings was necessary for self-assertiveness, which also required the ability to control one's impulses and tolerating displeasure. The model's following stage, the encoding process, puts forth the idea that the activation of fundamental beliefs affects how social stimuli are processed. At this point, assertiveness was linked to more nuanced readings of the world, as well as unique perspectives and innate drives. Individuals with low assertiveness tend to perceive social cues largely in terms of their own self-devaluation. Biases in how people interpret social cues can be a sign that someone lacks confidence in their capacity to be forceful or doesn't think the circumstances call for it, which leads to unassertive behaviour³³.

Self-assertiveness was transformed into equilibrium between private and societal gains by the model's subsequent function, response search and assessment, which stated that visible assertive action and the responses of the partner is interacting with one another. Also, it was proposed that empathetic assertiveness increased social rewards and evoked more positive interpersonal reactions, reinforcing behaviour that was more thoughtful of others, similar to Mitamura's pragmatic politeness notion³¹. The information obtained from the relationship cycle, according

to the assertiveness model's final component, adds to the individual's collections of interpersonal core beliefs and influences how they react to situations, which can lead to an increase in the frequency of situation-specific assertive behaviours in the future.

Assertiveness was conceptualized in terms of scaled dimensions and this is the degree to which people speak up and defend their own views when those views did not quite match with the view of others with whom they could be interdependent as interpersonal assertiveness²⁹. In their model, assertiveness was both a dispositional trait and a behaviour component in daily encounters²⁹. These behavioural responses to competing interests are referred to as under- and over-assertiveness and varied from apathy to aggression. Under-assertive behaviours include passivity, denial, detachment, and shyness, whereas over-assertive behaviours include violence, rivalry, force, and resistance to giving. Assertiveness, which includes behaviours like tolerance, negotiation, teamwork, cooperation, and inclusion, is located around the middle of the scale. Several explanations were put forth on why people behave in various degrees of an aggressive manner²⁹.

Moreover, several aggressive behavioural reactions were conceivable depending on the demands and norms of the situation, the individuals' goals and values, their expectations, and their mental models. It was then proposed that individual skill weaknesses, such as a failure to control strong emotions like fear, wrath, or anxiety, have an impact on how assertive a person is in a given setting. In his research on assertiveness in Japan's collectivistic culture³¹, took into account assertiveness in terms of socially acceptable manifestations, which were in line with the collectivistic value of connections over individual demands. He claimed that there was no practical standard for separating assertiveness which is a socially acceptable expression from aggression, which is an excessive or inappropriate expression. It is believed that since appropriateness is context-specific, aggressiveness should also be content-specific. Two components present in conversations that could be evaluated for appropriateness are practical

civility and unbiased effectiveness. The listener's assessment of a conversation and whether they thought the behaviour was proper and polite were the foundations for the discussion and pragmatic politeness³¹.

Objective efficacy is demonstrated when they get the desired outcomes from others. A new sort of assertiveness that was named functional assertiveness based on the criteria and elements of assertive communication that had been put out was created. When pragmatic politeness, and objective effectiveness occur in a social interaction, functional assertiveness results³¹. Interpersonal communication takes place when a speaker makes an effort to reconcile interpersonal conflicts or when the communicated goals were communicated in the most appropriate way. This kind of forceful dialogue was sensitive to both the speaker's and the listener's points of view and attentive also to the social setting³⁴. There are situations where lack of assertiveness were appropriate especially in social encounters but submissive in private, or when such encounters convey negative feelings and not positive ones. Often times, a number of factors, such as the level of affinity, the intensity of the feeling, the gender of the other person and the presence of observers, could influence the use of self-assertiveness skills³⁴. Lack of assertiveness could include skill deficiencies, insufficient stimulus discrepancies, that is, not knowing under what conditions assertion was appropriate and irrational fear of the consequences. Therefore, in order to propose the proper therapeutic intervention, it was required to pinpoint the reason why a person lacked assertiveness³⁵.

Assertiveness can be differentiated into other forms of behaviour and communication which are passive and aggressive. In passive communication, there are elements of abuse of the other person's rights and this happens when the individual whose rights are being trampled upon does not see her need as important as other people's needs thereby allowing themselves to be influenced against their wish³⁴. This type of attitude has detrimental effect on relationships

because it does not respect the other person's right and this can lead to low self-esteem. However, aggressive communication ensues when an individual feels that her needs supersede the needs of others and may even go to any length to get their wish granted. This also has a negative effect on relationships as they may fail to do the bidding of such person eventually³⁰.

More so, self-assertiveness has some set of negative assertions which often times are difficult to carry out. They are discrepancy assertion, consequence assertion, request refusal, and giving and receiving criticism. Discrepancy assertion occurs when there is a negation between the current and the former situations. Meanwhile, consequence assertion is applied when one party is not putting the right of the other party into consideration by constantly and intentionally violating the rights of this person and also call his/her bluff³⁷. Nevertheless, negative feelings assertion is used when there is an underlining rancour from the other party. In this case, the emphasis should be the negative attitude experienced and not the person with the attitude and this is done objectively without any form of aggression. For negative assertion, the negative feeling experienced are mentioned without snide remarks and followed by objective assessment of the behaviour of the other person without prejudice or being judgemental. The capacity to say no when there is need for it helps to maintain healthy borders, thus preventing anger and other psychological issues. Another form of negative assertion is the ability to decipher the difference between constructive and destructive criticism and the ability to see it as an opportunity to learn and not letting it have a negative effect on the self-worth of the individual³⁵.

The focus would shift to cognitive restructuring after the individual has a deeper knowledge of what assertiveness is. This entailed the therapist helping the individual identify the cognitive assumptions that cause assertive deficiencies. The individual is made to know the advantages of assertive training about relaxing methods, such as removing whatever hindrance to act assertively. For the therapist to engage the client in explicit assertive behaviour training, there is

the assurance that the client is already exhibiting cognitive and emotional changes. In contrast, some studies opine that behavioural assertive changes could be made without changing attitudes. This explicit training in assertive behaviour employed overt and covert methods, including modelling, behavioural practice, corrective feedback, and reinforcement. The training should be systematic in order to encouraging the person to practice and act assertively in more demanding situations. Besides this, the therapist offers consistent encouragement and helpful criticism. However, a list of positive practices was produced for people to use in order to improve their interpersonal assertiveness²⁹. The ability to make requests was the primary item on the list. It was contended that while unwillingness to request for something is typically motivated by worries about how others will respond, it can also be a sign of low self-esteem. In addition to learning how to ask politely, asking also involved developing and using possible templates for challenging talks. Avoiding disparaging justifications for a request, which frequently result in opposition or a negative response even by the person who receives the request, is another factor of making proper requests²⁹.

Another technique listed for boosting interpersonal assertiveness is termed conceding wisely, which involves talking about and emphasizing the advantages of the concession the other person is making. Another self-assertive skill to learn is how to say no, which also included requesting for time to think about the demand or to check with others. Listening is also one of the excellent habits of assertiveness. One of the most important tools for influencing others is listening. Effective listening enable the assertive person better understands the perspective of the other person, and also, people often trust and appreciate those who listen to them because they feel appreciated and respected, and in effect produces both informative and relational advantages²⁹.

Beyond specific recommendations, it is proposed that creating a psychologically safe environment would encourage frank discussion of opposing ideas. Also, a unique remedy was

proposed which includes self-assertiveness techniques tailored specifically for women²⁹. Women are advised to add kindness and warmth to their requests since they often value relationships more than men do³⁵. Being truthful and open about your thoughts, feelings, and even legal rights is a key component of self-assertiveness. It does not entail acting aggressively in a way that makes another person feel frightened or degraded. Being aggressive may make you feel like a bully and cause you to lose significant relationships. Being assertive does not include being passive, which is when you are too afraid to express what you really think or feel. Being passive in circumstances that are important to you can make you feel controlled, insulted, or used³⁵.

Being assertive is crucial both when you are experiencing pleasant and negative emotions. For instance, turning down demands for one's time or property when one cannot do so without feeling resentful or annoyed is actually doing the friend who is requesting, a favour. It keeps you from harbouring those unfavourable thoughts of bitterness and helps you from having a hidden goal that can later harm your relationship. People will believe that your 'yes' is sincere and free of any hidden obligations if they have faith in your ability to also say 'no' when you ought to. Also, whether someone offers you help or simply a compliment, saying 'yes' or 'thank you' with sincerity allows you to feel some of the admiration and respect which you get from others. It also strengthens your own foundation of strong sense of self and healthy self-care. It can be more difficult to assert yourself when you openly accept presents of support or admiration from people than when you tackle an issue where your rights are being potentially violated²⁹.

In order to be self-assertive, you must look at the beliefs that restrict you from being open and straightforward in circumstances that have an impact on you. This could be the fear that if you disagree or dispute the issue, you will be disliked. Or it might stem from the idea that if people do not like you, you'll be miserable. It can be a source of worry that, if someone gets furious,

they would use their power unfairly or with vengeance on you³⁸. But none the less, there is need to consider the realistic repercussions of pushing a situation too far. However, stating your case in an open, direct, and respectful manner will probably reduce the likelihood that you will feel misled or treated unjustly. Keep in mind that you cannot be held accountable for the actions or reactions of other people, but you can develop a respect for yourself enough to stand up for your own belief or point of view. Sometimes, one can be concerned that one may lose one's composure and either act out or break down in tears, never the less, it is a skill and also a choice to be assertive³⁵. There is no perfect assertiveness and often time, no one wants to be assertive even when it ends in one's favour. It takes courage and practice to be self-assertive. Learning to practice assertiveness in some circumstances enables one to be confident and liberated other situations³⁵.

By supporting a person in expressing their rights, opinions, and feelings in a way that neither dismisses nor denigrates those of others, but rather acknowledges and respects theirs, one is promoting the use of self-assertiveness which is a social practice that fosters equality in human relationships³⁴. Assertiveness enables one manage one's relationships better and assist in improving one's psychological well-being, especially each time one socializes with someone, whether friends, families, co-workers, casual acquaintance, or complete stranger, one is paving way for one's interaction for the future depending on what can and cannot be accepted based on the current encounter³⁴.

Being self-assertive is acting with assurance and being open and honest about one's needs, wants, feelings, views, and opinions while also showing respect for others and their demands and refraining from purposefully hurting the feelings of others. Aggression, this means being hostile and combative toward others; passiveness, which means letting things to be done or said to one that have an impact on one without any form resistance or response; and passive-

aggression, which is ignoring honest and open communication while acting sarcastically or in a hostile manner, are all related to assertiveness. Interacting among ourselves do not have to be about winning or losing or who is more powerful, and these are some of the issue with non-assertive behaviour types³¹.

When self-assertiveness is practised, it is ensured that one is treated fairly and equally, as well as being courteous and treating others with dignity and respect. Because self-assertiveness is about valuing oneself, it promotes psychological well-being. It is a sort of self-care because it clarifies one's need and sharing one's wants and feelings with others. It doesn't necessarily imply that one is always right or that one will always get one's way, but it does imply that one is capable of making sure that one conveys one's point in a collected and reasoned manner so that one can make compromise if need be³². Making your own decisions for your life also entails behaving in a way that suits you and defending your own rights. Self-assertiveness is linked to increased levels of self-worth and confidence; it gives you the ability to defend yourself or others without being aggressive; it can shield you from abusers and other social delinquents; and also improves relationships in addition to reducing anxiety and sadness²⁹. Working on your assertiveness can help you build and sustain better relationships at home, work, with friends, and even outsiders. It enables you to be confident and at ease sharing your thoughts without worrying about whether or not others would concur while at the same time respecting the opinion of others. More so, it helps you to be firm in establishing and enforcing boundaries²⁸.

Different communication styles are developed by individuals as a result of their experiences in life. One might not even be aware of one's personal style since it has become so ingrained into one. Throughout time, people frequently maintain the same communication style. But, one can learn to speak in a healthier and efficient manner if one want to effect change in one's manner of communication. Keep in mind that developing assertiveness requires time and effort. The

process of being more assertive probably won't happen immediately if one has spent years keeping quiet all these while³¹. One might need to acquire some anger control skills if one's anger can cause one to become overly violent. Often times, problems like rage, tension, worry, or fear may make self-assertiveness difficult. In learning to communicate one's demands and feelings more clearly, one needs to learn to be more assertive. In doing that, it is often discovered that as a result, one acquires more of what one wants³¹.

Lack of assertiveness can lead to physical, emotional, and mental issues. It endangers one's psychological well-being by reducing one's sense of self-worth and self-esteem and this gradually builds into a sense of worthlessness that makes it harder for one to meet one's demands. This type of self-deprecation is expressed to people who can exploit your shyness and excessive openness against you. It means that one would rather agree with the multitude so as to avoid disagreement. This poses a threat because it gives the impression that your demands are less significant than others', allowing them to neglect your own needs²⁹.

In many circumstances, keeping quiet leads to harbouring resentment and wrath. In worst-case scenarios, resentment results from the accumulated emotions, which makes assertiveness challenging. If one could not speak at first, one is more likely to get angry, get overboard and end up engaging in a fight or verbally abusing other people. In other words, one could resort to destructive behaviour such as being snaky and criticising your friends behind their backs to express your frustrations and anger instead of facing the problems head-on³¹. Frequently burying one's feelings could lead to the development of aggression. One becomes a bully who ignores how others feel out of a desire for vengeance. Humiliating people may make one feel superior, but it is costly since it destroys mutual respect and trust. People may grow resentful of you and begin to avoid or oppose you.

Therapists can assist patients understand that their needs are just as important as those of others. The therapist advises the client against being passive, passively aggressive, or aggressive, and instead encourages assertiveness where communication that is calm, clear, and direct. In therapy, clients can learn and practice a variety of attitudes and practices that contribute to assertiveness²⁸. Self-assertiveness requires both confidence and high self-esteem. Individuals must develop a belief that apart from meeting others' need, their own needs should be met as well. It is never simple to handle criticism. It can harm one's self-esteem and self-belief if one do not handle criticism well or if it reflects one's own severe self-evaluation. Being self-assertive is easier when one knows what one wants by considering one's ideals, priorities, and objectives, therefore, take a moment to clarify what it is that you desire before trying to be assertive. For some disorders, such social anxiety, and other psychological issues originating from repressed rage, self-assertiveness training can be a successful treatment. Training in self-assertiveness can be helpful for people who want to develop their social skills and self-respect²⁸.

The foundation of self-assertiveness training is the idea that everyone has the right to respectfully express their needs, wants, and feelings to others³⁶. It is possible to experience depression, anxiety, or anger as well as deterioration in one's feeling of self-worth if one does not feel free to express one's self. As a result of individual's potential for resentment when other people fail to understand what they are not being assertive enough to communicate to them, one's relationships with them are also likely to deteriorate³⁶. Assertive behaviour is both situation- and time-specific, and there are no specific guidelines about what it is. To put it another way, a person's actions that is termed assertive in one setting may be excessively passive or aggressive in another situation. Ultimately, the principle that assertiveness is a learned trait is the foundation of assertiveness training³⁶. In as much as some people may appear to be more assertive in nature than others, anyone can develop their self-assertiveness. Although these concepts may seem basic and obvious, acting assertively can occasionally be challenging

for virtually anybody and may be almost impossible for others. As a result of this, assertiveness training emphasizes learning assertive actions and putting them into practice with the assistance of a therapist, in addition to discussing the value of assertiveness³⁶.

Therapists assist their clients in identifying the interpersonal circumstances that was the most difficult for them and the behaviours that require the greatest attention during training. Also, therapists assist clients in recognising any attitudes and beliefs they may have acquired that cause them to become overly passive. In this procedure, therapists consider the specific cultural environment of their clients. As part of this assessment, therapists could combine interviews, tests, and role-playing activities³⁰. More so, they educate their clients about assertiveness and the benefits of using it. The clients also know the assertiveness attitudes and ideas that are inaccurate or counter-productive. Once clients are aware of the value of being assertive in their circumstances, it becomes easier for the therapist to work with them to increase their assertiveness. For instance, the therapist and the client can re-enact a certain circumstance utilizing a method known as behavioural rehearsal. In the beginning, the therapist could assume the position of the client and demonstrate assertive behaviour. The client then puts the new behaviour into practice while the therapist switches roles. After each role-playing exercise, the therapist provides encouraging, frank criticism to assist the client develop his or her abilities. Training for assertiveness emphasizes both vocal and nonverbal behaviour. The substance of communication, or what is actually spoken, is expressed verbally³⁶. This includes stating demands, emotions, viewpoints, and boundaries. Facial expression, body language, tone and intensity of speech, social distance, and attentiveness are all examples of nonverbal conduct³⁶.

Assertiveness can be developed using several methods. One of the methods which is identified as the broken-record can be used in a situation where the other party refuses to accept or agrees to your response³¹. It is continuously and repeatedly stating your stand without being angry. At

the end, the other person will accept your stance and then leave you alone. Another method is called fogging. This is another way to refuse requests or disagree with someone while still demonstrating your respect and acknowledgement for their viewpoint³¹. You start by explaining the other person's feelings before elaborating on your inability to or decision not to agree with their request. These are only two of the behavioural strategies that can help people become more assertive. The therapist can interact with clients to lessen stress and worry through rational-emotive behaviour therapy, systematic desensitisation, or other strategies in addition to introducing specific assertiveness skills. People will become more secure and less anxious as concern and anxiety decrease³¹. Anyone can develop their self-assertiveness abilities. By reading books on assertiveness training and putting the exercises into practice, some people are able to advance their abilities. These books are commonly accessible in bookstores and libraries through recommendations of either librarians or other specialists. However for a lot of people, improving self-assertiveness abilities in a significant and long-lasting way requires expert assistance. This is especially true if a person's interpersonal issues are linked to intense anxiety or depressive sentiments³².

Assertiveness training is a behavioural strategy that has been proven to be successful for those who find it difficult to respond verbally in suitable ways during interpersonal encounters either out of a concern not to offend others or a deliberate attempt to have one's way by all means. It helps people understand that their rights are just as significant as those of others. The appropriate expression of any feeling other than worry toward another person is regarded as assertive behaviour²⁸. The anxiety associated with each desired reaction that is given during a therapy session is reduced or is reciprocally repressed. However, the conduct that is being instigated is not solely driven by emotion but also there is a change in the verbal conduct²⁸.

Assertive behaviour has a sense of well-being as its own reward in addition to reducing anxiety. Contrasted with views and feelings that might be concealed beneath a cultivated façade, overt action is much easier to discern²⁸. Moreover, the component that is most difficult to change is behaviour. The focus will then be on altering the behaviour patterns in order to promote better social interaction and a greater appreciation of one's self as a person²⁹. Assertiveness seems to be self-rewarding, so the cycle can be turned around and become a positive one, a more appropriately assertive behaviour gains more positive responses from others and this positive feedback enhances one's evaluation of one's own worth; and an enhanced feelings about oneself leads to a more assertive behaviour. It therefore feels nice when others start to respond more thoughtfully to one; when one succeeds in relationships, and when things go one's way more frequently. However, acquiring a variety of communication skills is the foundation of assertive training³⁵.

Self-assertive skill training however, refers to the gradual acquisition of a predetermined set of behaviours through an instructional process with distinct behaviourally well-defined entrance and terminal points and distinct instructional steps in between. When the client completes each subsequent instructional stage, then she gradually develops and polishes her skills, ultimately completing the program with a particular level of proficiency. Regrettably, assertive training courses are not yet sufficiently developed to qualify as skill training courses in the strict sense³⁶. But in recent years, the body of research has grown, and the groundwork for a more structured training strategy is being defined³⁶.

Hence, interpersonal communication can either result in productive exchanges or confusion and worry. A person needs to be able to listen and respond to what the other person says in order to create simple yet significant messages that convey the same meaning for both communicators. Assertion training techniques have also included a focus on an empathic component. A person who has mastered assertive communication techniques is better able to build relationships, feel

comfortable speaking with strangers, be conscious of verbal and nonverbal cues, feel less anxious in challenging situations, and cultivate a personal assertive style that can effectively convey ideas, emotions, principles, views, beliefs, and interests³⁶.

The structure of a training session can range from open ended, where each participant decides which issues are most urgent, to a properly structured group that focuses on a certain issue. There are, however, fundamental techniques that underlie all assertiveness training, including: clarifying the distinctions between assertiveness and aggression; assisting individuals in recognizing and accepting their own and others' rights; removing existing cognitive and affective barriers to acting assertively, such as irrational thinking, excessive guilt, anxiety, guilt, and anger; and enhancing assertiveness through constant practice³⁶. Simply put, assertion training is a semi-structured training methodology that emphasizes developing assertive abilities via practice. Indirect practice involves learning assertive behaviours by seeing role models who exhibit these behaviours. Direct practice involves acting out various assertive replies. More people also have access to more alternatives to choose from as a result of cultural changes. Going through this training effectively will initiate these, the value of interpersonal relationships will naturally increase, and a wider spectrum of behaviour will be accepted as socially acceptable. People frequently have to develop specialized abilities in order to achieve desired results³³.

Self-assertiveness training was seen as one skill to help a person articulate own views, needs, and wishes while retaining respect for self and for others in circumstances when dissonance came from one's choices being different from society norms. Before now, more and more people are pursuing improved personal effectiveness, which entails proactive, realistic means of defending oneself and making use of one's skills for one's own development and the improvement of interpersonal relationships. Training in assertiveness fills a critical and

persistent societal need³¹. A range of therapies and behavioural issues have been treated successfully with assertiveness training, according to experimental investigations. Therapies may involve modelling, coaching, and behavioural rehearsing as well as nonverbal elements, and video feedback. Some examples of behavioural issues that can be taken care of by assertiveness training are depression, sobbing fits, migraines, marital issues and grief. Studies reveal that all assertiveness training is better than no training at all; assertiveness training promotes generalisation to related contexts; and particular treatment modalities do not appear to be significantly different in their ability to elicit desired behaviour³¹.

Studies have shown that group assertiveness training has proven to be a successful method as this creates room for discussion among the clients. This study compares group assertiveness training with bibliotherapy, which is another therapeutic approach, to determine how effective each is at boosting assertiveness in interpersonal interactions and they have been found to be effective in boosting self-assertiveness and also improve psychological well-being³⁶.

2.1.3 Bibliotherapy

In library science, bibliotherapy is a longstanding concept. The Greek historian Diodorus Siculus claims in his extensive work *Bibliotheca historica* that there was a saying over the door to the royal room, where King Ramses II of Egypt kept his library is a motto, which translates to "the house of healing for the soul," is thought to be the oldest known library motto in the world³⁹. In the first century A.D., Galen, an extraordinary philosopher and physician to Marcus Aurelius of Rome, kept a medical library that was used not only by himself but also by the staff of the Sanctuary Asclepion, a Roman spa known for its healing waters and regarded as one of the first hospitals in the world. In the early nineteenth century, Benjamin Rush favoured the use of literature in hospitals for both the amusement and instruction of patients. By the middle of

the century, Minson Galt II wrote on the uses of bibliotherapy in mental institutions, and by 1900 libraries were an important part of European psychiatric institutions³⁹.

The term bibliotherapy was first used by Samuel McChord Crothers in an Atlantic Monthly piece from August 1916, and it subsequently entered the medical vocabulary. The Library War Service placed librarians in military hospitals during World War I, where they distributed books to patients and collaborated with hospital doctors to develop the new science of bibliotherapy. It was to portray how the use of books can be implemented to provide awareness for patients suffering different forms of physical ailments⁴⁰. Apart from using books as an instrument to reveal a totally new dimension of knowledge to the patients, books are also used to facilitate healing of the patients' mind and body. The word bibliotherapy is a Latin derivative obtained from two words which are *biblion* which means book and *therapeo* which signifies healing. This shows the transformation and attitudinal change which occurs in the way people behave after reading books recommended to them⁴⁰.

In the 1900s, medical librarians in psychiatric and medical clinics started putting together lists of materials which have therapeutic effects for recommendation to patients. These were prescribed to patients in order to proffer solution to their emotional and psychological health issues who would read on their own and the effects in the change thoughts and behaviours were positively visible. Where self-help books are used, it is referred to as sources of cognitive bibliotherapy, meanwhile, creative bibliotherapy is achieved using literary text. When it comes to intellectual domain, the cognitive or self-help books are applicable, on the other hand, the creative bibliotherapy appeals to the intuitive or affective domain³⁹.

Furthermore, bibliotherapy has been in existence from the early nineteenth century as literature was part of what was prescribed for wounded soldiers for use in the hospital during the World War I that happened in the United States and England. Human emotions and psychology are

usually affected by stories either read or listened to and this goes a long way to become a means for development³⁹. Throughout history, the effect of bibliotherapy on psychology and development is widely known. After observing the influence of drama on the psychology on the audience during one of his plays, Aristotle coined the word catharsis in the bid to describe the outpouring of emotions that followed. In as much as benefits abound by reading books that are helpful, studies have shown that it is much more effective when professionals assist in selecting or recommending, relevant materials as this act would elicit explanation, clarification and discussion of the issue at hand³⁹.

Bibliotherapy is the term used to describe the use of reading to induce effective change and foster personality growth and development, as well as to assist people in coping with emotional difficulties, mental illness, or changes in their lives. Bibliotherapy is a flexible and affordable form of therapy that makes use of reading to promote psychological well-being. It is deemed suitable for adults and might be utilized for both individual and group treatment. It is the therapy practice of using books to cure psychological disorders. Bibliotherapy is a form of expressive therapy that includes reading particular texts or narrating stories. It employs the therapeutic interaction that a person has with the ideas expressed through literature, poetry, and other written works⁴¹. It also includes the use of recommended storybooks for psychological therapy or to assist in the resolution of personal issues. Broadly speaking, bibliotherapy activities aim to inform, enlighten, encourage conversation about difficulties, transmit new values and attitudes, raise awareness that other people have related issues, and offer workable answers to problems⁴¹.

Furthermore, bibliotherapy, in its most basic sense, is the use of books to help people work through problems they might be having at a given time. It entails choosing reading material that is pertinent to a person's condition in life⁴¹. The process of dynamic interplay between the

reader's personality and literature is also apt in describing bibliotherapy. This interaction can be used for self-evaluation, re-calibration, and personal development. Adult bibliotherapy is a type of self-administered care in which structured reading materials offer a way to reduce stress⁴¹. The idea behind the treatment is based on people's propensity to relate to other people through their literary and artistic endeavours. A grieving woman can feel less isolated from the rest of the world if she reads or hears a tale about another woman who has lost a spouse. A therapist may prescribe a book that will provide a client the catharsis they need by using self-help guides, according to the evolving definition of bibliotherapy⁴².

Currently, using books to improve psychological well-being is growing in popularity. Bibliotherapy is the method for discovering solutions to emotional problems occasioned by reading⁴². It is also defined as the practice of improving one's health by reading; it as the process of altering one's behaviour through reading; and it was also defined it as treatment using information⁴⁰. Bibliotherapy, which helps a person actualize themselves, is regarded by as a successful technique for problem-solving and proactive counselling practices⁴². Bibliotherapy is a technique that aids in a person's development, process of change, and psychological healing. The process of using books in psychological counselling is known as bibliocounselling, while the use of books in guidance services is known as biblioguidance⁴¹. In the course of counselling, bibliotherapy may result in remedies for a person's psychological and behavioural issues. Reading the book is the first step in the psychological counselling process, and discussing its transforming impacts comes next. This approach, which is carried out in a psychological counselling group, cultivates attentiveness toward the possibility that a truth may have several meanings⁴².

Bibliotherapy involves using selected books and other book materials for treatment or healing of psychological imbalance. Similar words used in place of bibliotherapy are reading therapy,

book-matching, and literatherapy. Bibliotherapy can be used to tackle psychological traumas thereby resulting into healthy individuals using appropriate books⁴³. Studies indicate that different professionals ranging from medical personnel, counsellors and librarians make use of both fiction and non-fiction literatures in the administration of bibliotherapy as intervention for conditions such as behavioural and psychological issues, physical and substance abuse, chronic sickness, and the likes⁴³. Bibliotherapy was further defined as the use of guided reading to assist a person in understanding themselves and their surroundings, learning from others, and solving difficulties. Bibliotherapy has the potential to affect people's views, emotions, and attitudes, regardless of whether efferent or aesthetic reading occurs in principle. The transactional theory of reading developed by Rosenblatt in 1969 is the basis for the idea of bibliotherapy. According to Rosenblatt, the reader and the text have a transactional relationship⁴⁴.

Bibliotherapy involves several stages through which individuals engage with literature to achieve therapeutic benefits. These stages include identification, catharsis, insight, and universalisation⁴⁴. In the identification stage, individuals relate their own experiences, emotions, and struggles to those depicted in the literature. This process fosters a sense of connection and understanding as readers see themselves reflected in the characters or themes of the text. Through identification, individuals may feel validated in their experiences and emotions, reducing feelings of isolation and fostering a sense of empathy and connection with the material. Catharsis refers to the emotional release and purification that occurs through engaging with literature. As individuals immerse themselves in the story and empathize with the characters, they may experience a range of emotions, including sadness, anger, or joy. Through this emotional engagement, individuals can release pent-up feelings and gain a sense of relief and catharsis. Catharsis provides a safe outlet for emotional expression and can be particularly beneficial for individuals struggling with intense or suppressed emotions⁴⁵.

More so, the insight stage involves gaining new understanding, perspectives, or insights into one's own experiences and challenges through reading. By reflecting on the characters, themes, and narratives presented in the literature, individuals may gain fresh insights into their thoughts, feelings, and behaviours⁴⁴. These insights can promote self-awareness, identify patterns or underlying issues, and facilitate personal growth and change. While universalisation involves recognising the commonality of human experiences and realizing that one's struggles are shared by others. Through reading about the experiences of fictional or real-life characters, individuals understand that their challenges are part of the broader human condition. This realisation fosters empathy, compassion, and a sense of connection with fellow human beings. By recognising the universality of human experiences, individuals gain a sense of perspective and resilience, reducing feelings of isolation and promoting a sense of solidarity⁴⁴.

Bibliotherapy as a phenomenon promotes the notion that reading can have a profoundly positive impact on one's life. It could be used as an intervention and used to change people's attitudes and behaviour. Also, bibliotherapy contends that people who require assistance in resolving a range of challenges might benefit from using books in their daily life. In this situation, bibliotherapy could be viewed as taking prescriptive medication, getting physical treatment, or getting psychotherapy. The innervations perspective, in effect, offers literary constraints that restrict the reader's perception to plain reading⁴⁰. In addition to allowing the reader to incorporate kinesthetic, flow of consciousness, and emotional into perspective, aesthetic reading, and also fosters the reader's capacity to apply the experience-based dialogue to influence subsequent literary and societal interactions. As a result, the words have an effect on the readers as they engage in the process of reading. Readers, in turn, use their own attitudes, emotions, encounters, and knowledge structures as the material is delivered to give it meaning and depth⁴². The objectives of bibliotherapy are to give enlightenment about a problem; impart new beliefs and values; foster awareness that others have coped with related problems; and offer

answers to problems. Reading is used almost exclusively in bibliotherapy programs. Reading is a challenging activity that demands a lot of focus and attention. Researches on the connection between reading proficiency and personality development also give light on the significance of the study of readiness. He claimed that reading affects the entire personality and can provide infinite benefits. It's similar like wading into a cool pond on a hot day⁴². Anybody who enters a stream does so with the expectation of becoming wet in the world of physical human experience. If the intrusive person gets wet, they will inevitably feel the coolness of the stream at that very moment and with all intents and purpose, should be able to explain what it feels like to be wet. Simply said, this is an act of life. Reading helps one to live a focused life⁴⁰. It provides a direct route to a fullness of life. That is, when you make other people's encounter or experience your own. Reading clarifies, enhances, and deepens life. An individual's intelligence increases with increased reading, and he is able to view and comprehend numerous situations from a wider perspective⁴².

This is feasible because books provide diverse facets of life deeper meaning and appeal. The link between literature and men is paradoxical. And it's become impossible to distinguish between men and books and between books and men. It's a fascinating paradox that men write books, yet books make men. Books are the unsung builders of contemporary nations stemming from men who have used books wisely. Persons construct nations, but books are the workers. Every man who learns how to read has the potential to enlarge himself, to increase the ways in which he lives, to make his existence full, meaningful, and intriguing⁴². Books offer imaginative experiences that serve to improve our empathy for other people's joys and suffering, as well as to increase our understanding of their needs. These taken-from-books experiences lead to an increase in knowledge and viewpoints⁴⁰.

Many facets of life gain a deeper significance and more appeal thanks to books as it asserts that the worth is clear to anyone who reads. The majority of people, however, view reading as something to be appreciated in others rather than something they themselves are connected to, similar to other healthy habits in life that one identifies as beneficial⁴². The usage of books has the capacity to alter or influence human mental processes as well as direct behaviour in accordance with the predetermined goals of a society or an organisation's culture. These possibilities have significant consequences for learning and teaching, as well as for choosing the best delivery methods for any program. This suggests that books can be utilised in a learning environment and with proper programs to assist people in learning more, developing meaningful insight into themselves and their surroundings, learning from others, and being able to solve issues⁴².

Bibliotherapy can be used to describe the practice of using books to improve one's quality of life. Books when read can improve life through conversation, education, introspection, and therapy. There is a lot of evidence that bibliotherapy may be a useful technique for attempting to change attitudes. Furthermore, the data is broad-based, encompassing subjects and people from all walks of life. The development of personality is greatly aided by reading literature. It aids in the development of moral character and the stimulation of intellect, which causes a person to mature. It contributes to the development of perception and sensitivity and offers countless opportunities for cultural enrichment. One can escape the confines of time and space by reading. Because reading dispels ignorance and superstition, readers can be liberated⁴⁶. Books serve to understand various cultures and historical periods outside of our own, opening doors to a larger world than what is immediately available to us. The written word has the ability to completely alter the way one thinks and behaves. In as much as reading enables a person to better comprehend his or her society, his or her function as a citizen, as a writer, and as an individual with wants, desires and issues of their own, universal literacy contributes to the development

of a world of understanding⁴⁴. The attentive reader can fully develop personally through reading, and the best books can help her enhance her life by introducing her to the greatest geniuses in history. Excellent reading can broaden one's perspective beyond the menial worries of daily life and foster a sense of kinship with those who face problems and encounter difficulties similar to our own⁴⁴.

The bibliotherapist is largely responsible for the use of print media (books) to accomplish behavioural change. If the book's content is to accomplish the desired goals, the bibliotherapist must be able to relate to the readers. As a result, the bibliotherapist's selection of the books for the bibliotherapy exercise must be founded on a thorough understanding of the empathic process. The bibliotherapy activity requires communication throughout the entire procedure. The use of books as a communication tool greatly aids in the growth of empathic abilities⁴⁷. During the course of reading, readers are encouraged to associate themselves with the characters in the book being read who possess the desired qualities or change. Same way the reader, through subtle unspoken encouragement is made to reject characters that possess unwholesome qualities, therefore, when empathy is shown to readers, it goes a long way to change people from involving in negative attitudes to a more positive values⁴⁴.

More so, it is worthy of note that there is a transaction, that is a two-way process between the reader and the book; and reader frequently tackles the reading process with the expectation that they would gain some kind of insight, strength, or understanding as the outcome of engaging in such. In other words, it's apparent that most readers anticipate being the object of this literary engagement. When a reader extracts information from a text, it is referred to as "efferent" occurrence⁴⁵. In contrast, the theorist described reading as an "aesthetic" encounter in which readers can relay information based mainly on their own interpersonal, psychological, and

mental mood in order to place value and determine the significance of what is being conveyed through the reading process⁴⁸.

Bibliotherapy can be used in both clinical and developmental settings as interventions. To put it another way, it has been employed by trained specialists in the treatment of conditions like psychiatric condition, stress, and despair. Also, it has been used by teachers and guidance counsellors in academic settings as an intervention for children who have trouble developing positive relationships with classmates and adults. It is clear that the basic concept of bibliotherapy is one that is of considerable interest to a variety of practitioners looking to address some of the widespread emotional, social, physical and psychological health issues that have a significant influence on many people in our society today⁴⁹.

Self-help books have been utilized by some qualified professionals, including counsellors and doctors, to help patients who are trying to manage with a variety of problems. These clinical issues may include coping with cancer and chronic pain⁴⁷. In the medical perspective, medication therapies are frequently combined with bibliotherapy. Nonetheless, many medical professionals have realised the advantages of teaching their patients so that they must confront the anxieties that frequently go along with ignorance about physiological problems. In essence, patients feel more empowered as they educate themselves about their existing medical conditions. Also, clinicians expose patients to pamphlets and self-help books that help people with physical limitations maintain a healthy emotional balance. As a result of this, bibliotherapy works with literary components as well as analytical and thematic applications⁴⁵. It can also be used in literature that openly and immediately discusses issues affecting the readers' lives. In a clinical setting, factual or expository reading materials are used most frequently in the intervention. These texts don't have to be funny or entertaining; they can just offer insight and

mitigation techniques for the emotional gloom that comes with dealing with mental or physical ailments⁴².

On the other hand, bibliotherapy can also be used to treat developmental disorders. This is commonly used by librarians, counsellors and educators in academic as well as other settings to elicit positive or desired change. Developmental bibliotherapy allows counsellors, librarians and teachers to work with people who are struggling with despair and low psychological well-being in a very small group in order to improve their psychological well-being, engage in positive societal association and imbibing healthy social ideals⁵⁰. Being mindful of the effect reading has on people is of utmost importance and must also know that through books, most people can be assisted to overcome whatever developmental difficulties they are going through. It's interesting to note that many instructors, especially those who specialize in the humanities, automatically include discussions of ethics and social norms for behaviour in their lessons⁴⁴. The bibliotherapy session facilitator chooses suitable self-help or literature appropriate for the setting that will interest participants. It is also part of the facilitator's efforts to lead the clients to a better understanding and exposure, enquiry, application, and determination. The readers are also involved in assisted reading, which involves note taking, meditation, inquisitorial, and reactions. The reading sessions are structured similarly to therapy sessions delivered by duly qualified librarians, counsellors, psychologists or social workers⁵¹.

A guided reading experience in the name of bibliotherapy organised in a small group setting can help participants find solutions to issues, lessen anger, and cultivate empathy. In order to successfully execute bibliotherapy, non-specialists can also undergo training just as trained. In the empirical research, bibliotherapy has been investigated as a form of treatment for people who are experiencing social and psychological difficulties⁴⁹. There are many different causes for trauma in people. When they have had a terrible event that has affected their lives, these

people frequently struggle to control their emotions. Some people deal with the grief of a family member who has passed away⁴⁶. Moreover, bibliotherapy has been promoted as a treatment for people with anxieties and as a means of minimizing adult depression. People respond well to bibliotherapy as an intervention that will change physically and socially unpleasant behaviour⁴⁷.

In an effort to address depression and other types of socially undesirable conducts, several experts have implemented personality building and ethical programs with the use of bibliotherapy. This also has a favourable effect on people who have also coped with anger, depression, and anxiety over the loss of a loved one⁴². The aforementioned people are strongly affected by literature that features characters who overcame their obstacles, especially since they share the same commonality with the literary characters⁴⁴. The loss of a spouse serves as the motivating force behind the feeling of purpose that unites these people. Widows especially might relate to this sense of purpose and feel empowered by it. Last but not least, there is the assertion that using bibliotherapy as an intervention has helped widows who are enduring the emotional stress of managing chronic illnesses. Strategies for maintaining emotional health while overcoming physical obstacles have been presented in books⁴¹. Bibliotherapy has provided some assistance so that coping mechanisms can be learned from texts for widows dealing with psychological trauma and other chronic diseases.

In order to encourage positive social conduct in widows, bibliotherapy has been employed as an intervention⁵². As long as facilitators look for best suited texts that will give these widows the chance to associate with the characters and have better understanding, using bibliotherapy with troubled widows may result in desirable outcomes for both educators and counsellors⁴⁷. Bibliotherapy has also been used in settings other than academic or medical settings. It provides an efficacious intervention particularly in improving both behavioural and attitudinal changes in women when administered by facilitators who are welcoming, warm and compassionate⁴¹.

Bibliotherapy has been praised for offering support to people dealing with grief and emotional trauma^{45,46}. The aforementioned psychological and emotional problems frequently afflict widows. Some widows are laden with a variety of emotional and social problems. There are those who struggle with depression and anxiety which has traverse time and space⁴⁵.

More so, as intervention for females in Filipino who went through depression, bibliotherapy was used with recorded success. It has also been identified to have reinforced the low esteem experienced by Iranian women⁴⁸. It is a common belief that literature has the power of therapeutic effects and healing which stimulate an atmosphere of total well-being in both the mind and body of those who read it. Furthermore, in order to initiate a positive transformation in the life of anyone suffering as a result of low psychological well-being, bibliotherapy should be prescribed⁴⁶. In the same vein, the use of bibliotherapy as intervention for managing pains has been largely flaunted. It is said to be effective for treating both men and women who are dealing with terminal issues⁵³. A very crucial feature of books that are used for therapeutic purpose is humours. This helps to allay the fear and anxiety experienced by readers and tend to encourage and bring forth optimism and confidence. The introduction of humour in therapeutic literature book makes light the challenging outlook of the subject matter thereby infusing into the minds of the readers its triviality. More so, the characters embedded in literatures also present different reactions to the challenges faced in order to give room for readers to identify and associate with the characters portrayed which in effect opens an avalanche of opportunities for the readers' empowerment and may also create room for different coping mechanism⁵⁴.

Bibliotherapy has also been linked to have a beneficial effect on treating substance addiction associated with low psychological well-being. Widows who are attempting to overcome specific addictions developed in order to forget some harmful widowhood experiences may even regard bibliotherapy as an efficient and cost-effective strategy that also gives them a sense of

participation along their recovery line, removing any stigma associated with conventional intervention that is so common⁴⁷. As an illustration, some widows may react to literature without any sort of connection or therapeutic response because the narrative may evoke feelings of despondency or remorse, just reminding the widow of her existing situation of hardship. However, one may see a piece of fiction that they can relate to as an avenue for introspection and recovery. Furthermore, some may just like self-help books that provide information on the negative behaviour in a clear, practical way⁴⁷.

Reading literary works and participating in the reflection can help individuals acquire more advanced mental abilities to function optimally. It should be emphasized that there are a number of factors that influence how bibliotherapy affects people who are struggling from the effect of harmful widowhood practices. The individuals' demographic, socioeconomic, cultural, and physiological conditions as well as their reading preferences may be predicted by these factors. Other factors that affect the way bibliotherapy is used as an intervention also include the style and the undertones of how the issue is presented textually. As a result, even brief excerpts from literature, when separated properly and expertly, served to inspire or encourage a psychological reaction that was introspective, confessional, pensive, and highly emotional^{42,47}. Hence, bibliotherapy works with literary components as well as conceptual and philosophical applications⁴⁸. It can also be used in works that openly and immediately discuss issues affecting the readers' lives. In a clinical setting, factual or informative reading materials are used most frequently in the intervention, however, these texts are not usually meant to elicit humour or make for enjoyable reading⁵⁵.

Bibliotherapy has been connected to promoting empathy and acceptance in addition to the nurturing of healthy socio-emotional development⁴². Bibliotherapeutic literature presents its characters in a humorous way so that all readers might feel less scared or uneasy by the

presentation. Inclusion and acceptance come naturally as facilitators enhance participants' level of involvement and comprehension. Also, facilitators, teachers, and counsellors utilize bibliotherapy to normalize the problem, analyze the characters, give participants a chance to participate in the discussion, and help create positive perspectives from life⁴². For those with sleep disorders such as insomnia and night-time fears, bibliotherapy has been utilized as an intervention⁴⁷. It should be emphasized that sleep disturbances are typically categorized as an anxiety illness that has psychological root. Cognitive bibliotherapy, which typically takes the shape of self-help or instructional books, or creative bibliotherapy, which reflects literary works, may be used as treatment for certain ailments. Although bibliotherapy is thought to be an effective treatment for sleep disorders, having a therapist or guide present has a significant positive impact on outcomes. More so, sleep disorder can be incapacitating and has a severe influence on quality of life as it coexists with other conditions and has a protracted effect on one's psychological well-being⁵⁶.

In as much as books have been frequently prescribed for the treatment of a variety of emotional and mental disease sleeping disorders undoubtedly can conveniently fit under this particular category. Bibliotherapy offers a treatment option that is both affordable and accessible⁴⁷. When a therapist is involved in the process for treating adult insomnia, the patients appear to participate on a much greater scale. This kind of involvement might be consistent with the idea that responsibility and constructive interaction are important. Accumulation of unwanted items, worrying, crying and always checking locks are a few examples of these repetitive activities. These actions are improper and obtrusive. Although these activities require a level of rigidity and rules, they may also be a major source of anxiety or misery for widows who engage in them⁴⁵. Possibly cultural, environmental, and neuro-developmental factors may be responsible for these. While Rosenblatt seemed to imply that only reading is enough to provoke and prove the interaction between the reader and the text, this investigation unequivocally supports the

idea that a facilitator is a huge factor in this interaction, particularly if the ultimate objective is to elicit a behavioural change⁴⁷. According to this reading theory, it is essential for the reader to be interrogated by a facilitator in order to develop a deeper understanding and assimilation of the text. Otherwise, the interaction would simply remain a process that may or may not have any bearing on future. The presence of a guide, facilitator, or navigator of some kind seems to be an essential and fundamental part of the experience, whether in a therapeutic or developmental setting. Before beginning the bibliotherapy sessions, an icebreaker would be used to start each session before the book was read and discussed⁴¹.

Studies have shown that among other things, a desirable change to be achieved there should be a favourable relationship between instructor's empathy and the goals to be achieved. When the facilitator develops a positive relationship with the intervention's target audience, bibliotherapy appears to be transformative⁵⁷. It's critical that people are at ease in order for them to be open and honest about the ideas, reservations, feelings, interpretations, and encounters that Rosenblatt believed to be constant throughout the reading process. In essence, the bibliotherapist serves as a change agent and human tool. The development of trust between the parties is crucial, regardless of whether the bibliotherapist is a counsellor, parent, teacher, or other certified professional⁵⁷.

It is clear that there is a relationship between bibliotherapy and psychological well-being. Psychoanalysis, which focuses on how therapists examine individuals' thoughts and behaviours in order to ascertain why they are experiencing emotional, physiological, and societal problems, is the foundation of psychological wellness⁵⁸. This idea is elaborated upon by psychological well-being, which aims to evaluate these unsettling thoughts, link them to actions, and offer a way to change thought patterns. Positive behaviour modification should result from transformed cognitive processes⁴⁸.

Psychological well-being therapy is a planned, time-bound treatment that emphasises developing the abilities of participants to deal with issues that arise in their daily lives⁴¹. Fundamentally, Psychological well-being theory is based on the notion that how a person interprets a particular circumstance can lead to specific feelings and actions. Furthermore, a wrong or distorted interpretation could result in undesired behaviour⁴¹. Psychological well-being therapist helps individuals evaluate their thoughts, feelings, and actions by utilizing cognitive and behavioural techniques. Following this study, the therapist offers methods that will help the suffering person enjoy a more fruitful and fulfilling existence⁴⁷.

Once there is a thorough understanding of psychological well-being therapy, it becomes clear how relevant it is to compare it to bibliotherapy. The components of psychological well-being theory and bibliotherapy converge when the elements of feelings, intellect, and conduct are examined in each of the approaches as Rosenblatt's transactional theory of reading served as the foundation for both⁴⁶. Simply put, individuals with worrisome thoughts and feelings, intellectual functioning, and attitudes may be prone to engage with a therapeutic literature with the aid of a therapist and allow it to initiate a healing process that has its origins as an innate element and eventually manifests itself externally through favourable behavioural results⁴⁶.

More so, the use of books is chosen for their content as part of a structured reading program created to aid patients recovering from mental illness or emotional instability. It is possible to conduct bibliotherapy using psychological well-being therapy, affective treatment methods, and visual resources. In order to help participants, affective bibliotherapy which makes use of literature is required. By developing optimism and letting go of emotional tension by empathising with a story's character, the client experiences a type of catharsis⁴⁵. Also, this can be realised if the reader's own personal problems may be compared to the events and character in the novel. As a result, this leads to insights and a change in behaviour. Self-help books are a

mainstay of bibliotherapy which uses psychological well-being therapy with the aims of changing bad behaviours by presenting positive alternatives⁴⁷.

While reading is good to almost everyone in general, tailored bibliotherapy can be particularly helpful for the following issues: marital problems; anxiety; depression; eating disorders; existential worries like loneliness, meaninglessness, substance abuse and contemplative suicide⁴⁵. Bibliotherapy can also be used to regulating shyness, socially acceptable behaviour and rage. It could also address issues with how to handle loss, rejection, or practically any negative connotation. When utilizing bibliotherapy, a therapist may decide on a self-help resource like a workbook with relaxation techniques for a client with anxiety problems. However, for a client who has recently experienced a death in the family, they can choose a tale featuring a fictional character who is suffering with grief and anguish from losing a loved one⁴⁴.

A therapist can assist the reader in developing a deeper knowledge of the issues she is facing by using stories from fiction and nonfiction books, poems, plays, short stories, and self-help literature. Bibliotherapy aids in one's development of coping mechanisms for the most troubling circumstances as well as insight into the specific struggles one is facing. Also, it can encourage comprehension, self-awareness, and problem-solving⁴⁴. A structure for assigning homework outside of treatment is provided to the therapist by choosing a book to read between sessions. This strategy can enhance the healing process and encourage better learning. Using a preventative model is another way a therapist might employ bibliotherapy to assist clients learn coping mechanisms for dealing with life's difficulties. The ability to see how other individuals, such as fictional characters in a book, approach and cope with comparable situations is one of the more compelling arguments for utilising bibliotherapy⁴⁰. One can see that there are other people who are navigating and coping with personal challenges when you emotionally relate with a fictitious or non-fictional character. The ability to see how other individuals, such as

fictional characters in a book, approach and cope with comparable situations is one of the more compelling arguments for utilising bibliotherapy. It becomes obvious that there are other people who are navigating and coping with personal challenges when one emotionally relate with a fictitious or non-fictional character⁵⁹.

2.1.4. Demographic factors

Demography is the systematic and logical study of the population of humans mainly with the consideration of structure, size, and development, thereby, focusing on the quantitative aspects of their overall features. Simply put, it is the methodical study of human populations⁶⁰. According to Oxford dictionary, it is the statistical study which involves births, income, and incidence of disease or deaths, which shows the changes in of the population of humans⁶¹. Populations are the subject of demography. By examining the three fundamental demographic processes of birth, migration, and aging, demographers attempt to comprehend population dynamics (including death). These three processes - how humans live the land, create societies and nations, and shape culture - all affect how populations change. Demography is primarily concerned with determining how populations evolve as well as measuring populations and the factors that contribute to population change⁵¹. The larger discipline of population studies spans a wide variety of multidisciplinary inquiry into the traits and behaviours of populations and population sub-groups and embraces concerns of why these changes occur and with what effects⁵¹.

The foundational elements of demography relate to people's most private experiences, including sexual behaviour, starting families, birth control, procreation, divorce, disease, and death. All of these things take place within a societal context that values some of these behaviours while stigmatising others. It should come as no surprise that participants in censuses and surveys could be hesitant to reveal extramarital pregnancies, illegal abortions, or unauthorized

immigration⁵⁸. Some national governments have also practiced secrecy, treating demographic information as a state secret. Also, one must take into account people's hazy memories of the past, their hazy assessments of their age or other fundamental features, and the enormous potential for administrative mistakes⁶¹.

Age can be defined as the exact number of years one has lived. A quantitative description of how a population group is split up based on age is called age distribution. Researchers use this technique to categorize a group of people according to their age. A demographic study typically looks into the real ages of the individuals in the statistical sample⁶². On the other hand, the ability to ascertain the age of a certain population helps researchers or government to create social programs that support the welfare and development of each group by developing them with the knowledge of how the population is divided into age groups. There will be a greater demand for assistance programs in a community with a large proportion of elderly people to support them in their unique requirements than the younger population and vice versa⁶².

The proportion of people in each age group within a population during a specified period of time is referred to as the age structure of that population. It is a typical trait of a population in a nation or area. A population's migration, birth rate, and mortality rate are all intimately correlated with its age structure. The percentage of children tends to be higher in areas with high birth rates, whereas the percentage of elderly people is generally greater in areas with low rates of both birth and death. Marital status, birth rate, death rate, migration, educational attainment, tribes, and economic status fluctuate dramatically between age groups⁶⁰. The analysis of age structure and distribution is crucial for determining the prospective school-age population, labour force, military, electorate, senior citizens and the likes. It is also a crucial element in population planning and the forecasting of demographic changes⁶².

Widows are typically perceived as being elderly. But many of these women in Africa are also extremely young. In many climes, 3% of all women between the ages of 15 and 49 are widows at any given moment. More than 5% of women who have ever been widowed - including the numerous young widows who remarry - are under the age of 49. Compared to older widows, women who are within the age range of 35 and 54 adjust differently to widowhood⁶³. Young girls are occasionally offered in marital relationship to older men in Africa. The culture and tradition make the prospect of getting married again difficult for these girls when they become widows when they are still young. Particularly in sub-Saharan Africa, where 16% of adult women are widows, there hasn't been a thorough investigation into the prevalence of short marriages caused by the death of a husband, which frequently exposes young widows to in-laws' exploitation of the asset of the deceased spouses without regard for detrimental health effects and potential vulnerability to poverty⁶³. In addition, compared to age, they have worse nutritional status than women who are still married. This disadvantage carries over into subsequent marriages and affects the health and educational outcomes of their children⁶².

Young widows, who by virtue of their youth lack life experience, have more difficulties than older widows, who may have experienced multiple instances of widowhood and are less likely to be the targets of violence. A brief marriage is one that lasts for less than five years. In that kind of marriage, both couples may be somewhat inexperienced in marital matters, particularly if both are about the same age⁶⁰. The length of the marriage is crucial for closeness, coping with shocks, and having adequate means of support. Marriage is a social event that is predisposed to the start of family formation, which is important to society. In addition to bringing care and security for both spouses, marriage is anticipated to last a lifetime. Yet, in Africa, where the husband is expected to be the family's leader and the breadwinner, he also functions as a financial haven for the woman and children. But, the presence of death could derail these hopes and the young widow faces life of hardship with the in-laws taking over whatever the dead

spouse left behind and leaving them in penury, especially when she refuses to marry the deceased brother⁶³. In as much as high level of well-being progresses alongside developmental functions of adult life, advancing in age has been associated with reduction in life's purpose and personal growth. Furthermore, there is a change in well-being as one encounter different challenges related to adult life which comes with family life, work, parenting, involvement in the community and social comparisons. well-being is also influenced by family and culture of work differences⁶⁰.

Studies show that there are three main areas into which these negative widowhood practices have an impact: economic, social, and psychological. The economic implication of widowhood is severe because with her husband's passing, the widow loses everything in terms of money. The high rate of poverty can be attributed to some of the cultural customs that discriminate against women and hinder them from certain occupations or engaging in certain activities that could aid the local economy⁶⁰. For instance, when an active widow is restricted from engaging in certain economic activities, it will lower the amount of revenue that women generate and this in effect; affect the larger society⁶¹.

The extreme poverty is evidence of the economic effects of the unfair cultural practices on women. Many widowed women, in particular, have been compelled by economic difficulty to turn to being beggars, prostitution, and other illegal practices in order to provide for their families. The widow is typically denied access to her husband's estate by the husband's family⁵². The widows engaging in these activities suffer a great deal of trauma. For the widow still schooling, the psychological pain she experiences in her educational pursuit makes it difficult for her to focus and think clearly, and some of them abandon their education because they lack the funds to cover their tuition and other academic expenses. The social impact of widowhood is the loss of the widow's social interaction as a result of the loss of their spouse. In effect,

families, whether nuclear or extended, usually become disorganized after a husband's passing⁶². The widow's partner's death and the husband's family's seizure of the property very often, cause her emotional tension, melancholy, and terror⁶².

A woman's social and economic standing is influenced by both her marriage status and her husband's position. After becoming a widow, she will undoubtedly experience societal constraints and financial hardship. However, if she is young and if she has little children, she is at higher risk of losing everything. Investigations reveal that, aside from the widows' families and their religious organisations, there was essentially no support or ongoing care young widows⁶³. In general, one in five widows receives assistance from her own family and religious organisations. The government did not provide any support (either from the national, state or local level). The majority of young widows would prefer to be seen as single women rather than widows as a coping method. Due to their youthfulness, some end up having sexual partners that could lead to marriage⁶³. Others tend to remain unmarried because of the love they have for their late spouse and out of respect for the deceased family.

From the series of studies conducted to determine if there were any differences in the associations between subjective socio-economic status and subjective well-being and objective socioeconomic status and subjective well-being, it was discovered that as population density and income inequality decreased, there was a stronger correlation between socioeconomic position and subjective well-being. The findings further imply that subjective socioeconomic status and subjective well-being are more closely related thus, highlighting the fact that socioeconomic status and demographic traits might have impact on subjective well-being. Irrespective of how it is defined and assessed, well-being is thought to offer a standard metric that can help policymakers structure and assess the benefits of various policies for example, lowering the unemployment rate can increase the level of satisfaction in life⁶³.

More so, an educated, strong willed, exposed and financially buoyant young widow can continue living independently and carry on her husband's business despite all odds. However, a young widow who has less financial capability is occasionally forced to adhere to local social conventions. As a result, this practice encourages others to take advantage of her in order to make ends meet for the family. Also, due to the fact that young widows frequently do not understand the rights afforded by the modern legislation, it is also uncommon for them to contest their treatment. They have limited access to medical services and other social safety issues because of their lower level of education, low economic standing, and lack of legal representation. On the average, older widows rely more on others in social situations⁵¹. It has been observed that older widows who have strong social networks and relationships can lessen the negative effects of widowhood on their lives and continue to participate in social activities. Poor widows experience greater suffering as a result of their loss than wealthier, more educated women⁶¹.

People who live long lives must unfortunately deal with the loss of close friends, family members, and possibly their spouse. Everyone experiences grief, but for older people who are from 65 and above, it can be particularly difficult. According to studies, the body's immunological defences can be weakened during the grieving process after the loss of a spouse but only if the bereaved person is over 65. More so, widows in this age bracket showed a decline in immune function, despite bereaved spouses of all ages displaying indicators of loss and bereavement. An imbalance in hormones, according to researchers, may be to blame for this, which explains why elderly spouses frequently pass away quickly after one another. Widowhood can also lead to sadness, and it's vital to remember that both grief and despair can persist for a very long time, especially for older widows⁶². Almost 40% of older women who had lost a spouse within a month exhibit symptoms of clinical depression. After two months,

over 24% of widows feel depressed, and after a year, 15% still exhibit depressive symptoms. Seven percent are still depressed two years following the loss⁶².

Older widows may experience loneliness when they perceive a difference between their desired and actual levels of social relationships, either in terms of the quantity or closeness of those relationships⁶¹. The danger of death, sadness, poor health and mental problems are only a few of the risks that loneliness is linked to, according to research. Moreover, the amount of loneliness in older widows may occur as a result of decreases in home size and social connectedness. Studies have shown that impairment, anxiety, mental impairment, and loneliness are all closely linked to old age widowhood⁶¹. According to several studies, the adverse consequences of widowhood on older women are first more obvious and subsequently less noticeable. It was also discovered that the impacts of widowhood on sadness were highly significant in the first two years following spousal death and declined in the third year. Subsequent research discovered that the level of depression rose during the first year after the loss, but often reverted to the level before the bereavement state^{61,62}.

Young widows (within the first five years) are more likely to experience the development of an instrumental activity of daily living handicap than those who had been widowed for longer periods of time. Comparatively to widows who have been for a long time, recent widows reported worse physical functioning and general health⁶⁰. Compared to women who have been widowed for more than a year, recent widows (those who have been widowed for less than a year) are more likely to have poorer social functioning and a low mood. Although research is lacking beyond the first few years after loss, preliminary research analyzing coping when bereaved, posits that widowhood may be more tolerable after many years of death than immediately after the loss⁶⁰.

Moreover, hospitalisation rates for elderly women who have recently lost a spouse are high. In addition to being more susceptible to chronic illnesses and grief, serious impairment is more prevalent among older women and remains so as they age. Increases in anxiety, loneliness, and sadness have also been noted. After losing a spouse, many older women choose to live alone; this choice may affect their daily routines, capacity to manage chronic diseases, and financial resources. Particularly if they had not been in paid employment for very long and had no or little retirement savings, these women frequently experience a loss in income at the death of their spouse⁵¹. Women who had been bereaved for less than a year experienced higher mental and physical issues than women who were married and women who had been widowed for more than a year. But the younger widows did get better with time, and getting social support could be crucial for coping⁵¹.

However, for some widows bereavement can often result in blissful life as a result of inheriting more wealth and living lavishly, especially if the spouse had left a significant share of wealth and money for her personal use and her children⁶⁰. More so, some widows who are find it essential to look for work because of the severe financial difficulties they face when their spouse passes away, especially if they have children to cater for. For some that were full time housewives before the death of their spouse, they have no choice than to look for a paid job. But due to the fact that some of them have been off work for a very long period and are often at a significant disadvantage in terms of the educational and occupational requirements of contemporary employment, they may not get employed⁶¹. Also, they are frequently faced with ongoing, covert prejudice from business owners or employers of labour that do not wish to hire older women⁶⁰.

2.2 Theoretical Framework

Several researchers have used different theories to explain bibliotherapy, self-assertiveness and psychological well-being of widows. However, this study was underpinned using only two theories. The Psychological well-being Theory was used to underpin psychological well-being which is the dependent variable, while Cognitive Behavioural Theory (CBT) was used for bibliotherapy and self-assertiveness which are the independent variables.

2.2.1 Psychological Well-Being Theory

Psychological well-being theory proposes that positive daily interactions can increase one's psychological well-being while negative daily interactions decrease one's psychological well-being and this can have a detrimental impact on health outcomes. However, intrinsic personality and early life experiences lay the groundwork for psychological well-being (PWB)⁶⁴. Carol Ryff also points out that how one relates to negative emotions greatly affects one's psychological well-being. According to her, in the Western world we are expected to feel and express more positive emotions, and free ourselves from negative emotions. Some cultures, like Japan, however, view good and negative emotions as being intertwined. It is therefore beneficial to our physical and psychological well-being to realise that negative emotions are also vital and crucial indicators of how one feels, as this help to improve their general psychological well-being⁶⁴.

One of the first methodical models of psychological well-being was developed by Professor Carol Ryff as a result of her research on Well-Being, and her model is still one of the most rigorous and scientifically supported models available today. Health-related behaviours, subjective, social, and psychological characteristics are all part of the ever growing concept of well-being. An instrument with theoretical underpinnings called the Ryff Scales of Psychological Well-Being is dedicated to measuring various aspects of psychological well-being. These aspects include self-acceptance; the development of strong relationships with

others; a sense of independence in thought and action; the capacity to control complex environments to reflect personal needs and values; the pursuit of worthwhile objectives and a sense of purpose in life; and ongoing personal growth and development⁶⁴.

Some events led Carol Ryff into developing the psychological well-being theory, she opines that the definition of well-being should not be limited to biological or medical terms; rather, it should be viewed as a philosophical inquiry into what it means to live a happy life. More so, there was a lack of experimental rigor in the then psychological theories of well-being in the sense that they were not tested and there was no how they could have been tested⁶⁴. Ryff searched for building blocks in a varied array of well-being theories and studies, from Aristotle to John Stuart Mill, from Abraham Maslow to Carl Jung, in order to establish a theory that unites philosophical problems with scientific empiricism. Her new model of well-being was built on the intersections she found between these various theories' recurrence and convergence⁶⁴.

The psychological model of Carol Ryff is one significant way that well-being varies from previous models is that it is multifaceted and goes beyond happiness or good emotions. Rather than being narrowly focused, a comfortable life should be balanced and comprehensive, involving all of the diverse facets of well-being. The Psychological Well-Being model developed by Carol Ryff offers a strong foundation for life analysis, life organisation, and the generation of improved living suggestions. Ryff's model relies on Aristotle's Nicomachean Ethics, "where the objective of life is not just feeling really good, but is instead about living righteously," rather than just being happy. An individual's psychological well-being, satisfaction, and happiness are influenced by six elements, according to Carol Ryff's theory called the Six-factor Model of Psychological Well-being. It is possible to achieve psychological well-being by finding a balance that is influenced by both difficult and fulfilling life situations⁶⁵.

Several factors can contribute to psychological well-being. Contributive situations include a successful marriage, a fulfilling career, and fulfilling relationships with other people. Marriages that incorporate forgiveness, upbeat expectations, positive self-talk, and kindness greatly enhance psychological well-being⁶⁵. It can be beneficial to have a tendency toward excessive self-evaluations and unwarranted optimism. These constructive illusions are particularly crucial when a person receives dangerous negative feedback because they enable adaptation under these conditions to safeguard psychological well-being and self-confidence. The ability to cope with pressures to their well-being can also be aided by optimism⁶⁵.

Negative factors such as unfulfilling duties, unsatisfying relationships, and a demeaning and unrewarding working condition can also have an impact on psychological well-being. Because negative social consequences are more strongly correlated with well-being than positive social outcomes, social engagement has a significant impact on well-being. Trauma damages psychological resilience in people and lowers their psychological well-being throughout adulthood. Perceived stigma, and other physical conditions or limitations, decreased psychological well-being⁷. According to a study done in the early 1990s that examined the connection between well-being and the positive functioning elements of Ryff's model, people who prioritised financial achievement over ties to others or their community performed worse on several well-being tests. Those who aspire to live a life marked by association, intimacy, and giving back to their community can be said to be doing so in order to satisfy their deepest psychological needs. Those who strive for money success, social acceptance, fame, good looks, or other attributes, on the other hand, are said to be doing so in order to satisfy their extrinsic psychological demands. Rankings of importance that reflect the strength of a person's intrinsic (in comparison to extrinsic) goals are correlated with a variety of psychological outcomes⁷.

Positive relationships with indicators of psychological health, such as positive affect, energy, and self-actualisation, have been discovered. While negative relationships with indices of psychological distress, such as negative affect, depression, and anxiety, was also identified. Seligman contends that achieving a happy human experience shouldn't come at the expense of ignoring human suffering, frailty, and chaos. Fava and others created a therapy based on Ryff's six principles in this regard⁶⁴.

It is interesting to note that Ryff's six psychological well-being categories came from a research related to aging. In this study, attention was drawn to the shortcomings of prior researches, which lacked theoretical underpinnings, the excessive emphasis on ill-being, the inability to treat the concept of well-being as versatile rather than static, and the failure to take into account cultural and value-based variations in the definition of well-being⁶⁴. The viewpoints of several pre-existing theories from the areas of lifespan development were integrated like personal growth and mental health to address these issues, resulting in the revelation of six dimensions that constitute psychological well-being⁶⁴.

The Psychological well-being Scales, which are adaptable to a variety of age groups and demographics, were then developed using this framework. There was either 84 (long form) or 42 (medium form) questions that make up the Ryff inventory. There is also a short form as well, however this is rarely used for assessment because it lacks statistical reliability. Both the long and medium forms are made up of a sequence of statements that represent the six components of psychological well-being: self-acceptance, environmental mastery, personal growth, and positive relationships with others. On a scale of 1 to 6, respondents are to rate various assertions, with 1 denoting strong disagreement and 6 denoting strong agreement. From each of the measures, there are examples statements from the Ryff scale: *Autonomy* - I judge myself by what I think is important, not by the values of what others think is important. *Environmental*

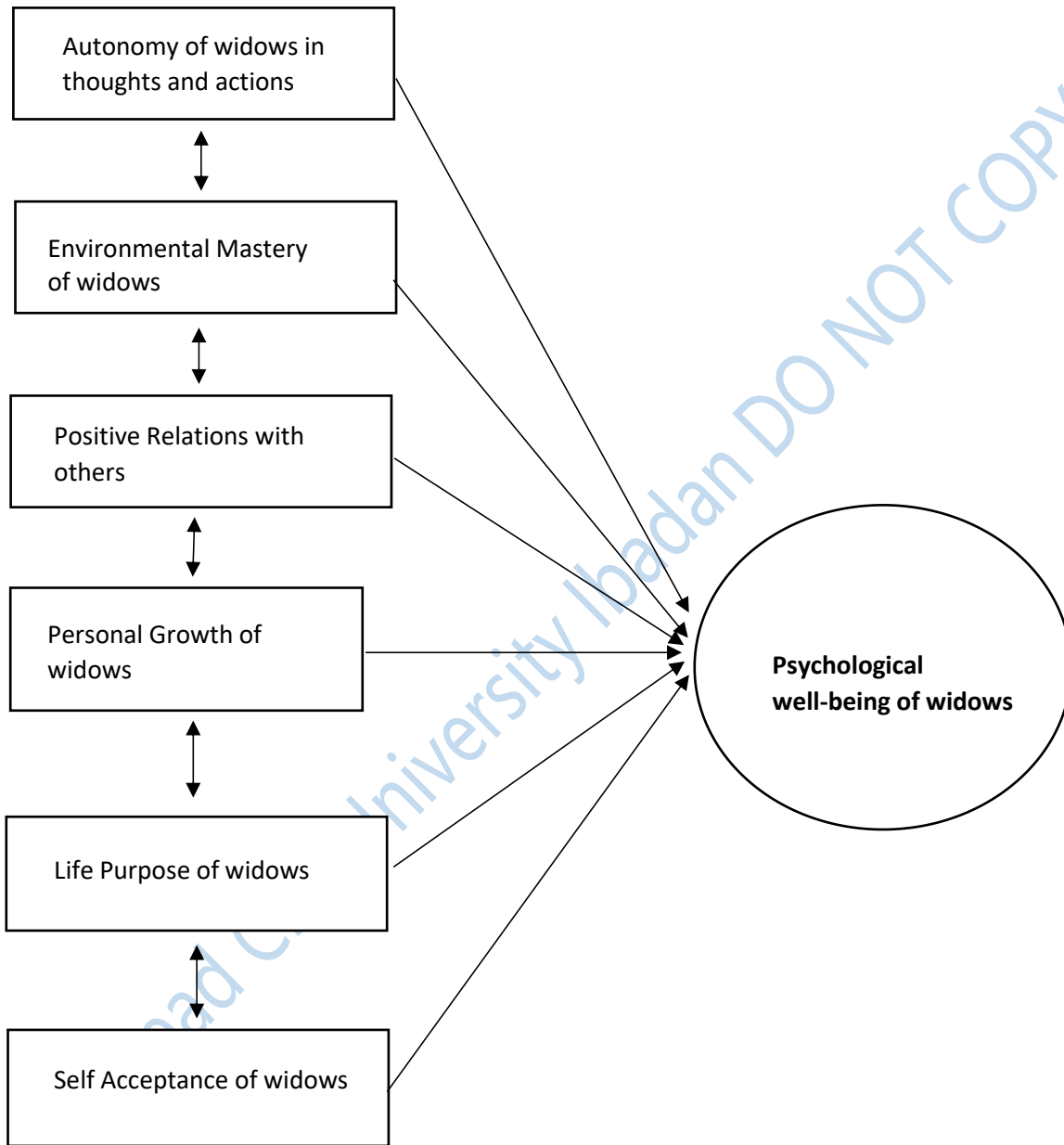
Mastery - I have been able to build a living environment and a lifestyle for myself that is much to my liking. *Personal Growth* - For me, life has been a continuous process of learning, changing, and growth. *Positive Relations with Others* - Most people see me as loving and affectionate. *Purpose in Life* - I enjoy making plans for the future and working to make them a reality. *Self-Acceptance* - When I compare myself to friends and acquaintances, it makes me feel good about who I am⁶⁵.

A high score for a category denotes that the respondent is an expert in that field in their life. A low score, on the other hand, indicates that the respondent has problems with that particular matter. The Ryff's instrument requires participants to reflect on their experiences, for this reason, the researcher must show consideration and care for the respondents. Also, it is crucial to inform the respondents that self-reflection may be uncomfortable because it is necessary to complete the instrument. If the Ryff results are shared with the participants, it is advisable to take time to either thoroughly discuss the results and or offer them resources to help them process what they experienced and what they learned even after the whole exercise⁶⁵.

In as much as it is necessary to subject a model to series of test to pronounce it potent, the Psychological Well-Being model of Carol Ryff has undergone numerous rounds of testing to ensure that it stands the test of time. In as much as this model has been proven to be valid and fairly durable, never the less, there is the customary argument, in psychology about the instrument that attempt to assess the six criteria. But generally speaking, researchers studying a variety of demographic samples discovered that the data is consistent with and best described by the six-dimensional model⁶⁵. Studies have effectively used Ryff's model across cultures, successfully applying it to people in Sweden, Columbia, Spain, and Hong Kong. There is some contradictory information suggesting that the six criteria could be streamlined due to significant

similarities. The overlap is not found in other studies, and Ryff contends that excessively condensed questionnaires, and not the model itself, are to be blamed for the conflicting results⁶⁵.

2.2.1.1 Theoretical Framework: Psychological well-being Theory



Fig, 2.2.1.1 Theoretical Framework: Psychological well-being Theory
Source: Researcher, 2024

2.2.2 Cognitive Behaviour Theory (CBT)

Cognitive Behaviour Theory (CBT) stipulates that the way people think, feel and behave are inter connected to one another, it goes further to say that whatever is done or thought by people affects the way they feel and behave⁶⁶. That is, when a change occurs in one, there will be a corresponding change in the others. When someone is distressed or anxious, they may adopt thought processes and emotional reactions that only serve to amplify their bad feelings. According to this notion, a person's thought processes are extremely important in the formation of their psychological state. Changing the way a person thinks, can go a long way to change the way they interpret the world around them. This type of approach can help address unhelpful thinking styles and form an initial approach for the treatment of anxiety symptoms. Unhelpful thinking styles are mental blocks that prevent people from achieving their goals⁶⁶. They are often unconscious and hard to recognise because we've been conditioned to believe them over time. For instance, when a widow thinks that the society believes that she killed her husband and as a result, she cannot be successful in life; and over time, she has allowed this thought pattern to become part of her life⁶⁶.

Because they alter reality, these notions are referred to as cognitive distortions. There are decent opportunities of altering behaviour if one can identify and start to change problematic thinking patterns. These kinds of irrational beliefs give one a bigger sense of control and give one more power to make changes for the better. The main goal of the aforementioned cognitive theory strategies is to substitute negative effects and unconstructive thinking patterns to a more realistic and uplifting events with constructive effects⁶⁷. Beneficial effects of cognitive-behavioural therapy include providing depressed patients with effective behavioural treatments and treatment for a wide range of emotional illnesses, such as anxiety disorders, obsessive-compulsive disorder, post-traumatic stress disorder, and many more, all of which affects the psychological well-being⁶⁸.

Cognitive Behaviour Theory (CBT) states that human thought influences behaviour and emotion while behavioural therapy suggests that each of these cognitive factors may have a direct impact on how people see their environment. According to CBT theory, individual's perceptions, emotions, feelings, and behaviour are all linked, and one's actions and thoughts have an impact on how one feels. According to research, CBT has been proven to be a successful treatment for psychological well-being disorders ranging from anxiety and depression to pain, insomnia and others⁶⁹. Several thousands of therapists worldwide use CBT, which is an efficient method of psychological well-being treatment. Children, adolescents, adults, and elderly persons can all benefit because it is beneficial throughout one's lifetime. CBT is adaptable; it has been successfully used in face-to-face, online, and self-help settings⁶⁹.

Each of the several forms of psychological therapy has a foundation in a unique theory and set of presumptions about how individuals function. The cognitive behavioural therapy paradigm has a few essential findings that help set it apart from other therapies. Cognitive behavioural explanations and treatments have been established on the pillars of these concepts. A variety of talking therapies known as cognitive behavioural therapies, or CBT are founded on the idea that thoughts, feelings, actions, and how individuals feel in their bodies are all interconnected. A change in any of these can result in changes in others. When individuals are anxious or troubled, they frequently adopt thought and behaviour habits that make them feel worse⁵⁷. CBT helps to identify and alter unhealthy thought processes or behavioural habits so people can feel a lot better and happier⁶⁹.

Cognitive Behaviour Therapy (CBT) focuses on the present and also a time-sensitive psychotherapy that aids people in identifying their most important goals and overcoming impediments. The cognitive paradigm, on which CBT is based, holds that people's responses to situations are more closely correlated with how they perceive those situations than with the

actual circumstances. CBT can assist a person in focusing on present issues and potential solutions by assisting them in recognising harmful or ineffective thought and behaviour patterns and changing them with more honest ideas and useful behaviours. It frequently entails using new abilities in the real life⁷⁰. CBT is primarily concerned with the interpretations that individuals give to their experiences. CBT is sometimes mischaracterised as focusing on repairing defective mental processes, being logical, or merely addressing difficult issues on the surface; nevertheless, all of these assertions are false. Beliefs and understandings about the world are formed as people go about living their lives. These connotations influence how they actually view the world. Sometimes their ideas distress them, which might cause them to act in unproductive ways. It is the duty of the therapist to assist their clients in comprehending and analysing their beliefs and in helping them make sense of meanings⁷¹. The thought of creating this type psychotherapy was birthed when Aaron Beck noticed that his depressed patients frequently verbalised invalid concepts and noticed recognisable cognitive distortions in their thinking. His empirical findings prompted him to begin considering depression more as a cognitive problem than as a mood disorder⁷⁰.

A unique cognitive theory of depression was developed through observations in the therapeutic setting and research findings⁷². The use of outcome research in conjunction with a thorough treatment procedure manual was a breakthrough in psychotherapy that had only earlier been tried by behaviour therapists treating specific behavioural issues. Beck invented a model for what psychologists would later refer to as an empirically validated psychological treatment by completing the same achievement with a more sophisticated set of clinical procedures that encompassed cognitive, emotional, and behavioural elements⁶⁶. Following their interest, other medical professionals and academics started creating CBT treatment plans and assessing their effectiveness. Each psychiatric disease has specific treatment plans created for them. The name cognitive therapy was modified to cognitive behaviour therapy as behavioural methods were

added⁷⁰. The most thoroughly studied psychotherapy now available has multiple evidence-based treatment methods, including CBT⁶⁸. The notion that ideas, feelings, physical reactions, and behaviour are all interconnected and have the potential to influence one another is another crucial aspect of cognitive behavioural theory. Everything that is done or events that occur have an impact on one's thoughts, which in turn can have an impact on one's feelings. If there has ever been an experience of physical discomfort due to an illness, there may have been a situation where one's feelings and emotions caused one to perceive the world in a gloomier or devastating way. There are numerous ways that CBT therapists might depict the connections between one's focus, perception, ideas, feelings, and conduct⁶⁷.

Humans think on different levels, and cognitive behavioural therapy acknowledges this fact by referring to these levels as cognition which are automatic thoughts, core beliefs and intermediate beliefs. In order to select the most effective therapy strategies, cognitive behavioural therapists will work with their patients to assess their thinking at each of these levels. Automatic thoughts are at the level that is nearest to the surface. They are ideas or pictures that unintentionally spring into our heads. They frequently manifest as a result of a trigger, which can be an occasion, an emotion, or another idea or memory. Automatic ideas may be prejudiced or accurate. If accurate, the therapists would typically ignore them and if there is an element of prejudice, then, there could be basis for more discussion⁶⁹. People's core beliefs are the level of cognition that is the deepest. They are frequently unsaid and may not even exist. It's crucial to keep in mind that their main ideas are opinions rather than facts because they frequently accept them as realities about the universe, themselves, or other people. They are results of their experiences in life rather than something they are born with. The question about what they have learnt about life might be understood of as their implicit responses to it. Fundamental beliefs frequently come in the form of utter and total claims⁷³.

Intermediate beliefs, which frequently appear in the form of rules and assumptions, are in the medium level of cognition. They frequently take the form of "If... then" clauses or include the indicative terms "should" or "must." People may cling to their norms or presumptions as a means of avoiding the worst outcomes of their fundamental beliefs. Understanding how different levels of cognition interact is crucial. The kinds of underlying ideas they hold frequently influence the kinds of automatic thoughts they have⁶⁶. Therapists more often than not try to observe patterns in automatic thoughts so as to take calculated guesses about the core beliefs their patient believe in. Similar to this, the individual who maintains the basic beliefs is more likely to have the instinctive thinking when faced with an unclear circumstance where other people could provide positive or negative feedback⁶⁷. Any level of cognition can be more or less beneficial⁶⁸.

Any one of our beliefs, norms, or thoughts can be more or less true ways of understanding the world, according to cognitive behavioural therapy. Positive or negative thoughts are possible, but what matters is whether they are accurate or not. It is certain that unpleasant things will happen to everyone, despite what they might wish. It would be ineffective and futile to try to control every unpleasant situation, idea, or feeling. More significant is the possibility of incorrect thinking. And because one's thoughts have an impact on one's feelings, one frequently feels awful because they think incorrect things⁶⁹. One type of therapy that is structured, informative, and goal-oriented is cognitive behaviour therapy. The method is interactive and practical; the client and therapist collaborate with the aim of changing thought and behaviour patterns to bring about a positive change in one's mind-set and way of life. It is used for dealing with a wide range of psychological issues, and most therapists who use CBT tailor and personalize treatment to meet the unique needs of each client⁷⁴.

An evaluation of the patient is the initial step, followed by the creation of a unique conception of the client. From one session to another, a conceptualisation based on the CBT model is developed, and at the right time in therapy, the patient is given access to it. The method of treatment is explained as soon as the session begins. The first or second session is used to jointly decide the issues the client wants to address in therapy as well as the session's objectives. The prioritised issues are addressed first. Usually, the session is structured thus: Every session begins with a quick update and mood check. The preceding session is then bridged to provide continuity. Before beginning any discussion of an issue, the agenda for the session is established collectively, and the client's homework from between sessions is examined. Discussions of the items on the agenda are done with summaries and comments. The session is concluded with giving out of new assignments⁷⁵.

Due to its empirical approach, cognitive behavioural therapy (CBT) has evolved along with new theoretical and scientific advancements. Several clinicians and scientists who received training from Beck and Ellis have since gone on to mentor newer groups of therapists, researchers, and scientist-practitioners. CBT has expanded throughout time to include a wide range of therapeutic modalities, and contemporary CBT is best conceived of as a family of therapies that evolves in response to new insights into how individuals operate⁷⁶. For a variety of mental health conditions, CBT is a reliable and effective type of psychological therapy. For the best results, CBT is frequently combined with pharmacological therapy, which is something doctors and nurses need to be aware of⁷⁵. Furthermore, studies have demonstrated that CBT is superior to medicine alone in terms of advantages or results. Primary care physicians are urged to collaborate with behaviour therapists, offer cognitive-behavioural therapy, and track its development. The best results will come from a multidisciplinary team approach⁷⁶. CBT is a great tool for figuring out what is keeping a situation alive, and once individuals have that knowledge, it is their responsibility to take action to remove the problem. CBT is unique

because it goes beyond traditional "talking therapies." It is more accurate to think about CBT as "doing treatment" because psychologists have discovered that in order to be truly beneficial, a therapy must assist you in making changes in your life⁷⁷. A wide variety of strategies and techniques are available for CBT therapists to use in order to encourage change. Some common CBT approaches for change are: facing your fears; learning new skills; changing bad habits; and testing your beliefs and assumptions⁷⁰.

Since CBT is an evidence-based therapy, researchers look into what aspects of therapy are effective, for what issues, and why. Evidence is a key component of individual treatment sessions as well. In CBT, clients are often encouraged to create personal goals and then collect data (evidence) on whether these goals have been attained. When asked how effective CBT is, in effect, it truly means "effective compared to what?" and "what is it effective for?" Individuals also need to think about how frequently these disorders get better on their own⁷⁸. Randomised Controlled Trials (RCTs), in which several therapies are meticulously and methodically compared to one another, are one way that researchers approach these concerns. The same procedure is applied in medicine to evaluate the efficacy and safety of novel medications. Several studies have explored CBT over the past few decades, and now that the results of these RCTs can be combined to create meta-analyses, researchers may more conclusively demonstrate which treatments are effective⁷⁸.

Some important properties of CBT's position are that according to CBT theory, one's suffering occurs in the present moment. If one is anxious, one experiences anxiety right away, and if one is depressed, one experiences sadness or loss right away. CBT also acknowledges that individuals can unintentionally act in ways right now that keep their problems from getting better. If this is the case, finding and removing these obstacles as soon as possible is the obvious remedy. Sometimes, individuals who argue that CBT overlooks a person's past criticize it for

taking such a present-focused approach, however, this is not a true analogy⁷⁹. While it is frequently necessary to make sense of difficulties, perceptions, and judgements, CBT sure pays considerable attention to our personal history. As a result, the focus of CBT will frequently return to the present because the problems are occurring in the present and are currently causing pain and suffering and this is where people have the power to make changes⁷⁷. CBT utilizes reason. According to CBT, our experiences are intelligible and our emotions are the outcome of processes that make sense. Through their collaborative work, a client and CBT therapist will make an effort to reach a common awareness of the issue and, based on that knowledge, come up with solutions, this process is known as case formulation. Moreover, CBT encourages a logical way of thinking, stressing that the objective should be correct and balanced thinking rather than simply thinking good ideas⁷⁰. CBT is empirical. CBT was borne out of experimental approach since it was derived from the thoroughly empirical behavioural tradition where both inputs and outcomes were monitored⁷⁷.

The fact that CBT treatments are based on research on what is effective is one way in which the method is empirical. In extensive randomised controlled trials, many CBT techniques have been contrasted to other therapies. They are comparable to the methods used to evaluate the efficacy of medications. These researches have unmistakably shown that CBT is a successful treatment for a range of disorders. Hence, CBT therapists use therapies that are supported by research. CBT is also scientific in that therapy progress is tracked as the client and therapist closely monitor what is and is not working⁸⁰. On a general level, they might keep track of symptoms during each session and anticipate progress over time. For instance, the degree to which a client believes in a particular idea will be measured; how much the client still believes that idea after a session-within-a-session experiment; and a client's level of anxiety before and after an experiment⁵⁹. CBT encourages teamwork. Collaborative treatment is a priority for CBT practitioners. Instead of positioning themselves as experts, they will strive to make therapy feel

like an exploratory adventure where the therapist is "beside" the client. The client becoming their own therapist is one of the objectives of CBT therapy. The purpose of therapy, according to CBT therapists, is to render them unnecessary. To the extent that the therapist has become irrelevant, they want to teach their client everything they know⁸⁰.

CBT is active. The therapy is extensively pursued by CBT therapists. Compared to physicians who use other therapeutic modalities, they are more likely to talk more. The CBT therapist adopts the stance where they claim not to know the solution to the problem and urges the client to join in the adventure of seeking the solution together. This does not imply that CBT is all about instructing clients what to do and think. Instead, it means that CBT is experimental. They will aggressively look into ways to assist their client in conducting independent research. These techniques frequently involve doing tests both within and outside the therapy room, or they could entail leaving the house to get feedback from others⁸¹. CBT is time-bound. Treatments for cognitive behavioural disorders are frequently only 6–20 sessions long. This does not imply that CBT therapy is any less effective than other types of therapy; in fact, when put up against other real therapies, it frequently outperforms them. Because CBT is established on empirical research, its effectiveness - that is, whether the client is achieving the goals set at the beginning of therapy - can be used to determine how long it should last⁷⁹.

In as much as this theory has been found to be potent, there have been some shortcomings regarding the theory itself. Because cognitive treatments are rarely carried out exactly in accordance with the theory, these issues won't necessarily have an impact on how well they work therapeutically. Rather, they are instead issues with the theory that underlies and clarifies the treatment⁶⁷. These are flaws in a paradigm of therapeutic change, and research on therapeutic change is primarily affected by them. Given that CBT dominates in some contexts, it is not surprise that the technique has encountered some opposition. The method's detractors

typically claim that it is overly mechanistic and ignores the entire needs of the patient. The theory seems to confuse the cognitive origins of depression with its symptoms. Until very recently, CBT did not have a significant connection to cognitive psychology or neuroscience⁶⁹. Although empirical cognitive psychology was developing as a significant new science in the 1970s, when CBT was being officially codified, it originated mostly from clinical observations made in the treatment office rather than the laboratory. As a result, the theoretical underpinnings of CBT were not well aligned with the developing field of human cognition. Never the less, as a result, key components of CBT theory have had to be altered over time to better fit the experimental data that cognitive scientists are gathering⁶⁷.

2.2.2.1 Theoretical Framework: Cognitive Behavioural Theory

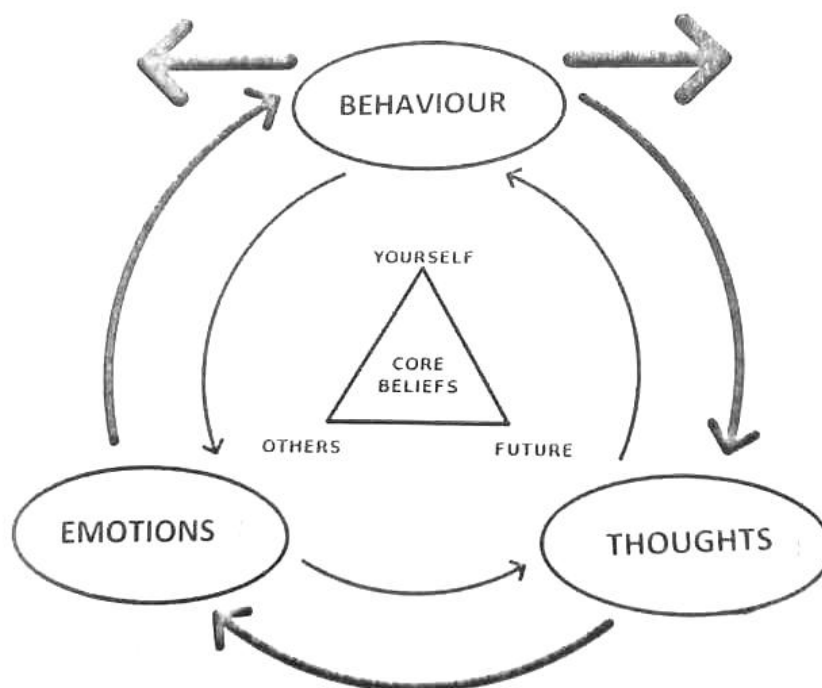


Fig.2.2.2.1 Theoretical Framework: Cognitive Behavioural Theory
Source⁸²

2.3 Review of Empirical Studies

A few empirical studies relevant to this study are hereby reviewed under the following sections: bibliotherapy and psychological well-being of widows, self-assertiveness and psychological well-being of widows.

2.3.1 Bibliotherapy and Psychological well-being of Widows

The study carried out, accessed the effects of widowhood rights on the psychological distress and satisfaction with life of Konkomba widows in Saboba district of the northern region of Ghana. 120 widows were sampled and findings indicated that Konkomba widows experienced the highest forms of psychological distress and low life satisfaction as a result of the widowhood rites they went through. Also, it was gathered from the study that widowhood practices by the Konkomba tribe are horrific and dehumanising⁸³. More so, recent studies have highlighted the positive impact of bibliotherapy on the psychological well-being of widows. For instance, a randomised controlled trial conducted, examined the effects of a bibliotherapy intervention on grief and depression among widows in Nigeria. The results showed a significant reduction in grief symptoms and reduced depressive symptoms among participants who engaged in bibliotherapy compared to those in the control group⁸⁴.

Furthermore, bibliotherapy has been found to promote resilience, self-esteem, and empowerment in widows. A study explored the effects of bibliotherapy on self-esteem among widows in Nigeria. The findings revealed a significant increase in self-esteem levels following a structured bibliotherapy program, demonstrating its potential to enhance widows' confidence and overall psychological well-being⁸⁵. In the same vein, a group of researchers carried out an investigation on the cultural practices regarding widowhood and how these practices impact their health and data was collected using one-on-one observation and interview methods and the results among others show that there are some widowhood practices that have negative effects

on the psychological, emotional, social, physical, spiritual and economic well-being on the widows^{81,83}.

Recent empirical research has demonstrated the efficacy of bibliotherapy in reducing symptoms of grief among widows. For instance, a study conducted, observed a significant decrease in grief-related distress among widows who participated in a bibliotherapy intervention compared to a control group. Through guided reading and discussions of grief-themed literature, participants reported lower levels of emotional pain, sadness, and longing, indicating the therapeutic value of bibliotherapy in facilitating grief processing and adjustment^{63,85,86}. Bibliotherapy has been shown to mechanisms enhance coping strategies and resilience among widows facing the challenges of bereavement. Some researchers conducted a longitudinal study examining the impact of bibliotherapy on coping among widows. The results revealed a notable increase in adaptive coping strategies, such as seeking social support, problem-solving and positive reframing, following participation in bibliotherapy sessions^{86,87,88}. By engaging with narratives of resilience and growth, widows were able to cultivate effective coping skills to navigate the complexities of their grief journey⁸⁷.

Engaging in bibliotherapy interventions facilitates the exploration and regulation of emotions, contributing to improved emotional well-being among widows⁸⁹. A group of researchers conducted a qualitative study investigating the emotional experiences of widows participating in bibliotherapy groups. Their findings indicated that widows reported a greater awareness and acceptance of their emotions, leading to reduced emotional volatility and increased emotional resilience^{90,91}. Through empathetic engagement with literary characters and themes, widows learned to manage their emotions more effectively, fostering a sense of emotional equilibrium and stability⁹².

Bibliotherapy encourages widows to find meaning and purpose in their loss, fostering a sense of posttraumatic growth and psychological well-being⁹³. In a mixed-methods analysis, widows who engaged in bibliotherapy groups reported significant gains in meaning-making⁷⁶ and existential understanding⁹⁴. By reflecting on the narratives of transformation and renewal found in literature, participants were able to reinterpret their loss as a catalyst for personal growth and meaningful change, leading to enhanced psychological resilience and well-being^{78,79}. Similarly, the research review examined the healing effects of bibliotherapy reveals that using it is effective in treating different irrational symptoms like depression, grief, anxiety disorders and trauma⁸⁰. This research investigated the effects of bibliotherapy on human well-being and development and evidence shows that there benefits of using bibliotherapy to improve the well-being of humans and their development. It also reveals that it is effective in promoting affective and cognitive functions in patients with psychiatric disorders; for those grieving, those with emotional disorder, anger and the like. Bibliotherapy helped in guiding the thinking process and also helped to shape behaviour. It concluded that the use of bibliotherapy is of utmost benefit to the development and well-being of humans⁸¹.

The study revealed that the use of bibliotherapy enhances the formation and modification of human values among young people. More so, it is a strategy for attitude change, a method for better understanding the personal feelings and also a strategy for fulfilling emotional or social needs and these cuts across age, gender and psychological disorder⁸³. The three important skills which are imagination, problem solving and social skills in women with depression were heightened as a result of the use of bibliotherapy and these skills led to change in the way they behaved. Through the use of books, participants with low self-esteem were able to alter their thoughts patterns which were mainly negative and these were changed; and this led to a change in attitude. The effective use of bibliotherapy helped women who were divorced to come to terms with their situation. Furthermore, bibliotherapy helped women with depression and

mental disorder to recover themselves. It has been shown to improve coping skills; behaviour and self-concept also reduce anxiety and fear⁸⁴.

More so, a researcher maintained that bibliotherapy improves how personal views are perceived and its progress, which leads to improvement in interpersonal relationships and accepting individual differences and also their social behaviours. Group bibliotherapy has exhibited positive effects on problems like harassment and also improving problem-solving skills. Friendly relationships have been enhanced with the use of bibliotherapy, social skills and skill of dealing with problems. It was also found that using bibliotherapy as an intervention was potent in helping young women adjust to illness and also assist in the reduction of the symptoms of social anxiety⁸¹. Bibliotherapy also helps women with low assertiveness in improving positive relations towards others and also solves social and personal problems and improving their attitude toward others, however, its efficacy in increasing self-concept was not clearly defined. On the other hand, it was found that bibliotherapy improves personal and social development in adult women with anxiety problem. Another evidence based study indicates the effectiveness of bibliotherapy in reducing aggression in grieving women and improving self-concept⁸³.

In addition, many studies on the effectiveness of bibliotherapy on the improvement of self-concept and emotional freedom have not led to significant results. However, some studies have shown that, when used along with other therapies, bibliotherapy can be effective in the alleviation of painful emotions. In another study it was found that bibliotherapy, as part of a larger treatment, was effective in the improvement of self-concept of women who had experienced grief⁸⁴. Other findings showed that through the use of bibliotherapy, women with compulsive disorder developed new capacities, including giving significant meanings to the happenings around them by seeing their moral inclination from another perspective. The use of

bibliotherapy produced positive results in linking autonomy, empowerment and justice in deprived women. It is also revealed to lessen anxiety and also improves self-acceptance and improvement in autonomy to control successfully their daily lives⁸⁵. The use of literature as a therapeutic tool increased insight and brought about different perspectives in treating psychological imbalance. It affords women the opportunities for emotional catharsis. The study found that a large number of psychologists, psychiatrists, and internists use self-help books as interventions for different disorders⁸⁵. Irrespective of mixed research results, literature has largely supported the efficacy of bibliotherapy for a variety of psychological disorders. Non-fiction and self-help books appear to have been the focus of the majority of empirical investigations, while fictional works have received less attention⁸⁵. However, it is challenging to determine the extent to which bibliotherapy is employed with grieving adults because there are not enough studies on the topic⁸⁶.

The use of bibliotherapy reduced the effect of anxiety in women who are mourning the loss of a loved one. Literature reveals bibliotherapy as a procedure and mediation with a positive effect on human development at any point of the life cycle. The use of bibliotherapy in health institutions has proven to be effective in the prevention, reduction and treatment of grief, fear, depressive symptoms and anxiety. Bibliotherapy prevents and lessens everyday pressures and behavioural disorders⁸⁷. Furthermore, the use of bibliotherapy enables women who are undergoing emotional trauma understand themselves and the world to a larger degree, allows them to formulate and enables problem solving skills. It allows re-integration of adults who are afraid to socialise thereby enables them face their problems. It also allows catharsis, which is the release of emotions, enables relaxation, promotes socialisation and strengthening the bonds of friendship in the elderly. In addition, bibliotherapy has therapeutic effects on those who are mourning the loss of a loved one⁸⁸.

More so, reviewed studies indicate a level of personal development and this suggests a positive effect on human emotion, intellectual and spiritual growth. Furthermore, literature has an abundant therapeutic significance which reveals efficacy in incapacitating physical, social and mental issues, thereby assisting grieving women as a result of unexpected turn of events face the challenging situations of everyday life. It has positive impacts on knowledge, diagnosis, prevention and treatment, of psychosocial disorders and in promoting psychological well-being and human development⁸⁹. The effect of the use of Bibliotherapy as a psychological interventions of proven efficacy is seen as a more accessible and feasible source of psychological support. The efficacious use of bibliotherapy has resulted in enhanced self-management. It also reveals that bibliotherapy integrates the foundational principles of CBT and provides exercises designed to help the readers overcome negative feelings. CBT is mostly used to carry out one-on-one interaction by a therapist and has demonstrated efficacy on adolescents and adults with depression or anxiety disorder⁹⁰. The effectiveness of the use of bibliotherapy made the UK National Institute for Clinical Excellence (NICE) to endorse it as an intervention for difficult depressive symptoms⁹¹.

Bibliotherapy has been established to be effective by numerous reviews in the treatment of physical, emotional, and psychological well-being issues among adults. In 2020 self-support treatments was studied and stated an effect size of 0.74 for three depression bibliotherapy studies. The study on the effect of bibliotherapy on anxiety disorders concluded that bibliotherapy revealed efficacy for the varieties of anxiety diagnoses⁹². The finding from the use of bibliotherapy shows that reading has a positive impact on adults in their beliefs about change from thinking to the actualisation stage. Never the les, the meta-analysis revealed bibliotherapy to be more effective with assertiveness training, anxiety and sexual dysfunction than with weight loss, impulse control and studying problems. Studies of bibliotherapy intervention effectiveness for young adults have yielded mixed results and inconclusive evidence⁹³.

2.3.2 Self-Assertiveness and Psychological well-being

This study sampled 214 participants of 113 women and 101 men who were between 20–60 years of age, and who has a minimum of high school education. The investigation was on the effects of gender, age, and educational attainment on assertiveness among married persons in Nigeria. Using the Assertive Behaviour Assessment Scale, the results indicated that women in Nigeria may become more assertive with age⁹⁴. Women aged 20 to 58 received assertiveness instruction. The Performance-Self-Esteem Scale (PSES) and self-ratings of job performance were used as outcome measures. In contrast to a control group of 20 women, the training sample's PSES scores increased from pretesting to follow-up. Instead of increasing PSES scores, perceived situational support for assertive behaviour increased self-ratings of job performance. According to research, assertiveness training can help women who have poor self-esteem by boosting their performance⁹⁵.

This study looked at assertiveness as a modulator of female stress reactions. The researchers specifically looked at how high and low assertive women rated the anxiety of giving an offhand remark. Women with high levels of assertiveness rated the speech stressful event as difficult, whereas women with low levels of assertiveness saw the stressful event as threatening. In contrast to low assertive women, who responded to the task with a threat, high assertive women responded to it with a challenge pattern. Thereafter, compared to the low assertive women, the high assertive women reported feeling less tension and negative emotion and happier moods. Overall, the stress-related reactions of high assertive women indicated challenge, whereas those of low assertive women indicated threat⁹⁵. The reviewed study indicates that assertiveness training as an intervention technique is used to boost the effectiveness of social relationships in adult females⁹⁶. Self-assertiveness promotes equality in interpersonal interactions, empowers women with emotional disorder to pursue their interests while being fearless, enables them to communicate their real emotions, and motivates them to defend their rights while abiding by

those of others. More so, the assertiveness training program assisted depressed female adults in altering their self-perception, speaking more readily, expressing oneself effectively, and ultimately improving their self-esteem. This training program can be used for people of all ages and from different walks of life⁹⁷.

Assertiveness program provides a life skill to women by building their self-confidence and improving their social communication skills also improves satisfaction in life and happiness. This technique enables grieving women to solve their problems, categorise their priorities and make better use of supporting systems in the society. Research investigating the role of assertiveness in psychopathology, as well as the impact of assertiveness training interventions, has been applied to diverse samples and clinical problems. Overall results for the efficacy of assertiveness training are positive. Self-assertiveness helped to lower negative effects on depression and the quality of life⁹⁸. Meta-analyses comparing psychotherapy outcomes for depression and social anxiety have found that social skills training involving assertiveness was similarly effective compared to other interventions. Self-assertiveness training, had a strong positive effect on behavioural measures of social skill involving behavioural and cognitive procedures increased female adults' expressiveness, reorganisation of negative thoughts and behaviours, improve self-efficacy, showed reduction in their anxiety level, and also improvement in their assertiveness communication skills. There is evidence that assertiveness training is an effective treatment in the reduction of symptoms of anxiety⁹⁹.

In a study of empirical evaluations of assertiveness training, Speed establish that there is a significant reduction in depression and anxiety symptoms with the use of group assertiveness therapy in non-psychotic psychiatric female in-patients with social anxiety. Studies carried out established that assertiveness training, in comparison to no treatment in the control sample, improves self-assertive behaviour and reduce social anxiety and this indicates that assertiveness training is of utmost benefit in the reduction of anxiety in men and women. The research

indicated the effectiveness of assertiveness training in changing the behaviour of women with low self-esteem from aggressive behaviour to assertive behaviour and from passive to assertive. The results also shows that the self-esteem of the women who underwent assertiveness training was significantly improved, their ability to think rationally was greatly improved⁹⁹.

According to a recent study, widows who practised self-assertiveness reported higher levels of psychological well-being compared to those who did not. Embracing self-assertiveness allows widows to assert their emotional needs and boundaries, fostering a sense of self-worth and autonomy¹⁰⁰. By acknowledging their emotions and advocating for their mental health, widows can alleviate feelings of loneliness, anxiety, and depression. Furthermore, another research highlights that widows who exhibit self-assertiveness are more likely to achieve financial independence and stability. In many cultures, widows face economic vulnerability due to the loss of their spouse's financial support. Self-assertiveness empowers widows to actively engage in financial planning, pursue employment opportunities, or seek assistance from support networks. By taking control of their financial situation, widows can mitigate the risk of poverty and dependency¹⁰⁰.

A study also demonstrates that widows who practice self-assertiveness experience greater satisfaction in their social interactions and receive enhanced support from friends and family members. Adopting self-assertiveness enables widows to assert their needs within their social circles, fostering meaningful connections and support systems⁹⁵. By articulating their desires and boundaries, widows can cultivate relationships that nurture their well-being and offer practical assistance¹⁰¹. Similarly, another research suggests that widows who prioritise self-assertiveness exhibit greater adaptability and resilience in the face of adversity, ultimately leading to enhanced overall well-being. Self-assertiveness encourages widows to embrace personal growth opportunities and face challenges with resilience and determination. By

advocating for their goals and aspirations, widows can pursue education, career advancement, or new experiences that enrich their lives¹⁰².

2.4 Conceptual Model

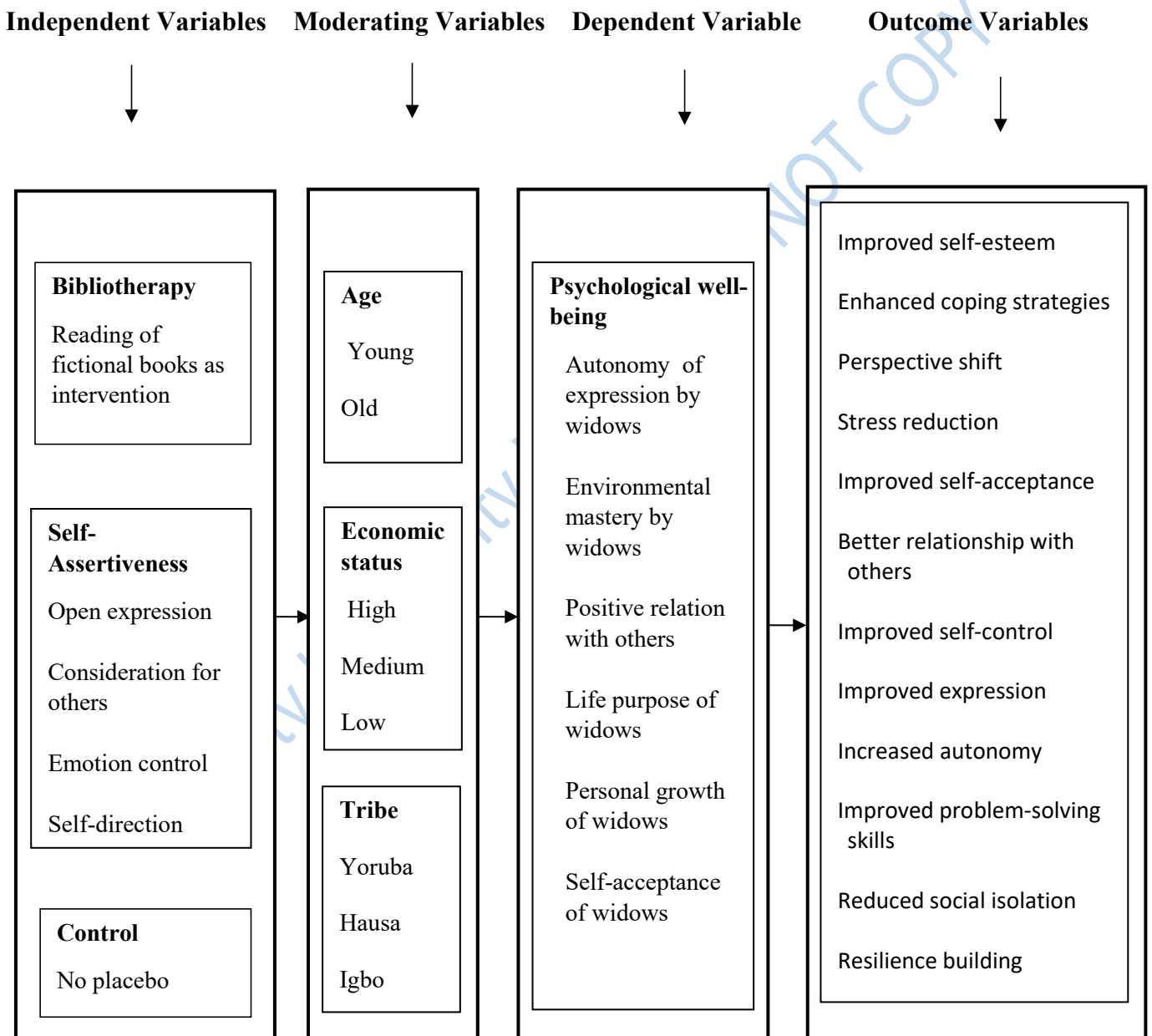


Fig. 2.4 Conceptual model showing the effects of bibliotherapy, self-assertiveness strategies and the moderating variables on psychological well-being of widows developed by the researcher, 2024.

2.5 Summary of Literature Reviewed

The study reviewed some literature under the following specified headings: psychological well-being of widows, self-assertiveness, bibliotherapy, demographic factors, theoretical framework, and review of empirical studies.

A devastating, upsetting, and mentally traumatic experience is losing a spouse and due to some cultural burial customs, women are not only more vulnerable, they also seem to experience its psychological effects more. The impacts of such socio-cultural practices frequently have a direct impact on the widow's well-being, which has a significant effect on life satisfaction. These customs make widowhood difficult and upsetting, and they can cause the widow to become disoriented. The widow is consequently terrified, lonely, and overly distraught. This is due to the fact that during this time the widow is frequently subjected to psychological, social, physical, and mental torture as a result of her bereavement. This can have a negative impact on their psychological well-being for the rest of their lives and prevent them from realizing their life's purpose.

Therefore, psychological well-being is typically characterised by an optimistic outlook on life. It is a time when a person's thinking is clear. When a person is in excellent mental health, feels good about themselves, is content with their lives, and has hope for the future. However, in order to experience lasting psychological well-being, one must move from a state of just being happy to one of purpose and authenticity. The six different aspects of psychological behaviour must be embraced in order for this to be accomplished. These are: Positive relations: the connection and interaction with other people; self-acceptance: awareness of and approval of oneself, including of one's limitations; personal growth: the ongoing process of developing personally; purpose in life: pursuing worthwhile objectives; autonomy: the capacity for independent thought and action; environmental mastery, which is the capacity to control

complicated environments in accordance with one's values and needs. More often than not, in order to attain the aforementioned level, there is need for self-assertiveness.

Self-assertiveness therefore, is the ability of someone to reason, feel, and behave in a non-passive and non-aggressive manner while also acknowledging the viewpoints, sentiments, wants, ambitions, aims, and objectives of others. The experience of widowhood can be particularly challenging, and widows may face various psychological and social difficulties. However, developing self-assertive skills can potentially have positive effects on the psychological well-being of widows in Nigeria. Self-assertiveness involves expressing one's needs, desires, and opinions in a confident and respectful manner. By developing these skills, widows can enhance their self-esteem and self-worth. This, in turn, can contribute to improved psychological well-being. Self-assertiveness can empower widows to cope with the challenges they face more effectively. It allows them to assert their rights, make decisions, and navigate through social and economic difficulties. Developing assertiveness skills can provide widows with a sense of control and mastery over their lives, reducing feelings of helplessness and vulnerability. Widows who are assertive are more likely to communicate their needs and seek help from others. By effectively expressing their emotions and seeking support, they may strengthen their social networks and receive the assistance they require. Social support is crucial for psychological well-being, and self-assertiveness can facilitate the establishment of supportive relationships.

In some societies, widows face social stigma and discrimination. Developing self-assertive skills can help widows challenge and confront such negative attitudes. By asserting their rights and demanding fair treatment, widows can promote social change and reduce the impact of stigma on their psychological well-being. Self-assertiveness fosters autonomy and independence, allowing widows to make their decisions and choices that align with their needs and values. This sense of personal agency can contribute immensely to a greater sense of control over their

lives, which positively impacts psychological well-being. It is important to note that the effects of self-assertive skills on psychological well-being may vary among individuals and depend on various factors such as cultural context, socio-economic status, and available support systems. Additionally, it is essential to consider the broader social and structural challenges faced by widows in Nigeria, such as poverty, limited access to resources, and gender inequalities, which can influence their well-being.

In general, self-assertiveness enhances an increased levels of emotional well-being and once one exhibits assertiveness in one's thinking, social and emotional interactions, one begins to experience improved changes in one's self-confidence and self-esteem, outburst of inner resources, higher motivation, the ability to adapt easily to different situations, stress levels are reduced and relationships with others become healthier. All these will go a long way in improving one's psychological well-being if systematic and intentional strategies in form of activities are used.

However, bibliotherapy is a flexible and affordable form of therapy that makes use of reading to promote psychological well-being. It is deemed suitable for adults and might be utilized for both individual and group treatment. It is the therapy practice of using books to cure psychological disorders. It is a form of expressive therapy that includes reading particular texts or narrating stories. It employs the therapeutic interaction that a person has with the ideas expressed through literature, poetry, and other written works.

The loss of a spouse is a devastating experience that can have profound psychological effects on widows. In Nigeria, where widows often face social stigmatisation, economic challenges, and limited support systems, addressing their psychological well-being is of utmost importance. Bibliotherapy, a therapeutic intervention that employs reading materials as a means of promoting mental health, has gained recognition worldwide.

The plight of widows in Nigeria is a pressing social issue. Losing a spouse often leads to a myriad of emotional challenges, including grief, loneliness, depression, anxiety, and a sense of disconnection from society. Widows in Nigeria face additional hardships, including marginalisation, discrimination, and economic instability. Therefore, interventions that aim to address the psychological well-being of widows are essential. Bibliotherapy, which combines reading materials with therapeutic techniques, has emerged as a promising approach to support individuals dealing with grief and loss. Bibliotherapy is rooted in the belief that literature can facilitate emotional healing and personal growth. Through identifying with characters, gaining new perspectives, and exploring narratives that resonate with their experiences, individuals can find solace, insight, and a sense of connection. Bibliotherapy offers an accessible and cost-effective method for widows to engage in self-reflection, gain emotional support, and develop coping strategies. To effectively implement bibliotherapy for widows in Nigeria, several considerations should be taken into account. First, culturally sensitive and locally relevant reading materials should be selected to ensure maximum engagement and relatability. This may involve incorporating indigenous literature, narratives that address specific cultural challenges faced by widows, and stories that emphasise resilience and empowerment.

Secondly, community-based interventions can provide widows with a supportive and nurturing environment. Establishing reading groups or book clubs, facilitated by mental health professionals or trained volunteers, can foster a sense of community and facilitate discussions around shared experiences. While bibliotherapy holds promise, challenges persist in its widespread adoption and implementation. Limited access to books, low literacy rates, and cultural barriers to seeking psychological health support, pose significant obstacles. Efforts should be made to improve access to reading materials, provide literacy support where needed, and raise awareness about the benefits of bibliotherapy within the Nigerian society.

Bibliotherapy has the potential to be an effective and accessible intervention for promoting the psychological well-being of widows in Nigeria. Recent studies provide evidence for its positive impact on grief, depression, self-esteem, and empowerment among widows. By incorporating culturally relevant reading materials and adopting community-based approaches, bibliotherapy can contribute to empowering widows, reducing social stigma, and improving mental health outcomes. Efforts should be made to overcome existing challenges and promote the integration of bibliotherapy into mental health support systems for widows in Nigeria.

Two theories were used to underpin this study and they are Cognitive Behavioural Theory (CBT) which is a personality theory was used to underpin bibliotherapy and self-assertiveness which are the independent variables; whereas, Psychological well-being Theory was used to explain the psychological well-being which is the dependent variable. Cognitive Behaviour Theory stipulates that the way people think, feel, behave and the perception of one are inter connected based on one's core beliefs, it goes further to say that whatever is thought by people affects the way they feel and this informs their behaviour. That is, when a change occurs in one, there will be a corresponding change in the others. While psychological well-being theory is based on the premise that human beings can only be happy and fulfilled when pain is decreased and pleasure is increased. The moment an individual has a balanced psychological well-being, he/she is set to achieve one's purpose in life. Psychological well-being has been improved with some proven interventions including the use of self-assertiveness and bibliotherapy strategies but little or no study has been carried out on the effect of bibliotherapy and self-assertiveness on the psychological well-being of widows in Ibadan metropolis, Oyo state, Nigeria. This study intends to fill this gap.

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Chapter Three

Methodology

This chapter explained the methodology that was used in carrying out the study. This covered the research design, sample and sampling technique, instruments used and method of data analysis.

3.1 Research Design

The study utilized both quantitative and qualitative approaches. It adopted a pretest-posttest quasi experimental design with 3X2X3X3 factorial matrix. For the qualitative approach, the Focus Group Discussion (FGD) method was used. The group was divided into three, comprising the experimental groups which are Bibliotherapy (Group I), Self-Assertiveness (Group II) and the control group (Group III). The study comprised three moderating variables which are Age, Economic Status and Tribe. The Age constitutes either young or old which were widows within the age bracket of 21 and 50 years old; the Economic Status constituted High, Medium and Low as indicated by the participant's level of education, occupation and income; while the Tribe constituted the three major ethnic groups we have in Nigeria which are Yoruba, Hausa and Igbo. The 3 in the matrix represented the treatment which comprised two experimental groups and the control group. It is labelled A₁ (Bibliotherapy) and A₂ (Self-Assertiveness) respectively and A₃ represents the control group. The second column is for the Age of the participants represented as B₁ for young and B₂ for old; Economic Status constitute high C₁, medium C₂ and low C₃; while Tribe represents Yoruba as D₁, Hausa as D₂ and Igbo as D₃. The experimental groups (bibliotherapy and self-assertiveness) were given pre-test and thereafter were administered treatment and were given post-test after the treatment while the control group was also given the pre-test and post-test measures but without any form of treatment.

Table 3.1: 3X2X3X3 Factorial Matrix for Psychological well-being of Widows in Ibadan Metropolis

	Demographic Factors		
	Age	Economic Status	Tribe
Bibliotherapy A₁	Young B ₁	High C ₁	Yoruba D ₁
	Old B ₂	Medium C ₂	Hausa D ₂
		Low C ₃	Igbo D ₃
Self-Assertiveness A₂	Young B ₁	High C ₁	Yoruba D ₁
	Old B ₂	Medium C ₂	Hausa D ₂
		Low C ₃	Igbo D ₃
Control A₃	Young B ₁	High C ₁	Yoruba D ₁
	Old B ₂	Medium C ₂	Hausa D ₂
		Low C ₃	Igbo D ₃

Source: Researcher, 2024

Key

A ₁ – Bibliotherapy	A ₂ – Self-Assertiveness	A ₃ – Control
B ₁ – Young	B ₂ – Old	
C ₁ – High	C ₂ – Medium	C ₃ – Low
D ₁ – Yoruba	D ₂ – Hausa	D ₃ – Igbo

3.2 Population of the Study

The population of this study comprised widows in Ibadan Metropolis, Oyo State who were between the ages of 21 and 50 years who chose not to remarry after the death of their husbands. The participants were drawn from Ibadan South-West and Ibadan South-East in Oyo State. The sample population was drawn from Ibadan South-West while the control group was drawn from Ibadan South-East, all in Oyo State.

Table 3.2 Population of Study

S/N	Groups	Number of Members in each Group
1.	Oke-Ado group	32
2.	Apata group	25
3.	Oluyole group	13
4.	Challenge group	28
5.	Eleta group	19
	Total	117

Source: Preliminary investigation by the researcher, 2024

3.3 Sample Size and Sampling Technique

A multi stage sampling technique was used to select the participants for this study from the population. For the first stage, three groups were purposively selected out of the five pre-selected groups. They were Oke-Ado group, Challenge group and Eleta group; and this was because these groups were better organized and held meetings regularly. Participants from Eleta group formed the control group. During the second stage, the participants who were between the ages of 21 and 50 years, who were active and attended meetings regularly; and who could also read and write were purposively selected as well. Then, at the third stage, from the three groups

purposively selected, a total of 25 participants were taken from Oke-Ado group and 24 from Challenge group based on their volition, these formed the experimental groups I and II respectively, while 15 participants from Eleta formed the control group, making a total of 64 participants. However, for the qualitative aspect of the study, 5 participants each were drawn from Oke-Ado and Challenge groups based on their observed level of participation and temperaments.

Table 3.3 Sample Size

S/N	Groups	Number of Participants in each Group
1.	Oke-Ado group	25
2.	Challenge group	24
3.	Eleta group	15
	Total	64

3.4 Inclusion Criteria

This study's inclusion criteria included:

- Participants who were between the ages of 21 to 50 years old,
- Participants who remained unmarried after the death of their husbands,
- Participants who were residents within Ibadan South-West and Ibadan South-East regions of Oyo State,
- Participants who were able to read and write, and
- Participants who were willing and ready to attend and participate actively in the treatment session.

3.5 Research Instruments

The major instruments adapted for use in collecting information for the study were Modified Kuppuswamy Scale and Ryff Instrument of Psychological well-being^{1,2}. The modified Kuppuswamy Scale takes into account education, occupation, and income, the parameters of the individual; while Ryff Instrument of Psychological well-being was used to test the level of the participants' psychological well-being. These were combined as a single response instrument and were administered on the participants before the treatment began and upon completion of the treatment.

3.5.1 Description of Instruments

This study used two instruments. They were Response instrument and Stimulus instrument.

Response instrument

The Ryff Psychological well-being Scale (RPWBS) was structured under two main sections which were synchronized into one questionnaire comprising A (Modified Kuppuswamy Scale) and B (Ryff Psychological well-being Scale)^{1,2}.

Section A: This contained the demographic variables of the participants such as age, economic status (educational background, occupation, income); and tribe. For educational background, the following were listed, no formal education, primary school, junior secondary school (JSS), senior secondary school (SSS), NCE/Diploma, Graduate and Master/PhD. Occupation featured the following: unemployed, unskilled worker, semi-skilled worker, skilled worker, clerical/Shop/farm worker and professional. Income has its options from less than N21,000 to over N100,000, using the Nigeria currency. The World Bank uses a specific income classification system to categorize countries into different income levels. The classification is based on a country's Gross National Income (GNI) per capita, which is the total income of a country's residents. The classification is as follows per annum in dollars: low income <1,085,

lower-middle income <1,086 – 4,255, upper-middle income <4,256 – 13,205 and high income>13,205³. Nigeria falls under the lower middle income countries and territories according to World Bank ranking (per capita GNI \$1,046-\$4,095)³. However, this classification is not feasible for this study as it is way too high, rather, the scale of minimum wage approved in Nigeria was used.

Section B: the Psychological well-being instrument (RPWBS) designed by Ryff (1989) was adapted and used for this study to measure the psychological well-being of the participants. The instrument contains 42 items on a 5 point Likert scale of Strongly Agree (SA), Agree (A), Undecided (U), Disagree (D), and Strongly Disagree (SD). Participants in this study responded by signifying the level at which they agree with the statements. There was a slight modification in the actual Likert scale which originally had from: strongly agree, somewhat agree, a little agree, neither agree nor disagree, a little disagree, somewhat disagree and strongly disagree. These were changed to strongly agree, agree, undecided, disagree and strongly disagree. More so, all related items were all brought together under their specific headings. The instrument was divided into 6 broad headings and under each heading were 7 items. The instrument was used to measure the participants' level of psychological well-being which covered autonomy, environmental mastery, personal growth, positive relations with others, life purpose and self-acceptance. Using the modified Likert scale which ranges from strongly agree to strongly disagree, examples of statements that was put under autonomous were *'I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people'* and *'I tend to worry about what other people think of me'*. For environmental mastery, statements like *'I have been able to build a living environment and a lifestyle for myself that is much to my liking'* and *'I do not fit very well with the people and the community around me'* were made. Personal growth featured statements like *'For me, life has been a continuous process of learning,*

changing, and growth’ and *‘I gave up trying to make big improvements or changes in my life a long time ago’*. Positive relations with other commented on *‘I have not experienced many warm and trusting relationships with others’* and *‘Maintaining close relationships has been difficult and frustrating for me’*. For Life Purpose, the statements were in this format *‘I live life one day at a time and don't really think about the future’* and *‘I don't have a good sense of what it is I'm trying to accomplish in life’*. Finally, Self-Acceptance had statements such as *‘In many ways I feel disappointed about my achievements in life’* and *‘I feel like many of the people I know have gotten more out of life than I have’*.

This instrument was administered on the participants as pre-test and post-test to measure the entry behaviour and after intervention behaviour of the participants.

3.5.2 Treatments (Stimulus Instruments)

Bibliotherapy Package

This is the Bibliotherapeutic Treatment Package used for the widows who were experiencing low psychological well-being⁴. This package was planned in such a manner that it exposed the widows to the expected behaviour which intended to alter their existing behaviour with the use of the storybook titled *‘Lonely Days’* by Bayo Adebowale, an indigenous author. The book was written to motivate and encourage widows who have lost hope in life to live a productive and active life again by making them see themselves in a positive light, have a positive relation with other people and come to terms with the real world. The fiction book is a continuous prose of fourteen chapters which talks about a widow whose days were lonely, who weeps her eyes out at night, whose friends and families have betrayed and who has no one to console and comfort her. However, in the end, despite all odds, she was determined to stand up and fight for herself in order to become the best she can be.

Self-Assertiveness Strategy Package for Adults

This Self-assertiveness Strategy package exposed the widows to the acts of openly expressing themselves and making decisions without fear; and controlling their emotions among others using lessons and activities. The activities are as follows:

1. Three Zones of Emotions⁵
2. Start. Stop. Continue. Change. Share⁶
3. Empty chair⁵
4. Magic Lantern⁶
5. Unfinished business⁵
6. 6. Tree of Knowledge⁶

3.5.3 Focus Group Discussion

The Focus Group Discussion (FGD) was carried out in four (4) sessions for each of the treatment groups. The researcher interacted with the participants using a data collection instrument based on 4-item discussion guide for each of the treatment groups, which the researcher developed based on the hypotheses. Each session lasted one and half hours and during the session, the participants were encouraged to bare their minds on issues as it applied to them using the guided instrument to channel the discussion along the right path. These groups comprised a total of 10 participants; 5 each from Oke-Ado group and Challenge group; all from Ibadan South-West, Oyo State, Nigeria. The 4-item of discussion was used to buttress the responses obtained from the participants through the RPWBS during the course of the study. Examples of the questions to guide the discussion for bibliotherapy are: 1. *How has this storybook helped you voice your opinion, even if it opposes other people's opinion?* 2. *In what way has your economic status affected your well-being?* 3. *How has this storybook challenged*

how you think about yourself and the world? 4. When I look at the story of my life, I am pleased with how things have turned out.

For self-assertiveness, the discussion will take this format: Open Expression: *Are you afraid to voice your opinions, even when they are in opposition to the opinions of most people?* Control of Emotion: *Do you feel responsible when things go wrong, even if it is not your fault?* For Consideration for Others: *How do you ask for help without feeling dependent?* The last item for discussion was on Self-Direction: *In what way has your self-assertiveness improved your sense of self-direction?*

3.6 Validity of the Research Instrument

The questionnaire used was given to the researcher's supervisor who is a bibliotherapist for face validity.

3.7 Reliability of the Research Instrument

Studies have shown that the instrument has internal consistency reliability coefficients that range from 0.86 to 0.93 for the six sub-scales with a Cronbach Alpha of 0.77. The test-retest reliability coefficient of Ryff Psychological well-being Scale (RPWBS) was 0.82. The subscales of Self-acceptance, Positive Relation with Others, Autonomy, Environmental Mastery, Purpose in Life, and Personal Growth were found to be 0.71, 0.77, 0.78, 0.77, 0.70, and 0.78 respectively, which were statistically significant ($p < 0.001$)².

3.8 Procedures for the Administration of Treatment

The researcher collected a letter of introduction from the Head of Department (HOD) of Information Management. This letter was taken to the various groups and permission was received by members indicating their interest to partake in the experimental studies. To carry out the procedures, two treatment packages were used, which are bibliotherapy treatment package and self-assertiveness treatment package. These two treatments were administered

simultaneously and covered a period of nine (9) weeks. The researcher visited each group on a different day during the week (Wednesday, Friday and Saturday), making a total of three (3) times in a week. The exercise featured a close interaction between the researcher and the participants.

3.8.1 Experimental Group I (Bibliotherapy Strategy)

The bibliotherapy session spanned a 9 -week period including the first week of introduction and getting to know one another. Each period lasted one and half hours, except the first week which was dedicated to introduction and prep talk. The whole exercise, comprising nine weeks, was carried out in four phases. The first phase featured introduction which was called the pre-session. This was followed by the second phase of the programme which was the pre-test, where the first questionnaire was administered before the treatment. Then the third phase where the treatment was administered. Lastly the fourth phase which featured the post-test, where the same questionnaire that was administered during the second phase was re-administered again. Each week featured reading of the recommended text and discussion. Meanwhile, copies of the storybook were made available by the researcher to all 64 participant who were expected to read ahead of time. The sessions were held in Oke-Ado. However, the researcher also ensured that there was confidentiality and trust gained by the participants and ensured that they were comfortable with presenting themselves for the study.

Summary of Session

First Phase

Session I: General sensitisation, introduction of self and others and then the programme.

Second Phase

Administration of the pre-test questionnaire and the introduction and giving out of copies of the book titled 'Lonely Days' by Bayo Adebowale to the experimental group which they were to read in their leisure ahead of each session.

Third phase

Session II: Reading of Chapters one and two (Reminiscing about the death of Yaremi's husband, Ajumobi); and followed by discussion.

Session III: Reading of Chapters three and four (Burying her sorrow with chores) and followed by discussion and role play of the two chapters.

Session IV: Reading of Chapters five and six (Life as a lonely widow) and followed by discussion

Session V: Reading of Chapters seven and eight; and followed by discussion and role play of the chapters read.

Session VI: Reading of Chapters nine and ten; followed by discussion

Session VII: Reading of Chapters eleven and twelve; and followed by discussion and role play.

Session VIII: Reading of Chapters thirteen and fourteen; and followed by discussion.

Fourth phase

Session IX: Assessment and Evaluation, post-text administration of the same questionnaire which was initially administered at the beginning, before the commencement of the treatment; and appreciating all the participants who took time out to participate in the study.

3.8.2 Experimental Group II (Self-Assertiveness Strategy)

The main objective of this approach was to expose the participants to self-assertiveness strategy and skills that would help them to be more assertive in the way they think, feel and interact socially, and this could result in improved self-confidence, increased self-esteem, and the activation of their inner resources which they never knew they had and this would make it easier for them to adapt to different situations with ease, enable them deal with diversified issues and uncertainty with some level of tolerance, make it possible for them to build a healthy interpersonal relationships, and many others. The intervention session was also for a period of nine weeks and the researcher interacted with this group for one and half hours each period.

Summary of Sessions

Session I: Introduction of the exercise and the administration of the pre-test instrument

- i. Introduction of self and creation of empathy and guarantee of confidentiality
- ii. General sensitisation, and introduction of intervention programme.
- iii. Administration of the pre-test questionnaire

Strategy 1: Open expression

Session II: Introduction and Identification of some non-assertive behaviours

- Activity (Start. Stop. Continue. Change. Share); Discussions and questions

Strategy 2: Emotion Control

Session III: Introduction and Identification of both positive and negative emotions

- Activity (Three Zones of Emotions); Discussion and questions

Strategy 3: Consideration for Others

Session IV: Introduction and Identification of challenges faced by putting others into consideration

- Activity (Empty chair); Discussion and questions

Strategy 4: Self-direction

Session V: Introduction and Identification of their purpose in life

- Activity: (Unfinished business); Discussion and questions

Session VI: Identification of individual purpose in life

- Activity (Magic Lantern); Discussion and questions

Session VII: Setting achievable goals

- Activity: (Tree of Knowledge); Discussion and questions

Session VIII: Assessment and evaluation

Session IX: Administering of Post-test instrument. The same Pre-test instrument administered at the beginning of the interaction was given again.

1. Summary of the activities on self-assertiveness strategy. Participants asked further questions regarding their newly acquired information.
2. The researcher further enlightened the participants on how to integrate the newly acquired knowledge in order to make it part of their everyday lives.
3. Post-test was administered to the participants.
4. The researcher expressed gratitude to all the participants for their time and co-operation.

3.8.3 The Control Group

The control group had only two sessions.

Session I

Topic: Administration of pre-test instrument

The researcher took time to introduce the exercise to the participants telling them it was for research purpose, thereby strictly confidential and that their support and participation was highly appreciated. After the initial familiarisation, the pre-test questionnaire was administered.

Session II

Topic: Administration of post-test questionnaire

Without any form of placebo (treatment), the researcher administered the same questionnaire which was administered at the beginning, following some talk on the need to engage in reading books and engaging in activities that would enable them rediscover themselves thereby enable them live a purposeful life. The researcher afterwards, appreciated all the participants for their time and efforts.

3.9 Method of Data Analysis

The psychological well-being is the dependent variable upon which the pre and post-test statements were derived, while the independent variables are the treatments (bibliotherapy and self-assertiveness strategies). However, the moderating variables which are age, economic status and tribe were analysed using frequency counts and percentages. The analysis of co-variance (ANCOVA) was used to test the null hypotheses presented to determine the effect of the treatments on the groups that were set aside for the experiment. The qualitative data however generated from the focus group discussion was recorded and transcribed using thematic

categorisation which was synthesised and analysed based on the content received for further substantiation.

3.10 Ethical Considerations

Confidentiality, anonymity, privacy, and informed consent are fundamental ethical principles in research. Confidentiality ensures that any identifiable information provided by participants is kept secure and shared only with authorized individuals or under agreed conditions, protecting participants from potential harm. Anonymity goes further by ensuring that participants' identities cannot be linked to their data, even by the researchers, fostering trust and encouraging honest responses. Privacy relates to respecting participants' personal boundaries, ensuring their right to control how and when they share information about themselves. Informed consent requires that participants are fully informed about the research purpose, procedures, potential risks, and benefits, and that they voluntarily agree to participate without coercion. Together, these principles uphold the integrity of research, protect participants' rights, and ensure compliance with ethical standards, thereby fostering trust between researchers and participants.

To ensure that participants were adequately informed about the nature and goal of the research, an introduction was inserted at the beginning of the questionnaire. Participants gave their assent after being fully informed about the nature of the research before commencement. The participants in the focus group gave their informed consent, as required by the university's ethical standards. This is to make sure that everyone who participated understood the expectations and the storage and use of the data they contributed. All respondents to the questionnaire had the option to complete it anonymously, with no personal information being collected. Focus group participants were not allowed to remain anonymous from one another, but they were all urged to keep any discussion said in the group private. Anonymized transcripts, answers, and recordings of all data were safely stored on an external disk.

Endnotes

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Chapter Four

Results and Discussion of Findings

This chapter presents results of the analyses and discussion of findings. The results and discussion of findings are presented based on demographic characteristics of the participants and hypotheses as follow:

4.1 Demographic Data Analysis

The demographic characteristics of the participants.

Table 4.1: Demographic characteristics of the participants

Variables	Category	Frequency	Percent (%)
Age Classification	Young	23	35.9
	Old	41	64.1
Education	No formal Education	8	12.5
	Primary	22	34.4
	Junior Secondary	1	1.6
	Senior Secondary	17	26.6
	NCE/Diploma	11	17.2
	First Degree	3	4.7
	Master / PhD	2	3.1
Occupation	Unemployed	5	7.8
	Unskilled worker	16	25.0
	Semi-skilled worker	10	15.6
	Skilled worker	15	23.4
	Clerical/shop/farm worker	14	21.9
	Professional	4	6.3
Economic Status	Low level	54	85.0
	Medium level	6	9.0
	High level	4	6.0
Tribe	Igbo	19	29.7
	Yoruba	41	64.1
	Hausa	4	6.3
Treatment Groups	Bibliotherapy	25	39.0
	Self-assertiveness	24	38.0
	Control	15	23.0

Source: Field Survey, 2024

Table 4.1 reveals that 23 (35.9%) participants were young, while 41 (64.1%) were old. This means that, most of the participants were old. Regarding education, it reveals that 8 (12.5%)

participants had no formal education, 22 (34.4%) had Primary education, 1 (1.6%) obtained JSS certificate, while 17 (26.6%) had SSCE. Furthermore, 11 (17.2%) possessed NCE/Diploma, 3 (4.7%) were degree holders, while 2 (3.1%) possessed higher degrees. This means that most of the participants had Primary School Leaving Certificate. For the employment, this table reveals that 5 (7.8%) participants were unemployed, 16 (25.0%) were unskilled workers, while 10 (15.6%) were semi-skilled workers. Moreover, 15 (23.4%) were skilled workers, 14 (21.9%) were clerical/shop/farm workers, while 4 (6.3%) were professionals. This means that most of the participants were unskilled workers.

In relation to economic status, table 4.1 reveals that 54 (85.0%) participants were in the low-level class, while 6 (9.0%) were in the medium level, while 4 (6.0%) belonged to high level. This means that most of the participants had low economic status. Moreover, the table reveals that 19 (29.7%) participants were Igbo, 41 (64.1%) were Yoruba, while 4 (6.3%) were Hausa. This means that most of the participants were Yoruba. Additionally, table 4.1 reveals that 25 (39.0%) participants were exposed to bibliotherapy strategy, 24 (38.0%) were exposed to self-assertiveness strategy, while 15 (23.0%) were in the control group. This means that most of the participants were exposed to bibliotherapy strategy.

4.2 Presentation of Data

Hypotheses

The following hypotheses were tested in this study at ≤ 0.005 level of significance.

H₀₁: There will be no significant main effect of treatment (bibliotherapy strategy) on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.

Table 4.2.1: Analysis of covariance of main effect of treatment (bibliotherapy) on the psychological well-Being of widows

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	1391.315	2	695.658	6.318	0.004	0.255
Intercept	2.701	1	2.701	0.025	0.876	0.001
Pretest	1361.389	1	1361.389	12.364	0.001	0.250
Treatment	809.653	1	809.653	7.353	0.010	0.166
Error	4074.185	37	110.113			
Total	29968.000	40				
Corrected Total	5465.500	39				

Source: Field Survey, 2024

Table 4.2.1 shows that there was a significant main effect of treatment (bibliotherapy strategy) on the psychological well-being of widows in Ibadan Metropolis, Oyo State ($F_{(1,37)}=7.353$, $p<0.05$, $\eta^2=0.166$). The null hypothesis was therefore rejected. This implies that the treatment (bibliotherapy) was an effective strategy on the psychological well-being of widows in Ibadan Metropolis, Oyo State. Also, the eta square value of 0.166 shows the contributing effect size of 16.6%.

Table 4.2.2: Estimated marginal means of treatment (bibliotherapy strategy) on the psychological well-being of widows

Treatment	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Bibliotherapy	32.479	3.298	25.797	39.162
Control	20.113	2.383	15.285	24.940

Source: Field Survey, 2024

Table 4.2.2 shows that participants exposed to bibliotherapy strategy (treatment group) had higher mean (\bar{x}) score of 32.479 on the psychological well-being of widows in Ibadan Metropolis, than the participants in the control group with mean score of 20.113. This means that participants exposed to bibliotherapy strategy (treatment group) performed better than those

in the control group. It implies that bibliotherapy was an effective strategy that could enhance the psychological well-being of widows in Ibadan Metropolis.

Focus Group Discussion (FGD) participants who took part in the experiment group I were asked how the storybook read and the activities they participated in helped them voice their opinion, even if it opposed other people's opinion.

"Reading about the widow's struggles and eventual triumphs has challenged me to rethink how I viewed myself and the world. It has shown me that despite facing adversity, I should have the strength and resilience to overcome obstacles. The story inspired me to adopt a more positive outlook and believe in my ability to navigate life's challenges with ease and perseverance."

One participant who has been widowed twice said:

"This storybook has empowered me to voice my opinion confidently, even when it contradicts others'. It taught me that adversity can be overcome with perseverance and resilience, and that standing firm in my beliefs can lead to personal growth."

Another said:

"Reading about the widow's journey in the book has given me the courage to express my opinions, even if they differ from those around me. Just like the character faced challenges head-on, I've learned to confront opposing viewpoints with grace and conviction."

Among others, one participant has this to say:

"The storybook resonated with me deeply, showing me that speaking up for what I believe in is essential, regardless of whether it aligns with others' opinions. It's empowered me to voice my perspective confidently, knowing that my experiences and insights are valuable."

From their point of view, they have been able to find their voice amidst conflicting opinions even if they are unpopular. This newly found confidence has empowered them to contribute their perspective to discussions with boldness and clarity, opening their eyes to the fact that they are not the only ones going through their fate, some other people too have gone through similar fate. This indicated a significant positive effect of bibliotherapy strategy on the psychological well-being of widows in Ibadan Metropolis.

H₀2: There will be no significant main effect of treatment (self-assertiveness) on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.

Table 4.3.1: Analysis of covariance of main effect of treatment (self-assertiveness) on the psychological well-Being of widows

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	1697.585	2	848.792	29.433	0.000	0.621
Intercept	665.394	1	665.394	23.074	0.000	0.391
Pretest	607.574	1	607.574	21.069	0.000	0.369
Treatment	1412.183	1	1412.183	48.970	0.000	0.576
Error	1038.159	36	28.838			
Total	17082.000	39				
Corrected Total	2735.744	38				

Source: Field Survey, 2024

Table 4.3.1 shows that there was a significant main effect of treatment (self-assertiveness) on the psychological well-being of widows in Ibadan Metropolis, Oyo State ($F_{(1,36)}=48.970, p<0.05, \eta^2=0.576$). The null hypothesis was therefore rejected. This implies that the treatment (self-assertiveness) was an effective strategy on the psychological well-being of widows in Ibadan Metropolis, Oyo State. Also, the eta square value of 0.576 shows the contributing effect size of 57.6%.

Table 4.3.2: Estimated marginal means of treatment (self-assertiveness) on the psychological well-being of widows

Treatment	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Self-assertiveness	26.977	1.407	24.122	29.832
Control	14.306	1.107	12.062	16.550

Source: Field Survey, 2024

Table 4.8.2 shows that participants exposed to self-assertiveness strategy (treatment group) had higher mean (\bar{x}) score of 26.977 on the psychological well-being of widows in Ibadan Metropolis, than the participants in the control group with mean score of 14.306. This means

that participants exposed to self-assertiveness (treatment group) performed better than those in the control group. It implies that self-assertiveness was an effective method that could enhance the psychological well-being of widows in Ibadan Metropolis.

The Focus Group Discussion participants in the experiment group II were asked if they were afraid to voice their opinions, even when they were in opposition to the opinions of most people.

They voiced their opinion:

"Before now, I felt intimidated when my opinions differ from others'. I worried about potential conflict or rejection, so I tend to keep my thoughts to myself to avoid confrontation. But not anymore! Thanks to the self-assertiveness training, I have learnt to confidently express my opinions, even if they differ from others'. It feels empowering to have a voice!"

Another participant said:

"I've discovered my voice through this training. I used to hold back, but now I understand the importance of expressing myself. It's liberating to know I can stand up for what I believe in."

A participant said:

"I used to feel anxious about disagreeing with others, but now I see it as an opportunity for growth. I've learned to assert myself respectfully, knowing that my perspective adds value to the conversation."

Another said:

"Before the training, I often kept my opinions to myself out of fear. But now, I've gained the confidence to speak my mind. I've realised that my voice matters, and I shouldn't hesitate to share my thoughts, even if they differ from the majority."

H₀₃: There will be no significant interactive effect of treatment (bibliotherapy strategy) and age on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.

Table 4.4.1: Analysis of covariance of interactive effect of treatment (bibliotherapy strategy) and age on the psychological well-being of widows

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	3033.021	4	758.255	10.910	0.000	0.555
Intercept	62.197	1	62.197	.895	0.351	0.025
Pretest	406.628	1	406.628	5.851	0.021	0.143
Treatment	779.026	1	779.026	11.209	0.002	0.243
Age	94.788	1	94.788	1.364	0.251	0.038
<u>2-way interaction</u>						
Treatment * Age	674.112	1	674.112	9.700	0.004	0.217
Error	2432.479	35	69.499			
Total	29968.000	40				
Corrected Total	5465.500	39				

Source: Field Survey, 2024

Table 4.4.1 shows that there was a significant interactive effect of treatment (bibliotherapy strategy) and age on the psychological well-being of widows in Ibadan Metropolis ($F_{(1,35)}=9.700$, $p<0.05$, $\eta^2=0.217$). The null hypothesis was therefore rejected. This implies that treatment (bibliotherapy strategy) and age had significant interaction effect on the psychological well-being of widows in Ibadan Metropolis. The eta square value of 0.217 shows the contributing effect size of 21.7%.

Table 4.4.2: Estimated marginal means of interactive effect of treatment (bibliotherapy strategy) and age on the psychological well-being of widows

Treatment	Age	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Bibliotherapy	Young	36.190	4.356	27.346	45.033
	Old	28.826	4.097	20.509	37.144
Control	Young	12.182	2.771	6.557	17.806
	Old	28.154	2.562	22.952	33.356

Source: Field Survey, 2024

Table 4.4.2 shows that younger participants in the treatment group (bibliotherapy strategy) had a higher mean score (36.190) than their older (28.826) counterparts. This implies that the interaction of treatment (bibliotherapy strategy) and age had a better effect on the psychological well-being of widows in Ibadan Metropolis among the younger participants in the treatment group than their older counterparts. In the control group, the older participants had a higher mean score (28.154) than their younger (12.182) counterparts. This implies that the interaction of treatment (bibliotherapy strategy) and age had a better effect on the psychological well-being of widows in Ibadan Metropolis among older participants in the control group than their younger counterparts.

The overall comparison shows that younger participants in the treatment group (bibliotherapy strategy) had a highest mean score (36.190), followed by older participants in treatment group with a mean score of 28.826, while the younger participants in control group had the least mean score (12.182). It implies that the interaction of treatment and age had a better effect on psychological well-being of widows in Ibadan Metropolis among younger participants who were exposed to bibliotherapy therapy than their older counterparts in the same group and other participants in the control group respectively.

H₀₄: There will be no significant interactive effect of treatment (bibliotherapy) and economic status on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.

Table 4.5.1: Analysis of covariance of interactive effect of treatment (bibliotherapy strategy) and economic status (ES) on the psychological well-being of widows

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	1750.291	6	291.715	2.591	0.036	0.320
Intercept	10.949	1	10.949	0.097	0.757	0.003
Pretest	1061.606	1	1061.606	9.430	0.004	0.222
Treatment	384.937	1	384.937	3.419	0.073	0.094

Economic Status	201.215	2	100.607	0.894	0.419	0.051
<u>2-way interaction</u>						
Treatment * E S	129.850	2	64.925	0.577	0.567	0.034
Error	3715.209	33	112.582			
Total	29968.000	40				
Corrected Total	5465.500	39				

Source: Field Survey, 2024

Table 4.5.1 shows that there was no significant interactive effect of treatment (bibliotherapy strategy) and economic status on the psychological well-being of widows in Ibadan Metropolis ($F_{(2,33)}=0.577, p>0.05, \eta^2=0.034$). The null hypothesis was therefore accepted. This implies that treatment (bibliotherapy) and economic status did not have significant interaction effect on the psychological well-being of widows in Ibadan Metropolis. The eta square value of 0.034 shows the contributing effect size of 3.4%.

Table 4.5.2: Estimated marginal means of interactive effect of treatment (bibliotherapy strategy) and economic status (ES) on the psychological well-being of widows

Treatment	ES	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Bibliotherapy	Low	32.134	4.308	23.368	40.899
	Medium	33.159	6.251	20.441	45.878
	High	36.166	10.913	13.963	58.368
Control	Low	18.410	2.737	12.841	23.978
	Medium	29.787	6.129	17.318	42.255
	High	21.666	7.925	5.543	37.789

Source: Field Survey, 2024

Table 4.5.2 shows that participants with high economic status in the treatment group (bibliotherapy strategy) had a higher mean score (36.166) than their counterparts with medium (33.159) and low (32.134) economic status. This implies that the interaction of treatment (bibliotherapy strategy) and economic status had a better effect on the psychological well-being of widows in Ibadan Metropolis among those with high economic status in the treatment group

than their counterparts with medium and low economic status respectively. In the control group, participants with medium economic status (bibliotherapy strategy) had a higher mean score (29.787) than their counterparts with high (21.666) and low (18.410) economic status. This implies that the interaction of treatment (bibliotherapy strategy) and economic status had a better effect on the psychological well-being of widows in Ibadan Metropolis among those with medium economic status in the treatment group than their counterparts with high and low economic status respectively.

The overall comparison shows that participants with high economic status in the treatment group (bibliotherapy strategy) had a highest mean score (36.166), followed by those with medium (33.159) in the same group, while the participants with low (18.410) economic status had the least. It implies that the interaction of treatment and economic status had a better effect on psychological well-being of widows in Ibadan Metropolis among the participants with high economic status in the treatment group (bibliotherapy strategy); compare with their counterparts in the same group and other participants in the control group respectively.

H₀₅: There will be no significant interactive effect of treatment (bibliotherapy strategy) and tribe on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.

Table 4.6.1: Analysis of covariance of interactive effect of treatment (bibliotherapy strategy) and tribe on the psychological well-being of widows

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	2204.396	5	440.879	4.597	0.003	0.403
Intercept	10.559	1	10.559	0.110	0.742	0.003
Pretest	1199.620	1	1199.620	12.507	0.001	0.269
Treatment	436.961	1	436.961	4.556	0.040	0.118
Tribe	382.523	2	191.261	1.994	0.152	0.105

2-way interaction

Treatment * Tribe	243.710	1	243.710	2.541	0.120	0.070
Error	3261.104	34	95.915			
Total	29968.000	40				
Corrected Total	5465.500	39				

Source: Field Survey, 2024

Table 4.6.1 shows that there was no significant interactive effect of treatment (bibliotherapy strategy) and tribe on the psychological well-being of widows in Ibadan Metropolis ($F_{(1,34)}=2.541, p>0.05, \eta^2=0.070$). The null hypothesis was therefore accepted. This implies that treatment (bibliotherapy) and tribe had no significant interaction effect on the psychological well-being of widows in Ibadan Metropolis. The null hypothesis was therefore accepted. The eta square value of 0.070 shows the contributing effect size of 7.0%.

Table 4.6.2: Estimated marginal means of interactive effect of treatment (bibliotherapy strategy) and tribe on the psychological well-being of widows

Treatment	Tribe	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Bibliotherapy	Igbo	33.167	5.021	22.964	43.370
	Yoruba	31.805	3.582	24.526	39.084
	Hausa	-	-	-	-
Control	Igbo	29.310	3.905	21.373	37.247
	Yoruba	16.310	2.736	10.750	21.869
	Hausa	19.218	5.709	7.616	30.820

Source: Field Survey, 2024

Table 4.6.2 shows that Igbo participants in the treatment group (bibliotherapy strategy) had a higher mean score (33.167) than their Yoruba (31.805) counterparts. This implies that the interaction of treatment (bibliotherapy strategy) and tribe had a better effect on the psychological well-being of widows in Ibadan Metropolis among Igbo participants in the treatment group than their Yoruba counterparts. In the control group, the Igbo participants had a higher mean score (29.310) than their Hausa (19.218) and Yoruba (16.310) participants

respectively. This implies that the interaction of treatment (bibliotherapy strategy) and tribe had a better effect on the psychological well-being of widows in Ibadan Metropolis among Igbo participants in the control group than their Hausa and Yoruba counterparts.

The overall comparison shows that Igbo participants in the treatment group (bibliotherapy strategy) had a highest mean score (33.167), followed by Yoruba participants in treatment group with a mean score of 31.805, while the Yoruba participants in control group had the least mean score (16.310). It implies that the interaction of treatment and tribe had a better effect on psychological well-being of widows in Ibadan Metropolis among Igbo participants who were exposed to bibliotherapy therapy than their Yoruba counterparts in the same group, and other participants in the control group respectively.

H₀₆: There will be no significant interactive effect of treatment (self-assertiveness) and age on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.

Table 4.7.1: Analysis of covariance of interactive effect of treatment (self-assertiveness) and age on the psychological well-being of widows

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	2321.457	4	580.364	47.630	0.000	0.849
Intercept	337.832	1	337.832	27.725	0.000	0.449
Pretest	254.463	1	254.463	20.884	0.000	0.381
Treatment	1482.409	1	1482.409	121.659	0.000	0.782
Age	622.330	1	622.330	51.074	0.000	0.600
<u>2-way interaction</u>						
Treatment * Age	12.674	1	12.674	1.040	0.315	0.030
Error	414.287	34	12.185			
Total	17082.000	39				
Corrected Total	2735.744	38				

Source: Field Survey, 2024

Table 4.7.1 shows that there was no significant interactive effect of treatment (self-assertiveness) and age on the psychological well-being of widows in Ibadan Metropolis ($F_{(1,34)}=1.040, p>0.05, \eta^2=0.030$). The null hypothesis was therefore accepted. This implies that treatment (self-assertiveness) and age had no significant interaction effect on the psychological well-being of widows in Ibadan Metropolis. The eta square value of 0.030 shows the contributing effect size of 3.0%.

Table 4.7.2: Estimated marginal means of interactive effect of treatment (self-assertiveness) and age on the psychological well-being of widows

Treatment	Age	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Self-assertiveness	Young	35.178	1.960	31.195	39.160
	Old	24.067	1.248	21.531	26.604
Control	Young	18.956	1.507	15.892	22.020
	Old	11.931	1.101	9.693	14.169

Source: Field Survey, 2024

Table 4.7.2 shows that younger participants in the treatment group (self-assertiveness) had a higher mean score (35.178) than their older (24.067) counterparts. This implies that the interaction of treatment (self-assertiveness) and age had a better effect on the psychological well-being of widows in Ibadan Metropolis among younger participants in the treatment group than their older counterparts. In the control group, the younger participants had a higher mean score (18.956) than their older (11.931) counterparts. This implies that the interaction of treatment (self-assertiveness) and age had a better effect on the psychological well-being of widows in Ibadan Metropolis among younger participants in the control group than their old counterparts.

The overall comparison shows that younger participants in the treatment group (self-assertiveness) had a highest mean score (35.178), followed by older participants in treatment group with a mean score of 24.067, while the older participants in control group had the least

mean score (11.931). It implies that the interaction of treatment and age had a better effect on psychological well-being of widows in Ibadan Metropolis among younger participants who were exposed to self-assertiveness therapy than their older counterparts in the same group, and other participants in the control group respectively.

H₀₇: There will be no significant interactive effect of treatment (self-assertiveness) and economic status on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.

Table 4.8.1: Analysis of covariance of interactive effect of treatment (self-assertiveness) and economic status on the psychological well-being of widows

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	1938.821	6	323.137	12.975	0.000	0.709
Intercept	584.079	1	584.079	23.453	0.000	0.423
Pretest	487.828	1	487.828	19.588	0.000	0.380
Treatment	847.068	1	847.068	34.014	0.000	0.515
Economic Status	141.489	2	70.745	2.841	0.073	0.151
<u>2-way interaction</u>						
Treatment * E S	111.289	2	55.645	2.234	0.123	0.123
Error	796.922	32	24.904			
Total	17082.000	39				
Corrected Total	2735.744	38				

Source: Field Survey, 2024

Table 4.8.1 shows that there was no significant interactive effect of treatment (self-assertiveness) and economic status on the psychological well-being of widows in Ibadan Metropolis ($F_{(2,32)}=2.234, p>0.05, \eta^2=0.123$). The null hypothesis was therefore accepted. This implies that treatment (self-assertiveness) and economic status did not have significant

interaction effect on the psychological well-being of widows in Ibadan Metropolis. The eta square value of 0.123 shows the contributing effect size of 12.3%.

Table 4.8.2: Estimated marginal means of interactive effect of treatment (self-assertiveness) and economic status on the psychological well-being of widows

Treatment	ES	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Self-assertiveness	Low	26.019	1.495	22.974	29.065
	Medium	27.299	3.533	20.102	34.496
	High	38.292	5.154	27.793	48.791
Control	Low	13.288	1.238	10.766	15.810
	Medium	18.881	2.645	13.494	24.268
	High	14.087	3.535	6.887	21.287

Source: Field Survey, 2024

Table 4.8.2 shows that participants with high economic status in the treatment group (self-assertiveness) had a higher mean score (38.292) than their counterparts with medium (27.299) and low (26.019) economic status. This implies that the interaction of treatment (self-assertiveness) and economic status had a better effect on the psychological well-being of widows in Ibadan Metropolis among those with high economic status in the treatment group than their counterparts with medium and low economic status respectively.

In the control group, participants with medium economic status (bibliotherapy strategy) had a higher mean score (18.881) than their counterparts with high (14.087) and low (13.288) economic status. This implies that the interaction of treatment (self-assertiveness) and economic status had a better effect on the psychological well-being of widows in Ibadan Metropolis among those with medium economic status in the treatment group than their counterparts with high and low economic status respectively.

The overall comparison shows that participants with high economic status in the treatment group (self-assertiveness) had a highest mean score (38.292), followed by those with medium (27.299) in the same group, while the participants with low (13.288) economic status had the

least. It implies that the interaction of treatment and economic status had a better effect on psychological well-being of widows in Ibadan Metropolis among the participants with high economic status in the treatment group (self-assertiveness); compare with their counterparts in the same group and other participants in the control group respectively.

H₀₈: There will be no significant interactive effect of treatment (self-assertiveness) and tribe on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.

Table 4.9.1: Analysis of covariance of interactive effect of treatment (self-assertiveness) and tribe on the psychological well-being of widows

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	1756.242	5	351.248	11.834	0.000	0.642
Intercept	272.501	1	272.501	9.181	0.005	0.218
Pretest	603.794	1	603.794	20.342	0.000	0.381
Treatment	1310.907	1	1310.907	44.165	0.000	0.572
Tribe	29.170	2	14.585	0.491	0.616	0.029
<u>2-way interaction</u>						
Treatments * Tribe	32.200	1	32.200	1.085	0.305	0.032
Error	979.501	33	29.682			
Total	17082.000	39				
Corrected Total	2735.744	38				

Source: Field Survey, 2024

Table 4.9.1 shows that there was no significant interactive effect of treatment (self-assertiveness) and tribe on the psychological well-being of widows in Ibadan Metropolis ($F_{(1,33)}=1.085, p>0.05, \eta^2=0.032$). The null hypothesis was therefore accepted. This implies that treatment (self-assertiveness) and tribe had no significant interaction effect on the psychological well-being of widows in Ibadan Metropolis. The eta square value of 0.032 shows the contributing effect size of 3.2%.

Table 4.9.2: Estimated marginal means of interactive effect of treatment (self-assertiveness) and tribe on the psychological well-being of widows

Treatment	Tribe	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Self-assertiveness	Igbo	29.193	2.724	23.651	34.735
	Yoruba	26.217	1.680	22.800	29.634
	Hausa	25.617	3.247	19.160	32.074
Control	Igbo	13.742	1.946	9.782	17.701
	Yoruba	14.908	1.407	12.046	17.771
	Hausa	9.280	5.594	-2.100	20.661

Source: Field Survey, 2024

Table 4.9.2 shows that Igbo participants in the treatment group (self-assertiveness) had a higher mean score (29.193) than their Yoruba (26.217) and Hausa (25.617) counterparts. This implies that the interaction of treatment (self-assertiveness) and tribe had a better effect on the psychological well-being of widows in Ibadan Metropolis among Igbo participants in the treatment group than their Yoruba and Hausa counterparts. In the control group, the Yoruba participants had a higher mean score (14.908) than their Igbo (13.742) and Hausa (9.280) participants respectively. This implies that the interaction of treatment (self-assertiveness) and tribe had a better effect on the psychological well-being of widows in Ibadan Metropolis among Yoruba participants in the control group than their Igbo and Hausa counterparts.

The overall comparison shows that Igbo participants in the treatment group (self-assertiveness) had the highest mean score (29.193), followed by Yoruba participants in the treatment group with a mean score of 26.217, while the Hausa participants in control group had the least mean score (9.280). It implies that the interaction of treatment and tribe had a better effect on psychological well-being of widows in Ibadan Metropolis among Igbo participants who were exposed to self-assertiveness than their Yoruba counterparts in the same group, and other participants in the control group respectively.

H₀₉: There will be no significant combined effect of treatments (bibliotherapy, self-assertiveness strategies) and age on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.

Table 4.10.1: Analysis of covariance of interactive effect of treatments (bibliotherapy, self-assertiveness strategies) and age on the psychological well-being of widows

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	4267.621	6	711.270	15.452	0.000	0.619
Intercept	420.928	1	420.928	9.144	0.004	0.138
Pretest	215.290	1	215.290	4.677	0.035	0.076
Treatment	1557.373	2	778.686	16.916	0.000	0.372
Age	6.209	1	6.209	0.135	0.715	0.002
<u>2-way interaction</u>						
Treatments * Age	2149.965	2	1074.983	23.353	0.000	0.450
Error	2623.817	57	46.032			
Total	35368.000	64				
Corrected Total	6891.438	63				

Source: Field Survey, 2024

Table 4.10.1 shows that there was a significant interactive effect of treatments (bibliotherapy, self-assertiveness strategies) and age on the psychological well-being of widows in Ibadan Metropolis ($F_{(2,57)}=23.353$, $p<0.05$, $\eta^2=0.450$). The null hypothesis was therefore rejected. This implies that treatments (bibliotherapy, self-assertiveness strategies) and age had significant interaction effect on the psychological well-being of widows in Ibadan Metropolis. The eta square value of 0.450 shows the contributing effect size of 45.0%.

Table 4.10.2: Estimated marginal means of interactive effect of treatments (bibliotherapy, self-assertiveness strategies) and age on the psychological well-being of widows

Treatment	Age	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Bibliotherapy	Young	19.456	3.162	13.124	25.788
	Old	29.189	2.041	25.102	33.276
Self-assertiveness	Young	37.225	3.519	30.177	44.272
	Old	24.739	2.678	19.375	30.102
Control	Young	13.103	2.226	8.646	17.560
	Old	13.785	1.787	10.207	17.363

Source: Field Survey, 2024

Table 4.10.2 shows that younger participants (29.189) in the treatment group 1 (bibliotherapy strategy) had a higher mean score than their older (19.456) counterparts. This implies that the interaction of treatments and age had a better effect on the psychological well-being of older widows in Ibadan Metropolis who were exposed to bibliotherapy strategy. The table further revealed that younger (37.225) participants in the treatment group 2 (self-assertiveness strategy) had a higher mean score than their older (24.739) counterparts. This implies that the interaction of treatments and age had a better effect on the psychological well-being of younger widows in Ibadan Metropolis who were exposed to self-assertiveness strategy.

In the control group, the older participants (13.785) had a higher mean score than their younger (13.103) counterparts. This implies that the interaction of treatments and age had a better effect on the psychological well-being of younger widows in Ibadan Metropolis who were in the control group. The overall comparison shows that younger participants in the treatment group 2 (self-assertiveness) had the highest mean score (37.225), followed by older participants in treatment group 2 with a mean score of 24.739, while the younger (13.103) participants in control group had the least mean score. It implies that the interaction of treatments and age had a better effect on psychological well-being of widows in Ibadan Metropolis among younger

participants who were exposed to self-assertiveness strategy than their older counterparts in the same group, and other participants in the control group respectively.

H₀₁₀: There will be no significant combined effects of treatments (bibliotherapy, self-assertiveness strategies) and economic status on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.

Table 4.11.1: Analysis of covariance of interactive effect of treatments (bibliotherapy, self-assertiveness strategies) and economic status on the psychological well-being of widows

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	2624.240	9	291.582	3.690	0.001	0.381
Intercept	435.255	1	435.255	5.508	0.023	0.093
Pretest	617.698	1	617.698	7.817	0.007	0.126
Treatment	369.656	2	184.828	2.339	0.106	0.080
Economic Status	195.351	2	97.676	1.236	0.299	0.044
<u>2-way interaction</u>						
Treatments * E S	358.675	4	89.669	1.135	0.350	0.078
Error	4267.197	54	79.022			
Total	35368.000	64				
Corrected Total	6891.438	63				

Source: Field Survey, 2024

Table 4.11.1 shows that there was no significant interactive effect of treatments (bibliotherapy, self-assertiveness strategies) and economic status on the psychological well-being of widows in Ibadan Metropolis ($F_{(4,54)}=1.135$, $p>0.05$, $\eta^2=0.078$). The null hypothesis was therefore accepted. This implies that the combination of treatments (bibliotherapy, self-assertiveness strategies) and economic status had no significant interaction effect on the psychological well-being of widows in Ibadan Metropolis. The eta square value of 0.078 shows the contributing effect size of 7.8%.

Table 4.11.2: Estimated marginal means of interactive effect of treatments (bibliotherapy, self-assertiveness strategies) and economic status on the psychological well-being of widows

Treatment	E S	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Bibliotherapy	Low	28.961	2.723	23.502	34.419
	Medium	23.501	9.105	5.247	41.754
	High	28.870	6.343	16.154	41.586
Self-assertiveness	Low	21.335	2.024	17.277	25.393
	Medium	39.760	9.018	21.681	57.840
	High	14.239	8.894	-3.592	32.070
Control	Low	14.935	2.040	10.846	19.024
	Medium	20.501	4.861	10.756	30.246
	High	10.760	9.018	-7.319	28.840

Source: Field Survey, 2024

Table 4.11.2 shows that participants with low economic status (28.961) in the treatment group 1 (bibliotherapy strategy) had a higher mean score than their counterparts with high (28.870) and medium (23.501) economic status. This implies that the interaction of treatments and economic status had a better effect on the psychological well-being of widows in Ibadan Metropolis among those with low economic status in the treatment group than their counterparts with high and medium economic status respectively. It was further revealed that participants with medium economic status (39.760) in the treatment group 2 (self-assertiveness strategy) had a higher mean score than their counterparts with low (21.335) and high (14.239) economic status. This implies that the interaction of treatments and economic status had a better effect on the psychological well-being of widows in Ibadan Metropolis among those with medium economic status in the treatment group than their counterparts with low and high economic status respectively.

In the control group, the participants with medium economic status (20.501) had a higher mean score than their counterparts with low (14.935) and high (10.760) economic status. This implies that the interaction of treatments and economic status had a better effect on the psychological well-being of widows in Ibadan Metropolis among those with medium economic status than

their counterparts with low and high economic status respectively. The overall comparison shows that participants with medium economic status (39.760) in the treatment group 2 (self-assertiveness) had a highest mean score followed by participants with low economic status (28.961) in the treatment group 1 (bibliotherapy strategy); while participants with high economic status (10.760) in the control group. It implies that the interaction of treatments and economic status had a better effect on psychological well-being of widows in Ibadan Metropolis among participants with medium economic status who were exposed to assertiveness strategy; than their counterparts with low economic status that were exposed to bibliotherapy strategy and other participants in the two treatment groups as well as control group.

H₀₁₁: There will be no significant combined effect of treatments (bibliotherapy, self-assertiveness strategies) and tribe on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria.

Table 4.12.1: Analysis of covariance of interactive effect of treatments (bibliotherapy, self-assertiveness strategies) and tribe on the psychological well-being of widows

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	2971.047	8	371.381	5.210	0.000	0.431
Intercept	475.730	1	475.730	6.674	0.012	0.108
Pretest	540.334	1	540.334	7.580	0.008	0.121
Treatment	1083.715	2	541.858	7.602	0.001	0.217
Tribe	359.498	2	179.749	2.522	0.090	0.084
<u>2-way interaction</u>						
Treatments * Tribe	538.119	3	179.373	2.516	0.068	0.121
Error	3920.390	55	71.280			
Total	35368.000	64				
Corrected Total	6891.438	63				

Source: Field Survey, 2024

Table 4.12.1 shows that there was no significant interactive effect of treatments (bibliotherapy, self-assertiveness strategies) and tribe on the psychological well-being of widows in Ibadan Metropolis ($F_{(3,55)}=2.516, p>0.05, \eta^2=0.121$). The null hypothesis was therefore accepted. This implies that the combination of treatments (bibliotherapy, self-assertiveness strategies) and tribe had no significant interaction effective on the psychological well-being of widows in Ibadan Metropolis. The eta square value of 0.121 shows the contributing effect size of 12.1%.

Table 4.12.2: Estimated marginal means of interactive effect of treatments (bibliotherapy, self-assertiveness strategies) and tribe on the psychological well-being of widows

Treatment	Tribe	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Bibliotherapy	Igbo	31.290	3.310	24.655	37.924
	Yoruba	17.897	2.310	13.268	22.526
	Hausa	-	-	-	-
Self-assertiveness	Igbo	30.573	4.249	22.059	39.088
	Yoruba	27.424	2.740	21.934	32.915
	Hausa	20.306	4.913	10.460	30.152
Control	Igbo	15.249	2.986	9.782	21.234
	Yoruba	16.293	2.230	11.824	20.761
	Hausa	11.260	8.551	-5.877	28.397

Source: Field Survey, 2024

Table 4.12.2 shows that Igbo participants (31.290) in the treatment group 1 (bibliotherapy strategy) had a higher mean score than their Yoruba (17.897) counterparts respectively. This implies that the interaction of treatments and tribe had a better effect on the psychological well-being of Igbo widows in Ibadan Metropolis who were exposed to bibliotherapy strategy, than their Yoruba counterparts respectively. The table further revealed that Igbo participants (30.573) in the treatment group 2 (self-assertiveness) had a higher mean score than their Yoruba (27.424) and Hausa (20.306) counterparts. This implies that the interaction of treatments and tribe had a

better effect on the psychological well-being of Igbo widows in Ibadan Metropolis who were exposed to self-assertiveness strategy than their Yoruba and Hausa counterparts.

In the control group, the Yoruba participants (16.293) had a higher mean score than their Igbo (15.249) and Hausa (11.260) counterparts. This implies that the interaction of treatments and tribe had a better effect on the psychological well-being of Yoruba widows in Ibadan Metropolis than their Igbo and Hausa counterparts who were in the control group. Table 4.17.2 shows that Igbo participants (31.290) in the treatment group 1 (bibliotherapy strategy) had a higher mean score than their Hausa (20.306) and Yoruba (17.897) counterparts respectively. The overall comparison shows that Igbo participants in the treatment group 1 (bibliotherapy strategy) had the highest mean score (31.290), followed by Igbo participants in treatment group 2 (self-assertiveness strategy) with a mean score of 30.573, while the Hausa participants in control group had the least mean score (11.260). It implies that the interaction of treatments and tribe had a better effect on psychological well-being of widows in Ibadan Metropolis among Igbo participants who were exposed to bibliotherapy strategy than their Yoruba and Hausa counterparts in the same group, and other participants in the treatment group 2 (self-assertiveness) and control group respectively.

4.3 Discussion of Findings

The finding of the study revealed that there was a significant main effect of treatment (bibliotherapy strategy) on the psychological well-being of widows in Ibadan Metropolis, Oyo State. This implied that the treatment (bibliotherapy strategy) was an effective strategy on the psychological well-being of widows in Ibadan Metropolis, Oyo State. That is, the exposure of the treatment group through bibliotherapy strategy brought about difference in psychological well-being of widows in Ibadan Metropolis between treatment and control group. This is also supported with the higher score of treatment group that is higher than the participants in the

control group on the psychological well-being of widows. The finding of this study on the significant main effect of bibliotherapy strategy on the psychological well-being of widows in Ibadan Metropolis is in line with the outcome of a previous study which revealed that there is positive impact of bibliotherapy on the psychological well-being of widows¹. In this present study, bibliotherapy was proven to be an effective strategy on the psychological well-being of widows; and equally, the result of the previous study showed a significant reduction in grief symptoms and reduced depressive symptoms among participants who engaged in bibliotherapy compared to those in the control group². The finding revealed a significant increase in self-esteem levels demonstrating its potential to enhance widows' confidence and overall psychological well-being^{4,3}.

The outcome of main effect of treatment (bibliotherapy strategy) further revealed estimated marginal means of which participants exposed to bibliotherapy strategy (treatment group) had higher mean on the psychological well-being of widows in Ibadan Metropolis, than the participants in the control group. This means that participants exposed to bibliotherapy strategy (treatment group) performed better than those in the control group. It implied that bibliotherapy was an effective strategy that could enhance the psychological well-being of widows in Ibadan Metropolis.

The participants in the Focus Group Discussion affirmed the effect of bibliotherapy on their psychological well-being. The widows experienced grief, loneliness, and sadness after the loss of their spouse. Reading the book that addressed themes of loss and grief helped them feel understood and less alone in their experiences, this is in agreement with the previous study⁵. They found solace in characters who had gone through similar struggles and come out stronger. Reading the book provided them with coping strategies and techniques for managing their grief and adjusting to life without their spouse, and strategies for building resilience, in line with a previous study⁶. The widows opine that the literature read enabled them to learn that their

feelings of sadness, anger, and confusion are normal parts of the grieving process. Reading about characters who navigated similar emotions helped them feel validated and less overwhelmed by their own feelings⁷. The outcome of this study agreed with the previous study which revealed that reading allowed them to gain different perspectives on their situation and inspired them to find meaning and purpose in their lives despite their loss⁸. This broader perspective helped them reframe their experiences and find new sources of strength.

This further confirms that bibliotherapy facilitates connections and a sense of community among widows. Participating in exercises and activities provided opportunities for the widows to share their experiences, exchange recommendations, and offer support to one another. During the catharsis stage, emotions were spent which prompted widows to engage in self-reflection and introspection. The finding supports other studies which revealed that the book read helped them gain insights into their own emotions, beliefs, and values⁸. This process of self-discovery contributed to their personal growth and healing journey. More so, the reading had effect on the widows as it served as a form of distraction and relaxation for them, offering them an escape from their grief and worries. Immersing themselves in a compelling story provided moments of respite and rejuvenation, helping them recharge and better cope with their challenges⁹.

The finding of this study also revealed there was a significant main effect of treatment (self-assertiveness strategy) on the psychological well-being of widows in Ibadan Metropolis, Oyo State. This implies that the treatment (self-assertiveness) was an effective strategy on the psychological well-being of widows in Ibadan Metropolis, Oyo State. This finding on main effect of self-assertiveness strategy is also supported with the higher score of treatment group that is higher than the participants in the control group on the psychological well-being of widows. The finding of this study agrees with a previous study which established that assertiveness training program assisted the depressed female adults in altering their self-

perception, speaking more readily, expressing oneself effectively, and ultimately improving their self-esteem¹⁰. The findings revealed that it reduced episodes of anxiety and also enhances self-acceptance and improvement in autonomy to control effectively their day-to-day lives, which agreed with other studies^{11,12}. This training program can be used for people of all ages and from different walks of life¹⁰.

The outcome of main effect of treatment (self-assertiveness strategy) revealed that participants exposed to self-assertiveness strategy (treatment group) had a higher mean on the psychological well-being of widows in Ibadan Metropolis, than the participants in the control group. This means that participants exposed to self-assertiveness strategy (treatment group) performed better than those in the control group. It implied that self-assertiveness strategy was an effective method that could enhance the psychological well-being of widows in Ibadan Metropolis. The finding of this study on participants exposed to self-assertiveness strategy (treatment group) performed better than those in the control group and it is in line with the finding of a previous study which revealed that the efficacy of assertiveness training is positive. In line with previous research, self-assertiveness helped to lower negative effects on depression and the quality of life¹².

The findings from the Focus Group Discussion revealed that developing self-assertiveness empowered the widows to express their needs, desires, and boundaries clearly and confidently. This sense of empowerment counters feelings of helplessness or dependency that may arise after the loss of a spouse, leading to greater feelings of control over their lives. The activities engaged in equipped the widows to stand up for themselves and advocating for their own interests, thereby enhancing their self-worth and self-confidence¹⁰. This contributed to a more positive self-image and overall psychological well-being. Bereavement can sometimes leave individuals feeling powerless or at the mercy of their circumstances. Developing these

assertiveness skills enabled the widows to take an active role in shaping their lives and making decisions that align with their values and goals, thus reducing the feelings of powerlessness and increase feelings of autonomy¹³.

The result which was in line with previous studies showed that the self-assertiveness exercises engaged in, improved effective communication, which includes both expressing oneself assertively and listening empathetically to others¹³. Improved communication skills and establishing clear boundaries facilitated healthier and more balanced relationships with their family members and friends, leading to greater social connectedness and emotional support thereby contributing to their overall well-being. Over time, the widows avoided conflict or suppressed their needs and emotions which led to increased stress and anxiety. However, in the course of the activities, they were able to assertively express themselves and address conflicts constructively, thereby reducing internal tension and external stressors, leading to improved emotional regulation and mental health which also agreed with previous study¹⁴. The self-assertiveness skills developed contributed to the widows' greater resilience in the face of adversity¹². They are better equipped to cope with challenges, setbacks, and transitions associated with widowhood¹⁵. They bounced back more effectively from setbacks while maintaining a sense of optimism and hope for the future¹⁵.

The finding of this study on interactive effect further established that there was a significant interactive effect of treatment (bibliotherapy strategy) and age on the psychological well-being of widows in Ibadan Metropolis. This implied that treatment (bibliotherapy strategy) and age had significant interaction effect on the psychological well-being of widows in Ibadan Metropolis. The finding of this study on significant interactive effect of treatment (bibliotherapy strategy) and age contrasted with the outcome of a previous study which established that older widows have less income and have a higher possibility of depression¹⁶.

The estimated marginal means on interactive effect of treatment (bibliotherapy strategy) and age, revealed that the younger participants in the treatment group (bibliotherapy strategy) had a higher mean score than their older counterparts. This implies that the interaction of treatment (bibliotherapy strategy) and age had a better effect on the psychological well-being of widows in Ibadan Metropolis among the younger participants in the treatment group than their older counterparts. In the control group, the older participants had a higher mean score than their younger counterparts. This implies that the interaction of treatment (bibliotherapy strategy) and age had a better effect on the psychological well-being of widows in Ibadan Metropolis among older participants in the control group than their younger counterparts. The overall comparison shows that younger participants in the treatment group (bibliotherapy strategy) had a highest mean score, followed by older participants in treatment group, while the younger participants in control group had the least mean score. It implied that the interaction of treatment and age had a better effect on psychological well-being of widows in Ibadan Metropolis among younger participants who were exposed to bibliotherapy strategy than their older counterparts in the same group and other participants in the control group respectively.

The finding of this study established that there was no significant interactive effect of treatment (bibliotherapy strategy) and economic status on the psychological well-being of widows in Ibadan Metropolis. This implies that treatment (bibliotherapy strategy) and economic status did not have significant interaction effect on the psychological well-being of widows in Ibadan Metropolis. The finding of this study on significant interactive effect of treatment (bibliotherapy strategy) and economic status contrasted with the outcome of a previous study which established that older widows have less income and have a higher possibility of depression; and have higher rate of poor health after bereavement¹⁷.

The estimated marginal means of interactive effect of treatment (bibliotherapy strategy) and economic status revealed that the participants with high economic status in the treatment group had a higher mean score than their counterparts with medium and low economic status. This implies that the interaction of treatment (bibliotherapy strategy) and economic status had a better effect on the psychological well-being of widows in Ibadan Metropolis among those with high economic status in the treatment group than their counterparts with medium and low economic status respectively. In the control group, participants with medium economic status (bibliotherapy strategy) had a higher mean score than their counterparts with high and low economic status. This implies that the interaction of treatment (bibliotherapy strategy) and economic status had a better effect on the psychological well-being of widows in Ibadan Metropolis among those with medium economic status in the treatment group than their counterparts with high and low economic status respectively. The overall comparison shows that participants with high economic status in the treatment group (bibliotherapy strategy) had a highest mean score, followed by those with medium in the same group, while the participants with low economic status had the least. It implies that the interaction of treatment and economic status had a better effect on psychological well-being of widows in Ibadan Metropolis among the participants with high economic status in the treatment group (bibliotherapy strategy); compare with their counterparts in the same group and other participants in the control group respectively.

The result of this study revealed that there was no significant interactive effect of treatment (bibliotherapy strategy) and tribe on the psychological well-being of widows in Ibadan Metropolis. This implied that treatment (bibliotherapy strategy) and tribe had no significant interaction effect on the psychological well-being of widows in Ibadan Metropolis. The outcome of this study on the significant interactive effect of treatment (bibliotherapy strategy) and tribe on the psychological well-being of widows in the study area is not in line with the

finding of a previous study that was carried out among Konkomba widows in Saboba district of the northern region of Ghana, which revealed that widowhood practices by the Konkomba tribe are horrific and dehumanising¹⁸.

The estimated marginal means of interactive effect of treatment (bibliotherapy strategy) and tribe revealed that Igbo participants in the treatment group (bibliotherapy strategy) had a higher mean score than their Yoruba counterparts. This implies that the interaction of treatment (bibliotherapy strategy) and tribe had a better effect on the psychological well-being of widows in Ibadan Metropolis among Igbo participants in the treatment group than their Yoruba counterparts. In the control group, the Igbo participants had a higher mean score than their Hausa and Yoruba participants respectively. This implies that the interaction of treatment (bibliotherapy strategy) and tribe had a better effect on the psychological well-being of widows in Ibadan Metropolis among Igbo participants in the control group than their Hausa and Yoruba counterparts. The overall comparison shows that Igbo participants in the treatment group (bibliotherapy strategy) had a highest mean score, followed by Yoruba participants in treatment group, while the Hausa participants in control group had the least mean score. It implies that the interaction of treatment and tribe had a better effect on psychological well-being of widows in Ibadan Metropolis among Igbo participants who were exposed to bibliotherapy strategy than their Yoruba counterparts in the same group, and other participants in the control group respectively.

The finding of this study revealed that there was no significant interactive effect of treatment (self-assertiveness strategy) and age on the psychological well-being of widows in Ibadan Metropolis. This implies that treatment (self-assertiveness strategy) and age had no significant interaction effect on the psychological well-being of widows in Ibadan Metropolis. The finding of this study on the significant interactive effect of treatment (self-assertiveness strategy) and

age on the psychological well-being of widows is in agreement with the finding of a previous study which revealed that there was evidence that assertiveness training is an effective treatment in the reduction of symptoms of anxiety for all ages¹⁹.

However, the estimated marginal means of interactive effect of treatment (self-assertiveness strategy) and age showed that younger participants in the treatment group (self-assertiveness strategy) had a higher mean score than their older counterparts. This implies that the interaction of treatment (self-assertiveness strategy) and age had a better effect on the psychological well-being of widows in Ibadan Metropolis among younger participants in the treatment group than their older counterparts. In the control group, the younger participants had a higher mean score than their older counterparts. This implies that the interaction of treatment (self-assertiveness strategy) and age had a better effect on the psychological well-being of widows in Ibadan Metropolis among younger participants in the control group than their old counterparts. The overall comparison shows that younger participants in the treatment group (self-assertiveness strategy) had a highest mean score, followed by older participants in treatment group, while the older participants in control group had the least mean score. It implies that the interaction of treatment and age had a better effect on psychological well-being of widows in Ibadan Metropolis among younger participants who were exposed to self-assertiveness strategy than their older counterparts in the same group, and other participants in the control group respectively.

The finding of this study on interactive effect of treatment (self-assertiveness strategy) and economic status revealed that there was no significant interactive effect of treatment (self-assertiveness strategy) and economic status on the psychological well-being of widows in Ibadan Metropolis. This implies that treatment (self-assertiveness strategy) and economic status did not have significant interaction effect on the psychological well-being of widows in Ibadan

Metropolis. The finding of this study on interactive effect of treatment (self-assertiveness strategy) and economic status is not in line with the outcome of a previous study which established that older widows have less income and have a higher possibility of depression; and have higher rate of poor health after bereavement^{20,21}.

The estimated marginal means of interactive effect of treatment (self-assertiveness strategy) and economic status established that the participants with high economic status in the treatment group (self-assertiveness strategy) had a higher mean score than their counterparts with medium and low economic status. This implied that the interaction of treatment (self-assertiveness strategy) and economic status had a better effect on the psychological well-being of widows in Ibadan Metropolis among those with high economic status in the treatment group than their counterparts with medium and low economic status respectively. In the control group, participants with medium economic status (bibliotherapy strategy) had a higher mean score than their counterparts with high and low economic status. This implied that the interaction of treatment (self-assertiveness strategy) and economic status had a better effect on the psychological well-being of widows in Ibadan Metropolis among those with medium economic status in the treatment group than their counterparts with high and low economic status respectively. The overall comparison shows that participants with high economic status in the treatment group (self-assertiveness strategy) had the highest mean score, followed by those with medium in the same group, while the participants with low economic status had the least. It implies that the interaction of treatment and economic status had a better effect on psychological well-being of widows in Ibadan Metropolis among the participants with high economic status in the treatment group (self-assertiveness strategy); compare with their counterparts in the same group and other participants in the control group respectively.

The estimated marginal means of interactive effect of treatment (self-assertiveness strategy) and tribe revealed that Igbo participants in the treatment group (self-assertiveness strategy) had a higher mean score than their Yoruba and Hausa counterparts. This implies that the interaction of treatment (self-assertiveness strategy) and tribe had a better effect on the psychological well-being of widows in Ibadan Metropolis among Igbo participants in the treatment group than their Yoruba and Hausa counterparts. In the control group, the Yoruba participants had a higher mean score than their Igbo and Hausa participants respectively. This implies that the interaction of treatment (self-assertiveness) and tribe had a better effect on the psychological well-being of widows in Ibadan Metropolis among Yoruba participants in the control group than their Igbo and Hausa counterparts. The overall comparison shows that Igbo participants in the treatment group (self-assertiveness strategy) had the highest mean score, followed by Yoruba participants in the treatment group, while the Hausa participants in control group had the least mean score. It implies that the interaction of treatment and tribe had a better effect on psychological well-being of widows in Ibadan Metropolis among Igbo participants who were exposed to self-assertiveness strategy than their Yoruba counterparts in the same group, and other participants in the control group respectively.

The finding of this study on combined effect of treatments (bibliotherapy, self-assertiveness strategies) and age, showed that there was a significant interactive effect of treatments (bibliotherapy, self-assertiveness strategies) and age on the psychological well-being of widows in Ibadan Metropolis. This implies that treatments (bibliotherapy, self-assertiveness strategies) and age had significant interaction effect on the psychological well-being of widows in Ibadan Metropolis. The finding of this study on combined effect of treatments specifically on bibliotherapy, self-assertiveness strategies and age is in agreement with the finding of a previous study which established that the healing effects of bibliotherapy revealed that using it was effective in treating different irrational symptoms like depression, grief, anxiety disorders

and trauma^{8,11}. In addition, the finding of this study on interactive effect of treatment (bibliotherapy, self-assertiveness strategies) and age is in congruence with the outcome of a previous study which established that the use of bibliotherapy strategy enhances the formation and modification of human values among young people⁷. It was also established that it was a strategy for attitude change, a method for better understanding the personal feelings and also a strategy for fulfilling emotional or social needs and these cuts across age, gender and psychological disorder⁷.

The estimated marginal means of interactive effect of treatments (bibliotherapy, self-assertiveness) and age established that younger participants in the treatment group 1 (bibliotherapy) had a higher mean score than their older counterparts. This implies that the interaction of treatments and age had a better effect on the psychological well-being of older widows in Ibadan Metropolis who were exposed to bibliotherapy strategy. It was further revealed that younger participants in the treatment group 2 (self-assertiveness strategy) had a higher mean score than their older counterparts. This implied that the interaction of treatments and age had a better effect on the psychological well-being of younger widows in Ibadan Metropolis who were exposed to self-assertiveness strategy. In the control group, the older participants had a higher mean score than their younger counterparts. This implies that the interaction of treatments and age had a better effect on the psychological well-being of younger widows in Ibadan Metropolis who were in the control group. The overall comparison shows that younger participants in the treatment group 2 (self-assertiveness strategy) had the highest mean score, followed by older participants in treatment group 2, while the younger participants in control group had the least mean score. It implied that the interaction of treatments and age had a better effect on psychological well-being of widows in Ibadan Metropolis among younger participants who were exposed to self-assertiveness strategy than their older counterparts in the same group, and other participants in the control group respectively.

The finding of this study on combined effects of treatments (bibliotherapy, self-assertiveness strategies) and economic status revealed that there was no significant interactive effect of treatments (bibliotherapy, self-assertiveness strategies) and economic status on the psychological well-being of widows in Ibadan Metropolis. This implies that the combination of treatments (bibliotherapy, self-assertiveness strategies) and economic status had no significant interaction effect on the psychological well-being of widows in Ibadan Metropolis.

The estimated marginal means of interactive effect of treatments (bibliotherapy, self-assertiveness strategies) and economic status revealed that participants with low economic status in the treatment group 1 (bibliotherapy strategy) had a higher mean score than their counterparts with high and medium economic status. This implied that the interaction of treatments and economic status had a better effect on the psychological well-being of widows in Ibadan Metropolis among those with low economic status in the treatment group than their counterparts with high and medium economic status respectively. It was further revealed that participants with medium economic status in the treatment group 2 (self-assertiveness strategy) had a higher mean score than their counterparts with low and high economic status. This implied that the interaction of treatments and economic status had a better effect on the psychological well-being of widows in Ibadan Metropolis among those with medium economic status in the treatment group than their counterparts with low and high economic status respectively.

In the control group, the participants with medium economic status had a higher mean score than their counterparts with low and high economic status. This implies that the interaction of treatments and economic status had a better effect on the psychological well-being of widows in Ibadan Metropolis among those with medium economic status than their counterparts with low and high economic status respectively. The overall comparison shows that participants with

medium economic status in the treatment group 2 (self-assertiveness strategy) had a highest mean score followed by participants with low economic status in the treatment group 1 (bibliotherapy strategy), than participants with high economic status in the control group. It implies that the interaction of treatments and economic status had a better effect on psychological well-being of widows in Ibadan Metropolis among participants with medium economic status who were exposed to assertiveness strategy; than their counterparts with low economic status that were exposed to bibliotherapy strategy and other participants in the two treatment groups as well as control group.

The finding of this study on the combined effect of treatments (bibliotherapy, self-assertiveness strategies) and tribe revealed that there was no significant interactive effect of treatments (bibliotherapy, self-assertiveness strategies) and tribe on the psychological well-being of widows in Ibadan Metropolis. This implies that the combination of treatments (bibliotherapy, self-assertiveness strategies) and tribe had no significant interaction effective on the psychological well-being of widows in Ibadan Metropolis. The finding of this study on insignificant interactive effect of treatments (bibliotherapy, self-assertiveness strategies) and tribe contrasted with the finding of previous study which revealed that was significant interactive effect of treatments (bibliotherapy, self-assertiveness strategies) and tribe²². However, another study revealed that an assertiveness programme provides a life skill to women by building their self-confidence and improving their social communication skills also improves satisfaction in life and happiness²³.

The estimated marginal means of interactive effect of treatments (bibliotherapy, self-assertiveness strategies) and tribe revealed that Igbo participants in the treatment group1 (bibliotherapy strategy) had a higher mean score than their Yoruba counterparts respectively. This implies that the interaction of treatments and tribe had a better effect on the psychological

well-being of Igbo widows in Ibadan Metropolis who were exposed to bibliotherapy strategy, than their Yoruba counterparts respectively. The table further revealed that Igbo participants in the treatment group 2 (self-assertiveness strategy) had a higher mean score than their Yoruba and Hausa counterparts. This implied that the interaction of treatments and tribe had a better effect on the psychological well-being of Igbo widows in Ibadan Metropolis who were exposed to self-assertiveness strategy than their Yoruba and Hausa counterparts.

In the control group, the Yoruba participants had a higher mean score than their Igbo and Hausa counterparts. This implies that the interaction of treatments and tribe had a better effect on the psychological well-being of Yoruba widows in Ibadan Metropolis than their Igbo and Hausa counterparts who were in the control group. It was further showed that Igbo participants in the treatment group 1 (bibliotherapy strategy) had a higher mean score than their Hausa and Yoruba counterparts respectively. The overall comparison shows that Igbo participants in the treatment group 1 (bibliotherapy strategy) had the highest mean score, followed by Yoruba participants in treatment group 2 (self-assertiveness strategy), while the Hausa participants in control group had the least mean score. It implied that the interaction of treatments and tribe had a better effect on psychological well-being of widows in Ibadan Metropolis among Igbo participants who were exposed to bibliotherapy strategy than their Yoruba and Hausa counterparts in the same group, and other participants in the treatment group 2 (self-assertiveness strategy) and control group respectively.

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Chapter Five

Conclusion

This chapter presents the summary of findings and conclusion. It also presents helpful recommendations, contributions to knowledge and suggested areas for further research.

5.1 Summary of Findings

This study which examined the effects of bibliotherapy and self-assertiveness strategies on the psychological well-being of widows in Ibadan Metropolis has yielded significant findings.

1. It was discovered from the first hypothesis that bibliotherapy strategy had a significant main effect on the psychological well-being of widows in this region. This suggests that utilising bibliotherapy as a treatment strategy can effectively enhance the psychological well-being of widows in Ibadan Metropolis.
2. More so, the study also revealed from hypothesis two that self-assertiveness strategy had a significant main effect on the psychological well-being of widows in Ibadan Metropolis. This implies that empowering widows with skills and techniques to assert themselves in various life situations can positively impact their psychological well-being.
3. The test of hypothesis three on interactive effect further established that there was a significant interactive effect of treatment (bibliotherapy strategy) and age on the psychological well-being of widows in Ibadan Metropolis.
4. The finding from the test of hypothesis four established that there was no significant interactive effect of treatment (bibliotherapy strategy) and economic status on the psychological well-being of widows in Ibadan Metropolis.

5. More so, the test of hypothesis five from this study showed that the widows in Ibadan Metropolis were not significantly impacted by either treatment (bibliotherapy strategy) or tribe on their psychological well-being.
6. In the same vein, the test of hypothesis six of this study revealed that the psychological well-being of widows in Ibadan Metropolis was not significantly impacted by age and treatment (self-assertiveness strategy).
7. The test of hypothesis seven revealed that the interaction between treatment (self-assertiveness strategy) and economic status on the psychological well-being of widows in Ibadan Metropolis was not significant.
8. The result of the test of hypothesis eight on the interaction between treatment (self-assertiveness strategy) and tribe indicated that the psychological well-being of widows in Ibadan Metropolis was not significantly affected by treatment (self-assertiveness strategy) and tribe.
9. Similarly, the test of hypothesis nine on the combined effect of age and treatments (self-assertiveness and bibliotherapy strategies) revealed a substantial interactive effect between age and treatments (self-assertiveness and bibliotherapy strategies) on the psychological well-being of widows in Ibadan Metropolis.
10. The results of the test of hypothesis ten on the interactions between economic status and treatments (self-assertiveness and bibliotherapy strategies) on the psychological well-being of widows in Ibadan Metropolis revealed that these interactions were not statistically significant.
11. From the result of the test of hypothesis eleven, there was no combined significant effects of treatments (bibliotherapy and self-assertiveness strategies) and tribe on the psychological well-being of widows in Ibadan Metropolis.

In summary, both bibliotherapy and self-assertiveness strategies emerge as effective interventions for enhancing the psychological well-being of widows in Ibadan Metropolis. These findings underscore the importance of implementing targeted interventions that address the unique needs and challenges faced by widows, ultimately contributing to their overall well-being and quality of life.

5.2 Conclusion

According to the findings revealed by this study, bibliotherapy strategy often includes practical exercises or activities that encourage behavioural activation and skill building by enabling widows to engage in behaviours that promote well-being and resilience. For instance, widows are encouraged to release pent up emotions, practice relaxation techniques, and engage in meaningful activities that bring them joy and fulfilment. These behavioural activation strategies help widows to counteract feelings of hopelessness or withdrawal commonly associated with grief and depression. By engaging in positive behaviours, widows can experience a sense of accomplishment, mastery, and pleasure, which are crucial for enhancing psychological well-being.

Self-assertiveness strategies aim to enhance widows' self-efficacy beliefs, which refer to their confidence in their ability to assert themselves effectively in various life situations. According to Cognitive Behavioural Theory, individuals' beliefs about their capabilities influence their thoughts, emotions, and behaviours. By providing widows with assertiveness training and opportunities to practice assertive behaviours interventions promote a sense of mastery and empowerment. Widows learn to identify their needs, express themselves assertively, and set boundaries in interpersonal relationships. As widows experience success and positive outcomes from assertive behaviour, their self-efficacy beliefs are strengthened, leading to increased feelings of competence, autonomy, and psychological well-being.

Both bibliotherapy and self-assertiveness strategies equip widows with cognitive-behavioural coping skills that they can utilize to manage stress, regulate emotions, and cope with challenging situations. For example, widows may learn assertive communication techniques to express their needs and emotions effectively, thereby reducing interpersonal conflict and improving relationship satisfaction. Additionally, widows may practice cognitive restructuring techniques to challenge negative thoughts and cultivate a more balanced and adaptive outlook on life. These coping skills empower widows to navigate the ups and downs of widowhood with resilience, confidence, and psychological well-being.

5.3 Recommendations

Based on the findings of the study, several recommendations can be made to further support the psychological well-being of widows in Ibadan Metropolis:

1. Libraries and information centres should consider integrating bibliotherapy programs into their support services for widows. Providing access to relevant reading materials and facilitating guided discussions or support groups centered around bibliotherapy can offer widows valuable tools for coping with grief and rebuilding their lives.
2. Part of the services rendered by library and information centres are advocacy trainings and community engagement, therefore, workshops or training sessions focused on building self-assertiveness skills of widows can be organised as this would be of great benefit to them. These sessions could cover assertive communication techniques, boundary-setting, and self-advocacy strategies. By empowering widows to assert themselves effectively, they can navigate interpersonal relationships and life transitions with greater confidence and resilience.

3. The study revealed that the effect of bibliotherapy strategy was felt more on the young widows than the old. Therefore, it is recommended that incorporating videos into the strategy may have a greater effect on them.
4. The impact of the study was felt more on the widows with the higher economic status. Therefore, stakeholders should adopt a holistic approach to supporting widows, addressing not only their psychological needs but also their economic, social and physical well-being. By considering the multifaceted challenges widows face, support services can be more comprehensive and effective in promoting overall wellness.
5. The study revealed that the effect of bibliotherapy was felt more on the Igbo participants. To ensure that the effect of bibliotherapy is felt on participants from all tribes, it is necessary to incorporate culturally relevant literature that resonates with the specific experiences, values, and traditions of the Igbo, Yoruba, and Hausa communities. This means selecting and utilising books, stories, and materials that reflect the unique cultural contexts, languages, and life experiences of each tribe. By so doing, bibliotherapy sessions may become more relatable and impactful for participants from diverse backgrounds.
6. From the study, it was revealed that the effect of self-assertiveness strategy was felt more on the younger participants than the old. To ensure that the effect of the self-assertiveness strategy is felt equally among older participants, it is recommended to adapt the self-assertiveness training that is age-appropriate and contextually relevant for older widows.
7. The impact of self-assertiveness strategy was felt more on those with high economic status than those with medium and low economic status. For the strategy to be effective across all economic status, it is recommended that additional support and tailored resources should be provided for participants with medium and low economic status, such as free workshops, simplified materials, and community support groups. This approach can help

bridge the gap in resource availability and educational differences, making the strategy more accessible and impactful for everyone.

8. It was evident from the study that the effect of self-assertiveness was felt more on the Igbos. To ensure that the positive effects of the self-assertiveness strategy are felt broadly among the Yoruba and Hausa widows as well, a culturally tailored approach should be adopted to include culturally relevant examples and scenarios for Yoruba and Hausa participants.
9. To ensure that the effects of bibliotherapy and self-assertiveness strategies are felt equally by both young and old participants, it is recommended to customise the content and delivery methods to cater to the distinct needs and preferences of both age groups. This could involve creating separate, age-specific modules or sessions within the same program, ensuring that examples, language, and exercises are appropriate and engaging for each age group. This tailored approach can help make the strategies more relatable and effective for both younger and older widows.
10. It was observed that the effect of self-assertiveness was more on the participants with low economic status, for the other participants with high and medium economics status to also feel the impact, it is necessary to enhance the complexity and depth of the materials and exercises used in the program to better engage and challenge participants from medium and high economic backgrounds. This could involve incorporating more advanced readings, interactive workshops, and sophisticated self-assertiveness techniques that align with their higher educational levels and life experiences.
11. In order for the effect of bibliotherapy and self-assertiveness strategies to be felt among participants from all tribes, it is recommended to incorporate culturally specific literature and materials that reflect the experiences, values, and traditions of all communities. By selecting stories and activities that resonate with the cultural backgrounds and unique life

experiences of these tribes, the bibliotherapy and self-assertiveness sessions could become more relevant and impactful for Yoruba and Hausa participants. Community leaders, NGOs, and government agencies should collaborate to establish community-based support initiatives tailored to the needs of widows. These initiatives could include peer support groups, mentorship programs, and recreational activities aimed at fostering social connections and reducing isolation among widows.

5.4 Contribution to Knowledge

The study which examines the effects of bibliotherapy and self-assertiveness strategies on the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria, contributes to knowledge in several significant ways:

The study provides validation to the empirical evidence supporting the effectiveness of bibliotherapy and self-assertiveness strategies in enhancing the psychological well-being of widows in Ibadan Metropolis. By demonstrating a significant main effect of bibliotherapy and self-assertiveness on widows' psychological well-being, the research validates the utility of these interventions in the context of grief and bereavement. This finding adds to the existing body of literature on bibliotherapy and self-assertiveness, and underscores their relevance as therapeutic tools for individuals experiencing loss and emotional distress.

Conceptually, this study contributes to knowledge by demonstrating how bibliotherapy and self-assertiveness strategies can enhance the psychological well-being of widows, particularly in the socio-cultural context of Ibadan, Nigeria. It highlights the importance of culturally sensitive, gender-specific interventions to address the unique challenges faced by widows, such as social stigma and emotional resilience. The research provides a framework for combining therapeutic strategies to improve psychological well-being outcomes.

Theoretically, the study supports the cognitive behavioural theory which posits that one's core belief about oneself, environment and the future affects the way one thinks, which in turn affects one's emotions and this in effect impacts on the way one behaves. This is true about the widows in Ibadan Metropolis as the treatment enabled them to have a complete change of mindset which changed the way they felt about themselves and others which translated into a change in behaviour. More so, it agrees with the psychological well-being theory which stipulates that the more one experiences positive daily interactions with others, the more there is improvement in his/her psychological well-being and vice versa. This was evident in the study because the more the participants engaged themselves in positive interaction with other participants and others within their locality, the more improved was their psychological well-being

5.5 Suggested Areas for Further Research

It is essential to conduct long-term follow-up studies to assess the sustained impact of bibliotherapy and self-assertiveness interventions on the psychological well-being of widows in Ibadan Metropolis. Longitudinal research can provide valuable insights into the lasting benefits of these interventions and inform future program development and implementation strategies. Tracking participants over an extended period would provide insights into the sustainability of intervention effects and identify any potential factors that influence long-term outcomes.

Researchers could also explore the effectiveness of multifaceted interventions that combine bibliotherapy, self-assertiveness training, and other support services, such as economic empowerment programs or social integration initiatives. Assessing the synergistic effects of combined interventions could lead to more comprehensive and tailored support strategies for widows.

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Lead City University Ibadan DO NOT COPY

Appendix IA

Questionnaire

Lead City University, Ibadan

I am a postgraduate student conducting a study on **Bibliotherapy and Self-assertiveness Strategies and the psychological well-being of widows in Ibadan Metropolis, Oyo State, Nigeria**. I hereby, solicit your assistance in completing this questionnaire so as to enable me achieve the objectives of this research. Please do not write your name on this questionnaire. Your response will be strictly confidential and your identity treated as anonymous. Your participation is highly appreciated. Thank you for your cooperation.

PART A

Demographic Data

Please select the appropriate answer by ticking (✓) correctly in the bracket provided

Age: <25 (), 26 – 35 (), 36 – 45 (), 46 – 55 (), >56 ()

Economic Status:

Education: No Formal Education (), Primary (), JSS (), SSS (),

NCE /Diploma (), Graduate (), Master/PhD ()

Occupation: Unemployed (), Unskilled worker (), Semi-skilled worker (),
Skilled worker (), Clerical/shop/farm worker (), Professional ()

Income: <N21,000 (), N21,000-N40,000 (), N41,000-N60,000 (), N61,000-
80,000 (), N81,000-N100,000 (), > N100,000 ()

Tribe: Igbo (), Yoruba (), Hausa ()

PART B

Please tick (✓) as appropriate

Strongly Agree (SA), Agree (A), Undecided (U), Disagree (D), Strongly Disagree (SD)

S/ N		SA	A	U	D	SD
	AUTONOMY					
1	I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people					
2	I tend to worry about what other people think of me					
3	My decisions are not usually influenced by what everyone else is doing					
4	I judge myself by what I think is important, not by the values of what others think is important					
5	I tend to be influenced by people with strong opinions					
6	I have confidence in my opinions, even if they are contrary to the general consensus					
7	It's difficult for me to voice my own opinions on controversial matters					
	ENVIRONMENTAL MASTERY	SA	A	U	D	SD
8	In general, I feel I am in charge of the situation in which I live					
9	I have difficulty arranging my life in a way that is satisfying to me					
10	The demands of everyday life often get me down					
11	I have been able to build a living environment and a lifestyle for myself that is much to my liking					
12	I do not fit very well with the people and the community around me					
13	I am quite good at managing the many responsibilities of my daily life					
14	I have the sense that I have developed a lot as a person over time					
	PERSONAL GROWTH	SA	A	U	D	SD
15	For me, life has been a continuous process of learning, changing, and growth					
16	I am not interested in activities that will expand my horizons					
17	I gave up trying to make big improvements or changes in my life a long time ago					
18	I think it is important to have new experiences that challenge how you think about yourself and the world					
19	I do not enjoy being in new situations that require me to change my old familiar ways of doing things					
20	When I think about it, I haven't really improved much as a person over the years					
21	I have the sense that I have developed a lot as a person over time					

	POSITIVE RELATION WITH OTHERS	SA	A	U	D	SD
22	People would describe me as a giving person, willing to share my time with others					
23	Most people see me as loving and affectionate					
24	I have not experienced many warm and trusting relationships with others					
25	Maintaining close relationships has been difficult and frustrating for me					
26	I know that I can trust my friends, and they know they can trust me					
27	I often feel lonely because I have few close friends with whom to share my concerns					
28	I enjoy personal and mutual conversations with family members and friends					
	LIFE PURPOSE	SA	A	U	D	SD
29	I enjoy making plans for the future and working to make them a reality					
30	I live life one day at a time and don't really think about the future					
31	I have a sense of direction and purpose in life					
32	Some people wander aimlessly through life, but I am not one of them					
33	I don't have a good sense of what it is I'm trying to accomplish in life					
34	I sometimes feel as if I've done all there is to do in life					
35	My daily activities often seem trivial and unimportant to me					
	SELF ACCEPTANCE	SA	A	U	D	SD
36	In many ways I feel disappointed about my achievements in life					
37	When I look at the story of my life, I am pleased with how things have turned out.					
38	My attitude about myself is probably not as positive as most people feel about themselves					
39	In general, I feel confident and positive about myself					
40	When I compare myself to friends and acquaintances, it makes me feel good about who I am					
41	I feel like many of the people I know have gotten more out of life than I have					
42	I like most parts of my personality					

Appendix IB

Bibliotherapy, Self-Assertiveness Strategies and Psychological Well-Being of Widows in Ibadan Metropolis, Oyo State, Nigeria

Discussion Guide for Focus Group Discussion

Bibliotherapy

How has this storybook helped you voice your opinion, even if it opposes other people's opinion?

Response.....

.....

In what way has your economic status affected your well-being?

Response.....

.....

How has this storybook challenged how you think about yourself and the world?

Response.....

.....

When I look at the story of my life, I am pleased with how things have turned out.

Response.....

.....

Self-Assertiveness

Open Expression

Are you afraid to voice your opinions, even when they are in opposition to the opinions of most people?

Response:.....
.....

Control of Emotion

Do you feel responsible when things go wrong, even if it is not your fault?

Response:.....
.....

Consideration for Others

How do you ask for help without feeling dependent?

Response:.....
.....

Self-Direction

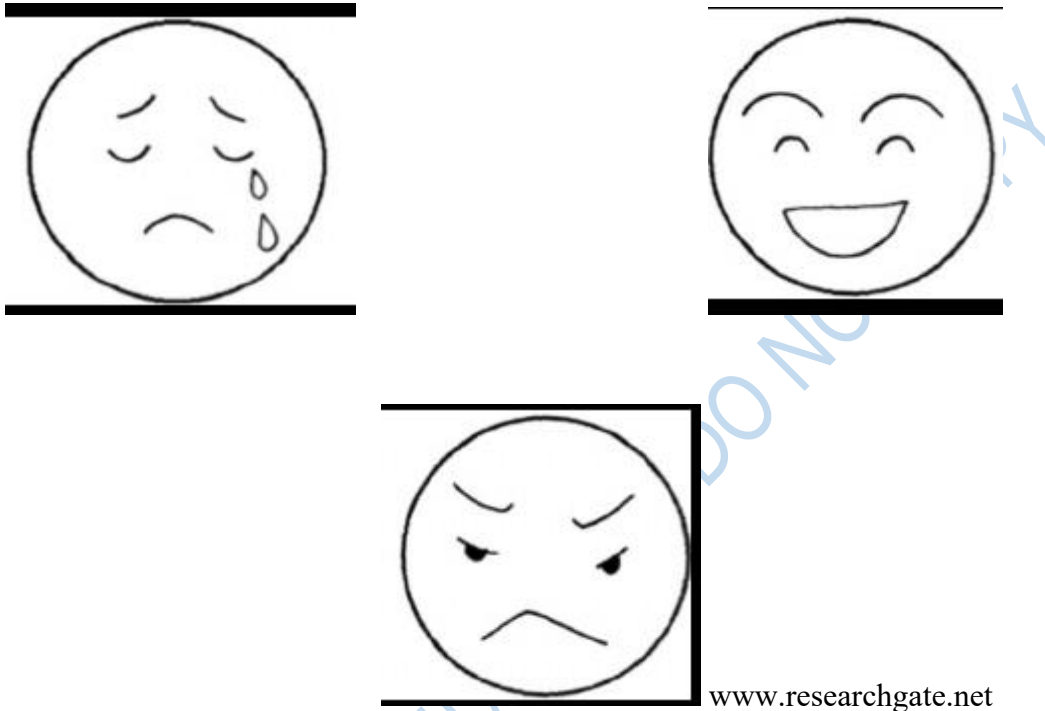
In what way has your self-assertiveness improved your sense of self-direction?

Response:.....
.....

Appendix IC

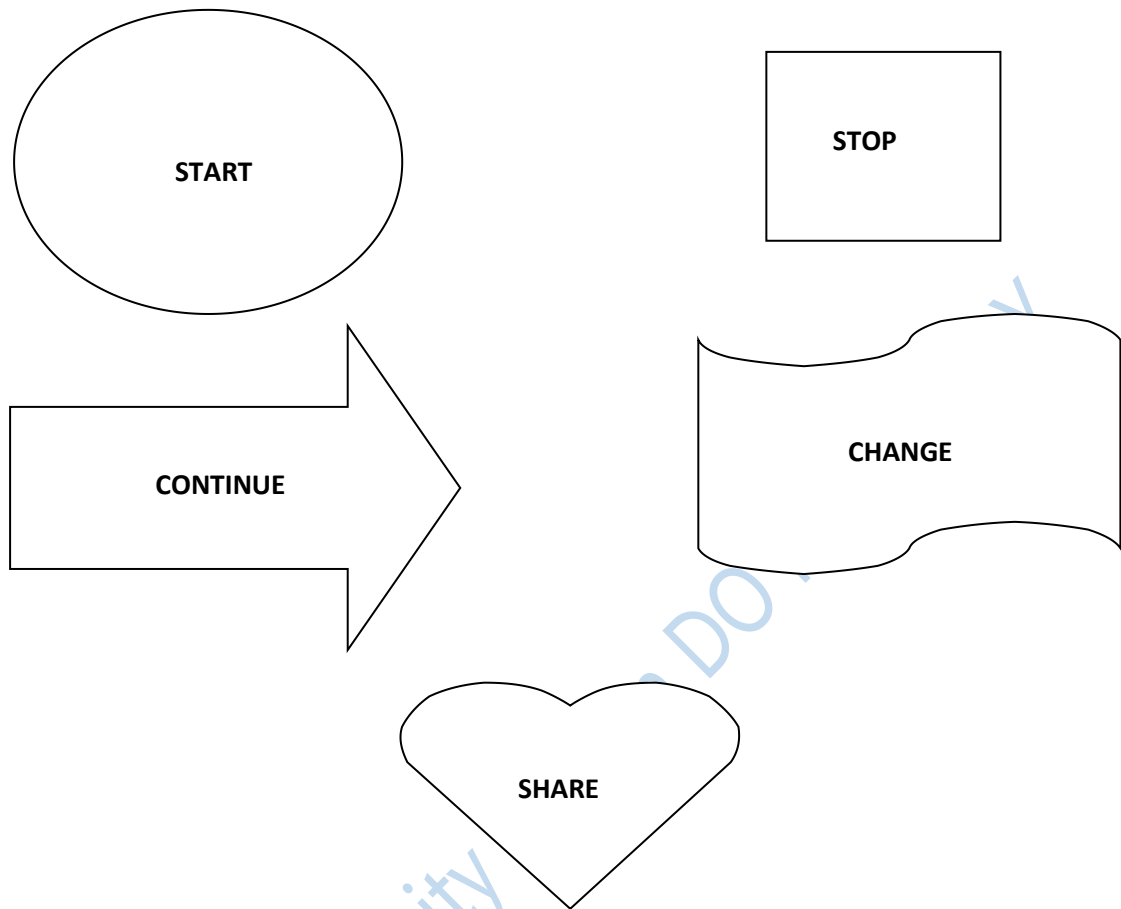
Assertiveness Activities

1. Three Zones of Emotions (<https://positivepsychology.com/role-playing-scripts/>)



- Three discrete zones were created with each zone signifying a different emotion—for example, happiness, anger, or sadness. After that, the emotions were written down on a piece of cardboard and placed in the designated zones so that everyone could see them.
- A volunteer was called upon to share a story or experience with everyone.
- The participant was asked to recount the incident or tale while keeping the emotions in mind. At that moment in the story, she was required to move from one associated emotion that is particular to the narrative. The transition from one emotion to the next should happen smoothly.
- The participant could decide to remain at the border of any chosen two zones of emotions by putting a leg in each zone as portrayed in the experience or story being told.
- If a negative emotion persists, the activity and the emotion were changed to reflect the desired mood the researcher wants the participant to display. This was done until the objective is met.

2. **Start. Stop. Continue. Change. Share.** (<https://blog.trainerswarehouse.com/debrief-tools-for-processing-and-memory>) by Dian Anderson



The words "**Start, Stop, Continue, Change, and Share**" were required of the participants to be written down at the start of the activity. They had to use the four prompts to react at the end of the exercise based on what they had learned. They are required to list everything they plan to start and stop doing moving forward. It was also intended for the participants to state what they would keep doing, what they would like to change, and how they plan to make that difference. This allowed participants to concentrate on the lessons and insights they took away from the entire process and how it would affect their lives moving forward. At the end of the activity, they shared what they have written with the group.

3. Empty chair (<https://positivepsychology.com/role-playing-scripts/>
<https://positivepsychology.com/gestalt-therapy/>)



www.taps.org

The *empty chair* activity is one of the most popular techniques in Gestalt psychology. It is a form of role play where each participant was told to imagine that someone from their present or past was sitting on the chair in front of them and they would have an open conversation as if the person was physically there. The following cues were used:

- imagine your spouse is in the room with you, how close will he be sitting to you?
- with your eyes closed, imagine the look on his face or what he may be wearing.
- opening your eyes slowly, picture him seated before you and you staring at him.
- prompt the participant to explain the emotion felt.

The empty chair role-play enables the participants to think about their feelings concerning the situation and the other imaginary person on the chair pouring out their minds to them.

4. **Magic Lantern** (<https://blog.trainerswarehouse.com/debrief-tools-for-processing-and-memory>) *Courtesy of Jim Cain, Teamwork & Teamplay*



www.pixabay.com

In this exercise, the researcher gave the participants a lantern to look at and informed them that if they expressed their wishes and hopes aloud, they had a better chance of getting their wishes fulfilled. The participants were asked to make a wish for anything they wanted to happen in their lives. They were permitted to touch the magic lamp. The participants' hope and excitement were increased simply by holding and rubbing the lamp, giving them more faith that, with effort and by working hard, their wishes would eventually come true.

5. Unfinished Business (<https://positivepsychology.com/role-playing-scripts/>) (modified by Joyce & Sills, 2014)



<https://www.dreamstime.com/illustration/unfinished-business.html>

Often times, people feel bad or stuck as it relates to their relationship with other whether living or not and may have to live with it for a long time.

This is a role play in which the researcher played the role of the other person in order to ensure that the conversation go in the right direction while at the same time, asking salient questions in order to dig further into the participant's thoughts. The following questions were asked:

Are you afraid to voice your opinions, even when they are in opposition to the opinions of most people? [The client answers.]

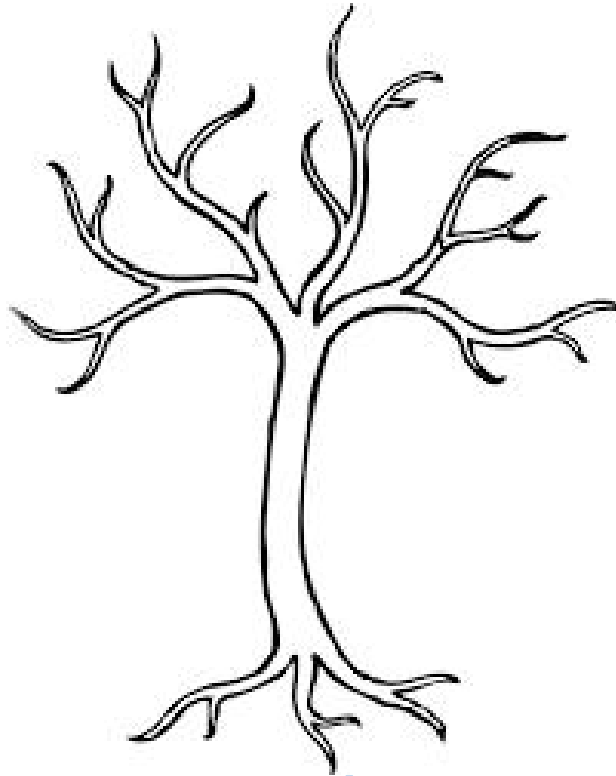
Do you feel responsible when things go wrong, even if it is not your fault? [The client answers.]

How do you ask for help without feeling dependent? [The client answers.]

Are you afraid to voice your opinions, even when they are in opposition to the opinions of most people? [The client answers.]

In what way has your self-assertiveness improved your sense of self-direction? [The client answers.]

6. **Tree of Knowledge** <https://blog.trainerswarehouse.com/debrief-tools-for-processing-and-memory> (by Kemi)



www.pixabay.com

This activity involved the researcher, drawing a tree on the white paper with branches but no leaves. The participants were given stick-ons to write down what they have learnt in the course of the exercise that would help them grow and become better. They were asked to stick them on the tree. The stick-ons acted as leaves on the tree. The more stick-ons they have on the tree, it shows the more they learnt.

Appendix ID

Summary of the Storybook Used for Bibliotherapy

Lonely Days written by Bayo Adebawale is a 141 paged books of 14 chapters.

The story revolves around Yaremi, a widow who lost her husband, Ajimobi suddenly to the cold hands of death. This occurrence opened unto her the type of lonely life she never imagined she would live. Villagers looked at her with distrustful eyes, secretly castigating her. She had three children, two females and one male. Her daughters who used to keep her company, had long been given away in marriage while her son Alani, an expert furniture carpenter moved to Ibadan far away from home and hardly visited thereby leaving Yaremi all by herself. One of the daughters eventually brought her son, Woye, to keep her company.

Her primary work was tie and dye but had to till her late husband's farm to clear the bushes once in a while and relied on her husband's bosom friend, Uncle Deyo to assist her in mending the leaking roof of her house and also her rebuild the falling walls of her mud house. To escape from loneliness, Yaremi learnt to cushion the effects of her situation in life by resorting to working herself out on the farm and in her kitchen and retiring every night tired and this became the pattern of her daily life.

Most widows in Kufi land were treated with hostility, humiliated for allegedly being responsible for their husband's death. When Dedewe lost her husband, her husband's relatives made her sit alone by the corpse which laid on a wooden slab in a dark room and asked her to confess even when she didn't know what they wanted her to confess. Fayoyin, another widow was given libation to drink when her own husband died to purge her of the sins they insisted she too committed. The people, out of hatred and jealousy went beyond the dictates of their culture by sprinkling cold water on her head to soften the texture of her hair and scalp and a barber invited

to scrap her hair with a sharp razor. And balancing her head in between his thigh, he scraped down to the root of the scalp with blood oozing from the wounds made by the razor blade. Afterwards, the scalp was rubbed with wood ash and paraffin oil. This changed her life and she was completely lost to the world. Radeke on the other hand knelt before the dead body of her husband and strings of dirges came out from her dry throat, singing songs of lamentation and innocence and even in the midst of all of these, they still called her a liar and ridiculed her.

Yaremi never knew that sooner than later, she would join the league of widows in Kufi land. The people of Kufi labelled her a witch following the death of her husband, as the night he died, a hawk was seen perching on the roof of Ajimobi's house. They concluded that Yaremi turned in a hawk and killed her husband insisting that the hawk was not ordinary as it perched so adamantly with confidence on his roof, refusing to move even when there were shouts for it to fly away. This made the villagers treat her with disdain and disgust after the death of her beloved Ajimobi even when she had no hands in the death of her husband. She made it clear that he was sick briefly and died afterwards but no one was willing to believe her.

Every night, Yaremi sprawled on her bed alone in her thoughts thinking how lucky other women were to still have their husbands by their sides and this brought back memories with nostalgia. Men of Kufi tried all they could by crook and hook to take advantage of Yaremi but she stood her ground telling them no one can ever love her like Ajimobi. Ayanwale, the best drummer the village ever had, wooed Yaremi with all he had and sweet talks and the same goes with Olonade, the village wood carver, who also tried his luck, dazzling Yaremi with his exploits in the art of carving. Lanwa, the village farmer with the mighty hoe and giant cutlass was not left out in the quest to subdue Yaremi and marry but all to no avail.

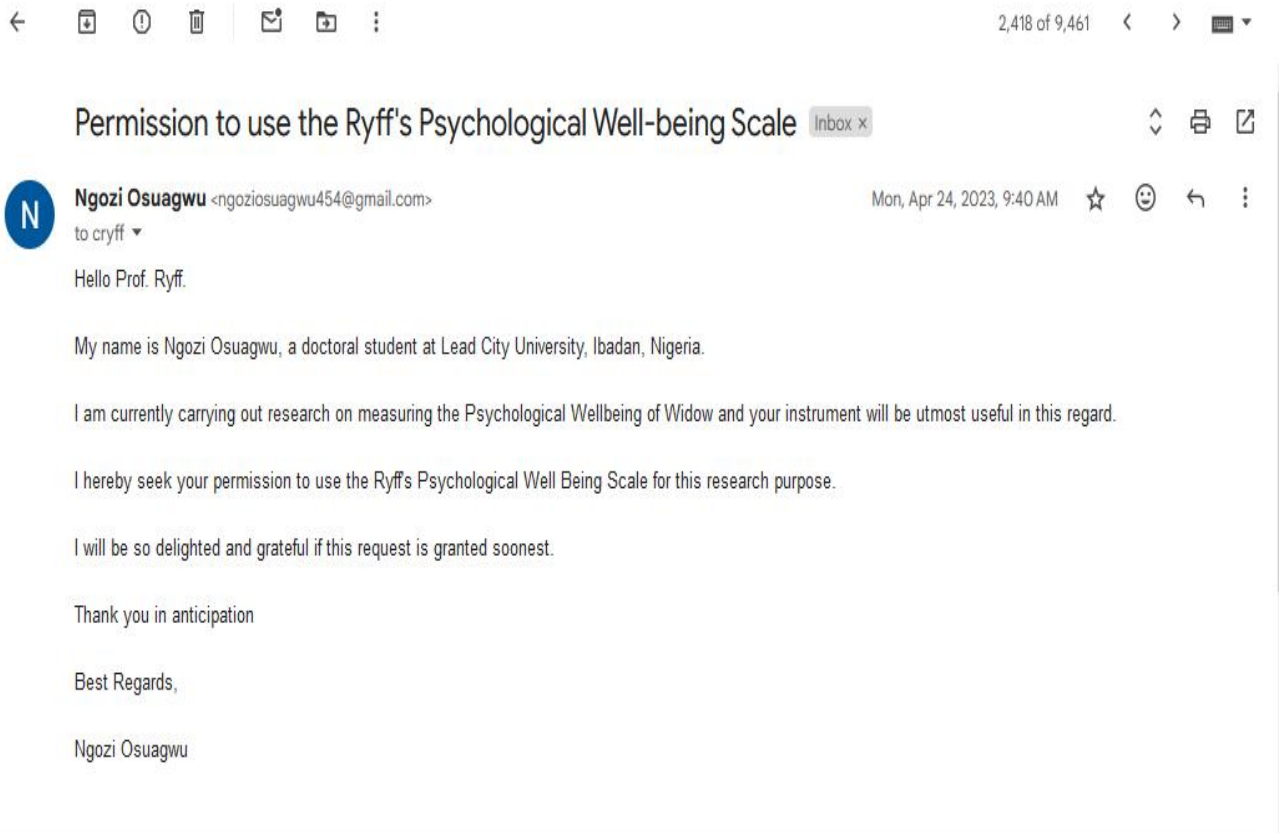
As a result of her assertiveness and being self-opinionated in matters concerning getting married again, her popularity began to wane and she was fast losing popularity as they saw her as been

rigid. The men in the village began to mumble words of displeasure to depress her. The young ones no longer wanted to come face to face with her. They were told that Yaremi was an unusual woman.

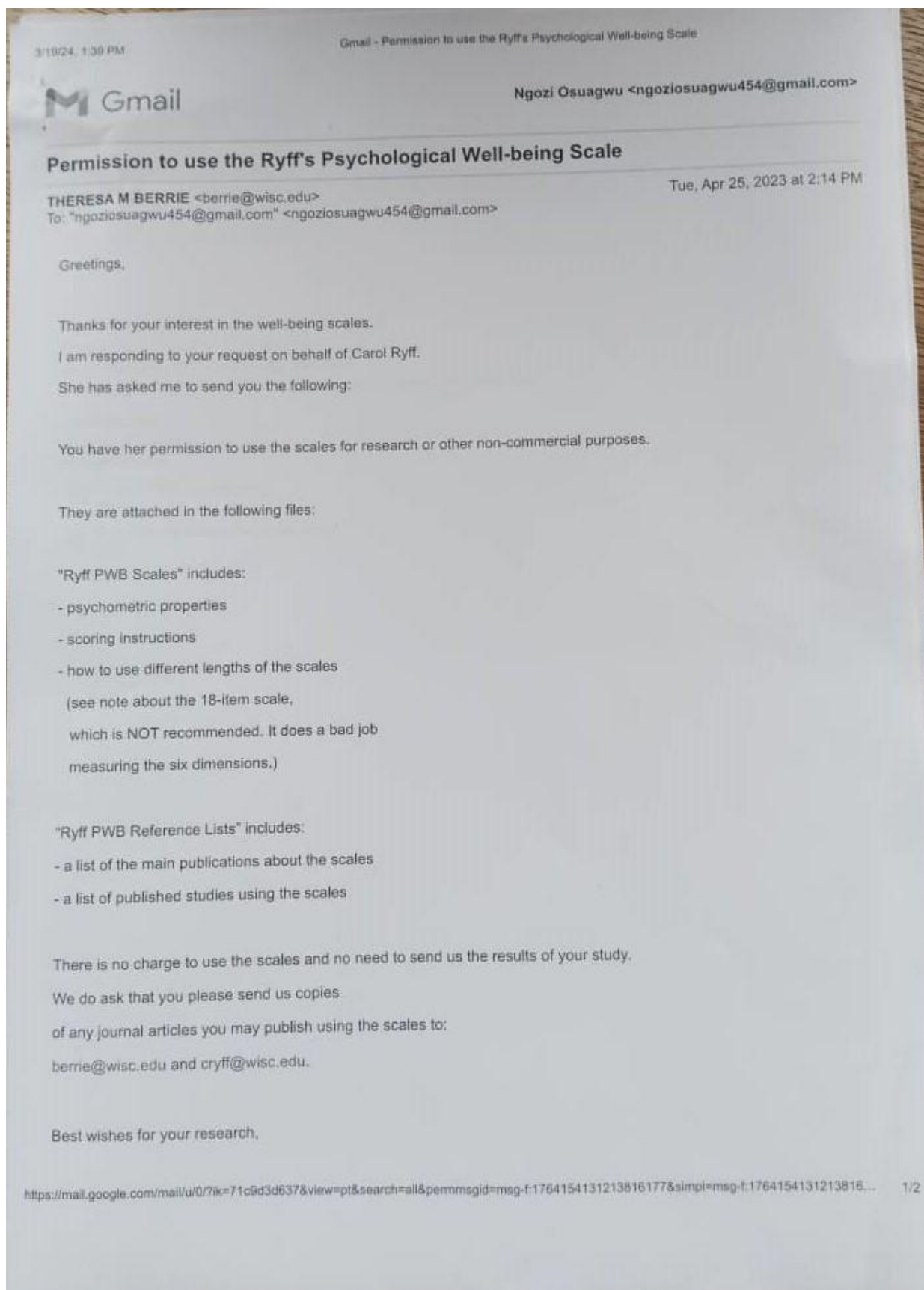
As a result of this enmity, she resolved to leave Kufi and find refuge with a friend in a faraway village or take turns to live with her children. However, Yaremi decided to stay back as she was sure she would triumph in the end. Nevertheless, she prayed like never before for protection against all evil machinations of her enemies. Her first daughter Segi happened to visit her mother at this period and boosted her confidence regarding not allowing anyone to pressurize her into marriage, stating that her peace of mind mattered more.

For reasons best known to the villagers, they announced a number of punitive measures on some issues bordering on contravention of some traditional widowhood injunctions against her and was to be punished accordingly which involved confiscation of her late husband's property and ostracizing her from the village. This decision got her so angry that she vehemently stood against them and resolved strongly to fight against the injustice meted on her by the villagers. She removed the mourning clothes she had worn for the past twelve months and with her head up, determined and with her mind made up, to fight for what actually belongs to her.

Appendix IIA



Appendix IIB



3/19/24, 1:39 PM

Gmail - Permission to use the Ryff's Psychological Well-being Scale

Theresa Berrie

UW-Madison Institute on Aging

berrie@wisc.edu

Hours: Tues-Thurs, 7:30am-4:30pm

From: CAROL RYFF <cryff@wisc.edu>
Sent: Monday, April 24, 2023 9:23 AM
To: THERESA M BERRIE <berrie@wisc.edu>
Subject: FW: Permission to use the Ryff's Psychological Well-being Scale

[Quoted text hidden]

2 attachments



1- Ryff PWB Scales.docx
92K



2- Ryff PWB Reference Lists.docx
192K



Ngozi Osuagwu <ngoziosuagwu454@gmail.com>

to info ▾

May 2, 2023, 1:10 PM



Hello Positive Psychology team

I still await your response considering my earlier request to you.

My name is Ngozi Osuagwu, a doctoral student at Lead City University, Ibadan, Nigeria.

I am currently carrying out research on self-assertiveness of Widow and your assertiveness exercises will be utmost useful in this regard.

I hereby seek your permission to use the exercises and activities for this research purpose.

I will be so delighted and grateful if this request is granted soonest.

Thank you in anticipation

Best Regards,

Ngozi Osuagwu



Activate Windows
Go to Settings to activate Windows

University Ibadan



Alex (PositivePsychology.com) <support@positivepsychology.zendesk.com>

to me ▾

May 3, 2023, 11:46 PM



Hello Ngozi,

Thank you for reaching out, you have our permission as long as [PositivePsychology.com](https://www.positivepsychology.com) is cited as the owner and the linkage is done directly to our website.

Warm regards,

Alex

Customer Satisfaction Manager

PositivePsychology.com

info@positivepsychology.com

Appendix III

ETHICAL APPROVAL



Lead City University (LCU)

Motto: Knowledge for Self-reliance

Lagos - Ibadan Expressway, Toll Gate Area, Ibadan, Oyo State, Nigeria

Email: lcu.hrec@lcu.edu.ng



University Research Ethics Committee

PROJECT TITLE: BIBLIOTHERAPY, SELF-ASSERTIVENESS STRATEGIES AND PSYCHOLOGICAL WELL-BEING OF WIDOWS IN IBADAN METROPOLIS, OYO STATE, NIGERIA.

PROJECT NUMBER: LCU-REC/24/011

APPROVAL DATE: 12/03/2024

EXPIRY DATE: 12/03/2025

APPROVAL LETTER

The above-named proposal has been adequately reviewed; the protocol and safety guidelines satisfy the conditions of LCU-REC policies regarding experiments that use human subjects. Therefore, the study under its reviewed state is hereby approved by the LCU-Research Ethics Committee.

Prof. Olusola Ladokun

Name of LCU-REC Chairman

Dr. Folahanmi Akinsolu

Name of LCU-REC Secretary



This approval is given with the investigator's Declaration as stated below;


By signing below, I agree/certify that:

1. I have reviewed this protocol submission in its entirety and that I am fully cognizant of, and in agreement with all submitted statements.
2. I will conduct this research study in strict accordance with all submitted statements except where a change may be necessary to eliminate apparent immediate hazard to a given research subject.
 - I will notify the LCU-REC promptly of any change in research procedures necessitated in the interest of the safety of a given research subject.
 - I will request and obtain LCU-REC approval of any proposed modification to the research protocol or informed consent document(s) prior to implementing such modifications.

3. I will ensure that all co-investigator and other personnel assisting in the conduct of this research study have been provided a copy of the entire current version of the research protocol and are fully informed of the current (a) study procedures (including procedure modifications); (b) informed consent requirements and process; (c) potential risks associated with the study participation and the steps required to be taken to prevent or minimize these potential risks; (d) adverse events reporting requirements; (e) data and record-keeping; and (f) the current REC approval status of the research study.
4. I will respond promptly to all requests for information or materials solicited by the REC or REC Office.
5. I will submit the research study in a timely manner for the REC renewal approval.
6. I will not enroll any individual into this research study until such time I obtain his/her written informed consent, or if applicable, the written informed consent of his/her authorized representative (i.e unless the REC has granted a waiver of the requirement to obtain informed consent).
7. I will employ and oversee an informed consent process that ensures that potential research subjects understand fully the purpose of the research study, the nature of the research procedures they are being asked to undergo, the potential risks of these research procedures, and their rights as a research study volunteer.
8. I will ensure that the research subjects are kept fully informed of any new information that may affect their willingness to continue to participate in the research study.
9. I will maintain adequate, current, and accurate records of research data, outcomes, and adverse events to permit an ongoing assessment of the risks/benefits ratio of research study participation.
10. I am cognizant of, and will comply with, current federal regulations and REC requirements governing human subject research including adverse event reporting requirements.
11. I will make a reasonable effort to ensure that subjects who have suffered adverse event associated with research participation receive adequate care to correct or alleviate the consequences of the adverse event in the extent possible.
12. I will ensure that the conduct of this research study adheres to Good Clinical Practice guidelines.

MRS OSUAGWU NGOZI.

Principal Investigator's Name


.....

Principal Investigator's Signature and Date

Appendix IV

Letter of Introduction



Lead City University, Ibadan

Motto: Knowledge for Self-reliance

Beside Methodist High School, Oba Otudeko Avenue Toll Gate
PO Box 30678, Secretariat Ibadan. Tel: 08153318702
E-mail: leadcity@lcu.edu.ng www.lcu.edu.ng

30th August, 2023

The Coordinator
Paula's Society
Ibadan.

Dear Sir/Madam,

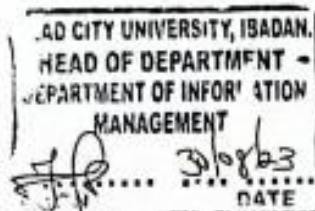
LETTER OF INTRODUCTION

I write to introduce **Ngozi J. OSUAGWU**, with Matriculation Number: LCU/PG/002566 a PhD student of Library & Information Science in the Department of Information Management who is currently working on her Thesis. She is in the process of gathering data for her PhD programme which is "Bibliotherapy, Self-assertiveness Strategies on the Psychological Wellbeing of Widows in Ibadan Metropolis, Oyo State, Nigeria."

We hereby appeal for your cooperation in this regard. Kindly note that the information collected is strictly for research purpose.

Thank you in anticipation of your kind consideration.


Yours faithfully;



Dr. Sophia V. Adeyeye PhD
Head of Department

Appendix V

Attestation Form

**Lead City University, Ibadan**
Faculty of Communication and Information Sciences
Department of Information Management

Dear Sir/Madam,

Research Project Attestation Form

The bearer is a student of the above named University and Department. He/she is conducting a research and your establishment has been selected as one of his/her research samples. Kindly grant him/her all necessary assistance to make the exercise a success.

Please complete the following attestation form for the student on completion of the exercise. The completion of the form serves as evidence that the student actually carried out part of the study in your establishment.

Thanks for your anticipated assistance.

LEAD CITY UNIVERSITY, IBADAN.
HEAD OF DEPARTMENT -
DEPARTMENT OF INFORMATION
MANAGEMENT
[Signature] 30/8/23
DATE

.....
Head of Department (Signature, Date and Stamp)

Student's (Researcher) Surname..... *OSUAGWU* ... **Other Names**..... *NGOZI J.*
Matriculation Number..... *LCU/PA/002576* **Programme (Degree, PGD, Masters and Ph.D)**

Project Topic: *Bibliotherapy, Self-Awareness Strategies and Psychological Wellbeing of Widows in Ibadan Metropolis, Oyo State, Nigeria*

Attestation Section
I hereby attest that the above named student conducted a study on the above named topic in my institution/establishment

Date(s) (Days) the Research was Conducted..... *10th October - 12th December 2023*
Names of Attester..... *Mrs. P. C. Cheta-Kintla* **Designation**..... *Coordinator*
Name and Address of the Institution..... *Paula's Society for widows, Ibadan*
Phone No...... *07066545902* **E-mail Address**.....

[Signature] 12/12/2023
Signature, Date and Stamp

Appendix VI
SPSS OUTPUT

Univariate Analysis of Variance H₀₁ : Treatment (bibliotherapy) on psychological well-being

Tests of between-subjects effects

Dependent Variable: Post psychological

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	1391.315 ^a	2	695.658	6.318	.004	.255
Intercept	2.701	1	2.701	.025	.876	.001
Pre psychological	1361.389	1	1361.389	12.364	.001	.250
Treatment	809.653	1	809.653	7.353	.010	.166
Error	4074.185	37	110.113			
Total	29968.000	40				
Corrected Total	5465.500	39				

a. R Squared = .255 (Adjusted R Squared = .214)

Estimated marginal means

	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Bibliotherapy	32.479	3.298	25.797	39.162
Control	20.113	2.383	15.285	24.940

Univariate Analysis of Variance H₀₂: Treatment (self-assertiveness) on psychological well-being

Tests of between-subjects effects

Dependent Variable: Post psychological

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	1697.585 ^a	2	848.792	29.433	.000	.621
Intercept	665.394	1	665.394	23.074	.000	.391
Pre psychological	607.574	1	607.574	21.069	.000	.369
Treatment	1412.183	1	1412.183	48.970	.000	.576
Error	1038.159	36	28.838			
Total	17082.000	39				
Corrected Total	2735.744	38				

a. R Squared = .621 (Adjusted R Squared = .599)

Estimated marginal means

Treatment	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Self-assertiveness	26.977	1.407	24.122	29.832
Control	14.306	1.107	12.062	16.550

Univariate Analysis of Variance H₀₃: Treatment (bibliotherapy) and age on psychological well-being

Tests of between-subjects effects

Dependent Variable: Post psychological

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	3033.021 ^a	4	758.255	10.910	.000	.555
Intercept	62.197	1	62.197	.895	.351	.025
Pre psychological	406.628	1	406.628	5.851	.021	.143
Treatment	779.026	1	779.026	11.209	.002	.243
Age	94.788	1	94.788	1.364	.251	.038
Treatment * age	674.112	1	674.112	9.700	.004	.217
Error	2432.479	35	69.499			
Total	29968.000	40				
Corrected Total	5465.500	39				

a. R Squared = .555 (Adjusted R Squared = .504)

Estimated marginal means

Treatment	Age	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Bibliotherapy	Young	36.190	4.356	27.346	45.033
	Old	28.826	4.097	20.509	37.144
Control	Young	12.182	2.771	6.557	17.806
	Old	28.154	2.562	22.952	33.356

Univariate Analysis of Variance H₀₄: Treatment (bibliotherapy) and economic status on psychological well-being

Tests of between-subjects effects

Dependent Variable: Post psychological

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	1750.291 ^a	6	291.715	2.591	.036	.320
Intercept	10.949	1	10.949	.097	.757	.003
Pre psychological	1061.606	1	1061.606	9.430	.004	.222
Treatment	384.937	1	384.937	3.419	.073	.094
Economic status	201.215	2	100.607	.894	.419	.051
Treatment*Economic	129.850	2	64.925	.577	.567	.034
Error	3715.209	33	112.582			
Total	29968.000	40				
Corrected Total	5465.500	39				

a. R Squared = .320 (Adjusted R Squared = .197)

Estimated marginal means

Treatment	Economic status	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Bibliotherapy	Low	32.134	4.308	23.368	40.899
	Medium	33.159	6.251	20.441	45.878
	High	36.166	10.913	13.963	58.368
Control	Low	18.410	2.737	12.841	23.978
	Medium	29.787	6.129	17.318	42.255
	High	21.666	7.925	5.543	37.789

Univariate Analysis of Variance H₀₅: Treatment (bibliotherapy) and tribe on psychological well-being

Tests of between-subjects effects

Dependent Variable: Post psychological

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	2204.396 ^a	5	440.879	4.597	.003	.403
Intercept	10.559	1	10.559	.110	.742	.003
Pre psychological	1199.620	1	1199.620	12.507	.001	.269
Treatment	436.961	1	436.961	4.556	.040	.118
Tribe	382.523	2	191.261	1.994	.152	.105
Treatment* tribe	243.710	1	243.710	2.541	.120	.070
Error	3261.104	34	95.915			
Total	29968.000	40				
Corrected Total	5465.500	39				

a. R Squared = .403 (Adjusted R Squared = .316)

Estimated marginal means

Treatment	Tribe	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Bibliotherapy	Igbo	33.167	5.021	22.964	43.370
	Yoruba	31.805	3.582	24.526	39.084
	Hausa	-	-	-	-
Control	Igbo	29.310	3.905	21.373	37.247
	Yoruba	16.310	2.736	10.750	21.869
	Hausa	19.218	5.709	7.616	30.820

Univariate Analysis of Variance H₀6: Treatment (self-assertiveness) and age on psychological well-being

Tests of between-subjects effects

Dependent Variable: Post psychological

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	2321.457 ^a	4	580.364	47.630	.000	.849
Intercept	337.832	1	337.832	27.725	.000	.449
Pre psychological	254.463	1	254.463	20.884	.000	.381
Treatment	1482.409	1	1482.409	121.659	.000	.782
Age	622.330	1	622.330	51.074	.000	.600
Treatment *age	12.674	1	12.674	1.040	.315	.030
Error	414.287	34	12.185			
Total	17082.000	39				
Corrected Total	2735.744	38				

a. R Squared = .849 (Adjusted R Squared = .831)

Estimated marginal means

Treatment	Age	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Self-assertiveness	Young	35.178	1.960	31.195	39.160
	Old	24.067	1.248	21.531	26.604
Control	Young	18.956	1.507	15.892	22.020
	Old	11.931	1.101	9.693	14.169

Univariate Analysis of Variance H₀7: Treatment (self-assertiveness) and economic status on psychological well-being

Tests of between-subjects effects

Dependent Variable: Post psychological

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	1938.821 ^a	6	323.137	12.975	.000	.709
Intercept	584.079	1	584.079	23.453	.000	.423
Pre psychological	487.828	1	487.828	19.588	.000	.380
Treatment	847.068	1	847.068	34.014	.000	.515
Economic status	141.489	2	70.745	2.841	.073	.151
Treatment* Economic	111.289	2	55.645	2.234	.123	.123
Error	796.922	32	24.904			
Total	17082.000	39				
Corrected Total	2735.744	38				

a. R Squared = .709 (Adjusted R Squared = .654)

Estimated marginal means

Treatment	Economic status	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Self-assertiveness	Low	26.019	1.495	22.974	29.065
	Medium	27.299	3.533	20.102	34.496
	High	38.292	5.154	27.793	48.791
Control	Low	13.288	1.238	10.766	15.810
	Medium	18.881	2.645	13.494	24.268
	High	14.087	3.535	6.887	21.287

Univariate Analysis of Variance H₀₈: Treatment (self-assertiveness) and tribe on psychological well-being

Tests of between-subjects effects

Dependent Variable: Post psychological

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	1756.242 ^a	5	351.248	11.834	.000	.642
Intercept	272.501	1	272.501	9.181	.005	.218
Post psychological	603.794	1	603.794	20.342	.000	.381
Treatment	1310.907	1	1310.907	44.165	.000	.572
Tribe	29.170	2	14.585	.491	.616	.029
Treatment*tribe	32.200	1	32.200	1.085	.305	.032
Error	979.501	33	29.682			
Total	17082.000	39				
Corrected Total	2735.744	38				

a. R Squared = .642 (Adjusted R Squared = .588)

Estimated marginal means

Treatment	Tribe	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Self-assertiveness	Igbo	29.193	2.724	23.651	34.735
	Yoruba	26.217	1.680	22.800	29.634
	Hausa	25.617	3.247	19.160	32.074
Control	Igbo	13.742	1.946	9.782	17.701
	Yoruba	14.908	1.407	12.046	17.771
	Hausa	9.280	5.594	-2.100	20.661

Univariate Analysis of Variance H₀₉: Treatments (bibliotherapy, self-assertiveness) and age on psychological well-being

Tests of between-subjects effects

Dependent Variable: Post psychological

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	4267.621 ^a	6	711.270	15.452	.000	.619
Intercept	420.928	1	420.928	9.144	.004	.138
Pre psychological	215.290	1	215.290	4.677	.035	.076
Treatment	1557.373	2	778.686	16.916	.000	.372
Age	6.209	1	6.209	.135	.715	.002
Treatment*age	2149.965	2	1074.983	23.353	.000	.450
Error	2623.817	57	46.032			
Total	35368.000	64				
Corrected Total	6891.438	63				

a. R Squared = .619 (Adjusted R Squared = .579)

Estimated marginal means

Treatment	Age	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Bibliotherapy	Young	19.456	3.162	13.124	25.788
	Old	29.189	2.041	25.102	33.276
Self-assertiveness	Young	37.225	3.519	30.177	44.272
	Old	24.739	2.678	19.375	30.102
Control	Young	13.103	2.226	8.646	17.560
	Old	13.785	1.787	10.207	17.363

Univariate Analysis of Variance H₀10: Treatments (bibliotherapy, self-assertiveness) and economic status on psychological well-being

Tests of between-subjects effects

Dependent Variable: Post psychological

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	3072.737 ^a	5	614.547	9.334	.000	.446
Intercept	775.866	1	775.866	11.784	.001	.169
Pre psychological	752.851	1	752.851	11.435	.001	.165
Treatment	2130.576	2	1065.288	16.180	.000	.358
Economic status	834.273	1	834.273	12.671	.001	.179
Treatment* Economic	221.412	1	221.412	3.363	.072	.055
Error	3818.701	58	65.840			
Total	35368.000	64				
Corrected Total	6891.438	63				

a. R Squared = .446 (Adjusted R Squared = .398)

Estimated marginal means

Treatment	Economic status	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Bibliotherapy	Low	28.961	2.723	23.502	34.419
	Medium	23.501	9.105	5.247	41.754
	High	28.870	6.343	16.154	41.586
Self-assertiveness	Low	21.335	2.024	17.277	25.393
	Medium	39.760	9.018	21.681	57.840
	High	14.239	8.894	-3.592	32.070
Control	Low	14.935	2.040	10.846	19.024
	Medium	20.501	4.861	10.756	30.246
	High	10.760	9.018	-7.319	28.840

Univariate Analysis of Variance H₀₁₁: Treatments (bibliotherapy, self-assertiveness) and tribe on psychological well-being

Tests of between-subjects effects

Dependent Variable: Post psychological

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	2971.047 ^a	8	371.381	5.210	.000	.431
Intercept	475.730	1	475.730	6.674	.012	.108
Pre psychological	540.334	1	540.334	7.580	.008	.121
Treatment	1083.715	2	541.858	7.602	.001	.217
Tribe	359.498	2	179.749	2.522	.090	.084
Treatment * tribe	538.119	3	179.373	2.516	.068	.121
Error	3920.390	55	71.280			
Total	35368.000	64				
Corrected Total	6891.438	63				

a. R Squared = .431 (Adjusted R Squared = .348)

Estimated marginal means

Treatment	Tribe	Mean	Std. Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Bibliotherapy	Igbo	31.290	3.310	24.655	37.924
	Yoruba	17.897	2.310	13.268	22.526
	Hausa	-	-	-	-
Self-assertiveness	Igbo	30.573	4.249	22.059	39.088
	Yoruba	27.424	2.740	21.934	32.915
	Hausa	20.306	4.913	10.460	30.152
Control	Igbo	15.249	2.986	9.265	21.234
	Yoruba	16.293	2.230	11.824	20.761
	Hausa	11.260	8.551	-5.877	28.397

Bio-data

A. Personal Data

- 1. Full Name:** Ngozi Joyce OSUAGWU
Address: No. 15, Road 1, Ayegoro Estate, Akobo, Ibadan.
E-mail address: osuagwu.ngozi@lcu.edu.ng
Phone no: 08072050502
- 2. Date and Place of Birth:** 15th October, 1976. Ibadan.
- 3. Nationality:** Nigerian
- 4. Marital Status:** Widowed
- 5. No. of Children & their Ages:** 2 Children. 16 and 10 years.
- 6. Name and Address of Spouse:** (Deceased)
- 7. Name and Address of Next of Kin:** Julia Emechebe, No: 33, Alara Street, Sabo, Yaba, Lagos.
- 8. Date of Assumption of Duty in Current Establishment:** April 2nd, 2024
- 9. Status on First Appointment in Current Establishment:** Assistant Lecturer
- 10. Present Position:** Assistant Lecturer
- 11. Date of Last Promotion:** Not Applicable
- 12. Date of Confirmation of Appointment:** Not Applicable
- 13. Faculty:** Communication and Information Sciences
- 14. Department:** Department of Information Management

B. Educational Background

1. Educational Institutions Attended with Dates and Qualification:

- i. Primary Education:** St. Thomas Pry School, Agbowo, Ibadan. (1983-1988 - PSC)
- ii. Secondary Education:** Immanuel College High School, U.I. Ibadan. (1989-1994 - SSSE)
- iii. Higher Educational Institutions Attended with Dates & Qualification**

University of Ibadan: (2003-2007) BLIS Library, Archival and Information Studies

University of Ibadan: (2010-2011) MLIS Library and Information Studies

University of Ibadan: (2012-2013) MPCS Publishing and Copyright Studies

Lead City University, Ibadan: (2021 to date) PhD in View, Department of Information Management

C. Awards and Fellowships: Nil

D. 1. Work Experience: With Dates

The Carmelite Formation House, Ologuneru: Librarian (2009 - 2012)

- Conversion from manual to automated processing of library materials
- Procuring and deploying an in-house Library Software

BrightEyes Publishers Ltd, Lagos: Editorial & Admin Officer (2012 – 2014)

- Researched and developed manuscripts
- Performed general oversight functions regarding the day to day running of the company
- Prepared CRCs for publishing
- Organized workshops for authors
- Took decisions regarding company structures and operations
- Performed Copy Editing
- Carried out Content Editing
- Proofread and Indexed manuscripts
- Demonstrated a high level of professionalism and discretion in all communications
- Worked collaboratively in a close team environment

Kingsbreed Academy, Ibadan: Librarian/School Admin (2015 – 2022)

- Set up a functional school library
- Organised library materials using DDC
- Designed a curriculum and library hour for use of library
- Introduced Readers' Club
- Solicited for books from Publishers, State library and individual donors.
- Organized Reading Competition and Spelling Bees Contest
- Encouraged library use by recognising and awarding library user of the month
- Provided administrative support to an academic team of teachers and tutors
- Drafted and interpreted regulations and dealt with queries and complaints
- Liaised with external partners like publishers, libraries, etc to achieve the school's objectives
- Coordinated examinations and assessment processes
- Maintained high level of quality assurance, including lesson notes, topics and the curriculum

- Supervised and coordinated members of staff
- Administered and coordinated student recruitment examinations and assessment activities both internal and external
- Counselling students on private and school related issues
- Managed day to day activities at all levels in school

Library, SS. Peter and Paul Major Seminary, Bodija: Librarian (2022 - 2024)

- Involved in conversion of library materials from DDC scheme to LC scheme through automation using KOHA
- Cataloguing and classifying of library materials
- Weeding of books
- Co-location of library books shelved in different places in the
- Total re-arrangement of books in the library and shelf reading
- Correction of different forms of errors on the OPAC
- Retrieval of wrongly classified books from the shelves and correcting them
- Management of library staff, structures and operations
- General oversight functions regarding the day to day running of the library

2. Courses taught within the current academic sessions:

- LIS 111: Introduction to Library and Information Resources
- LIS 115: Historical Development of Library and Information centres
- LIS 212: Library and Information Services to the Rural Communities
- LIS 215: Oral Archive and Indigenous Knowledge
- LIS 318: Arts & Humanities Information Resources and Services

3. Current Undergraduate Studies Supervision (no of students): Not applicable

4. Current Graduate Studies Supervision (no of students): Not applicable

E. Membership of Academic Professional Bodies: Nigerian Library Association (NLA), Librarian Registration Council of Nigeria (LRCN), Nigeria Institute of Management (MNIM)

F. Publications:

1. Thesis/Dissertation

Wiener's Great Principles of Justice as Factors Influencing the Use and Abuse of Internet by Undergraduates of the Faculty of Education, University of Ibadan. 2011.

Awareness, Perception and Demography as Determinants of Participation in the Development of Institutional Intellectual Property Repository by Researchers in the University of Ibadan. 2013.

In progress

Bibliotherapy, Self-Assertiveness Strategies and Psychological Well-being of Widows in Ibadan Metropolis, Oyo State, Nigeria.

2. Books/Monographs: Nil

(a) Authored Books: Nil

(b) Edited Books: Nil

(c) Contribution to Books: Nil

3. Published Refereed Conference Proceedings: Nil

5. Book Reviews and Commentaries in Scholarly Journals: Nil

6. Technical Reports: Nil

7. Other Publications:

Adeyeye, S. V. & Osuagwu, N. J. (2023). School Libraries and Bibliotherapeutic Services for Vulnerable Children. *Nigerian School Library Journal*, 22.

Osuagwu, N. J. & Okwilagwe, O. A. (2008). Core Issues in Journal Publishing: Design and Production Management. *Journal of Publishing, Information and Mass Communication*. Vol. 6, Nos. 1 & 2: 13-29.

8. Creative Work: Nil

G. Notable Scholarly or Professional Accomplishments: Nil

H. Major Conferences/Workshops Attended:

Lead City University, Ibadan, Postgraduate College. International Academic Conference, 16th – 19th October, 2023

I. Services in Lead City University: Nil

1. Services Within the University Dept: Nil

2. Services within the Faculty: Nil

3. Services within the University: Nil

4. Services outside the University (local, State or National or International): Nil

J. Extra Curricular Activities: Reading and travelling

K. Others

L. Names and Addresses of Referees:

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08033216495

Prof. E. E. Nwokocha
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Signature

Date

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The University Compliance Certification

This is to certify that this thesis written by **Ngozi Joyce OSUAGWU** with matriculation number LCU/PG/002566 in the Department of Information Management, Faculty of Communication and Information Sciences, Lead City University, Ibadan is in full compliance with the approved University format and style.

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