

EFFECT OF COGNITIVE BEHAVIOURAL THERAPY ON MANAGING POST TRAUMATIC EXPERIENCE AMONG WIDOWS IN IKWERRE LOCAL GOVERNMENT AREA OF RIVERS STATE

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Abstract

This study examines the effect of Cognitive Behavioral Therapy (CBT) on post-traumatic experiences and emotional well-being among widows in Ikwerre Local Government Area of Rivers State, Nigeria. Using a quasi-experimental design, the study involved 240 widows divided into an experimental group that received CBT and a control group that did not receive any specific intervention. The Post-Traumatic Stress Disorder Checklist – Civilian Version (PCL-C) and the Positive and Negative Affect Schedule (PANAS) were used to measure post-traumatic symptoms and emotional well-being, respectively. The instruments undergo face validation by a panel of experts in psychology and trauma studies, who reviewed the items for clarity and appropriateness for the study population. Reliability was ensured by conducting a pilot study and the Cronbach's alpha reliability coefficient was calculated with a value of 0.87. Data were analyzed using descriptive statistics, paired t-tests, and ANCOVA. Results showed that CBT significantly reduced post-traumatic stress symptoms and improved emotional well-being in the experimental group, particularly among widows who had been widowed for less than five years. The findings suggest that early intervention through CBT can be highly effective in mitigating trauma-related symptoms and enhancing emotional health in widows. It was also found that the duration of widowhood moderated the effectiveness of the therapy. Based on the results, it is recommended that early intervention programs for widows be prioritized, and that alternative therapeutic approaches be considered for widows experiencing long-term bereavement.

Keywords: Cognitive Behavioral Therapy, post-traumatic experiences, widows, emotional well-being, widowhood, quasi-experimental design, intervention.

Introduction

Largely due to ignorance, mental health is often neglected until overt mental disorders emerge. An individual is considered mentally healthy when they can realize their potential, cope with everyday stresses, work productively, and contribute to their community (WHO, 2021; Kinanee, 2022). When a person's mental health fails to meet any of these criteria for a significant period, it should be a cause for concern for the individual and those around them

(WHO, 2021; Kinanee, 2022). Psychological disorders are increasingly being recognized as a global health crisis, and Nigeria is not exempt. The current economic, political, and security challenges in the country are severely impacting people's lives, including their mental health (UNICEF, 2020; WHO, 2021).

The Nigerian news media is currently filled with reports of assassinations, kidnappings, rape, gruesome murders, ritual killings, Boko Haram terrorism, Fulani herdsmen attacks, epidemics, ghastly road accidents, communal clashes, cultism, and robberies. These events not only cause physical injuries but also result in fatalities, leaving behind widows, widowers, and orphans. Research has shown that individuals who undergo such traumatic experiences often develop long-term psychological disorders, such as Post-Traumatic Stress Disorder (PTSD) (APA, 2021).

Post-Traumatic Stress Disorder (PTSD) is a psychiatric condition that occurs in response to experiencing or witnessing a severely stressful or life-threatening event. It is frequently associated with psychiatric comorbidities and reduced quality of life, and it often follows a chronic, lifelong course (James & Gilliland, 2021). PTSD is a serious mental health condition that requires intervention to prevent further psychological decline.

Kinanee (2022) defines PTSD as a form of anxiety disorder triggered by past traumatic events such as kidnappings, rape, tragic accidents, or military combat. Those affected frequently experience flashbacks and other distressing symptoms. In Rivers State, orphanages house children who have lost their parents to these traumatic events, many of whom have been rescued from regions in Nigeria impacted by terrorism, communal clashes, and violence, all of which are known to cause PTSD. This research, therefore, focuses on managing PTSD in orphanage homes in Rivers State, using Cognitive Behavioral Therapy (CBT) as an intervention, which is highly recommended in the treatment of PTSD (Hofmann et al., 2022).

In addition to medical treatment, counselling plays a vital role in addressing mental health issues. Among various psychotherapeutic tools, Cognitive Behavioral Therapy (CBT) is one that focuses on helping individuals modify their thought patterns, which in turn affects their emotions and behaviors (Oyekuru, 2020). CBT is highly effective for treating a wide range of psychological disorders (Hofmann et al., 2022). According to Cambridge Advanced Learner's Dictionary and Thesaurus (2022), CBT is a cognitive-based therapy designed to tackle behavior-related challenges by engaging clients in dialogue. CBT is particularly useful because it is a short-term, hands-on approach to problem-solving, which aims to change maladaptive thought patterns to improve emotional responses (Mayo Clinic, 2021).

The experience of widowhood can be an emotionally overwhelming and traumatic event, particularly in cultures where the loss of a spouse leads to a significant change in social, economic, and psychological circumstances. In Ikwerre Local Government Area of Rivers State, widowhood is not only a personal tragedy but often a societal challenge, as widows may face a range of difficulties including social stigma, economic hardships, and emotional

isolation. These experiences can trigger post-traumatic stress, which, if left untreated, can have long-lasting effects on the mental health of widows.

Post-traumatic stress among widows often manifests in symptoms such as flashbacks, nightmares, anxiety, depression, and emotional numbness (Olaleye, 2018). The severity of these symptoms can affect their ability to reintegrate into their communities and rebuild their lives. Cognitive Behavioral Therapy (CBT) has been widely recognized as an effective treatment for individuals experiencing post-traumatic stress, as it helps them understand and modify the negative thought patterns contributing to their emotional distress (Beck & Dozois, 2019). By targeting distorted thinking and providing practical coping strategies, CBT offers widows a path to healing and emotional recovery.

In Rivers State, the application of CBT as a therapeutic intervention for post-traumatic stress among widows is still relatively under-researched. However, the success of CBT in similar settings suggests that it could be an effective method for addressing the unique challenges widows face in Ikwerre Local Government Area. Research has shown that CBT not only reduces the severity of post-traumatic stress symptoms but also enhances overall well-being by fostering emotional resilience and improving cognitive flexibility (Wykes & Huddy, 2019). Therefore, investigating the impact of CBT on the post-traumatic experience of widows in this region could provide valuable insights into its potential as a mental health intervention in local contexts.

The cultural and social dynamics of Ikwerre society further complicate the widowhood experience. Many widows may encounter restrictive mourning practices, property disputes, or ostracism, which exacerbate their psychological trauma (Ejimabo, 2020). Given these factors, the need for effective psychological interventions becomes even more pressing. Cognitive Behavioral Therapy, with its structured approach to managing trauma, offers a promising solution that can be adapted to meet the specific needs of these widows.

Statement of the Problem

The issue of widowhood in Ikwerre Local Government Area presents profound societal challenges, particularly in the context of the post-traumatic experiences (PTE) that widows endure. Widows often face a host of emotional, psychological, and social difficulties following the loss of their spouses. Beyond the personal grief associated with losing a loved one, these women are frequently confronted with societal stigmatization, cultural restrictions, economic instability, and sometimes isolation from family and community support systems. In this region, traditional mourning practices, property disputes, and exclusion from certain social activities often heighten the emotional strain on widows, further intensifying their psychological trauma.

Post-traumatic experiences in this context may manifest as prolonged grief, depression, anxiety, emotional numbness, and even post-traumatic stress disorder (PTSD). These mental health challenges can severely affect a widow's ability to function in daily life, limiting her capacity to care for her children, manage household responsibilities, or engage in income-

generating activities. The persistent nature of these symptoms often results in long-term psychological harm, inhibiting the widow's ability to recover from her loss and reintegrate into society. Despite the severity of these issues, mental health interventions specifically targeting the post-traumatic experiences of widows are limited, with many women left to cope with their emotional distress in isolation.

Cognitive Behavioral Therapy (CBT), a well-established therapeutic approach for addressing trauma and emotional disorders, holds potential for helping widows process their grief and overcome the negative thought patterns that perpetuate their trauma. CBT equips individuals with strategies to identify and modify maladaptive thoughts, thereby enabling them to cope more effectively with the distressing emotions associated with trauma. However, in the Ikwerre community, there has been little focus on using CBT to address the post-traumatic experiences of widows, despite evidence from other regions suggesting its efficacy in reducing trauma-related symptoms.

This gap in mental health support, coupled with the prevalence of psychological trauma among widows, underscores the need for this study. The societal problem of widowhood - induced post-traumatic experiences, exacerbated by cultural and economic pressures, warrants an investigation into the effectiveness of Cognitive Behavioral Therapy as a targeted intervention. By addressing this gap, the study seeks to determine whether CBT can offer a practical solution to alleviate the psychological burden faced by widows in Ikwerre Local Government Area, ultimately contributing to their emotional healing and improved well-being.

Aim and Objectives

This study aims to explore the effect of CBT on the post-traumatic experience of widows in Ikwerre Local Government Area

1. To examine the effect of Cognitive Behavioral Therapy (CBT) on reducing post-traumatic stress symptoms among widows in Ikwerre Local Government Area.
2. To evaluate the impact of CBT on improving the emotional well-being of widows in Ikwerre Local Government Area.
3. To determine whether the duration of widowhood moderates the effectiveness of CBT in alleviating post-traumatic experiences among widows.

Research Questions

1. What is the effect of Cognitive Behavioral Therapy (CBT) on reducing post-traumatic stress symptoms among widows in Ikwerre Local Government Area?
2. How does CBT impact the emotional well-being of widows in Ikwerre Local Government Area?
3. Does the duration of widowhood moderate the effectiveness of CBT in alleviating post-traumatic experiences among widows in Ikwerre Local Government Area?

Hypotheses

H_{1 0}: There is no significant effect of Cognitive Behavioral Therapy (CBT) on reducing post-traumatic stress symptoms among widows in Ikwerre Local Government Area.

H_{2 0}: Cognitive Behavioral Therapy (CBT) does not significantly improve the emotional well-being of widows in Ikwerre Local Government Area.

H_{3 0}: The duration of widowhood does not moderate the effectiveness of Cognitive Behavioral Therapy (CBT) in alleviating post-traumatic experiences among widows in Ikwerre Local Government Area.

Methodology

Research Design

This study will adopt a **quasi-experimental design** to evaluate the effect of Cognitive Behavioral Therapy (CBT) on post-traumatic experiences among widows in Ikwerre Local Government Area. The quasi-experimental design is chosen due to its suitability for studies where random assignment may not be feasible, particularly when working with vulnerable populations such as widows. The study will involve an experimental group that will receive CBT and a control group that will not receive any specific therapeutic intervention. Both groups will be compared to assess the effect of the therapy on post-traumatic symptoms and emotional well-being.

Population Size

The target population for this study consists of all widows in Ikwerre Local Government Area of Rivers State. The estimated population size of widows in the region is approximately 600 based on local community records and religious organizations.

Sample Size

Using the Taro Yamane formula for determining sample size with a 95% confidence level and a 5% margin of error, the sample size will be 240 widows. These participants will be divided into two groups: the experimental group (120 widows) and the control group (120 widows).

Sampling Techniques

A **purposive sampling technique** will be used to select participants for the study, based on specific inclusion and exclusion criteria:

Inclusion Criteria:

1. Widows who have lost their spouses for at least six months.
2. Widows who exhibit symptoms of post-traumatic stress based on a pre-screening assessment.
3. Participants who are residents of Ikwerre Local Government Area.

Exclusion Criteria:

1. Widows who have received psychological therapy or counselling services in the past year.
2. Widows with diagnosed mental health disorders unrelated to post-traumatic stress.

Instruments for Data Collection

The main instrument for data collection will be the **Post-Traumatic Stress Disorder Checklist – Civilian Version (PCL-C)**, a standardized self-report questionnaire designed to assess post-traumatic stress symptoms. This scale contains 17 items scored on a 5-point Likert scale, where 1 indicates "Not at all" and 5 indicates "Extremely." Scores will be summed, with higher scores indicating greater severity of post-traumatic symptoms.

For emotional well-being, the Positive and Negative Affect Schedule (PANAS) will be used. This scale measures emotional states using two subscales: positive affect (PA) and negative affect (NA). Participants rate each item on a 5-point scale ranging from 1 (Very slightly or not at all) to 5 (Extremely).

Scoring Method:

For the PCL-C, total scores range from 17 to 85, with a cut-off score of 50 indicating probable PTSD. For PANAS, positive and negative affect scores will be analyzed separately, with higher PA scores reflecting better emotional well-being and higher NA scores reflecting greater emotional distress.

Validation and Reliability of the Instruments

Both instruments are **standardized and widely validated** for use in trauma-related research. However, for cultural sensitivity and contextual relevance, the instruments undergo face validation by a panel of experts in psychology and trauma studies, who reviewed the items for clarity and appropriateness for the study population.

Reliability was ensured by conducting a pilot study with 20 widows from a neighboring community. The Cronbach's alpha reliability coefficient was calculated to assess internal consistency, with a value of 0.87 and was considered acceptable.

Administration of the Instrument

The administration of the instruments will take place in two phases:

1. **Pre-Intervention Assessment:** All participants (both experimental and control groups) completed the PCL-C and PANAS to establish baseline measures of post-traumatic symptoms and emotional well-being.
2. **Intervention Phase:** The experimental group received **8 weekly CBT sessions**, each lasting 60 minutes, facilitated by trained psychologists. These sessions will focus on identifying and modifying maladaptive thoughts, enhancing coping skills, and promoting emotional resilience. The control group did not receive any intervention during this

period.

3. **Post-Intervention Assessment:** After the CBT sessions, both the experimental and control groups completed the PCL-C and PANAS again to evaluate changes in post-traumatic symptoms and emotional well-being.

Method of Data Analysis

Data collected from the study were analyzed using the Statistical Package for the Social Sciences (SPSS), version 25. The following statistical methods were employed:

1. **Paired t-tests** was used to compare pre- and post-intervention scores within the experimental group, assessing the impact of CBT on post-traumatic symptoms and emotional well-being.
2. **Analysis of Covariance (ANCOVA)** was employed to compare post-intervention scores between the experimental and control groups, controlling for intervening variables such as duration of widowhood and social support.
3. A **moderation analysis** was conducted to examine whether the duration of widowhood significantly moderates the effect of CBT on post-traumatic experiences.

Results were presented in tables, and hypotheses were tested at a 0.05 level of significance.

Results

Research Question 1: What is the effect of Cognitive Behavioral Therapy (CBT) on reducing post-traumatic stress symptoms among widows in Ikwerre Local Government Area?

Table 1: Paired t-test Results for Pre- and Post-Intervention Scores on Post-Traumatic Stress Symptoms (PCL-C)

Group	N	Mean Pre-Test Score	Mean Post-Test Score	Mean Difference	t-value	p-value
Experimental Group	120	62.45	38.78	23.67	10.52	0.000*
Control Group	120	61.89	60.25	1.64	0.89	0.376

*Significant at $p < 0.05$.

Table 1 shows that the mean post-traumatic stress symptoms score for the experimental group significantly decreased after CBT intervention (mean difference = 23.67, $p < 0.05$). This suggests that CBT was effective in reducing post-traumatic stress symptoms among widows. On the other hand, the control group showed no significant change in post-traumatic stress scores.

Research Question 2: How does CBT impact the emotional well-being of widows in Ikwerre Local Government Area?

Table 2: Paired t-test Results for Pre- and Post-Intervention Scores on Emotional Well-Being (PANAS)

Group	N	Mean Pre -Test PA	Mean Post-Test PA	Mean Pre -Test NA	Mean Post -Test NA	PA Mean Difference	NA Mean Differ- ence	t-value (PA)	p-value (PA)	t-value (NA)	p-value (NA)
Experimental Group	120	19.45	34.89	40.75	22.12	15.44	18.63	12.67	0.000*	9.23	0.000*
Control Group	120	18.98	19.35	41.02	40.75	0.37	0.27	0.72	0.460	0.51	0.614

*Significant at $p < 0.05$.

Table 2 shows a significant improvement in emotional well-being for the experimental group after CBT. The Positive Affect (PA) score increased by 15.44 points ($p < 0.05$), and the Negative Affect (NA) score decreased by 18.63 points ($p < 0.05$), indicating that CBT led to an improvement in emotional well-being. The control group did not show any significant changes in either positive or negative affect.

Research Question 3: Does the duration of widowhood moderate the effectiveness of CBT in alleviating post-traumatic experiences among widows in Ikwerre Local Government Area?

Table 3: Moderation Analysis of the Duration of Widowhood on the Effectiveness of CBT

Duration of Widowhood	Group	Mean Post-Test Score (PCL-C)	F-value	p-value
Less than 2 years	Experimental Group	35.78	8.52	0.004*
	Control Group	60.12		
2 - 5 years	Experimental Group	40.12	5.67	0.021*
	Control Group	59.89		
More than 5 years	Experimental Group	42.45	1.89	0.165
	Control Group	60.45		

*Significant at $p < 0.05$.

Table 3 shows that the duration of widowhood significantly moderates the effectiveness of CBT in widows who have been widowed for less than 5 years. Widows who had lost their husbands less than 2 years ago saw the greatest reduction in post-traumatic stress symptoms ($p < 0.05$). For those widowed between 2 and 5 years, CBT was still effective but less so ($p < 0.05$). Widows who had been widowed for more than 5 years did not show a significant change in post-traumatic stress symptoms following the CBT intervention. This suggests that CBT may be more effective for those who have been widowed for shorter durations.

Discussion of Findings

The findings from the study revealed that CBT significantly reduced post-traumatic stress symptoms among widows in the experimental group compared to the control group, which showed no significant changes. The mean post-traumatic stress symptoms score dropped considerably after the CBT intervention, indicating that widows who participated in the therapy experienced relief from their trauma-related distress. This finding is consistent with previous studies, such as those conducted by Bryant et al. (2011), which demonstrated that CBT is highly effective in treating PTSD by modifying maladaptive thinking patterns and reducing trauma-related symptoms.

The significant reduction in post-traumatic stress symptoms in the experimental group aligns with the cognitive theory underpinning CBT. This theory posits that negative thoughts and cognitive distortions contribute to emotional distress and behavioral problems, particularly in individuals experiencing trauma. By helping the widows challenge and reframe these negative thoughts, CBT facilitated emotional healing and improved their overall mental health. This finding supports the work of Resick and Schnicke (1993), who found that trauma-focused CBT effectively targets cognitive distortions and reduces post-traumatic symptoms in survivors of traumatic events.

Comparing these findings with other authors, Foa et al. (2009) found that CBT is particularly useful for individuals exposed to significant loss or bereavement, suggesting that widows, as a vulnerable group, can benefit greatly from structured therapy. However, contrary to studies like Shear et al. (2005), which suggested that grief-focused therapies may be more appropriate for bereaved individuals, this study indicates that general CBT interventions can be highly beneficial in addressing trauma-related symptoms of widowhood.

The results indicated a significant improvement in emotional well-being for widows in the experimental group following CBT intervention. Positive Affect (PA) scores increased, and Negative Affect (NA) scores decreased substantially, suggesting that CBT helped participants experience more positive emotions while reducing negative emotional states. This is consistent with findings from studies such as Hofmann et al. (2012), which highlight the role of CBT in enhancing emotional regulation and promoting psychological resilience.

This improvement in emotional well-being may be attributed to CBT's structured approach in helping individuals identify and challenge negative automatic thoughts, which are often responsible for emotional distress. By engaging in therapeutic techniques such as cognitive restructuring and relaxation exercises, widows in the experimental group were able to cultivate more positive emotional experiences. This is in line with the work of Beck (2011), who emphasized the role of CBT in promoting positive emotions by modifying maladaptive thought patterns and behaviors.

Comparatively, research conducted by Moorey et al. (2009) emphasized that CBT improves emotional well-being not only through cognitive restructuring but also by

encouraging participants to adopt problem-solving skills and increase their activity levels. The findings of this study echo similar outcomes, where widows reported feeling more empowered and emotionally balanced after therapy. This supports the notion that CBT has far-reaching effects on both cognitive and emotional domains of mental health.

The study found that the duration of widowhood significantly moderated the effectiveness of CBT. Widows who had been widowed for less than 2 years experienced the greatest reduction in post-traumatic stress symptoms, while those widowed for more than 5 years showed no significant improvements. These results suggest that the recency of widowhood may play a crucial role in how responsive individuals are to therapeutic interventions like CBT. This finding is consistent with studies like Boelen et al. (2006), which reported that the timing of therapy is critical, with earlier interventions often yielding better outcomes for trauma survivors.

The greater responsiveness of widows in the early stages of bereavement to CBT may be linked to the psychological concept of the "window of opportunity" in trauma therapy. Early interventions can prevent the consolidation of maladaptive thoughts and behaviors, which tend to solidify over time and become harder to change. This is in agreement with Bonanno et al. (2004), who emphasized the importance of early therapeutic engagement in preventing prolonged grief and post-traumatic stress. As widowhood prolongs, maladaptive coping mechanisms might become entrenched, making it more difficult for CBT to be effective.

In contrast, widows who have been widowed for more than 5 years may have developed coping strategies that, while not entirely effective in reducing trauma, become part of their lifestyle. As pointed out by Jordan and Neimeyer (2003), long-term bereavement may require more specialized interventions like Complicated Grief Therapy (CGT) rather than standard CBT. This suggests that while CBT is effective for widows in the early stages of post-traumatic experiences, its efficacy may diminish over time, necessitating more tailored interventions for those with prolonged grief.

Conclusion

This study investigated the effect of Cognitive Behavioral Therapy (CBT) on post-traumatic experiences and emotional well-being among widows in Ikwerre Local Government Area of Rivers State. The findings demonstrated that CBT significantly reduced post-traumatic stress symptoms and improved emotional well-being, particularly among widows who had been widowed for less than five years. The study also found that the duration of widowhood moderated the effectiveness of CBT, with widows in the earlier stages of bereavement experiencing more pronounced benefits. These results underscore the effectiveness of CBT in addressing trauma-related distress in widows, while also highlighting the need for early intervention to optimize outcomes. In light of these findings, CBT emerges as a viable therapeutic approach for reducing the psychological burden of widowhood, particularly in mitigating post-traumatic symptoms and enhancing emotional resilience.

Recommendations

The following recommendations were made based on the findings and conclusions

1. Community health centers, social welfare organizations, and religious institutions develop early intervention programs targeting recently widowed women. These programs should prioritize the provision of CBT or similar therapies within the first two years of widowhood to prevent the consolidation of trauma-related symptoms.
2. Widow support services in Ikwerre Local Government Area incorporate structured CBT sessions into their offerings.
3. Mental health professionals explore alternative or supplementary therapeutic approaches, such as Complicated Grief Therapy (CGT) or trauma-focused therapies, for this group.

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