

Navigating Grief and Trauma: Supporting Widows and Widowers through Grief-Trauma Sensitive Intervention Programmes

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Abstract

The paper aims to examine grief-trauma sensitive interventions programmes suitable for psychosocial support and reintegration of widows and widowers into the society. Spousal loss is generally perceived as a traumatic and distressing life experience which engenders different reactions. Widowhood is generally associated with grief and trauma resulting from spousal loss. The plight of widows is compounded by inhumane widowhood practices and lack of support system. There is, therefore, a need for support groups to provide multidimensional and sustainable interventions programmes geared towards ameliorating the plights of widows and widowers with a view to reintegrating them back to the society fully. The paper adopts qualitative research methodology, employing experiential and exploratory approaches, theoretically premised on Cohen and Wills' Social Support Theory which posits that social support has beneficial effect on the wellbeing of a person going through life's challenging times. The findings of the paper indicates that robust grief-trauma sensitive interventions programmes have beneficial effects on widows and widowers and therefore recommends that all support groups should evaluate the post-grief and traumatic state of widows and widowers and provide appropriate interventions programmes suitable for them.

Key words: Widowhood, Grief-Trauma, Interventions, Support Groups, Social Support.

Introduction

The death of a loved one represents a limit situation at the intersection of trauma and grief (Smid 2023). The inevitability of death among married couple results into the concept of widowhood. The loss of a loved one is generally perceived as a traumatic and distressing life experience which engenders different reactions (Mohammed, 2020). According to Chenube and Omumu 2011, "a cursory look at Nigeria shows that there are more widows than widowers though there is no statistical data to support this fact". The reason for this is not unconnected with the fact that men are usually older than their wives and men are involved in risky tasks and adventures that predispose them to death more than their female counterparts (Chenube and Omumu 2011). Be that as it may, loss of a spouse is one of the most painful experiences anyone can have. Chenube and Omumu (2011) submits that "widowhood is generally associated with trauma, grief and pains yet women undergo more humiliating experiences than their counterparts". Widows and widowers experience psychological stress associated with loss of their spouses. They often experience discrimination, loneliness, false accusation and suspicion, fears of the unknown, marginalization, stigma, breach of fundamental human rights, financial constraints, sexual adjustment among others which might exacerbate the grief and trauma (Chenube and Omumu, 2011).

The African patriarchal societies appear to favour widowers more than widows. To support this further Olanisebe (2015), argued that "traditions are particularly hard on widows because widowhood involves varying degrees of physical hardship, deprivation, ritual contaminations, emotional instability, socio-economic and psychological trauma". Some widows in some African societies are subjected to inhumane, discriminatory and degrading widowhood traditional rites and rituals such as drinking the water used to wash the corpse, sleeping on the floor or in the same room with the corpse, abstaining from taking baths, shaving their hair, wearing dirty rags as clothes for as long as mourning lasts, eating from broken plates among others (Emani, Emilia & Nwonye, 2025). According to Oguiche, Afu & Osagie (2024), lack of public concern for the suffering of widows and their children on the part of governments, non-governmental organizations and the society has further compounded the suffering of widows.

There is a need for the society to support widows and widowers and help them overcome grief and trauma resulting from spousal loss through concrete, actionable and sustainable interventions programmes. There is also a need for government to enact enabling laws criminalising animalistic widowhood rites and rituals that infringe on the fundamental human rights of widows in order to protect and preserve their human dignity. The first most important approach to help them navigate grief and trauma is addressing immediate emotional distress they are going through as a result of loss of spouse. This will help them cope with the present realities. Thereafter, the next is long-term support or interventions programmes that will stabilize the widows and widowers and reintegrate them to the community. The support system ranges from the immediate family and friends, colleagues and associates, religious organisations, community leaders, Non-Governmental Organisations (NGOs) and by extension government agencies. Widows and widowers are heartbroken even when they put on courage to pretend as if nothing happened. They need support and interventions to cushion the concomitant effect of spousal loss. This will go a long way in determining to what extent they will be able to get over the grief and trauma they are going through.

The way and manner widows and widowers recover from grief and trauma defer from one widow to another depending on a lot of factors. Mburugu (2020) posits that “a grieving widow or widower might show strong feelings or no feelings interchangeably hence showing how differently people cope with loss and grief”. What is certain is that widows and widowers experience grief which may lead to trauma and they need support system to overcome it as soon as possible to prevent its attendant negative effects (Damap, 2007). The aim of this paper is to examine long-term grief-trauma sensitive interventions programmes that are necessary to help widows and widowers reintegrate into the society. The emphasis will be on widows more than widowers because the former is more vulnerable than the latter in terms of coping ability.

Conceptual Clarification

Widowhood: Widowhood is a situation that occurs when a spouse suffers the loss of his or her partner (Oguche, Afu & Osagie, 2024). The loss could be sudden or anticipated. A widow in the Nigerian context refers to any female, married under native law and custom or under the marriage Act or any other law recognized in Nigeria, whose husband has died, and has not remarried (Amasiatu, 2009). According to Foluso (2011), a widow refers to a woman whose husband has died and who has not remarried, while widowhood is the state or period of being a widow or a widower. A widower on the other hand is a man whose wife has died and has not remarried. Spousal loss has been classified as one of the most devastating, traumatic and life-changing events anyone can experience. This condition subjects one to become a widow or a widower.

Grief: Grief can be defined as deep sorrows, heaviness of heart and agony of soul. It can also be described as mental anguish and emotional sufferings (Hashem 1999). Grief is the human response to painful and distressing life situations (Damap, 2007). Howard (1979) defined grief as “wound caused as a result of the departure of a loved one”. Grief expressions are natural response to any separation or loss. According to Hashem (1999), grief is not a specific emotion but a constellation of a mixture of feelings, thoughts, sensations, movements and behaviours. It is an internal experience of an external event of loss and the meaning the bereaved person usually assigns to the loss. There are five stages of normal grief according to Elisabeth Kubler-Ross (1969) book “On Death and Dying” (Axelrod, 2018) namely denial, anger, bargaining, depression and acceptance.

Trauma: Trauma is commonly understood as a psychological, physical and emotional responses that occur in reaction to distressing events which can lead to Post-Traumatic Stress Disorder (PTSD) (Centre for Substance Abuse Treatment, USA, 2014). Trauma can also be described as an event, series of events or set of circumstances that is experienced by an individual which is physically or emotionally harmful or life threatening and has lasting adverse effects on the individual’s functionality and mental, physical, social, emotional or spiritual wellbeing (Smid 2023).

Theoretical Framework

The relevant theory upon which this paper is premised is social support theory as proposed by Sheldon Cohen and Thomas A. Wills (1985). Social support theory according to Cohen and Wills (1985), opines that social relationships play a crucial role in buffering individuals from the negative effects of stress. This theory posits that social relationships provide individuals with emotional, informational, instrumental (practical) and appraisal resources that buffer against stress and promote well-being. It suggests that having strong social connections and receiving support from others can help individuals cope with life's challenges and their overall health. Cohen and Wills (1985) proposes two main models namely the main-effect model, where social resources have a beneficial effect irrespective of stress levels and the buffering model, where social support protects persons from harmful effects of stress during challenging times. In summary, Cohen and Wills found out that social support has beneficial effect on the well-being of a person going through life's challenges in all ramifications. This theory is relevant to this paper because it helps to examine the types of social support widows and widowers need and how to implement relevant grief-trauma sensitive interventions programmes that leverage community resources, legal representation, mental and physical health services, religious practices and support groups.

Impact of Spousal Loss on Widows and Widowers

Adegboyega, Okafor and Onongha (2024) submits that "the conjugal loss appears to be one of the most deadly losses one can ever experience". Spousal loss has a great impact on widows and widowers on both short-term and long-term basis. The negative impacts are as follows:

- 1. Psychological impact:** Spousal loss naturally results to grief and trauma which can result to Prolonged Grief Disorder (PGD). The bereaved spouse can also experience depression, anxiety, and identity crisis.
- 2. Social impact:** There is a change in relationship, roles and social support. It changes a woman's status from womanhood to widowhood and to the head of the family. The society begins to monitor a widow if she is close to any man after the demise of her husband within few months or years of spousal loss. Widows often experience loneliness, social isolation, stigma and discrimination.
- 3. Economic impact:** Widows especially those who solely depended on their husbands find it difficult to cope economically and have to live at the mercy of their in-laws. The family of her late husband can confiscate her husband's properties and send her packing which is aggravated if she is childless. This makes some widows vulnerable to sexual harassment. It can also subject their children to child labour or sexual harassment (Ihekweaba & Amasiatu, 2016). Adegboyega *et al* (2024) posits that "the death of a husband dramatically alters a woman's status and leaves her at the mercy of her husband's family and relations who are customarily empowered to take decisions concerning her and the properties left behind by the deceased, not minding her welfare and that of her children, if any".
- 4. Physical impact:** Spousal loss can have a toll on the health of the bereaved spouse as a result of prolonged grief and untreated underlying ailment. It can also lead to lifestyle changes in terms of sleeping, eating or drinking disorder.
- 5. Spiritual/Religious impact:** Spousal loss can lead to anger against God in terms of disappointment with God who could not spare the life of their loved ones in spite of their prayers and commitment to God. Some may grow cold spiritually or totally withdraw from any religious activities.

Analysis of the Immediate Emotional Distress of Widows and Widowers

Grief and Mourning

Grief and mourning is the immediate natural response to spousal loss. The intensity of grief is determined by many factors which include cultural rites, societal expectations, the circumstances around the death, the state of the marriage, the role the deceased played in the family before his or her demise among others (Chenube and Omumu 2011). Common reactions in grief include sadness, tearfulness, crying, fear of death, panic, anger, fatigue, insomnia, exaggerated startle response, increased physical illness, withdrawal from others, increased irritation with others, increased use of alcohol or other substances among many other emotional, physical and behavioural reaction (Centre for Counseling and Wellbeing,

US, n.d). Ahonsi (1997) as cited by Chenube and Omumu (2011) classified grief into three: Pre-burial Grief, The burial (Trial by ordeal) Grief and Post Burial Grief. The pre-burial grief starts when the death of the spouse is confirmed or heard. It is a period of excess emotional grief accompanied by outburst of cries and throwing of the body on the floor. The Burial Grief is the widow's final parting with the husband, this is the climax of emotional outburst. The Post Burial Grief is a time of formal disinheritance from land(s) and properties by the in-laws (Ahonsi 1997). "Grief affects the identity of the bereaved and may involve the feeling of having lost a part of oneself with the loved one, due to disruption of the shared physical existence" (Smid 2023). Oyedele (2011) aligning with Oates' stages of grief highlighted the following stages: stage one: Shock, stage two: Numbness, stage three: Anger, stage four: Depression and deep mourning, stage five: Acceptance of reality, stage six: Selective memory and stage seven: Recovery.

Axelrod (2018) supporting Kubler-Ross (1969) and other psychologists identified five stages of human grief as follows:

Denial stage: This is the first stage characterized by shock and disbelief when one receives the bad news especially if the death was sudden or unanticipated. The bereaved finds it difficult to believe, and he or she still asks questions or makes some calls to ascertain, especially if he or she is not at the scene or place where the person died. It is a time of denial and confusion which may lead to isolation, heavy breathing and deep thoughts.

Anger stage: As the bereaved begins to come to the reality on ground, he or she begins to express anger and emotional outburst. The anger may be directed to self, the deceased, medical practitioner attending to the deceased or those who could help salvage the situation but refused if it is an accident, or even God who has all the power to prevent the death but fails to do so.

Bargaining Stage: It involves trying to negotiate a way out of the pain. The bereaved even hopes to reverse the loss or ameliorate the grief. This is a stage where the bereaved begins to process several thoughts on how to approach the situation. In this case, a widow or widower tries to make deals with him or herself or God to help feel better. Bargaining is a defense against feelings of hopelessness experienced after a loss.

Depression stage: This is the stage when the reality of loss finally dawns on the bereaved and he or she begins to sob profusely or even cry aloud. As the reality hits harder, the widow or widower may enter a period of deep sadness characterized with mourning, feelings of emptiness or hopelessness, isolation and despair.

Acceptance Stage: This is the final stage where the bereaved accepts the reality and agrees that there is nothing he or she can do about the unfortunate incident. The bereaved begins to come to term with the loss and plans how to move on with life again. Acceptance does not mean that the bereaved is comfortable with the loss but indicates the need to move on with life.

Shock and disbelief

There is always a feeling of disbelief, numbness, emptiness and confusion (Okorie (2000). The suddenness of loss and its devastating nature can lead to shock making it difficult for the bereaved spouse to process the realities resulting in delayed grief reaction. This kind of death can result from motor accidents, plane crash, armed robbery or hoodlums' attacks, stray bullet, heart attack among others. Shock and disbelief can manifest in form of soliloquizing, shaking, trembling, difficulty breathing, emotional numbness, deep silence and confusion.

Guilt and regret

The widow or widower may experience guilt and regret over actions he or she could have taken to avert the death. There may also be guilt and regret over certain issues that have not been resolved before the deceased passed on. There may be self-blame over responses to the health challenge of the deceased.

Anger and frustration

There can be manifestation of anger and frustration towards themselves, the dead and medical professionals who handled the medical treatment. The manifestation of anger and frustration towards the bereaved spouse may relate to how they handled the health challenge of the deceased. The manifestation of anger and frustration towards the deceased may be non-responsiveness to medical treatment, non-disclosure of the ailment on time and non-compliance with drug prescription by the doctor. Anger and frustration towards the medical professionals, which is a common phenomenon in Nigeria, arises as a result of carelessness, medical errors like medication errors, diagnostic errors, surgical errors, communication errors, non-availability of medical supplies among others.

Isolation

Some widows and widowers feel isolated from their families, friends and neighbours, leading to a sense of loneliness. Stigma and discrimination especially against widows who were perceived to have caused the death of their husbands can lead to isolation. Some widows are tagged a "witch" or "bad luck" that nobody should relate with. Some people treat widows and widowers with suspicion. They aggravate their plights through derogatory comments and unwholesome gossips like *o ti fi oko re dajo ninu egbe* (she has donated her husband in her coven), *o ti fi iwa agbere re pa oko re* (she has killed her husband through her infidelity, *iyawo elese osi* (a bad luck wife), among others.

Anxiety and fear

Another emotional distress widows and widowers go through is the fear of tomorrow. To a widow who might decide not to remarry, concerns about how her in-laws will treat her, how she will experience financial stability, sexual adjustment, facing life alone, among others can trigger anxiety and fear. A widower is usually faced with concerns about handling of the children especially if they are still very young, sexual adjustment, thought of remarriage, how his new wife will relate to him and the children and several others can be a cause of concern. This is compounded if the deceased spouse bore heavy responsibility of the family. Smid (2023) submits that "reintegration and acceptance of the reality of the loss involves incorporation or identification and representation of the loved one".

The emotional distress of widows and widowers can be best summarized in the observation of Bennett & Soulsby (2012) and Ogu, Obi & Isidiho (2020) as cited by Emani, Emilia & Nwonye (2025) thus:

The devastating effects of this problem are that most widows and widowers are prone to moodiness, anxiety disorder, depression symptomatology, grief, higher rates of hospitalization, insufficient self-esteem, lesser positive emotions, higher rates of loneliness, lower life satisfaction, poorer health and higher level of stress compared to their married counterparts' lack of trust for anyone in the environment. Generally, indicators of well-being decline after the loss of a spouse (Bennett & Soulsby, 2012). Other experiences are sadness, helplessness, anger, reduced interest in ongoing activities, yearning and longing for the dead, recurrent thoughts of the deceased, increased susceptibility to illnesses, weight loss and functional impairment (Ogu, Obi & Isidiho, 2020).

The approach adopted in addressing the immediate emotional distress of widows and widowers will determine to a large extent the rate and duration of psychological recovery from grief and trauma. There are some physiological changes in the grieving bereaved partners vis-à-vis body emaciation as a result of deep sadness, lack of appetite to eat, looking unkempt, grief and trauma. The widows may find it difficult to sleep very well within the first few days of their spousal loss and may begin to imagine seeing them around. Prolonged sleep disorder, Prolonged Grief Disorder (PGD), hallucination and trauma can lead to mental challenge if not handled with caution.

The primary responsibility in this regard lies on the shoulders of the extended family, friends, religious leaders, colleagues and so on. The immediate response can be in form of the following: condolence visit, consoling and sharing of sweet memories of the deceased with the bereaved spouse, words of encouragement, empathy and validation (allow them to express their grief and cry, if possible, which is therapeutic), active listening, praying with them, financial support, social solidarity, practical

assistance among others. Those who come to condole with them should avoid being judgmental in approach. Widows and widowers need healing. Visitors who have experienced such can share with them their experience and the coping strategies adopted. The above are immediate responses which can span between the day the spouse is bereaved and one to two weeks depending on when the actual burial will take place. The next session elaborates long-term interventions programmes targeted at ensuring stability and seamless reintegration to the society.

Implementation of Grief-Trauma Sensitive Interventions Programmes for Widows and Widowers

There is a need for all support groups to put in place long-term interventions programmes that will enable the bereaved spouses to adjust to the new reality. These interventions are multifaceted and multi-dimensional addressing all the aspects of the bereaved spouses. Scholars have provided several coping strategies or mechanisms which widows and widowers can adopt to overcome the grief and trauma resulting from loss of spouse. Coping strategies are a person's constantly changing cognitive and behavioural efforts to manage (reduce, minimize, master or tolerate) the internal and external demands of the person's environment transaction, that is appraised as taxing or exceeding the person's resources (Standridge, 2019). Blum and Silver (2012) identified some common coping strategies employed by widows and widowers: accepting the situation, confrontation, avoidance, denying the challenge, disengaging mentally, problem solving, seeking social support, controlling one's emotions, turning to religion and proactive coping. All these coping strategies stem from the efforts made by widows and widowers to mitigate the effects of the loss on themselves.

It must be underscored that some widows and widowers are able to pick up life by themselves with little or no assistance depending on some factors. Also, some widows especially those who are still of marriageable age, are encouraged to remarry as a coping response to widowhood while those who are not too young rely on their older children, family members, relatives, friends and religious organizations (such as churches and mosques) and their employment or vocation for financial support (George *et al*, 2016).

However, the grief-trauma sensitive interventions programmes which this paper focuses on relates to the intentional efforts made by support groups around the widows and widowers to help mitigate the effects of spousal loss on them. They are also coping mechanisms, but with long-term effects implemented by support groups. The support groups in this context refer to the individuals, immediate and extended family members, neighbours, community leaders, colleagues, religious leaders, Non-Governmental Organisations (NGOs) and by extension government agencies who can support these widows and widowers to regain hope and resilience. The interventions programmes include:

Psychological/Emotional Interventions Programme: Bereavement is connected with psychological challenges as a result of cognitive and emotional reactions such as sleeplessness, loss of energy, depression, anxiety, stress, stigma, denial, loneliness, fear, loss of appetite and loss of meaning for life (Mohammed 2020). Blackwell *et al* (2016) cited in Adeyemo (2014) found that higher rate of mental illness was found among the widowed than their married counterparts. Nwanozie (2023) citing Somhlaba & Wait posits that bereavement causes deprivation of the primary provider of emotional and psychological support which can lead to social isolation occasioned by the absence of a major attachment figure and can increase the rate of suicide. Spousal loss naturally evokes grief and may lead to trauma. Post-traumatic stress disorder (PTSD) is the most prevalent psycho-pathological consequence of exposure to traumatic events, with a lifetime prevalence ranging from 1.3% to 22.8% (Karam *et al*, 2014). It is estimated that 20-40% of widowed persons never fully recover (O'Rourke, 2004). Nwanozie (2023) identified six psychological wellbeing indicators of widows to include autonomy, personal growth, environmental mastery, positive relations with others, purpose in life and self-acceptance. To Mohammed (2020), the basic psychological needs of widows and widowers are self-esteem, love and self-actualization.

The appropriate intervention programme to handle psychological needs of widows and widowers are Counseling Services, Support Groups and Psychotherapeutic approach. Mohammed (2020) found out that counseling intervention is very crucial in dealing with psychological needs of the bereaved spouses.

According to Mohammed, counseling should focus on adaptation to the event of bereavement, engaging in meaningful activities, skills acquisition and overcoming stigmatization, abuse of human rights and social injustice. Hence, Counseling centres and units should be established in different religious organisations and by professional counseling practitioners to provide one-on-one counseling session in a safe environment, relevant community-based intervention programmes and also provide support and advocacy services (Mohammed, 2020). Communities, religious organisations and NGOs can constitute widows into a Support Group of 10-20 persons, where they meet regularly to share their experiences and feelings in a safe environment which can be handled by a facilitator.

Psychotherapeutic approaches such as Cognitive Behavioural Therapy (CBT), Inter-Personal Therapy (IPT) and Dialectical Behavioural Therapy (DBT) can be administered on widows and widowers experiencing chronic depression, mental disorder, suicidal ideation, Grief Disorder Syndrome and others (Jobes, Au & Siegelman, 2015). Wang *et al* (2024) submits that "Psychological First Aid (PFA) is known to be an initial psychosocial support approach to help people affected in the aftermath of trauma exposure, involving the provision of information, comfort, practical assistance, and referral to specialist services if necessary". Psychoeducation programme can be organized to provide information about grieving process.

Financial/Economic Intervention Programme: According to Ihekwaaba and Amasiatu (2016), widowhood has a brutal and often irrevocable harsh economic impact on the widow's children, especially the girl child. Poverty may force widows to withdraw children from school, exposing them to exploitation in child labor, prostitution, early or forced marriage, child trafficking, and hawking. In the same vein, Ilemobade as cited in Ushe (2011) observed that lack of widow's supports often forced the young children of most widows, particularly the females among them to drop out of school in order to cater for other siblings, while the males' become truants in the course of fending for themselves or putting bread on the family's tables.

Financial and economic challenge can have a devastating effect on a widow who solely depended on her late husband for survival. In Africa, as it is common in major societies, a man is the breadwinner of a family. He provides for basic needs such as food, clothes and shelter. The death of the breadwinner poses a major challenge not only to the widow but also to her children. It becomes a serious burden on a widow and even a widower in a situation where only one person now shoulders the responsibilities that were once borne by two persons. Lopata (1972) observed that when the husband of a widow dies or otherwise, the major problem for her is economic hardship. Financial and economic challenge makes widows vulnerable to sexual exploitation from men who pose to help them out financially.

Women in general in patriarchal societies face serious financial and economic challenges (Henna & Himanshi, 2023), which become exacerbated by widowhood. According to Dube (2023), widows in the African continent are even more prone to insurmountable economic challenges. He further observed that in various parts of the African continent, widows lack access to resources such as land, credit, and financial and economic support, making it difficult for them to provide for themselves and their families. In some cultures, in Zimbabwe, Uganda, Kenya, Burundi, and Mali, for example, widows are not entitled to inherit their husband's property, which can leave them financially vulnerable and without a means of supporting themselves and their children (Van de Walle 2017). Olanisebe (2015) found out that, the in-laws immediately demand for the list of the man's property and bank accounts, after which she is subjected to series of rites and ritual practices to mourn the death of her husband. This situation often leads to economic disempowerment of widows, pauperization, impoverishment and marginalization in the society (Olanisebe, 2015). The lack of financial resources makes it challenging for widows to access adequate healthcare, nutrition, and other basic necessities. Consequently, this can result in malnutrition, poor health outcomes, and increased vulnerability to various illnesses and diseases (Nkechi & Anthonia, 2016).

Dube (2023) recommended that "sincere economic empowerment initiatives, vocational training, and social safety networks can help alleviate financial hardships faced by widows, promoting their overall health and stability". Various support groups such as family, friends, colleagues, religious organisations and NGOs should work out modalities such as Widows Endowment Fund Initiative, Economic Empowerment Initiatives, Widows Trust Fund, Skills Acquisition Initiatives among others geared towards poverty alleviation for widows and widowers. Capable individuals can take up the responsibility of training any of the deceased children either in school or skill acquisition centre. Government through her agencies

can provide soft loans targeting widows to start Small and Medium Scale Businesses which will enable them to cater for the family. Religious organisations should have policies that empower the widows either through skill acquisition or micro credit loan in order to sell products and make gain (Damap, 2007).

Health/Medical Intervention Programme: Research has found out that harmful and inhuman widowhood traditional practices prevalent in some African societies have health implications on widows (Ihekwaaba and Amasiatu 2016). These health implications “could be attributed to a number of factors such as drinking the water used in washing the corpse, excess grief, incarceration, eating with unwashed hands, battering, levirate marriage, confinement, starrng and emotional violence” (Ihekwaaba and Amasiatu 2016). Widows and widowers are susceptible to health challenge arising from prolonged grief, loss of appetite, shock, panic and fear. It is also possible that they have contrasted some diseases at the hospital in the course of caring for the deceased while he or she was hospitalized. Evidence suggests that widows face health challenges in African societies which exhibit themselves in the form of stress, depression, and physical health (Dube, 2023). Many widows struggle with grief and loss, which can lead to mental health issues such as depression and anxiety.

In many parts of African societies, especially the rural areas, widows may struggle to access healthcare services as a result of poverty and lack of resources (Mabaso, 2019). Mabunda & Rose (2023) argued that in Nigeria and South Africa, widows face discrimination and stigma related HIV/AIDS and increased risk of HIV infection due to cultural practices such as “widow cleansing”. Widows and widowers should undergo thorough medical check up to ascertain any underlying ailments and embark on medical treatment immediately. It will be a challenge for a widow with any serious health issue to engage in work to take care of the family and it will be a double disaster to lose the living spouse making the children to become orphans.

Therefore, adequate health insurance and healthcare services should be provided for widows and widowers. Government may have a healthcare policy specially formulated to provide free or subsidized healthcare services for widows and widowers. Medical interventions programmes such as fitness classes, self-care and health education/awareness, wellness workshops, referral services, specialised screenings among others can be organized for widows. Non-governmental organisations, well-meaning individuals, community-based organisations and health centres can champion this worthy course.

Human Rights/Legal Intervention Programme: According to Dube (2023), there is growing evidence in literature that widows are prone to legal challenges. The legal problems of widows emanate from inheritance of property. Dube (2023) affirmed that the inheritance of property is marred by conflicting dictates between customs and traditions and inheritance laws. In Nigeria for instance, widows face discriminatory laws that deny them the right to inherit their husbands’ property (Izzi & Fab-Eme, 2020). The situation is worse if the deceased did not prepare any will before his demise. Dube (2023) posits that the prominent issue facing widows in Africa is property rights. According to Isilow (2017), widows in many African cultures are not entitled to inherit their husbands’ property, which can leave them without a means of supporting themselves and their children.

Similar to it is the harrowing experience widows go through in accessing the financial resources of their late husbands in banks, insurance companies and pension companies due to stringent bureaucratic procedures that can add to the mental torture of the bereaved. Accessing pension and gratuities, insurance benefits and bank deposits of the deceased require obtaining a Court Order or Letter of Administration from Court with other serious documentation. This can have serious emotional impact on the widows especially when there is no money to pursue it or where there is too much bureaucracy. The observation of Dube (2023) about legal challenge of widows in Africa calls for serious attention:

Many humanitarian agencies in African countries have cried foul on the lack of legal protections for widows. They have demanded answers as to why some countries in Africa lack adequate legal protections to safeguard the rights of widows, particularly in terms of property ownership, inheritance, and resource allocation. In their arguments, they sadly pointed out that the absence of legal safeguards leaves widows vulnerable to exploitation and mistreatment, particularly when competing claims arise over property and resources (United Nations (UN) Women, 2020).

Widows need legal assistance in addressing issues related to wills, estates and inheritance. There is a need for human rights activists and non-governmental organisations handling issues of women's empowerment and human rights to rise to the occasion in defending widows' fundamental human rights and also provide lawyers who can represent them in courts if need be. Government can establish a Legal Centre where widows and widowers can have a legal representation to handle a legal or court issue free of charge or at minimum cost. On the other hand, the government should introduce laws and regulations that will protect the property rights of widows. There should also be legislation against forcing widows to engage in funeral rituals and practices that go against their interests (Kunhiyop, 2008, p.264). Non-Governmental Organisations (NGOs), government, association of lawyers may establish legal advocacy groups for the defense of widows and widowers' rights with the following names: The Widows' Rights Legal Advocacy Group, Justice for Widows Legal Initiative, Widows' Legal Defense Network, Widows' Advocacy Centre, and Widows' Rights Commission, among others.

Spiritual/Religious Intervention Programme: Religious beliefs and practices play a pivotal role in the life of man, especially in Africa. As Mbiti (1969, p.1) noted, Africans are notoriously religious. Hence, African's appeal to religion in all things (Idowu, 1982, p.1). Religion is a pervasive and powerful force that influences the human belief system and practices. Consequently, it has not been possible to sever religious practices from human activities (Otuyemi & Uviekovo 2024, p.203). One of the coping mechanisms adopted by widows is to turn to God for comfort and solace, who in Christian theology, is the defender of widows Isaiah 68:5.

Africans usually interpret events around death from religious perspectives. In Christian theology, death is not viewed as the absolute end of existence but rather a transition to another state of being, deeply rooted in the belief of resurrection and eternal life through Jesus Christ (Ayodeji 2013). Similarly, Islamic theology about death holds that death is inevitable, which is the termination of worldly life and the beginning of the afterlife Quran 50:19, Mushtaq & Sami-ullah, 2020). The Islamic concept of death is encapsulated in the common saying "*Innalillahi wa Inna Lillahi Rojiun*" Quran 2:156 meaning to Allah we belong and to him we shall return. To the contrary, in African Traditional Religion, death is not viewed as the end of existence but rather a transition from the physical world to spiritual realm where the essence of the deceased continues to exist (Chukwuedo & Ede, 2019). This shows that religion provides theological basis for understanding the concept of death which may act as a succor to the bereaved. It also indicates that death is an inevitable experience which God permits. This gives emotional support and assurance to the bereaved that God knows about the death and there will be a reunion in the afterlife. Religious leaders can explore theology of death in their religious tradition to comfort widows and widowers.

Religious organisations may formulate policies geared towards supporting widows to overcome their grief and trauma and be united to God as a comforter. Religious leaders may assign members who go to visit and enrich widows and widowers with the word of God. There can be Widows Support Group in the church who meet regularly for prayers, sharing of experiences and feelings and sharing of relief materials donated by individuals and NGOs. A religious organization can also organize workshops, seminars and programmes which focus on different needs of widows and widowers. There can be seminar on Economic Empowerment where supplies and materials are distributed to widows freely. A medical outreach can also be organized where screening, testing and medications are administered to widows free of charge. A religious organization can also organize Widows Retreat featuring preaching, teaching, prayers and love feast.

Eniola (2018) itemized eight challenges (emotional, physical, social, medical, spiritual, legal, cultural and financial) facing widows and the roles of the church in helping to overcome them. Damap (2007) listed some church denominations in Nigeria that have programmes for widows such as Evangelical Church of West Africa (ECWA), Ekklisiyal Yan'uwa A Nigerian (EYN), The Nigerian Baptist Convention, The Anglican Communion, Christian Reformed Church of Nigeria (CRCN) and Church of Christ in Nigeria (COCIN). Of course, other church denominations and religious groups may also have special programmes to cater for the needs of widows in order to enable them steadfast in faith despite the loss. For instance, Ansarul Islam Society of Nigeria runs an Islamic social finance initiative that caters for widows and orphans in Nigeria (Yusuf, Solihu, and Yusuf 2024). Globally, widowers cope by remarriage, career advancement

and engaging in businesses, while widows mostly use religion, support groups and counselling as a coping mechanism (Wolfelt, 2003).

The different grief-trauma sensitive interventions programmes examined above are not one-size-fit-all approach. Hence, support groups should critically and holistically examine and evaluate the situation of the widows or widowers and design and implement an appropriate interventions programme suitable for them. There is no need to organize health and medical intervention programme for a widow who has no physical and mental health challenge. What that widow needs may be economic empowerment. Two or more interventions programmes can be applied where necessary.

Conclusion

The study has brought to the fore the impact of spousal loss on widows and widowers and explored various grief-trauma sensitive interventions programmes that can be implemented for them with a view to offering them resilience and reintegration platform that will restore their well-being. Some grief-trauma sensitive interventions programmes such as health/medical intervention, financial/economic intervention, emotional/psychological intervention, human rights/legal intervention and spiritual/religious interventions programmes have been explored with their beneficial effects. Grief is a natural response to spousal loss which can result into trauma depending on the circumstances surrounding the death and the emotional state of the bereaved. Support groups such as family and friends, colleagues and associates, community, religious groups, Non-Governmental Organisations (NGOs) and government should provide appropriate interventions programmes targeted at giving hope, resilience and reintegration to widows and widowers.

Recommendations

In the light of this paper, the following recommendations are made:

- i. Government at all levels (local, state and federal) should establish a Commission or an Agency that will handle widows' affairs which can be tagged Commission for Widow Affairs.
- ii. Religious organisations should also establish a Committee that will handle the affairs of widows and widowers in their organisations with appropriate policies ensuring the welfare of widows and widowers.
- iii. There should be Counselling Centres established by governments and non-governmental organisations which will provide counseling services to widows and widowers as the need arises.
- iv. Government should establish Widows Trust Fund where widows can access credit facilities to start up a business. Religious organisations and other support groups can also establish Widows Endowment Fund that focuses on economic empowerment for widows.
- v. Government should enact appropriate laws and regulations guaranteeing widows rights.
- vi. Support groups should provide health education programme to widows and widowers to educate them on health implications of harmful widowhood practices and other health matters.

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