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Effects of Sudden and Violent Spousal Loss on Grief and Trauma Responses among Bereaved Partners

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ABSTRACT

Background: Losing a spouse is one of life's most devastating experiences, particularly when the loss occurs suddenly or through violence. The mode of death can significantly shape the bereavement process and emotional recovery. **Objective:** This study aimed to examine differences in grief and trauma responses among bereaved partners who experienced either sudden or violent spousal loss. **Method:** The research employed a descriptive survey design and was conducted in Anambra State, Nigeria, with 67 purposively selected participants aged 18 and above. Data were collected via a structured online questionnaire that included demographic items and standardized grief and trauma measures (reliability coefficients $\alpha = 0.87$ and $\alpha = 0.89$, respectively). The analysis utilized SPSS v25, including descriptive statistics, independent t-tests, and MANOVA, with a 0.05 significance level. **Results:** Individuals who experienced violent spousal loss reported significantly higher levels of grief, including emotional numbness ($M = 3.40$), a sense of life being meaningless ($M = 3.70$), and social isolation ($M = 3.30$) compared to those who experienced sudden loss, $t(65) = -2.15$, $p = .036$. However, trauma levels did not differ significantly between the groups ($p = .577$). Distinct patterns emerged: violent loss was associated with emotional detachment and concentration difficulties, while sudden loss was linked to more frequent unwanted memories. **Conclusion:** The study concludes that the nature of spousal loss has a greater impact on grief than trauma. These findings suggest that grief responses vary significantly depending on whether the loss was sudden or violent. **Contribution:** The findings contribute to the development of more effective emotional care strategies for the bereaved, ensuring that interventions are better suited to the emotional needs of individuals experiencing different types of spousal loss.

KEYWORDS

Violent Spousal Loss; Grief; Trauma Responses; Bereaved Partners

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CONTENT

1. INTRODUCTION

Sudden and violent spousal loss such as death through accidents, homicide, suicide, or natural disasters exerts profound psychological consequences on bereaved individuals (Kristensen et al. 2012). Unlike anticipated losses

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where grief may be mitigated by psychological preparation, sudden and violent losses often leave surviving partners in shock, confusion, and intense emotional turmoil. Grieving the loss of a spouse is considered one of the most stressful life events. However, when the loss is abrupt and violent, bereaved partners experience compounded grief reactions, including intrusive thoughts, emotional numbness, and long-term psychological distress (Osei et al, 2023). Sudden spousal death challenges the bereaved partner's assumptions about safety, predictability, and meaning in life, disrupting emotional equilibrium and social functioning. In Nigeria and other cultural contexts where marriage is deeply intertwined with identity, support systems, and economic survival, such losses can be even more devastating. Yet, there remains limited synthesis of literature that explores how sudden and violent spousal loss distinctly affects grief and trauma outcomes, particularly within non-Western societies.

Sudden spousal loss refers to the unexpected death of a spouse without prior warning, often due to accidents, heart attacks, or other unforeseen events (Burrell et al., 2017). The abruptness of this event leaves the surviving partner emotionally unprepared, initiating a cascade of psychological responses that often deepen when the loss also involves violence or trauma. Violent spousal loss occurs when a spouse dies due to forceful, external causes such as homicide, suicide, war, or disasters. It is frequently sudden, thus compounding the emotional impact (Delgado et al, 2023). The violent nature of the loss often intensifies the shock associated with sudden death, making the grief more painful and prone to developing into prolonged psychological distress. Grief is the natural emotional response to losing a loved one, typically involving sadness, anger, longing, and disorientation. When spousal loss is both sudden and violent, grief tends to be more complicated and overwhelming. The bereaved partner may struggle to accept the reality of the loss, often haunted by the suddenness and brutality of the spouse's death (Carlsson et al, 2022).

Trauma responses are the psychological and physiological reactions to deeply distressing events (Hogh et al., 2012). Following sudden and violent spousal loss, grief can be entangled with trauma, leading to symptoms such as flashbacks, nightmares, numbness, and avoidance (Heffer et al, 2023). These responses disrupt the grieving process and can evolve into mental health conditions like PTSD or complicated grief if left unaddressed. Bereaved partners are individuals who have lost their spouses and are navigating the emotional aftermath. When the loss is both sudden and violent, these partners are especially vulnerable to intense grief and trauma responses. Their bereavement experience is shaped by the interplay of shock, sorrow, and psychological injury, often requiring targeted support to recover and find emotional balance (Brzozowska & Grabowski, 2025).

Bereavement following sudden and violent loss is characterized by higher levels of complicated grief a chronic and impairing form of grief compared to natural or anticipated deaths. According to Pitman et al (2018), individuals exposed to violent spousal death often experience persistent yearning, disbelief, and bitterness that interferes with adaptive functioning. These reactions are intensified by the lack of opportunity to say goodbye and the often-gruesome nature of violent loss. The suddenness leaves the survivor with unfinished emotional business, leading to difficulty in accepting the reality of the loss. Buur et al (2024) identified five core components of normal grief: disbelief, yearning, anger, depression, and acceptance. In violent losses, these components tend to be magnified. For instance, anger may be directed at perpetrators (in cases of homicide), oneself (for not preventing the event), or even at the deceased (especially in cases of suicide). This emotional complexity creates a dual burden of trauma and grief, referred to as traumatic grief.

The intersection between grief and trauma is further illuminated through the lens of post-traumatic stress disorder (PTSD). Bereaved partners frequently report PTSD symptoms such as flashbacks, hyperarousal, and avoidance behaviors, particularly when they witness the death or its aftermath (Merians et al, 2023). These trauma responses impede the grieving process, causing emotional paralysis and social withdrawal. Furthermore, the cognitive impact such as feelings of unreality and detachment may persist for years if not addressed through therapeutic interventions. The motivation for this study stems from the profound psychological and emotional impact of losing a spouse suddenly and violently, a phenomenon that is understudied, especially in non-Western contexts. While spousal bereavement is widely recognized as a life-altering experience, losses that occur abruptly and through violent means such as accidents, suicide, homicide, or disasters are associated with more intense grief and trauma symptoms (Li et al, 2025). Existing literature has primarily focused on general bereavement or grief following terminal illness, often neglecting the compounded distress resulting from the shock and brutality of sudden, violent loss (Fisher et al, 2020).

In African societies, including Nigeria, cultural expectations, social stigma, and inadequate mental health services further complicate how bereaved partners process such traumatic events (Fadele et al, 2024). Yet, few empirical studies have explored how these unique sociocultural contexts shape grief and trauma responses after violent spousal loss. This gap leaves practitioners ill-equipped to design effective, culturally sensitive interventions. Moreover, most studies isolate grief from trauma, overlooking their co-occurrence in cases of violent bereavement (Rheingold et al, 2024). Therefore, this study is motivated by the need to holistically examine the interconnected

effects of sudden and violent spousal loss on bereaved partners and address the evident gaps in global and local research.

Although the psychological impact of spousal loss has been widely studied, limited research has focused specifically on how the mode of death whether sudden or violent differentially affects grief and trauma responses among surviving partners, particularly within the Nigerian cultural context. Most existing studies tend to generalize bereavement without accounting for the unique emotional outcomes triggered by the nature of the loss. This gap is crucial because tailoring support interventions requires a nuanced understanding of these differences.

This study is important because it provides a deeper understanding of the differences in grief and trauma responses among couples who have lost their partners, whether due to sudden loss or violence. By analyzing the impact of both types of loss, this study helps identify distinct emotional patterns, such as feelings of isolation and existential confusion in cases of loss due to violence, as well as unwanted memories in cases of sudden loss. These findings are highly relevant for designing more effective and personalized emotional support interventions, thereby helping those who are grieving to navigate the recovery process in a manner more suited to their specific circumstances. Additionally, this research makes a significant contribution to the development of policies and psychosocial support strategies for individuals who have experienced the loss of a partner in traumatic situations, both locally and globally. Therefore, the present study aims to examine and compare the intensity and characteristics of grief and trauma among bereaved individuals who have lost their spouse either suddenly or through violence, in order to inform more targeted and effective psychosocial support strategies.

2. METHOD

2.1 Research Design

The study adopted a descriptive survey research design. The study was conducted in Anambra State, Nigeria, which comprises a mix of urban and semi-urban communities. This location was chosen due to its socio-cultural diversity and accessibility to bereaved individuals through religious bodies, community networks, and support groups

2.2 Research Object

The population for the study consisted of bereaved partners (widows and widowers) aged 18 years and above who had experienced either a sudden or violent loss of a spouse. These individuals were drawn from various local government areas within Anambra State. A total of 67 bereaved partners were selected through a purposive sampling technique. The sample was chosen based on defined criteria, including age (18 years and above), type of spousal loss (sudden or violent), and willingness to participate. The researcher utilized social and professional networks, including referrals from bereavement support groups, to reach eligible respondents.

2.3 Data Collection

Data for the study were collected using a structured questionnaire developed and adapted from existing standardized instruments. The questionnaire contained three main sections. The first section captured demographic information such as age, gender, type of loss, and time since bereavement. The second section assessed grief responses using items adapted from the Inventory of Complicated Grief developed by Prigerson et al. (1995), while the third section measured trauma responses based on the PTSD Checklist for DSM-5 (PCL-5) developed by Weathers et al. (2013). Both the grief and trauma subscales comprised 8 items each, rated on a four-point Likert scale ranging from "Strongly Agree" to "Strongly Disagree." To ensure the validity of the instrument, three experts in counseling psychology, measurement and evaluation, and clinical psychology reviewed the questionnaire for content clarity, relevance, and alignment with the study's objectives. Their feedback was used to revise and finalize the instrument. The reliability of the instrument was established through a pilot study involving 20 bereaved individuals outside Anambra State. Internal consistency was determined using Cronbach's Alpha, which yielded coefficients of 0.87 for the grief scale and 0.89 for the trauma scale, indicating that the instrument was highly reliable.

2.4 Data Anaysis

The data collection process was conducted online using Google Forms. The questionnaire link was distributed through WhatsApp, email, and other digital platforms, allowing participants to respond at their convenience. Electronic informed consent was obtained, and participants were assured of the confidentiality and anonymity of their responses. Data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 25. Descriptive statistics such as mean and standard deviation were used to summarize the responses to grief and

trauma items. Inferential statistics, including independent samples t-tests, and multivariate analysis of variance (MANOVA), were employed to test the null hypotheses formulated for the study. All statistical decisions were made at the 0.05 level of significance.

3. RESULT AND DISCUSSION

3.1 Result

Table 1. Demographic Characteristics of Respondents (N = 67)

Variable	Category	Frequency	Percent (%)	Valid Percent (%)	Cumulative Percent (%)
Marital Status Before the Loss	Married	46	68.7	68.7	68.7
	Cohabiting	21	31.3	31.3	100.0
Age	18–25 years	3	4.5	4.5	4.5
	26–35 years	8	11.9	11.9	16.4
	36–45 years	19	28.4	28.4	44.8
	46–55 years	14	20.9	20.9	65.7
	56–65 years	21	31.3	31.3	97.0
	>66 years	2	3.0	3.0	100.0
Time Since Loss	Less than 6 months	29	43.3	43.3	43.3
	6–12 months	26	38.8	38.8	82.1
	Over 1 year	12	17.9	17.9	100.0
Type of Spousal Loss	Sudden	47	70.1	70.1	70.1
	Violent	20	29.9	29.9	100.0
Employment Status	Employed	44	65.7	65.7	65.7
	Unemployed	20	29.9	29.9	95.5
	Retired	3	4.5	4.5	100.0
Gender	Male	15	22.4	22.4	22.4
	Female	52	77.6	77.6	100.0

Table 1 shows that most respondents were previously married (46; 68.7%), female (52; 77.6%), and employed (44; 65.7%). The dominant age group was 56–65 years (21; 31.3%), followed by 36–45 years (19; 28.4%). A majority experienced a sudden loss (47; 70.1%) and had lost their spouse less than 6 months prior (29; 43.3%). Only a few were aged above 66 years (2; 3.0%) or retired (3; 4.5%).

Table 2. Group Statistics for Grief Responses Based on Type of Spousal Loss Experienced

	Type of spousal loss experienced	N	Mean	Std. Deviation	Std. Error Mean
I feel emotionally numb since the loss.	Sudden	47	2.77	1.127	.164
	Violent	20	3.40	.503	.112
I have difficulty accepting that my spouse is gone.	Sudden	47	3.32	.515	.075
	Violent	20	3.25	.550	.123
I feel life has lost its meaning.	Sudden	47	3.02	1.151	.168
	Violent	20	3.70	.470	.105
I constantly think about my spouse.	Sudden	47	3.17	.892	.130
	Violent	20	3.20	.894	.200
I avoid people or places that remind me of my spouse.	Sudden	47	2.74	1.052	.153
	Violent	20	2.95	.945	.211
I feel guilty about things related to my spouse's death.	Sudden	47	3.34	.635	.093
	Violent	20	3.45	.605	.135
I wish I could be with my spouse again.	Sudden	47	3.30	.657	.096
	Violent	20	3.50	.607	.136
I feel isolated since the loss occurred.	Sudden	47	3.04	.977	.143
	Violent	20	3.30	.733	.164

Respondents who experienced violent spousal loss reported more intense grief reactions than those who experienced sudden loss, as shown in Table 2. They felt more emotionally numb (Mean = 3.40), found life more meaningless (Mean = 3.70), and expressed stronger feelings of guilt (Mean = 3.45) and isolation (Mean = 3.30). Although differences were slight in some items, violent loss was consistently associated with higher mean grief scores across most responses.

Hypothesis 1: There is no significant difference in grief responses between bereaved partners who experienced sudden spousal loss and those who experienced violent spousal loss.

Table 3. Independent Samples Test for Grief Responses Based on Type of Spousal Loss

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Grief Responses	Equal variances assumed	.436	.511	-2.147	65	.036	-.25598	.11922	-.49409	-.01788
	Equal variances not assumed			-2.278	41.260	.028	-.25598	.11238	-.48290	-.02907

The result in Table 3 shows a statistically significant difference in grief responses between bereaved partners who experienced sudden loss and those who experienced violent loss, t (65) = -2.15, p = .036. Since the p-value is less than .05, the null hypothesis is rejected. This indicates that the type of spousal loss significantly affects grief responses, with violent loss associated with more intense grief.

Table 4. Group Statistics for Trauma Responses Based on Type of Spousal Loss Experienced

	Type of spousal loss experienced	N	Mean	Std. Deviation	Std. Error Mean
I have unwanted memories of the event that led to my spouse's death.	Sudden	47	3.40	.496	.072
	Violent	20	3.15	.875	.196
I avoid thinking or talking about how my spouse died.	Sudden	47	3.021	.7937	.1158
	Violent	20	2.950	.9445	.2112
I experience flashbacks or nightmares about the loss.	Sudden	47	3.21	.778	.114
	Violent	20	2.65	1.226	.274
I feel jumpy or easily startled.	Sudden	47	2.60	.948	.138
	Violent	20	2.80	1.056	.236
I feel detached from others emotionally.	Sudden	47	2.83	.789	.115
	Violent	20	3.10	.447	.100
I find it difficult to focus or concentrate.	Sudden	47	3.02	1.151	.168
	Violent	20	3.70	.470	.105
I experience frequent anger or irritability.	Sudden	47	3.17	.892	.130
	Violent	20	3.20	.894	.200
I have trouble falling or staying asleep.	Sudden	47	2.74	1.052	.153
	Violent	20	2.95	.945	.211

Table 4 shows that trauma responses varied between bereaved partners who experienced sudden versus violent spousal loss. Those with violent loss reported higher mean scores in emotional detachment (Mean = 3.10), concentration difficulties (Mean = 3.70), and sleep disturbances (Mean = 2.95), while sudden loss was linked to more unwanted memories (Mean = 3.40) and flashbacks (Mean = 3.21). These results suggest differences in the specific nature of trauma responses.

Hypothesis 2: There is no significant difference in trauma responses between bereaved partners who experienced sudden spousal loss and those who experienced violent spousal loss.

Table 5. Independent Samples Test for Trauma Responses Based on Type of Spousal Loss

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Trauma Responses	Equal variances assumed	1.079	.303	-.560	65	.577	-.06250	.11161	-.28540	.16040
	Equal variances not assumed			-.628	47.426	.533	-.06250	.09948	-.26259	.13759

The result of the Independent Samples t-test in Table 5 shows that there is no significant difference in trauma responses between bereaved partners who experienced sudden spousal loss and those who experienced violent spousal loss. This is evidenced by the p-value (.577) under equal variances assumed, which is greater than the 0.05 significance level. Therefore, the null hypothesis is retained, indicating trauma responses did not differ significantly based on type of loss.

Hypothesis 3. There is no significant relationship between type of spousal loss and the combined grief and trauma responses among bereaved partners.

Table 6. Tests of Between-Subjects Effects Showing the Relationship Between Type of Spousal Loss and the Combined Grief and Trauma Responses Among Bereaved Partners

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	Grief Responses	.919[a]	1	.919	4.610	.036
	Trauma Responses	.055[b]	1	.055	.314	.577
Intercept	Grief Responses	580.336	1	580.336	2910.147	.000
	Trauma Responses	515.652	1	515.652	2950.635	.000
Type of Loss	Grief Responses	.919	1	.919	4.610	.036
	Trauma Responses	.055	1	.055	.314	.577
Error	Grief Responses	12.962	65	.199		
	Trauma Responses	11.359	65	.175		
Total	Grief Responses	684.688	67			
	Trauma Responses	621.938	67			
Corrected Total	Grief Responses	13.882	66			
	Trauma Responses	11.414	66			

Table 6 presents the test of between-subjects effects assessing the relationship between type of spousal loss and the combined grief and trauma responses. A significant relationship was found for grief responses (p = .036), indicating that the type of loss affected grief intensity. However, no significant relationship was observed for trauma responses (p = .577), suggesting that the type of spousal loss did not significantly influence trauma-related symptoms among bereaved partners.

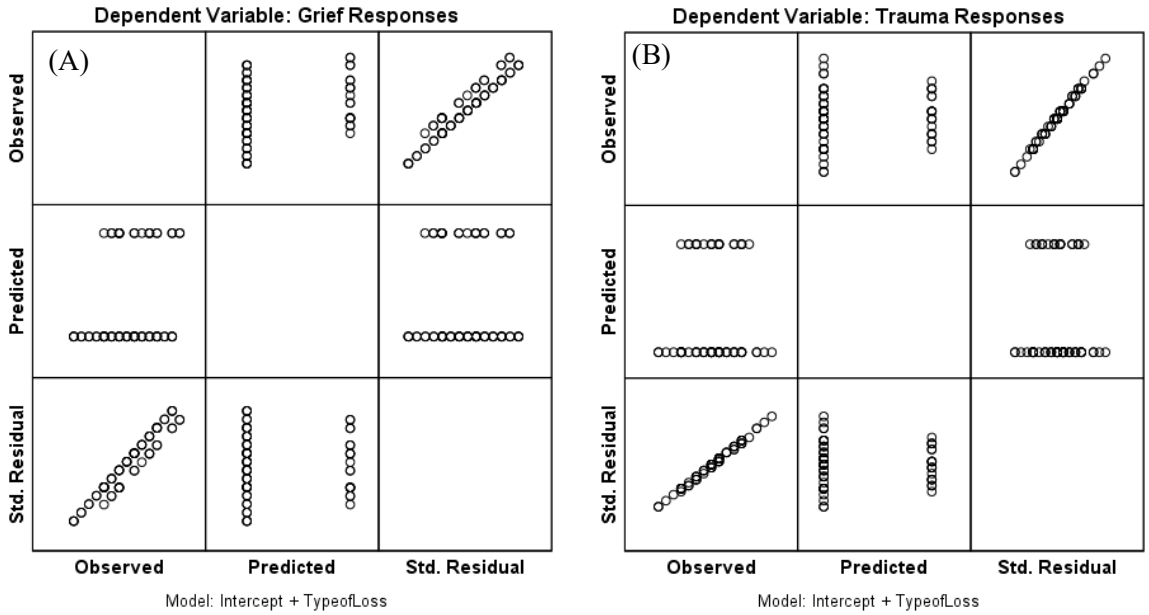

Figure 1. Standardized Residual Plots for Grief Responses (A) and Trauma Responses (B) Based on Type of Spousal Loss

The plots in Figure 1 illustrate the model fit diagnostics for grief and trauma responses using type of loss (sudden vs. violent) as a predictor. For grief responses (A), the observed and predicted values are moderately aligned, with standardized residuals mostly within ±2.0, suggesting a fair model fit. However, the trauma responses plot (B) shows a tighter clustering of observed vs. predicted values along the diagonal line with residuals close to zero, indicating a better fit. This supports the earlier ANOVA result, where grief responses showed significance (p = .036), while trauma responses did not (p = .577).

3.2. Discussion

The experience of losing a spouse, whether suddenly or violently, leaves a lasting emotional impact. However, the intensity and nature of the grief may differ based on how the loss occurred. As revealed in Table 2, bereaved partners who experienced violent spousal loss reported more intense grief responses particularly in areas such as emotional numbness (Mean = 3.40), feelings of meaninglessness (Mean = 3.70), guilt (Mean = 3.45), and isolation (Mean = 3.30). In contrast, those who experienced sudden loss reported slightly lower mean scores across most grief indicators. This finding is consistent with the study by Pitman et al (2018), which found that violent bereavement, such as homicide or fatal accidents, disrupts the sense of safety and closure more deeply than sudden but natural deaths. In a related study, Buur et al, (2024) observed that partners bereaved by violent events tend to experience more complicated grief, driven by persistent intrusive thoughts and feelings of injustice. In contrast, Carlsson et al, (2022) noted that sudden losses, such as those from undiagnosed illnesses, while traumatic, often come with fewer post-traumatic legal or forensic complications, which might slightly reduce long-term grief intensity. However, McCracken-Rootes (2016) stressed that suddenness alone can still be profoundly destabilizing, especially when the death occurs without the opportunity to say goodbye or prepare emotionally. The statistically significant difference (p = .036) observed in Table 3 supports the rejection of Hypothesis 1, confirming that the type of spousal loss significantly influences the grief intensity. This aligns with Aitchison (2024), who emphasized that violent deaths often provoke existential questioning and moral distress, leading to deeper emotional numbness and despair.

Unlike grief responses, trauma symptoms did not differ significantly between the two groups (p = .577, Table 5). Interestingly, Table 4 shows that partners who experienced violent loss reported more emotional detachment (Mean = 3.10), concentration difficulties (Mean = 3.70), and sleep disturbances (Mean = 2.95). In contrast, those with sudden loss experienced more unwanted memories (Mean = 3.40) and flashbacks (Mean = 3.21). This contrast suggests that trauma responses manifest differently depending on the loss context. Fisher et al (2020) found that violent bereavement often leads to psychological avoidance, while Heffer et al (2023) observed that sudden loss tends to result in vivid intrusive memories due to the lack of warning or closure. In a related study, Osei et al (2023) discovered that emotional detachment and impaired concentration were significantly higher among those who witnessed or imagined violent spousal deaths, highlighting the mind's defensive mechanisms. Conversely,

Brzozowska & Grabowski (2025) reported higher levels of re-experiencing symptoms among those with sudden losses, who often replay the moment of discovery repeatedly. Despite these nuanced differences, the overall lack of statistical significance supports retaining Hypothesis 2. Li (2025) explained, trauma symptoms are often influenced more by pre-existing resilience, social support, and individual coping styles than by the exact nature of the loss.

The analysis in Table 6 shows that the type of spousal loss significantly influenced grief responses ($p = .036$) but not trauma responses ($p = .577$). This pattern echoes the findings from Coelho et al (2025), who emphasized that the bereavement pathway for grief is more sensitive to the nature of the death, while trauma symptoms often depend more on individual thresholds and external support systems. Supporting this, Delgado et al (2023) found that post-loss meaning-making was more disrupted in violent deaths, while Huang et al (2023) highlighted that grief, not trauma, was more predictive of long-term functional outcomes in bereaved partners. In sum, violent spousal loss appears to generate more emotionally intense and existentially distressing grief, while trauma responses, though present, are less directly shaped by the nature of the loss. These findings emphasize the need for differentiated interventions grief counseling tailored to loss type and trauma-informed support based on individual symptoms.

The Cognitive Model of PTSD, developed by Ehlers & Clark (2000), offers a clear and practical way to understand why some individuals struggle to recover after a traumatic event. According to this model, post-traumatic stress disorder isn't just about the event itself it's more about how the person interprets and processes what happened (Forneris et al., 2013; Auxéméry, 2018; Salehi et al., 2021; Lehavot et al., 2018). The theory suggests that PTSD develops when people see the trauma as ongoing, feeling as though the danger hasn't ended, even when it clearly has. There are three main ideas behind this model. First, people often develop negative thoughts about themselves or the world after the trauma. For example, someone might think, "I'm helpless," or "The world is no longer safe." These thoughts create a lasting sense of threat. Second, the way the memory of the traumatic event is stored in the brain plays a role. Instead of remembering it like a normal story with a beginning and end, the memory can be fragmented and sensory full of sounds, images, and feelings that intrude without warning. Third, people often cope in ways that seem helpful in the short term, like avoiding reminders of the trauma or staying constantly on alert, but these strategies actually prevent healing in the long run. When we apply this model to someone who has lost a spouse suddenly and violently, it becomes especially relevant. The shock of such a loss can trigger intense negative thoughts, such as "I should have done something," or "It's my fault." The violent nature of the death might lead to haunting images and flashbacks, making the trauma feel fresh every day. Avoiding reminders of the spouse or the circumstances of their death may seem protective but often delays the grieving process. This theory helps explain why sudden and violent spousal loss often results in deep, complicated trauma alongside grief.

4. IMPLICATIONS AND CONTRIBUTIONS

4.1 Research Implications

The findings of this study have important implications for mental health professionals, policymakers, and grief support organizations. Specifically, they emphasize the need for differentiated grief counseling services that consider the *type of spousal loss* whether sudden or violent as a key factor in tailoring emotional support. Mental health interventions should prioritize grief management in cases of violent loss, incorporating therapeutic approaches that address emotional numbness, existential distress, and social withdrawal. Additionally, the results support the development of culturally relevant bereavement programs in Nigeria and similar contexts, promoting evidence-based policies that integrate grief sensitivity training for caregivers and community-based support systems.

4.2 Research Contributions

This study contributes to the field of bereavement psychology by providing empirical evidence on how the nature of spousal loss whether sudden or violent uniquely shapes grief and trauma responses among surviving partners. By highlighting statistically significant differences in grief intensity, the research offers nuanced insights that can inform the design of targeted grief interventions and counseling strategies. Additionally, it fills a contextual gap by focusing on bereaved individuals in Nigeria, a setting often underrepresented in global grief studies, thereby enriching cross-cultural understanding of bereavement experiences and supporting the development of culturally sensitive psychosocial support frameworks.

5. LIMITATIONS AND FUTURE RESEARCH DIRECTIONS

5.1 Limitations

This study is not without limitations. First, the use of a purposive sampling method and a relatively small sample size (n = 67) limits the generalizability of the findings to broader populations, particularly outside Anambra State or Nigeria. Second, relying solely on self-reported online questionnaires may introduce response biases, such as social desirability or inaccurate recollection of experiences. Third, the cross-sectional design restricts the ability to assess changes in grief and trauma responses over time. Future research would benefit from a longitudinal approach, larger and more diverse samples, and mixed methods to capture deeper emotional nuances and cultural influences in the bereavement process.

5.2 Recommendations for Future Research Directions

Future research should consider adopting a longitudinal design to explore how grief and trauma responses evolve over time among bereaved partners, particularly distinguishing between early and long-term adjustment phases. Expanding the sample to include participants from diverse cultural, regional, and socioeconomic backgrounds would enhance the generalizability of findings. In addition, incorporating qualitative methods such as in-depth interviews or focus groups could provide richer insights into the emotional and cultural nuances of bereavement following sudden or violent spousal loss. Further studies might also examine the role of mediating factors such as social support, religious coping, or access to mental health services in shaping bereavement outcomes.

6. CONCLUSION

This study examined how the nature of spousal loss whether sudden or violent shapes the grief and trauma responses of bereaved partners. The findings revealed that the type of loss has a significant impact on grief intensity but not necessarily on trauma symptoms. Partners who experienced violent spousal loss reported higher levels of emotional numbness, guilt, and a sense of meaninglessness compared to those who experienced sudden, natural deaths. These results suggest that violent loss may trigger more complex and existential forms of grief, often compounded by the traumatic circumstances surrounding the death. In contrast, trauma-related symptoms such as flashbacks, emotional detachment, and concentration difficulties were present across both groups, but with no statistically significant difference. This indicates that trauma responses are likely influenced more by individual resilience, personal history, and access to support systems rather than solely the nature of the loss itself.

Taken together, the study highlights the need for tailored bereavement support. Mental health practitioners, grief counselors, and support networks should consider the specific context of spousal loss when designing interventions. Those dealing with violent loss may benefit more from grief-specific therapies that address existential distress, while trauma-informed care remains essential for all bereaved partners regardless of how the loss occurred. This study contributes to a deeper understanding of how different loss experiences shape the emotional and psychological landscape of those left behind. It underscores the importance of compassionate, context-sensitive approaches to grief and trauma recovery among bereaved partners navigating life after sudden or violent spousal death.

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Author Contribution Statement

All authors discussed the results, contributed to the final manuscript, and approved the final version for publication. AJI: Conceptualization and Design, Methodology, Writing - Original Draft. TA: Conceptualization and Interpretation of the results.

Conflict Of Interest Statement

The authors declare that they have no significant competing financial, professional or personal interests that might have influenced the performance or presentation of the work described in this manuscript

Ethical Approval Statement

The authors declare that this study was conducted with due regard for research ethics, including obtaining approval from the institution. This includes respecting the autonomy of participants, maintaining confidentiality of data, and ensuring their safety and well-being, in accordance with applicable research ethics guidelines.

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