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# Embodied Femininity Under Gendered Regulation: Identity Reconstruction After Spousal Homicide

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# Abstract

Spousal homicide represents a profound form of violent bereavement that disrupts not only relational bonds but also embodied identity and social positioning. This qualitative study examines how women reconstruct identity, agency, and meaning following the homicide of their spouses. Drawing on in-depth interviews with 20 widows, the analysis was guided by feminist phenomenology and trauma theory. Thematic analysis identified four interrelated domains: embodied rupture, identity reconfiguration, gendered stigma and moral surveillance, and relational–institutional mediation. Participants described homicide as a persistent embodied disruption marked by dissociation and hypervigilance, while simultaneously navigating expanded parental responsibilities and intensified social scrutiny. Across these domains, moral injury emerged as a cross-cutting dimension distinguishing violent loss from natural bereavement. Integrating the emergent themes, the study proposes the Embodied–Structural Reconstruction Model of Homicide-Related Widowhood, conceptualizing identity reconstruction as a recursive process shaped by embodied trauma and socio-cultural regulation. By foregrounding the intersection of embodiment, gender, and structural forces, the study contributes a nuanced framework for understanding identity reconstruction following violent spousal loss.


# 1. Introduction

The loss of a spouse to homicide constitutes a profound traumatic rupture that destabilizes not only relational identity but also the embodied foundations of gendered selfhood. Unlike natural bereavement, the violent and intentional nature of intimate partner homicide shatters assumptions of safety, predictability, and relational continuity, thereby complicating efforts to reconstruct a coherent sense of self (Bolaséll et al., 2021). Identity reconstruction following such loss requires survivors to reconcile a former relational identity with a radically altered present reality while navigating significant personal and interpersonal stressors (Wehrman, 2022).

However, in contexts where widowhood is shaped by gendered norms, stigma, and communal expectations, reconstruction extends beyond intrapsychic adaptation. Widows of homicide frequently encounter moral suspicion, social surveillance, and constraints on bodily autonomy that reshape their social positioning and self-perception (Cullen et al., 2021; Thomas, 2021). Feminist phenomenological perspectives further emphasize that the body is not merely a passive site of trauma symptoms but a central locus where power relations, gendered meanings, and social control are enacted and negotiated (Twemlow et al., 2022).

Accordingly, rebuilding identity after spousal homicide involves not only meaning-making and narrative reconciliation (Pitcho-Prelorentzos et al., 2021; Wehrman, 2022) but also the renegotiation of embodied femininity within socially monitored and morally regulated boundaries. Identity reconstruction unfolds through shifts in visibility, comportment, emotional regulation, relational positioning, and the negotiation of intimacy, revealing violent widowhood as an embodied and gendered process rather than solely a psychological one.

Despite growing scholarship on traumatic bereavement and identity reconstruction, limited empirical research has examined how violent widowhood reshapes women's embodied femininity within contexts of gendered regulation and social surveillance. Consequently, the embodied dimensions of post-homicide identity reconstruction remain under-theorized, leaving a critical gap in understanding how trauma, stigma, and patriarchal norms intersect to structure feminine identity reconstruction following intimate partner homicide.

### 1.1 Background of the Study

Theoretical perspectives on bereavement conceptualize identity reconstruction as a process grounded in meaning-making, including sense-making, benefit finding, and narrative reorganization (Vähäkangas et al., 2021). These frameworks have significantly advanced understanding of how individuals restore coherence following loss. However, they primarily emphasize cognitive and narrative adaptation and offer limited insight into how reconstruction unfolds through embodied and socially regulated dimensions of selfhood.

In cases of spousal homicide, survivors must renegotiate not only narrative identity but also their gendered and bodily presence within communities marked by violence, stigma, and moral scrutiny (Eastwood et al., 2024; Kurdi et al., 2024). Widowhood following violent loss is therefore not merely a state of mourning but a socially mediated transition that reshapes women's visibility, mobility, and relational positioning (Lamba, 2023). Research indicates that young widows often experience heightened restrictiveness, suspicion, and social monitoring within their environments (Lamba, 2023), conditions that may intensify when the death results from homicide.

Under such circumstances, grief becomes publicly interpreted and morally evaluated, constraining bodily autonomy and shaping expectations regarding emotional expression, comportment, and social participation. Although existing scholarship highlights the psychological burden associated with meaning reconstruction after violent death (Benton & Sexton, 2024; Sköld, 2021), far less attention has been given to how this reconstruction is enacted through the body—through altered dress, restrained affect, diminished visibility, or the regulation of intimacy. Consequently, identity reconstruction after spousal homicide must be understood not only as a cognitive effort to restore coherence but also as an embodied negotiation shaped by trauma, stigma, and gendered norms.

### 1.2 Problem Statement

Spousal homicide represents a distinct and profoundly destabilizing form of traumatic bereavement that exceeds conventional models of widowhood. Unlike natural loss, the intentional and violent nature of intimate partner homicide shatters assumptions of safety, relational continuity, and meaning, thereby complicating processes of identity reconstruction (Bolaséll et al., 2021; Sun, 2022). While bereavement scholarship has examined grief trajectories, psychosocial adjustment, and meaning-making following spousal loss (Lamba, 2023; Vähäkangas et al., 2021;), far less attention has been given to how violent loss intersects with embodied femininity and gendered social regulation.

Feminist phenomenological frameworks conceptualize the body as a primary site through which trauma and gendered power relations are enacted and negotiated (Twemlow et al., 2022). From this perspective, embodiment is central to understanding how individuals experience and interpret traumatic disruption. Yet empirical research has rarely examined how women renegotiate embodied femininity in the aftermath of spousal homicide. The absence of such inquiry obscures the ways in which trauma, stigma, and patriarchal norms jointly shape feminine identity reconstruction under conditions of violent loss.

### 1.3 Research Purpose

The purpose of this study is to examine how women who have lost a spouse to homicide renegotiate embodied femininity and identity in the aftermath of violent loss. Grounded in feminist phenomenological perspectives, the study explores how trauma, stigma, and gendered social regulation intersect to shape women's embodied self-experience, social visibility, and relational positioning.

By centering the voices of women bereaved through intimate partner homicide, this research seeks to illuminate how feminine identity is renegotiated within contexts marked by violence, moral scrutiny, and patriarchal norms. In doing so, the study moves beyond symptom-focused models of grief to foreground embodiment as a central dimension of identity reconstruction following spousal homicide.

This study advances international scholarship on bereavement, trauma, and gender by reconceptualizing identity reconstruction after spousal homicide as an embodied and socially regulated process. While dominant grief frameworks have primarily emphasized psychological adjustment and cognitive meaning-making (Lamba, 2023; Vähäkangas et al., 2021), they have given limited attention to how intentional intimate partner violence reshapes women's femininity and social positioning within patriarchal contexts.

By integrating feminist phenomenological perspectives that conceptualize the body as a site where trauma, stigma, and power relations are enacted (Twemlow et al., 2022), this study provides a theoretically grounded account of how identity is renegotiated under conditions of moral scrutiny and social surveillance. In doing so, it addresses a critical gap concerning the embodied dimensions of agency, legitimacy, and relational repositioning following intimate partner homicide.

Beyond its theoretical contribution, the study also carries practical and societal implications. The findings inform trauma-informed and gender-sensitive interventions that move beyond symptom reduction to address stigma, visibility, and structural constraints (Canbulut et al., 2022). More broadly, this research contributes to ongoing efforts toward gender justice and culturally responsive frameworks that support dignity, safety, and sustainable resilience among women affected by intimate partner homicide.

### 1.5 Research Questions

1. How do women who have lost a spouse to homicide describe changes in their embodied sense of femininity and selfhood following violent loss?

2. How do stigma, moral scrutiny, and gendered social regulation shape women's efforts to renegotiate identity after spousal homicide?
3. How do relational networks, community responses, and institutional contexts facilitate or constrain women's processes of embodied identity reconstruction following intimate partner homicide?

### 1.6 Context of the Study

This study is intentionally delimited to women who have experienced the homicide of an intimate partner, excluding natural, accidental, or non-intimate forms of loss. This focus enables an in-depth examination of how intentional interpersonal violence reshapes embodied femininity and identity.

The study is further situated within a defined post-homicide temporal frame. Although identity reconstruction is understood as an ongoing and evolving process, the analysis focuses on women's experiences within a bounded period following the loss in order to capture how embodied renegotiation emerges and stabilizes during its early and intermediate phases.

Finally, the inquiry is embedded within a specific sociocultural context in which gender norms, family structures, and communal expectations shape women's post-loss experiences. Rather than claiming universal applicability, the study provides contextually grounded insight into how embodied identity reconstruction unfolds within particular structural and cultural conditions. By foregrounding contextual specificity, the research contributes socially situated knowledge about the gendered dynamics of violent widowhood while remaining attentive to broader theoretical implications.

## 2. Literature Review

This literature review synthesizes multidisciplinary scholarship to establish a theoretical foundation for understanding the intersection of violent spousal loss, embodied femininity, and identity reconstruction. Drawing on feminist phenomenology, trauma theory, and gender scholarship, the review conceptualizes spousal homicide as both an interpersonal trauma and a structurally mediated disruption that reshapes women's embodied and social identities.

### 2.1 Embodiment and Trauma

Embodiment theory conceptualizes the body not merely as biological matter but as a socially constituted site where power, culture, and trauma are inscribed (Chisale, 2021). From a phenomenological perspective, the body is both subject and object—an active locus of meaning-making within the social world (Just & Muhr, 2021). Traumatic experiences such as intimate partner violence can fundamentally disrupt embodied subjectivity, altering one's sense of agency, spatial orientation, and relational continuity (McAllister et al., 2025; Twemlow et al., 2022).

Feminist phenomenology further emphasizes that embodiment is gendered. Women's bodily experiences are shaped by structural hierarchies that regulate mobility, autonomy, and social legitimacy (Oliveira et al., 2024a). Following spousal homicide, the widow's embodied world may become destabilized, producing disorientation across temporal, relational, and spatial dimensions of everyday life (Sköld, 2021).

### 2.2 Femininity as a Socially Constructed Practice

Femininity is socially constructed through embodied and performative practices shaped by patriarchal norms (Cavaler & Beiras, 2023). Gendered expectations frequently situate women within domestic and caregiving roles, reinforcing vulnerability and limiting public agency (Anggaunitakiranantika, 2022; Kaplan, 2023). Drawing on Butler's theory of performativity, femininity is sustained through repeated social performances that produce the appearance of stability (Güngör & Özemir, 2023).

When spousal homicide disrupts these gendered scripts, widowed women are required to renegotiate their identities within socio-cultural systems that may interpret female autonomy as transgressive or morally suspect (Luan et al., 2025). Under such circumstances, identity reconstruction becomes a process of re-signifying the self within constraining social structures (Canabarro, 2021).

### 2.3 Identity Reconstruction Following Traumatic Loss

Trauma represents a pivotal disruption in self-concept, severing relational bonds and destabilizing existing meaning structures (Kincal, 2024; Muldoon, 2024). Reconstruction after traumatic loss requires both narrative and embodied reorientation, enabling survivors to reconfigure their sense of agency within altered relational and social contexts (Borges, 2024b; Shildrick, 2024).

In cases of spousal homicide, this transition may be particularly acute. The violent loss simultaneously dismantles marital identity, emotional security, and the spatial anchoring of domestic life (Beeckmans et al., 2022). As a result, identity reconstruction becomes not merely a process of psychological adaptation but a deeper ontological reconfiguration of selfhood.

### 2.4 Spousal Homicide and Gendered Stigma

Spousal homicide represents a distinct form of traumatic bereavement characterized by intentional violence and profound social stigma (Bermúdez-Guzmán et al., 2024; Sun, 2022). Widows may encounter suspicion, blame, and moral surveillance, often rooted in patriarchal assumptions regarding honor, inheritance, and female sexuality (Lamba, 2023; Thomas, 2021).

These gendered dynamics can intensify social isolation and reshape women's embodied presence in both domestic and public spaces. Consequently, widowhood following homicide is not only an experience of loss but also a socially regulated identity that alters women's legitimacy, visibility, and relational positioning within their communities.

### 2.5 Qualitative Approaches and Research Gap

Phenomenological qualitative approaches are particularly suited to exploring lived experiences of trauma, embodiment, and identity transformation (Lamba, 2023). In-depth interviews provide access to the nuanced ways in which survivors articulate grief, stigma, and identity negotiation within their social worlds (Sköld, 2021).

Despite growing research on widowhood and bereavement, relatively little scholarship has examined how spousal homicide specifically intersects with embodied femininity and gendered identity reconstruction. In particular, the embodied mechanisms through which women renegotiate agency, spatial presence, and social legitimacy following violent loss remain under-theorized. Addressing this gap, the present study investigates the lived interplay between trauma, gender, and embodiment in the aftermath of spousal homicide.

# 3. Methodology

# 3.1 Research Design

This study employed a qualitative research design to explore the lived experiences of women who have lost a spouse to homicide. A qualitative approach was considered particularly appropriate because the phenomenon under investigation involves deeply personal, embodied, and socially constructed meanings that cannot be adequately captured through quantitative measures. Qualitative inquiry enables an in-depth exploration of subjective experience, identity negotiation, and the complex interplay between trauma, gender, and socio-cultural context.

Within this qualitative framework, the study was guided by a descriptive phenomenological orientation grounded in Husserlian philosophy. Descriptive phenomenology seeks to uncover the essence of lived experience as perceived by participants themselves, emphasizing detailed description rather than causal explanation (van Rensburg, 2021). This orientation allows researchers to examine how individuals interpret and make sense of their experiences within their lifeworld.

Given the study's focus on embodied femininity and identity reconstruction following violent loss, a phenomenological approach was particularly suitable. It enabled an exploration of how participants experienced the disruption of their embodied identity, their social positioning, and their relational roles following the homicide of their spouses.

Consistent with phenomenological research principles, the researcher engaged in reflexive practices throughout the study in order to bracket personal assumptions and theoretical presuppositions (Lamba, 2023). Reflexive journaling and analytic memoing were conducted during data collection and analysis to enhance awareness of potential biases and to maintain fidelity to participants' narratives and lived experiences.

# 3.2 Participants and Recruitment

Participants were recruited through purposive sampling, supplemented by snowball sampling, via community-based organizations and support networks assisting families affected by spousal homicide. These organizations served as key entry points for reaching women who had experienced the violent loss of a spouse and were willing to share their experiences within a research context.

Initially, 28 women were approached to participate in the study; 23 agreed (response rate: 82%). During the recruitment process, three participants withdrew prior to or during the interview due to emotional distress associated with recounting their experiences. Consequently, the final sample consisted of 20 participants. Table (1) presents demographic information about the participants in this study. Recruitment and data collection continued until thematic saturation was reached, indicating that additional interviews no longer generated substantially new thematic insights.

The final sample included 20 Arab widowed women living in Israel whose husbands had been intentionally killed in incidents of spousal homicide within intra-community contexts. All participants had experienced the violent death of their spouse, consistent with the study's aim of examining identity reconstruction following violent widowhood.

Participants ranged in age from 22 to 50 years (M = 37.9, SD = 8.1). All participants were mothers, with the number of children ranging from one to six (M = 3.0, SD = 1.4). The average age of participants' children was 9.6 years (SD = 5.2), ranging from infancy to early adulthood.

The time elapsed since the homicide ranged from four months to nine and a half years (M = 2.8 years, SD = 2.7). This temporal variation enabled participants to reflect not only on the immediate aftermath of the loss but also on longer-term processes of adjustment and identity reconstruction. The diversity in time since loss allowed the study to capture experiences across different stages of bereavement, including both the early acute phase and later stages of adaptation and renegotiation of social roles.

Inclusion criteria required participants to:

- • be at least 18 years of age
- • have experienced the intentional homicide of their husband
- • be able to provide informed consent
- • be capable of participating in a reflective qualitative interview

Participants were excluded if they were experiencing an acute psychological crisis, exhibited severe suicidal risk, or were otherwise unable to provide informed consent at the time of recruitment. Additionally, cases in which the homicide had occurred in the immediate months preceding the study were excluded in order to reduce the risk of re-traumatization during the interview process.

Table 1

**Demographic Characteristics of Participants**

| Participant ID | Age | No. of Children | Time Elapsed (as of 2/2026) | Type of Loss |
|---|---|---|---|---|
| P1 | 50 | 6 | 1 year and 10 months | Husband – Spousal homicide |
| P2 | 30 | 2 | 1 year and 8 months | Husband – Spousal homicide |
| P3 | 34 | 2 | 5 years and 1 month | Husband – Spousal homicide |
| P4 | 34 | 3 | 2 years and 5 months | Husband – Spousal homicide |
| P5 | 22 | 1 | 4 months | Husband – Spousal homicide |
| P6 | 40 | 2 | 1 year and 8 months | Husband – Spousal homicide |
| P7 | 25 | 1 | ~ 1 year and 6 months | Husband – Spousal homicide |
| P8 | 40 | 2 | 1 year and 9 months | Husband – Spousal homicide |
| P9 | 35 | 3 | 2 years and 6 months | Husband – Spousal homicide |
| P10 | 47 | 3 | ~ 1 year and 3 months | Husband – Spousal homicide |
| P11 | 38 | 4 | ~ 2 years | Husband – Spousal homicide |
| P12 | 40 | 2 | 1 year and 6 months | Husband – Spousal homicide |
| P13 | 40 | 2 | 9 years and 4 months | Husband – Spousal homicide |
| P14 | 32 | 3 | 8 years | Husband – Spousal homicide |
| P15 | 43 | 4 | 8 years and 6 months | Husband – Spousal homicide |
| P16 | 32 | 1 | 1 year and 7 months | Husband – Spousal homicide |
| P17 | 45 | 3 | 2 years and 6 months | Husband – Spousal homicide |

| Participant ID | Age | No. of Children | Time Elapsed (as of 2/2026) | Type of Loss |
|---|---|---|---|---|
| P18 | 32 | 3 | 5 years and 1 month | Husband – Spousal homicide |
| P19 | 50 | 4 | 3 years and 1 month | Husband – Spousal homicide |
| P20 | 36 | 4 | 1 year and 1 month | Husband – Spousal homicide |

# 3.3 Research Instrument

Data were collected through in-depth semi-structured interviews, which served as the primary research instrument for exploring participants' lived experiences following the homicide of their spouses. The semi-structured interview format was selected because it offers a balance between flexibility and conceptual focus. This approach allowed participants to narrate their experiences in their own words while ensuring that key domains related to embodiment, stigma, relational transformations, and identity reconstruction were systematically explored.

The interview protocol was developed in alignment with the study's research questions and was informed by existing scholarship on embodied trauma, gendered widowhood, and identity reconstruction following spousal homicide (Lamba, 2023; Sköld, 2021; Thomas, 2021; Twemlow et al., 2022). Prior research highlighting themes such as social restrictiveness and suspicion toward widows (Lamba, 2023), the embodied inscription of trauma (Twemlow et al., 2022), and the gendered stigma attached to women following violent loss (Thomas, 2021) guided the development of the interview guide and the formulation of open-ended questions. These conceptual foundations ensured that the interview protocol was theoretically grounded while remaining responsive to participants' lived experiences.

The interview questions were designed to elicit rich descriptions of participants' embodied experiences, perceptions of femininity, changes in relational dynamics, interactions with social networks, and processes of identity renegotiation following spousal homicide. Particular attention was given to exploring how participants experienced their bodies, social roles, and sense of self in the aftermath of violent loss.

To deepen participants' reflections and clarify meanings, probing questions were used throughout the interviews. These probes encouraged participants to elaborate on significant experiences, emotions, and interpretations, thereby facilitating greater depth and nuance in the narratives. Such probing techniques are consistent with phenomenological interviewing practices that seek to uncover the meaning structures of lived experience.

The full interview protocol, including the complete list of interview questions, is presented in **Appendix A**.

# 3.4 Data Collection Procedures

Data were collected through individual semi-structured interviews conducted with each participant. The interviews were carried out in person in locations chosen by the participants to ensure privacy, comfort, and emotional safety. Allowing participants to select the interview setting was particularly important given the sensitive nature of the topic and the potential vulnerability associated with recounting experiences of traumatic loss.

Each interview lasted between 60 and 90 minutes, providing participants with sufficient time to narrate their experiences in depth while minimizing the risk of excessive emotional strain. At the beginning of each session, participants received a detailed explanation of the study's purpose, procedures, and ethical safeguards. Written informed consent was obtained prior to the commencement of the interview. Participants were informed that their participation was entirely voluntary, that they could decline to answer any question, and that they had the right to withdraw from the study at any time without any consequences.

All interviews were conducted in the participants' native language to facilitate comfort and expressive depth. With participants' permission, the interviews were audio-recorded to ensure accurate documentation of the narratives. The recordings were later transcribed verbatim by the researcher, enabling close engagement with participants' accounts and preserving the linguistic nuances of their experiences.

Participants were assured that all information shared during the interviews would remain confidential and would not be disclosed to any third party. Audio recordings and transcripts were stored on a password-protected external hard drive accessible only to the research team. Identifying information was removed during the transcription process, and pseudonyms were assigned to protect participants' identities and maintain anonymity.

Throughout the data collection process, particular attention was given to maintaining a respectful, empathetic, and non-judgmental stance. The interviews were conducted in accordance with trauma-informed qualitative research practices, ensuring that participants were able to pause, skip questions, or terminate the interview if they experienced emotional discomfort. This approach aimed to prioritize participants' psychological well-being while enabling the collection of rich and meaningful narratives.

## 3.5 Data Analysis Procedures

All interviews were audio-recorded and transcribed verbatim by the researcher to ensure accuracy and close engagement with the data. The transcription process facilitated immersion in participants' narratives and enabled careful attention to linguistic nuances, emotional expressions, and contextual meanings embedded in the interviews. Field notes recorded during and immediately after each interview were reviewed alongside the transcripts in order to preserve contextual detail and support interpretive depth during analysis.

The data were analyzed using thematic analysis following the six-phase framework proposed by Braun and Clarke (2006). This analytic approach was selected for its methodological flexibility and its

suitability for identifying patterned meanings across qualitative datasets while remaining sensitive to issues of embodiment, gender, and identity reconstruction. Thematic analysis also aligns with phenomenological inquiry by enabling researchers to explore recurring experiential patterns within participants' lived narratives.

The analytic process began with repeated reading of the interview transcripts to achieve data familiarization and generate preliminary analytic insights. During the second phase, initial codes were generated inductively across the entire dataset. These codes captured meaningful segments of the data related to embodied experiences, social stigma, relational transformations, and processes of identity renegotiation following spousal homicide. Coding was conducted systematically using NVivo 15, which facilitated the organization, retrieval, and comparison of coded data segments.

To enhance analytic rigor and transparency, a structured coding book was developed. The coding book included code labels, operational definitions, inclusion and exclusion criteria, and illustrative excerpts from the data. As analysis progressed, codes were iteratively refined, merged, or expanded in response to emerging patterns in the dataset.

During the third and fourth phases of the analysis, related codes were organized into candidate themes. These themes were subsequently reviewed and refined to ensure internal coherence, conceptual clarity, and meaningful distinction between themes. In the fifth phase, themes were clearly defined and named, aligning them with the study's research questions and theoretical framework. Finally, representative quotations were selected from the transcripts to illustrate each theme and to preserve participants' voices within the presentation of the findings.

Throughout the analytic process, reflexive memoing was used to document analytic decisions, emerging interpretations, and methodological reflections. This practice supported analytic transparency and contributed to the credibility of the findings. The overall aim of the analysis was to generate rich and nuanced themes that capture the complexity of women's embodied identity reconstruction following spousal homicide.

## 3.6 Ethical Considerations

Given the sensitive nature of exploring experiences related to spousal homicide, strict ethical safeguards were implemented throughout the research process. Ethical approval was obtained from the Institutional Review Board (IRB) of Al-Qasemi Academic College (Approval No. 1/2026). The study was conducted in accordance with institutional regulations and international ethical guidelines for research involving human participants.

Prior to participation, all participants received a detailed information sheet explaining the study's purpose, procedures, confidentiality measures, potential risks, and their rights as participants. Written informed consent was obtained before the interviews began. Participants were informed that their participation was voluntary and that they could decline to answer any question or withdraw from the study at any time without consequences.

Interviews were conducted in private locations chosen by the participants to ensure privacy, comfort, and emotional safety. A trauma-informed and empathetic approach was adopted throughout the interviews. Participants were reminded that they could pause, skip questions, or terminate the interview if they experienced discomfort. When appropriate, information about available psychological or community support services was provided.

All interviews were audio-recorded with participants' permission and later transcribed verbatim. Identifying information was removed during transcription, and pseudonyms were assigned to protect participants' anonymity. Any contextual details that could lead to indirect identification were omitted or modified.

All digital data, including audio recordings and transcripts, were securely stored on a password-protected external hard drive accessible only to the research team. No data were shared with third parties.

# 3.7 Trustworthiness

To ensure methodological rigor and enhance the quality of this qualitative inquiry, the criteria of credibility, transferability, dependability, and confirmability were systematically addressed in accordance with established standards for qualitative research.

**Credibility**

Credibility was strengthened through prolonged engagement with both participants and the dataset. Each interview lasted between 60 and 90 minutes, allowing for an in-depth exploration of participants' lived experiences. All interviews were transcribed verbatim by the researcher to ensure accuracy and facilitate deep immersion in the narratives.

As part of the member-checking process, the completed transcripts were returned to participants for review. Participants were invited to edit, clarify, or add information if they felt their experiences had not been accurately represented. None of the participants requested modifications, suggesting that the transcripts accurately reflected their intended meanings and lived experiences.

Reflexive memoing was conducted throughout the stages of data collection and analysis to document interpretive decisions and enhance analytic transparency. In addition, verbatim quotations were incorporated in the presentation of findings to ensure that participants' voices remained central to the analytic narrative.

**Transferability**

Transferability was supported through the provision of rich and detailed descriptions of the research context, participant characteristics, and thematic findings. By presenting thick description of the socio-cultural setting and participants' experiences, readers are enabled to assess the potential applicability of the findings to similar contexts or populations.

**Dependability**

Dependability was reinforced through a systematic and transparent analytic process guided by Braun and Clarke's (2006) six-phase thematic analysis framework. A structured coding book was developed, including code labels, operational definitions, and illustrative data extracts. The coding framework was iteratively refined throughout the analysis as patterns in the data emerged.

The use of NVivo 15 facilitated organized data management and consistent coding procedures. In addition, an audit trail documenting methodological choices, analytic decisions, and coding revisions was maintained to ensure procedural transparency.

**Confirmability**

Confirmability was enhanced through reflexive journaling and ongoing efforts to bracket personal assumptions and theoretical presuppositions. The researcher remained attentive to grounding interpretations in participants' narratives rather than imposing external interpretations.

The preservation of raw interview transcripts, coding records, analytic memos, and the coding book further ensured that the findings remained traceable to the original data.

Together, these strategies contribute to the credibility, transparency, and overall trustworthiness of the study, ensuring that the findings authentically represent the lived experiences of women navigating identity reconstruction following spousal homi

Table 2
Codebook

| Main Theme | Subtheme | Definition | Quotation | Research Question |
|---|---|---|---|---|
| **Embodied Trauma and Disrupted Femininity** | Dissociation and Somatic Shock | Immediate bodily and psychological disorientation experienced upon learning about the homicide, often accompanied by sensory overload and disruption of cognitive processing. | “I felt like I was under water… like someone hit my head.” (P11) | RQ1 |
| | Chronic Shock and Persistent Hyperactivation | Ongoing physiological and emotional reactivation of trauma, including hypervigilance, intrusive memories, sleep disturbance, and sustained bodily stress responses. | “I developed cancer… my leg has spasms… my hair fell.” (P9) | RQ1 |
| | Interrupted Safety and Feminine Grounding | Disruption of women’s embodied sense of safety, relational stability, and feminine identity following the violent loss of their spouse. | “I miss intimacy… but I put that part of me aside.” (P16) | RQ1 |
| **Reconfigured Identity and Gendered Role Expansion** | Becoming “Mother and Father” | Assumption of dual parental roles integrating maternal and paternal responsibilities following the spouse’s death. | “I am a woman and a man at the same time.” (P6) | RQ1 |
| | Hyper-Responsibility | Carrying full emotional, financial, and decision-making responsibilities independently within the family. | “You are the mother, the father, everything.” (P9) | RQ1 |
| | Identity Reframing | Reconstructing the self as resilient, capable, or transformed in response to violent loss. | “I became stronger than before.” (P14) | RQ1 |
| **Gendered Stigma and Moral Surveillance** | Moral Monitoring | Community scrutiny and moral evaluation of widows’ behavior, appearance, and social conduct. | “You are always under observation because you are a widow.” (P3) | RQ2 |

| Main Theme | Subtheme | Definition | Quotation | Research Question |
|---|---|---|---|---|
| | Restricted Visibility | Limitation of mobility, dress, or social participation due to stigma, fear, or community expectations. | “I stopped going out to weddings.” (P10) | RQ2 |
| | Economic Vulnerability | Financial strain intertwined with caregiving responsibilities and single-parent household management. | “When my son asks for a bicycle and I cannot buy it, it hurts me.” (P6) | RQ2 |
| **Relational and Institutional Contexts of Support** | Family Containment | Emotional protection, support, and stability provided by extended family systems following the homicide. | “First thing, she needs family security around her.” (P17) | RQ3 |
| | Community Ambivalence | Experiences of both solidarity and gradual withdrawal from community members following the homicide. | “At first they came… then everyone disappeared.” (P18) | RQ3 |
| | Institutional Support Deficit | Perceived absence of structured state or community support programs for widows and their children. | “We need a center for widows and orphans… not just talk.” (P11) | RQ3 |

## 4. Results

The findings are organized into four overarching themes and their corresponding subthemes. Rather than presenting individual experiences as isolated narratives, the analysis identifies patterned processes that shaped women’s embodied, relational, and socio-cultural experiences following spousal homicide.

# 4.1 Embodied Trauma and Disrupted Femininity

# 4.1.1 Dissociation and Somatic Shock

Participants consistently described the moment of learning about the homicide as a profound bodily disruption. The loss was not experienced solely as emotional pain but as an immediate physiological disorientation characterized by sensory overload, fragmentation of perception, and temporal distortion.

Several women described the moment of notification as a suspension of ordinary awareness. One participant recalled that “those five minutes felt like a whole year” as she ran toward the scene while repeatedly telling herself that her husband must still be alive (P12). Another described kneeling beside

her husband's body while "blood was pouring like a waterfall," screaming for help in a state of overwhelming sensory shock (P19).

These narratives suggest that the traumatic event was initially encoded through bodily sensations, images, and sounds rather than through coherent narrative understanding. Even participants who did not witness the homicide described similar reactions. One woman explained that when she heard the words "he has been shot," her body "stopped functioning," and she moved mechanically without fully comprehending the situation (P11). The shock therefore represented an embodied rupture in experiential continuity, temporarily suspending ordinary cognitive processing.

## 4.1.2 Chronic Shock and Persistent Hyperactivation

Participants further emphasized that the embodied trauma did not resolve quickly. Many women reported ongoing physiological reactivation, intrusive memories, and anticipatory responses years after the homicide.

One participant stated five years after the event: "The understanding hasn't come yet. I am still in shock" (P18). Another described how she continues to listen for the sound of her husband's keys at the door, momentarily expecting his return (P19).

These anticipatory responses suggest that homicide-related grief often resists temporal integration. The loss remains experientially present rather than fully incorporated into the past. Persistent hyperactivation therefore reflects not only unresolved grief but also deeper moral and existential disruption.

## 4.1.3 Interrupted Safety and Feminine Grounding

Beyond shock responses, the homicide profoundly disrupted participants' embodied sense of safety and relational grounding. For many women, the husband had represented protection, stability, and shared adulthood. His violent removal destabilized this relational anchor and reshaped women's bodily sense of security.

One participant explained that she no longer experiences the same sense of safety in her home, stating: "I no longer feel the safety I once felt when I heard his keys" (P19). Another described standing in front of the mirror questioning whether she was capable of fulfilling all expected roles despite "doing my maximum" (P16).

Thus, spousal homicide fractured not only relational partnership but also the embodied experience of security, altering women's relationship to domestic space and to their own sense of self.

## 4.2 Reconfigured Identity and Gendered Role Expansion

## 4.2.1 Becoming "Mother and Father"

A central pattern across interviews was the abrupt reconfiguration of gendered roles within the household. The death of the husband required immediate redistribution of authority, decision-making,

and financial responsibility. Women repeatedly described themselves as occupying both maternal and paternal roles simultaneously.

One participant stated, “I feel like I am the mother, the father, the sister, and the friend. I carry all the roles at once” (P16). Another described herself as “mother, father, and even psychologist” within her family (P19).

This expansion of roles was rarely framed as empowerment. Rather, it reflected structural necessity and occurred without preparation, often accompanied by heightened vigilance and responsibility.

## 4.2.2 Hyper-Responsibility and Self-Reliance

Closely connected to role expansion was the emergence of hyper-responsibility. Participants described internalizing full responsibility for their family’s emotional well-being, financial stability, and daily functioning.

One participant reflected that during the first two years she felt “completely lost,” yet gradually she “stood on her own” and learned to support her children independently (P17). Another explained that she realized she “could not rely on anyone” and had to depend entirely on herself (P14).

Across interviews, the language of “standing alone” appeared repeatedly, indicating a form of identity reconstruction grounded in self-reliance. However, this autonomy emerged primarily through necessity rather than voluntary empowerment.

## 4.2.3 Identity Reframing: From Broken to Unbreakable

Over time, many participants reframed their identities through narratives of resilience and endurance. Such reframing functioned both as a coping mechanism and as a response to external perceptions of vulnerability.

One participant declared: “You tried to kill me, but I stood up. No one managed to break me” (P15). Another described a transformation between the early years of disorientation and her current perspective, stating: “I see life differently now” (P17).

Importantly, these narratives of strength did not eliminate vulnerability. Rather, resilience and pain coexisted, reflecting a layered and ongoing process of identity reconstruction.

# 4.3 Gendered Stigma and Moral Surveillance

## 4.3.1 Moral Monitoring and Widow Reclassification

Homicide-related widowhood significantly altered women’s social positioning. Participants described shifts in how they were perceived, addressed, and evaluated by others.

One participant explained that once she identifies herself as a widow, “people’s eyes change” and expressions of pity become visible (P11). Another described persistent curiosity and questioning: “People always want to know how he died, why he died” (P16).

Widowhood thus functioned as a socially marked identity accompanied by surveillance, judgment, and intrusive inquiry.

## 4.3.2 Restricted Autonomy and Social Scrutiny

For several participants, widowhood introduced heightened regulation of appearance, behavior, and mobility.

One woman expressed this shift clearly: “When I had a husband, I had value. When he died, everything I do is questioned—even what I wear, even if I want to travel” (P15).

These experiences illustrate how widowhood intersects with gendered norms governing modesty, mourning, and social visibility. The loss of a husband therefore reshaped not only personal circumstances but also women’s perceived legitimacy within public space.

## 4.3.3 Economic Vulnerability

Economic destabilization further intensified women’s vulnerability. Participants who had previously relied on their husbands for financial management described sudden exposure to administrative and bureaucratic systems.

Women spoke about learning to manage finances, obtain licenses, and navigate institutional procedures independently (P14, P17). Economic strain compounded emotional burden and reinforced the experience of hyper-responsibility.

# 4.4 Relational and Institutional Contexts of Support

## 4.4.1 Temporary Containment and Gradual Withdrawal

Participants consistently described a trajectory of strong communal presence immediately following the homicide, followed by gradual withdrawal over time.

One participant summarized this process: “In the first week, everyone is around you. After that, everyone returns to their life. In the end, only your children remain” (P19). Another noted that during the first year there is shared mourning, but gradually “they disconnect” (P11).

This withdrawal intensified feelings of isolation and reinforced the perception that long-term coping ultimately becomes individualized.

## 4.4.2 Institutional Ambivalence

Experiences with psychological and institutional support were mixed. Some participants described therapy as destabilizing, stating that sessions “opened wounds” without providing closure (P11). Others reported transformative experiences, explaining that therapy helped them understand stages of anger and denial and differentiate their coping processes from untreated family members (P17).

These divergent accounts suggest that institutional responses to homicide-related trauma remain inconsistent and may not fully address the prolonged and complex nature of violent bereavement.

## 4.5 Cross-Cutting Theme: The Distinctiveness of Homicid

Across all themes, participants emphasized that homicide-related loss differs fundamentally from natural death because it involves deliberate human agency. One participant explained: “When someone dies naturally, you accept it. But here, someone chose to take his life. It breaks your back” (P18). Another described the event as a moral violation, stating that “a human decided to take a human soul” (P19).

The intentional nature of the violence introduced profound moral injury, anger, and persistent questioning. Unlike illness or accident, homicide disrupted not only attachment bonds but also fundamental assumptions about justice, safety, and social order.

## 4.6 Integrative Conceptual Model

Taken together, the four themes and their corresponding subthemes reveal that homicide-related widowhood is not experienced as a linear grief trajectory but as a recursive and structurally mediated reconstruction process. Embodied trauma, identity reconfiguration, gendered social regulation, and relational–institutional mediation interact continuously rather than sequentially.

Participants’ narratives further highlighted the role of moral injury and intentional human violence in intensifying disruption across these domains. Based on the integration of the emergent themes and subthemes, the Embodied–Structural Reconstruction Model of Homicide-Related Widowhood (Fig. 1) was developed.

The model synthesizes the central processes identified in the findings and illustrates how women reconstruct identity and meaning within ongoing embodied trauma shaped by social, relational, and structural forces.

The relationships between these themes are illustrated in the integrative conceptual model presented in Fig. 1.

# 5. Discussion

Building on the findings and the integrative conceptual model developed from the data (Fig. 1), this study conceptualizes spousal homicide as a recursive and structurally mediated process of identity reconstruction rather than a linear trajectory of grief. The Embodied–Structural Reconstruction Model of Homicide-Related Widowhood synthesizes the four themes identified in the results—embodied trauma

and disrupted femininity, reconfigured identity and gendered role expansion, gendered stigma and moral surveillance, and relational–institutional contexts of support—while highlighting the cross-cutting influence of moral injury and structural violence.

Interpreting the findings through this integrative framework advances scholarship at the intersection of embodiment theory, feminist phenomenology, and trauma studies by demonstrating how violent bereavement simultaneously reshapes bodily experience, gendered identity, and social positioning. Rather than depicting recovery as a progressive process of emotional resolution, the model illustrates how identity reconstruction unfolds through the dynamic interaction of embodied trauma, structural constraints, and relational mediation.

# 5.1 Embodied Trauma and Disrupted Femininity

The findings identify embodied trauma and disrupted femininity as the foundational domain of reconstruction following spousal homicide. Participants described the loss not only as emotional devastation but also as a profound bodily disruption characterized by dissociation, temporal distortion, and persistent hypervigilance. Consistent with embodiment theory, the body emerged as the primary site through which trauma was experienced and continuously reactivated (Chisale, 2021).

Phenomenological scholars argue that the body constitutes the lived center of perception and meaning-making (Just & Muhr, 2021). When homicide intervenes, this experiential center becomes destabilized. Participants' accounts of shock, sensory overload, and persistent anticipation suggest a collapse of temporal continuity in which the loss remains experientially present rather than integrated into the past. These findings extend the work of Twemlow et al. (2022) and McAllister et al. (2025), who argue that trauma disrupts embodied subjectivity and relational orientation.

However, the present study demonstrates that the intentionality of violence intensifies this disruption. Unlike illness-related bereavement, homicide introduces a dimension of violation that destabilizes assumptions about safety and human intention. Echoing Sköld's (2021) discussion of temporal disorientation in traumatic bereavement, participants remained in a present-tense relationship with the loss. Accordingly, the model positions embodied trauma not as a temporary stage but as an enduring condition shaping the reconstruction process.

# 5.2 Reconfigured Identity and Gendered Role Expansion

Surrounding this disruption, the model identifies reconfigured identity and gendered role expansion as a central adaptive domain. Participants described an abrupt expansion of responsibilities following the homicide, particularly the need to assume both maternal and paternal roles within the household. This transformation reflects the disruption of gendered social scripts embedded within patriarchal family structures. Similar patterns have been documented in studies of widowhood showing that surviving spouses frequently assume both caregiving and provider roles following the loss of a partner (Ellis et al., 2025).

Scholarship on gender performativity emphasizes that femininity is sustained through repeated social practices that stabilize identity (Cavaler & Beiras, 2023; Güngör & Özemir, 2023). Spousal homicide interrupts these practices, compelling women to renegotiate their gendered roles within both domestic and social contexts. Importantly, the findings demonstrate that this renegotiation is materially enacted through financial responsibility, decision-making authority, and parental leadership.

Consistent with trauma scholarship, identity reconstruction following loss involves reconstituting the self within altered relational systems (Kincal, 2024; Muldoon, 2024). Yet the present findings suggest that reconstruction following homicide is ontological rather than merely adaptive. Participants did not simply cope with loss; rather, they reorganized everyday life under conditions of structural compulsion. Resilience therefore emerged less as recovery and more as functional reconstruction within ongoing disruption.

## 5.3 Gendered Stigma and Moral Surveillance

The model further situates reconstruction within the domain of gendered stigma and moral surveillance, highlighting the social regulation surrounding homicide-related widowhood. Participants reported experiencing heightened observation, questioning, and symbolic reclassification following the loss of their husbands. Widowhood became a socially marked identity that reshaped how women were perceived within their communities.

These findings align with previous research documenting stigma associated with violent bereavement (Bermúdez-Guzmán et al., 2024; Sun, 2022). They also reinforce Thomas's (2021) and Lamba's (2023) observations that widows are often subjected to patriarchal assumptions concerning honor, propriety, and sexuality. However, the present study extends this literature by demonstrating how surveillance operates through embodied regulation.

Participants described restrictions on mobility, dress, and public presence, illustrating how gender norms regulate women's bodily visibility. Female autonomy following widowhood may therefore be interpreted as socially transgressive (Luan et al., 2025). The model captures this dynamic by situating identity reconstruction within structural mechanisms of gender regulation rather than framing it solely as an internal psychological process.

## 5.4 Relational and Institutional Contexts of Support

Another key domain of the model concerns relational and institutional contexts of support, emphasizing the role of social environments in shaping reconstruction trajectories. Participants described an initial phase of intense communal solidarity following the homicide, often followed by gradual withdrawal over time. Similar patterns have been documented in bereavement research, where initial expressions of social support frequently diminish as the bereavement process unfolds, leaving survivors to navigate long-term adaptation with reduced communal engagement (Sköld, 2021; Wang et al., 2023).

Institutional responses were similarly ambivalent. While some participants described therapeutic support as stabilizing, others experienced it as emotionally destabilizing or insufficiently sustained. These mixed experiences highlight the complexity of trauma processing and support Muldoon's (2024) argument that reconstruction requires meaningful relational scaffolding.

However, the findings indicate that relational and institutional contexts mediate—but do not resolve—embodied trauma. Social support may reduce isolation and provide temporary containment; nevertheless, the underlying disruption associated with homicide often persists. Accordingly, the model conceptualizes relational and institutional contexts as moderating influences that shape reconstruction trajectories rather than functioning as definitive solutions to traumatic disruption.

## 5.5 Moral Injury as a Cross-Cutting Dimension

A central contribution of the study lies in identifying moral injury and structural violence as cross-cutting dimensions permeating all domains of reconstruction. Participants repeatedly emphasized that homicide differs fundamentally from natural death because it involves deliberate human agency.

This observation aligns with literature characterizing violent bereavement as uniquely destabilizing (Bermúdez-Guzmán et al., 2024; Sun, 2022). However, the present study extends this perspective by conceptualizing moral injury as structurally recursive. The intentional nature of the violence fractured participants' assumptions about justice, safety, and social order, sustaining hypervigilance and existential questioning across time.

From this perspective, the homicide was not solely an interpersonal tragedy but also a structural rupture embedded within socio-cultural systems. By integrating moral injury into the conceptual model, the study advances feminist phenomenology by demonstrating how embodied trauma intersects with gendered power relations and structural violence.

## 5.6 Theoretical Implications

The findings contribute to scholarship on trauma, embodiment, and gendered identity reconstruction in several important ways. First, by positioning embodied trauma as the foundational disruption following spousal homicide, the study advances embodiment theory beyond abstract conceptualization and demonstrates how trauma is physiologically inscribed and temporally sustained within lived experience (Chisale, 2021; Just & Muhr, 2021).

Second, the findings deepen feminist phenomenological understandings of gendered reconstruction. When spousal homicide ruptures gendered scripts, women must renegotiate agency, authority, and legitimacy within patriarchal systems that simultaneously demand resilience while regulating autonomy (Cavaler & Beiras, 2023; Oliveira et al., 2024a).

Finally, the recursive structure of the model challenges dominant linear paradigms of grief. Rather than conceptualizing recovery as progressive resolution, the findings suggest that reconstruction following violent loss involves ongoing negotiation within persistent disruption. This reframing contributes to

trauma theory by highlighting how violent bereavement destabilizes assumptions about justice, safety, and social order.

## 5.7 Practical Implications

The findings also have important implications for mental health practitioners, policymakers, and community organizations working with women affected by spousal homicide. The identification of persistent embodied trauma suggests that interventions should extend beyond cognitive grief processing and incorporate trauma-informed and somatic approaches addressing hypervigilance, dissociation, and moral injury.

Community-level interventions are equally necessary to address gendered stigma and moral surveillance. Educational initiatives may help reduce suspicion, blame, and restrictive social norms that exacerbate psychological distress. Policies supporting widows economically and legally are also essential, as financial instability was closely intertwined with identity strain and hyper-responsibility.

At a broader level, the model underscores that homicide-related widowhood cannot be addressed solely through individual therapeutic frameworks. Because the trauma is embedded within systems of gender regulation and structural violence, effective interventions must operate simultaneously at psychological, social, and institutional levels.

As illustrated in Fig. 1, identity reconstruction following spousal homicide unfolds through the dynamic interaction of four domains: embodied trauma, identity reconfiguration, gendered stigma, and relational–institutional contexts. These processes are further intensified by the cross-cutting influence of moral injury produced by intentional violence.

## 5.8 Limitations and Future Research

Several limitations should be considered when interpreting the findings. First, the study was conducted within a specific socio-cultural context, and the results are not intended to be statistically generalizable. The meanings attached to widowhood, stigma, and identity reconstruction are deeply embedded within cultural norms and structural conditions.

Second, the analysis relied on retrospective narratives, which may reflect evolving interpretations of the loss. Longitudinal research could provide deeper insight into how embodied trauma, moral injury, and identity reconstruction evolve over time.

Future research should also explore how the processes identified in the Embodied–Structural Reconstruction Model unfold across different cultural contexts. Comparative studies examining violent and non-violent bereavement could further clarify the distinctive mechanisms of moral injury identified in this research.

Finally, intervention-focused studies are needed to evaluate trauma-informed and culturally responsive support programs for women affected by spousal homicide. Continued empirical work will help refine

and extend the conceptual model proposed in this study.

# 6. Conclusion

This study explored the lived experiences of women who lost their spouses to homicide, focusing on the embodied, gendered, and structural dimensions of identity reconstruction. The findings demonstrate that homicide-related widowhood cannot be adequately understood through conventional grief frameworks that assume linear adaptation or emotional resolution. Instead, the analysis revealed a recursive and multidimensional reconstruction process in which embodied trauma, gendered role transformation, social regulation, and relational–institutional mediation interact dynamically over time.

At the core of this process lies embodied disruption. Participants described spousal homicide not merely as emotional loss but as a profound somatic rupture that destabilized temporal continuity, spatial safety, and relational grounding. This embodied disturbance persisted long after the event, shaping women's ongoing identity reconstruction and sustaining states of hypervigilance. Within this disrupted landscape, women were compelled to renegotiate gendered roles, assuming expanded parental, emotional, and economic responsibilities within structural conditions that simultaneously demanded self-reliance while constraining autonomy. Consequently, reconstruction emerged less as empowerment and more as survival within socio-cultural regulation.

The study further highlights the significance of moral injury and structural violence as cross-cutting forces distinguishing homicide from natural bereavement. The intentionality of violence introduced existential rupture, injustice, and persistent questioning that permeated all domains of reconstruction. Widowhood therefore became not only a personal experience of loss but also a socially regulated identity marked by scrutiny, stigma, and moral surveillance.

By inductively developing the Embodied–Structural Reconstruction Model of Homicide-Related Widowhood, this research advances theoretical understanding at the intersection of embodiment theory, feminist phenomenology, and trauma studies. The model conceptualizes violent bereavement as an ongoing negotiation between bodily disruption and structural mediation, challenging dominant paradigms that frame grief as a bounded psychological process. In doing so, the study provides a more integrative framework for understanding how women reconstruct agency, legitimacy, and meaning within conditions of persistent embodied trauma and gendered constraint.

Ultimately, the findings suggest that homicide-related widowhood represents not only a profound experience of loss but a fundamental reorganization of embodied and social existence. Understanding this process requires moving beyond individual coping frameworks toward approaches that recognize the intertwined roles of embodiment, gendered power relations, and structural contexts in shaping post-homicide identity reconstruction.

# Declarations

### Ethics Approval and Consent to Participate

This study was conducted in accordance with established ethical standards for research involving human participants. Ethical approval was obtained from the Institutional Review Board (IRB) of Al-Qasemi Academic College (Approval No. 1/2026). All participants provided informed written consent prior to participation. Participants were informed about the purpose of the study, the voluntary nature of participation, their right to withdraw at any time without consequence, and the measures taken to ensure confidentiality and anonymity. Given the sensitive nature of discussing spousal homicide, interviews were conducted with particular attention to psychological safety, and participants were offered information about available support services if needed.

### Consent for Publication

Participants provided consent for the anonymized use of their narratives and quotations for academic publication. All identifying information has been removed or altered to protect confidentiality.

## Competing Interests

The authors declare that they have no competing interests.

## Acknowledgment of AI Assistance

During the preparation of this manuscript, the authors used an AI-based language model (ChatGPT, OpenAI) for language refinement and stylistic editing. The tool was used solely to improve readability and clarity and was not involved in data generation, analysis, or interpretation. All conceptualization, analysis, and conclusions are the responsibility of the authors.

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## Author Contribution

G.K. conceptualized the study, contributed to the study design, supervised the research process, and led the writing and revision of the manuscript. Z.M., A.N., N.A.A., L.H., F.K., and S.A.S. contributed to data collection, data analysis, interpretation of findings, and manuscript preparation. All authors reviewed, revised, and approved the final version of the manuscript.

# Data Availability

Due to the highly sensitive nature of the data and the ethical obligation to protect participants' confidentiality, the full interview transcripts are not publicly available. De-identified excerpts supporting the findings are included within the article. Additional anonymized data may be made available by the corresponding author upon reasonable request, subject to ethical approval.

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# Figures




Figure 1. The Embodied–Structural Reconstruction Model of Homicide-Related Widowhood

**Figure 1**

See image above for figure legend

## Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- InterviewProtocol.docx