Shame as a Mediator Between Gender Norm Conflict and Emotional Distress in Muslim Women

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Article Info	ABSTRACT
Article type: *Original Research* **How to cite this article:** Adeyemi, I., & Viteri, C. (2024). Shame as a Mediator Between Gender Norm Conflict and Emotional Distress in Muslim Women. *Psychology of Woman Journal, 5*(1), 231-240. http://dx.doi.org/10.61838/kman.pwj.5.1.27 © 2024 the authors. Published by KMAN Publication Inc. (KMANPUB), Ontario, Canada. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.	**Objective:** This study aimed to investigate the mediating role of shame in the relationship between gender norm conflict and emotional distress among Muslim women. **Methods and Materials:** A descriptive correlational research design was used to examine the proposed relationships. The sample consisted of 502 Muslim women residing in Ecuador, selected based on the Krejcie and Morgan sample size table. Participants completed three standardized instruments: the Gender Role Conflict Scale (GRCS) to measure gender norm conflict, the Experience of Shame Scale (ESS) to assess shame, and the Depression Anxiety Stress Scales–21 (DASS-21) to measure emotional distress. Data were analyzed using SPSS-27 for descriptive and Pearson correlation statistics and AMOS-21 for structural equation modeling (SEM) to evaluate direct, indirect, and total effects among variables and assess model fit. **Findings:** Pearson correlation results indicated significant positive relationships between gender norm conflict and shame ($r = .48$, $p < .001$), shame and emotional distress ($r = .55$, $p < .001$), and gender norm conflict and emotional distress ($r = .41$, $p < .001$). The SEM analysis confirmed a good model fit ($\chi^2/df = 2.53$, CFI = .96, RMSEA = .054, TLI = .95). Gender norm conflict significantly predicted shame ($\beta = .48$, $p < .001$), and shame significantly predicted emotional distress ($\beta = .51$, $p < .001$). The direct effect of gender norm conflict on emotional distress was significant ($\beta = .22$, $p = .004$), and the indirect effect through shame was also significant ($\beta = .24$, $p < .001$), indicating partial mediation. **Conclusion:** The findings highlight shame as a significant emotional mechanism that partially mediates the effect of gender norm conflict on emotional distress in Muslim women. Addressing internalized shame may be critical for improving psychological well-being in populations experiencing tension with traditional gender roles. ***Keywords:*** *gender norm conflict, shame, emotional distress, Muslim women.*

1. Introduction

Emotional distress among Muslim women is a growing concern that warrants nuanced exploration through the lenses of gender, culture, and internal psychological processes. In many Muslim societies, gender roles are not merely cultural constructs but are deeply embedded within religious, familial, and communal frameworks, shaping women's identities and emotional experiences. Emotional distress—a multidimensional psychological state encompassing symptoms of anxiety, depression, and stress—has been shown to be influenced by a variety of contextual and individual-level factors, including internalized gender norms and experiences of shame. Understanding how these variables interact is essential to address the mental health disparities that persist in these populations, particularly in communities where public discourse on emotional well-being remains constrained by sociocultural taboos (Mommersteeg et al., 2023).

Muslim women around the world navigate a range of expectations about how they should behave, dress, and perform femininity. These expectations are reinforced by family, religious authorities, and broader social institutions, often creating internal conflict when personal values or behaviors deviate from these prescriptions (Paracha & Khalid, 2023). In such cases, the psychological dissonance arising from gender norm conflict may manifest in emotional distress. This phenomenon refers to the struggle individuals face when their lived experiences are misaligned with socially constructed gender expectations (Motiejūnė, 2024). For Muslim women, these tensions are further compounded by the religious framing of ideal womanhood, which often emphasizes modesty, obedience, and self-sacrifice—norms that can clash with aspirations for autonomy or self-expression (Amini, 2023).

The concept of gender norm conflict has been extensively explored in the context of Western gender role theory, but its relevance in Muslim communities is increasingly recognized. Research has shown that rigid gender norms can create chronic psychological strain, particularly when individuals feel constrained or judged for deviating from traditional roles (Mommersteeg et al., 2023). For example, Muslim women who reject polygamous marriage structures, delay motherhood, or prioritize personal development over family obligations may experience feelings of failure, rejection, or guilt, which are significant predictors of emotional distress (Motiejūnė, 2024). These pressures can

result in a destabilized sense of self and a reduced capacity to manage emotional challenges.

A key emotional mechanism that links gender norm conflict to psychological distress is shame. Shame is a self-conscious emotion that arises when individuals perceive themselves as having violated social norms or personal standards. It involves feelings of inferiority, self-condemnation, and the desire to hide or withdraw from others. In patriarchal and religious contexts, shame is often used as a socializing force to regulate women's behavior and maintain compliance with gendered expectations (Stallone, 2024). In Muslim societies, shame is particularly salient due to its close association with family honor, modesty, and moral virtue (Tolba, 2022). As such, Muslim women who transgress established gender boundaries may internalize shame, resulting in profound emotional consequences.

Shame has been linked to a range of psychological symptoms, including depression, anxiety, and low self-worth. Lee and Kim (2023) found that internalized shame mediated the relationship between insecure attachment and depression, highlighting the powerful role of shame in the development of emotional distress (Lee & Kim, 2023). Similarly, Iktilat et al. (2024) demonstrated that psychological distress among middle-aged Muslim individuals in Israel was significantly associated with both gender and exposure to sociocultural violence, suggesting that societal norms and interpersonal dynamics play a critical role in shaping emotional outcomes (Iktilat et al., 2024). These findings underscore the importance of examining shame not only as a consequence of gender norm conflict but also as a key pathway through which it exerts its psychological toll.

Cultural narratives further intensify shame by framing women's bodies, behaviors, and desires as sources of potential dishonor. For instance, Khan and Ebrahim (2024) explored how Muslim wives in South Africa internalized cultural expectations around marital sexuality, often suppressing their own needs to align with religious and familial expectations (Khan & Ebrahim, 2024). This self-silencing and suppression contribute to a cycle of shame and emotional distress. Likewise, Fagen (2024) illustrated how Muslim women actively reconstructed sexual scripts in ways that challenged normative ideologies, yet still faced internal conflict and psychological discomfort due to the entrenched moral frameworks surrounding female sexuality (Fagen, 2024).

Another dimension to consider is the role of social surveillance and spatial control in reinforcing gendered

expectations and emotional vulnerability. Stallone (2024) explored how racialized Muslim women in Québec navigated emotion work in public spaces, revealing that constant scrutiny led to heightened self-monitoring, anxiety, and shame (Stallone, 2024). This sense of being watched— by both men and other women—limits the space Muslim women have for authentic self-expression and may compound gender norm conflict. Lata et al. (2020) similarly highlighted how gendered spatial norms in Bangladesh restricted women's informal labor opportunities, further marginalizing them emotionally and economically (Lata et al., 2020).

In contexts where religious expectations intersect with patriarchy, even progressive acts such as entrepreneurship or education can generate internal tension. Ummiroh et al. (2022) showed that Muslim women social entrepreneurs must carefully navigate patriarchal family systems and spousal dynamics to avoid social sanctions (Ummiroh et al., 2022). Such navigation often requires emotion regulation and compromise, which may foster chronic shame when personal ambitions are subordinated to communal or familial approval. These studies collectively indicate that gender norm conflict in Muslim societies cannot be examined without attending to the socio-religious context and the emotional costs embedded within it.

The impact of these psychosocial dynamics on emotional distress is also evident in the broader literature on gender and mental health. Griffin et al. (2022) noted that masculine norms contributed to suicidal ideation among men, suggesting that rigid gender expectations can be psychologically damaging across gender identities (Griffin et al., 2022). However, the mechanisms may differ: while men may experience distress due to emotional restriction and performance pressure, women often internalize distress through shame and relational dissonance. Lutz et al. (2021) found that non-suicidal self-injury was more prevalent among women due to emotion dysregulation and shame— both outcomes frequently linked to societal expectations (Lutz et al., 2021).

The interplay between gender, religion, and emotion is further complicated when examining individual differences in religiosity and identity negotiation. For instance, Mohamed (2023) discussed how LGBTQ Muslim women used the hijab as both a spiritual and political symbol, navigating shame and piety simultaneously (Mohamed, 2023). This illustrates the complex ways in which gendered religious norms intersect with personal identity, often

intensifying emotional distress when self-expression conflicts with cultural ideals.

Psychosocial frameworks that consider shame as a mediator between external conflict and internal distress provide a compelling lens for understanding the mental health struggles of Muslim women. Sherwood et al. (2023) emphasized the role of avoidant attachment and gender norms in emotional distress following relational breakups, suggesting that emotional suppression and fear of vulnerability—common outcomes of shame—are crucial to understanding affective dysregulation (Sherwood et al., 2023). Similarly, Safdar and Yasmin (2023) analyzed how Muslim female characters in literature navigated love and identity, often wrestling with culturally induced shame that shaped their subjective agency (Safdar & Yasmin, 2023).

Given the growing body of evidence linking gender role expectations and shame to emotional outcomes, there is a pressing need to empirically test these relationships within culturally specific contexts. While many studies have addressed these themes separately, few have examined how gender norm conflict may lead to emotional distress through the mediating mechanism of shame among Muslim women. Furthermore, such investigations are scarce in Latin American contexts, such as Ecuador, where Muslim women represent a minority navigating both religious and cultural minority statuses.

This study aims to address this gap by exploring the mediating role of shame in the relationship between gender norm conflict and emotional distress in a sample of Muslim women in Ecuador.

2. Methods and Materials

2.1. Study design and Participant

This study employed a descriptive correlational design to examine the relationships between gender norm conflict, shame, and emotional distress among Muslim women. A total of 502 participants were recruited from urban and semi-urban communities in Ecuador, with the sample size determined using the Krejcie and Morgan sample size table (1970) for a population exceeding 100,000. Inclusion criteria required participants to self-identify as Muslim women aged 18 and above and to provide informed consent. Participants were selected using stratified convenience sampling to ensure diversity in age, marital status, and educational background.

2.2. Measures

2.2.1. Emotional Distress

Emotional distress in this study was assessed using the Depression Anxiety Stress Scales–21 (DASS-21), developed by Lovibond and Lovibond (1995). This self-report instrument consists of 21 items and includes three subscales measuring depression, anxiety, and stress, with each subscale comprising seven items. Respondents rate the extent to which they experienced specific symptoms over the past week using a 4-point Likert scale ranging from 0 ("Did not apply to me at all") to 3 ("Applied to me very much or most of the time"). Higher scores on each subscale indicate greater levels of emotional distress. The DASS-21 has been widely used across diverse populations and has demonstrated strong internal consistency, construct validity, and convergent validity in multiple studies, including those involving non-Western and religiously observant samples (Marmet et al., 2024; Pangngay, 2024).

2.2.2. Shame

To measure shame, the Experience of Shame Scale (ESS) developed by Andrews, Qian, and Valentine (2002) was utilized. The ESS contains 25 items divided into three subscales: characterological shame (e.g., feeling ashamed of personal habits), behavioral shame (e.g., feeling ashamed of past actions), and bodily shame (e.g., feeling ashamed of one's appearance). Participants respond using a 4-point Likert scale ranging from 1 ("Not at all") to 4 ("Very much"), with higher scores indicating greater levels of experienced shame. The ESS has shown high internal consistency (Cronbach's alpha values above 0.90 for the total scale), test-retest reliability, and factorial validity in various cultural contexts, making it a suitable tool for studying shame in diverse populations, including women from collectivist and religious backgrounds (Karimi Ah & Abbasi, 2023; Marici et al., 2023).

2.2.3. Gender Norm Conflict

Gender norm conflict was assessed using the Gender Role Conflict Scale (GRCS), originally developed by O'Neil et al. (1986). The GRCS consists of 37 items grouped into four subscales: Success, Power, and Competition; Restrictive Emotionality; Restrictive Affectionate Behavior Between Men; and Conflict Between Work and Family Relations. For the purposes of this study and to enhance cultural relevance for Muslim women, the scale was adapted slightly with linguistic and contextual modifications, while retaining its original structure. Items are rated on a 6-point Likert scale ranging from 1 ("Strongly disagree") to 6 ("Strongly agree"), with higher scores indicating higher gender role conflict. The GRCS has been extensively validated and exhibits strong psychometric properties across a variety of cultural and gender groups, with demonstrated internal consistency and predictive validity in numerous empirical studies (Guvensel et al., 2017).

2.3. Data Analysis

Data analysis was conducted in two stages. First, descriptive statistics (frequencies and percentages) were computed to summarize demographic variables. Pearson correlation analysis was then used to assess the bivariate relationships between emotional distress (dependent variable) and the independent variables (gender norm conflict and shame), utilizing SPSS version 27. In the second stage, Structural Equation Modeling (SEM) was performed using AMOS version 21 to test the mediating role of shame in the relationship between gender norm conflict and emotional distress. Model fit was evaluated using standard indices, including the Chi-square statistic, CFI (Comparative Fit Index), TLI (Tucker-Lewis Index), RMSEA (Root Mean Square Error of Approximation), and SRMR (Standardized Root Mean Square Residual).

3. Findings and Results

Of the 502 Muslim women who participated in the study, 186 (37.05%) were between the ages of 18 and 25, 149 (29.68%) were aged 26 to 35, 97 (19.32%) were between 36 and 45, and 70 (13.95%) were above 45 years of age. Regarding marital status, 211 participants (42.03%) were single, 234 (46.61%) were married, and 57 (11.35%) were divorced or widowed. In terms of educational background, 163 participants (32.47%) had completed secondary education, 204 (40.63%) held a bachelor's degree, and 135 (26.89%) had attained postgraduate qualifications. These demographic distributions reflect a diverse sample of Muslim women across different life stages and educational levels in Ecuador.

Table 1

Descriptive Statistics for Study Variables (N = 502)

Variable	M	SD
Gender Norm Conflict	109.43	17.62
Shame	72.38	14.57
Emotional Distress	31.52	9.14

Participants reported moderately high levels of gender norm conflict (M = 109.43, SD = 17.62) and shame (M = 72.38, SD = 14.57), with slightly elevated levels of emotional distress (M = 31.52, SD = 9.14). These findings suggest the prevalence of internal psychological conflict in the sample related to gender norms and associated emotional states (Table 1).

Prior to conducting inferential analyses, assumptions for Pearson correlation and SEM were examined. Tests for normality revealed skewness values ranging from −0.41 to 0.58 and kurtosis values from −0.73 to 0.89, all within acceptable limits (±2), indicating normal distribution of data. The absence of multicollinearity was confirmed through variance inflation factor (VIF) values ranging from 1.17 to 1.38, well below the threshold of 5. Linearity and homoscedasticity were verified through scatterplots, which showed no significant deviations. Additionally, Mahalanobis distance values identified 6 multivariate outliers, which were excluded before SEM analysis. The remaining data set met all statistical assumptions necessary for conducting Pearson correlation and SEM.

Table 2

Pearson Correlation Coefficients Between Variables (N = 502)

Variables	1	2	3
1. Gender Norm Conflict	—		
2. Shame	.48** (p < .001)	—	
3. Emotional Distress	.41** (p < .001)	.55** (p < .001)	—

All correlations were significant and in the expected direction. Gender norm conflict was moderately correlated with shame (r = .48, p < .001) and emotional distress (r = .41, p < .001). Shame had the strongest correlation with emotional distress (r = .55, p < .001), indicating its central role in the psychological functioning of participants (Table 2).

Table 3

Model Fit Indices for Structural Equation Model

Fit Index	Value	Threshold for Acceptable Fit
χ^2	212.47	—
df	84	—
χ^2/df	2.53	< 3.00
GFI	.94	> .90
AGFI	.91	> .90
CFI	.96	> .95
RMSEA	.054	< .06
TLI	.95	> .95

The model demonstrated good fit across all indices. The chi-square value was 212.47 with 84 degrees of freedom, yielding a ratio (χ^2/df) of 2.53. Additional fit indices supported model adequacy: GFI = .94, AGFI = .91, CFI = .96, RMSEA = .054, and TLI = .95, all of which met or exceeded the recommended cutoffs for acceptable model fit (Table 3).

Table 4

*Direct, Indirect, and Total Effects in the Structural Model*

Path	B	S.E.	β	p
Gender Norm Conflict → Shame	0.45	0.06	.48	< .001
Shame → Emotional Distress	0.37	0.05	.51	< .001
Gender Norm Conflict → Emotional Distress (Direct)	0.19	0.07	.22	.004
Gender Norm Conflict → Emotional Distress (Indirect via Shame)	0.17	0.04	.24	< .001
Gender Norm Conflict → Emotional Distress (Total)	0.36	0.06	.46	< .001

The structural model revealed significant direct and indirect effects. Gender norm conflict significantly predicted shame (B = 0.45, SE = 0.06, β = .48, p < .001), and shame significantly predicted emotional distress (B = 0.37, SE = 0.05, β = .51, p < .001). There was also a significant direct path from gender norm conflict to emotional distress (B = 0.19, SE = 0.07, β = .22, p = .004). Importantly, the indirect effect of gender norm conflict on emotional distress via shame was also significant (B = 0.17, SE = 0.04, β = .24, p < .001), confirming partial mediation. The total effect was B = 0.36, β = .46 (p < .001), indicating that shame partially but substantially mediates the relationship (Table 4).

Figure 1

Model with Beta Coefficients
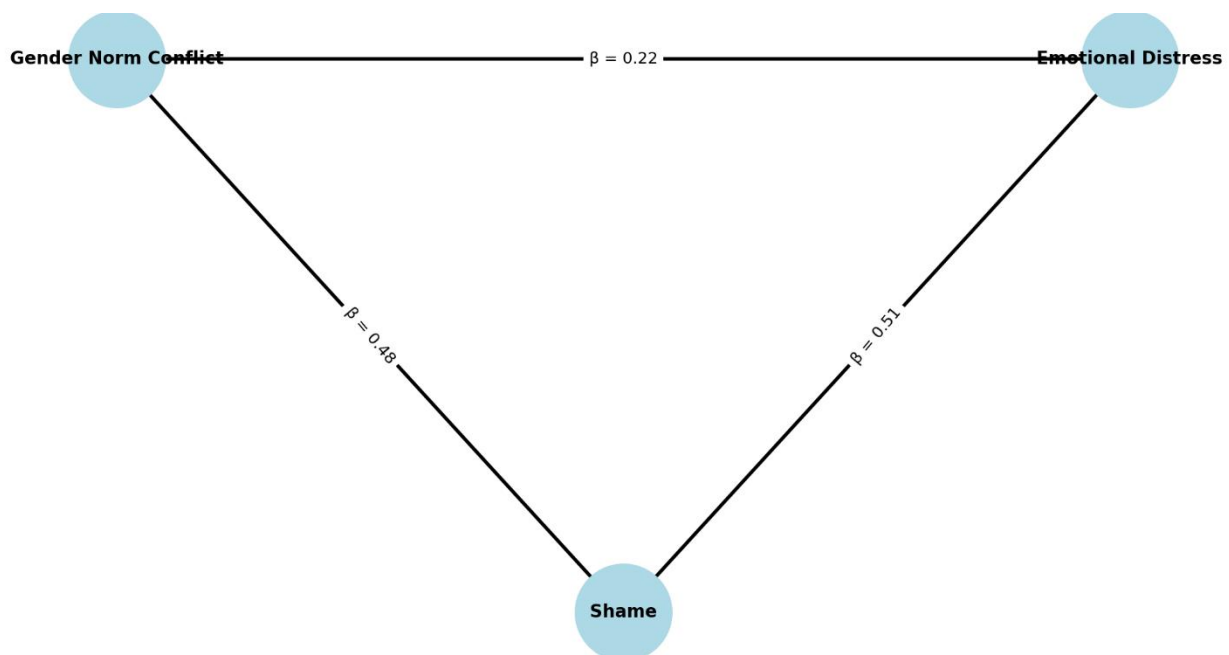
4.   Discussion and Conclusion

The findings of this study provide critical insights into the psychological mechanisms that link gender norm conflict and emotional distress among Muslim women, highlighting the mediating role of shame in this relationship. Using Structural Equation Modeling (SEM), we found that gender norm conflict significantly predicted higher levels of emotional distress and that this relationship was partially mediated by shame. The Pearson correlation analysis supported these findings, revealing significant positive associations between gender norm conflict and shame (r = .48, p < .001), shame and emotional distress (r = .55, p < .001), and gender norm conflict and emotional distress (r = .41, p < .001). These results suggest that Muslim women who experience internal tension due to misalignment with traditional gender expectations are more likely to internalize feelings of shame, which in turn contributes to elevated levels of depression, anxiety, and stress.

The significant path from gender norm conflict to emotional distress aligns with previous research indicating that internal struggles with traditional gender roles can lead to psychological discomfort. In particular, Mommersteeg et al. (2023) found that socially constructed gender norms were associated with higher psychological distress in both men and women in the Dutch population, affirming that rigid gender expectations create emotional strain across cultural contexts (Mommersteeg et al., 2023). In Muslim societies, this tension may be heightened due to the deeply embedded religious and familial expectations surrounding femininity, as documented by Amini (2023), who emphasized the dual burden Muslim women face in being both "good wives" and "good mothers" according to cultural-religious ideals (Amini, 2023). Our findings resonate with these insights by empirically demonstrating that internal conflicts with gender norms contribute meaningfully to emotional suffering among Muslim women.

Moreover, our results validate the critical role of shame as an intervening emotional mechanism in this relationship. The path from gender norm conflict to shame was statistically significant, and shame itself was a strong predictor of emotional distress. These findings echo the conclusions of Lee and Kim (2023), who found that internalized shame served as a mediating factor in the relationship between insecure attachment and depression, underscoring the centrality of shame in emotional regulation and psychopathology (Lee & Kim, 2023). In the context of Muslim women, shame is often weaponized as a tool of social control, especially when women deviate from prescribed gender roles. Stallone (2024) observed that Muslim women in Québec faced intense emotional labor and surveillance in public spaces, which fueled chronic feelings of shame and self-monitoring (Stallone, 2024). The present findings build on this work by showing that this internalization of shame not only results from gender role conflict but significantly contributes to the emotional toll women endure.

Our findings also align with the work of Tolba (2022), who examined how oppressive stereotypes during Muslim funeral rituals reflected broader gendered expectations about purity, modesty, and honor (Tolba, 2022). Such norms not only govern women's public behavior but deeply influence their internal emotional schemas, often fostering shame when those norms are violated or resisted. This helps explain why shame, in our study, emerged as a powerful mediator; women who internalize societal judgments are more prone

to psychological distress when they perceive themselves as failing to meet normative standards.

In a similar vein, Fagen (2024) documented how Muslim women in her qualitative study reconstructed sexual scripts that deviated from religious orthodoxy and community expectations. These women experienced emotional ambivalence and internal conflict, reflecting the same shame-based struggles observed in our sample (Fagen, 2024). Shame, in this context, operates not just as an emotional state but as a socioculturally embedded mechanism that regulates women's agency and emotional well-being. Likewise, the research by Khan and Ebrahim (2024) on Muslim wives in South Africa highlights how cultural expectations surrounding marital sexuality result in guilt and self-silencing, thereby fostering internalized distress (Khan & Ebrahim, 2024).

The link between emotional suppression and distress has also been widely reported among male populations, offering a parallel view of how gender norm rigidity impacts mental health. Sherwood et al. (2023) found that avoidant attachment styles and masculine norms exacerbated emotional distress in men following romantic breakups, indicating that gendered expectations, regardless of gender identity, place psychological burdens on individuals (Sherwood et al., 2023). However, while men may experience distress due to emotional suppression and pressure to appear stoic, women often experience it through the lens of shame and relational incongruence, as evidenced in our findings.

Importantly, our findings contribute to the literature by highlighting that even in minority Muslim communities— such as those in Ecuador—traditional gender ideologies remain influential. While most prior research has focused on Muslim populations in the Middle East, South Asia, or North America, this study extends the geographic and cultural scope, emphasizing that gender norm conflict and shame are not restricted to a particular region. Mohamed (2023), for instance, examined how LGBTQ Muslim women in Boston used the hijab both to resist and adhere to cultural norms, experiencing tension and emotional consequences similar to those identified in our study (Mohamed, 2023). This underscores the transnational relevance of our findings.

Britton (2024) adds that relationship practices among Muslims are often influenced by extended family, religious ideology, and community surveillance, which may restrict autonomy and foster shame when women deviate from normative paths (Britton, 2024). These factors likely explain why shame was a more robust predictor of emotional distress

than gender norm conflict alone in our structural model. The process of internalizing societal judgment—rather than merely recognizing conflict—may be what activates emotional dysregulation.

Furthermore, the indirect relationship between gender norm conflict and emotional distress through shame also echoes findings from broader studies on gender roles and economic life. Ummiroh et al. (2022) found that Muslim women entrepreneurs had to navigate patriarchal family structures with great sensitivity to avoid social backlash, often engaging in self-monitoring and emotional labor to balance personal aspirations with communal expectations (Ummiroh et al., 2022). These negotiations, while seemingly external, have deep emotional consequences that manifest in internal shame and psychological strain.

Finally, our findings lend additional support to the notion that Muslim women, particularly those negotiating dual or conflicting identities, may experience distress not solely because of external limitations but because of the internalization of those limitations. Safdar and Yasmin (2023) explored these dynamics through literary analysis, revealing how Muslim female characters confronted familial expectations that framed love and self-expression as deviant or shameful (Safdar & Yasmin, 2023). Similarly, Motiejūnė (2024) described how women in Islamic polygamous marriages grappled with complex emotional realities that included jealousy, repression, and shame—affective patterns that reflect the inner conflict highlighted in our model (Motiejūnė, 2024).

5.   Limitations and Suggestions

While the findings of this study contribute to a growing understanding of the emotional consequences of gender norm conflict in Muslim women, several limitations should be noted. First, the use of self-report measures may introduce social desirability bias, particularly in communities where discussing emotional distress or shame is stigmatized. Although anonymity was preserved, participants may have underreported or misrepresented their experiences. Second, the cross-sectional design of the study limits the ability to make causal inferences. While the mediation model is theoretically grounded, longitudinal data would be needed to confirm the directionality of the relationships. Third, the sample, though diverse in terms of age and education, consisted solely of Muslim women from Ecuador, which may limit the generalizability of the findings to Muslim women in other geographic and cultural contexts. Finally,

while the study employed standardized tools validated in prior research, cultural adaptations specific to the Ecuadorian Muslim context were not extensively piloted.

Future studies should adopt a longitudinal design to explore how gender norm conflict and shame evolve over time and how they contribute to long-term emotional outcomes such as chronic anxiety, depression, or emotional numbing. It would also be beneficial to conduct cross-cultural comparisons among Muslim women in different regions to understand how contextual variables such as community structure, religiosity, and socio-political dynamics moderate these relationships. In addition, qualitative research could offer richer insights into the lived experiences behind the numerical associations found in this study. Narrative methods or in-depth interviews could explore the specific moments, relationships, and environments in which gender norm conflict and shame are most acutely felt. Lastly, it would be valuable to investigate protective factors—such as resilience, social support, or religious coping—that might buffer the effects of shame and mitigate emotional distress in these populations.

The findings of this study suggest several important directions for clinical and community-based interventions. Mental health practitioners working with Muslim women should be attentive to the cultural meanings of shame and how it relates to gender identity and emotional well-being. Therapy approaches that integrate cultural sensitivity with techniques for shame reduction, such as compassion-focused therapy or narrative therapy, may be especially effective. Community education programs that challenge rigid gender norms and promote emotional literacy could also help reduce the stigma associated with expressing distress. Additionally, creating safe and inclusive spaces for Muslim women to discuss their emotional experiences without fear of judgment may foster psychological healing and resilience. These efforts should be grounded in collaboration with religious leaders, community advocates, and women themselves to ensure cultural legitimacy and acceptance.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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