

Predictive Indicators of Psychological Inflexibility in Women Engaged in High-Risk Romantic Relationships

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ABSTRACT

Objective: This study aimed to identify the core psychological patterns and experiential indicators that predict psychological inflexibility in women involved in high-risk romantic relationships.

Methods and Materials: A qualitative research design was employed, utilizing semi-structured, in-depth interviews with 20 women from Kenya who were currently or recently engaged in romantic relationships characterized by emotional, psychological, or physical risk. Participants were recruited through purposive sampling, and interviews were conducted until theoretical saturation was reached. Data were transcribed verbatim and analyzed using thematic analysis in NVivo 14 software, following Braun and Clarke's six-phase approach. The trustworthiness of the analysis was ensured through member checking, peer debriefing, and an audit trail.

Findings: Thematic analysis revealed four overarching categories reflecting the predictive indicators of psychological inflexibility: (1) Cognitive Rigidity and Maladaptive Beliefs, including overgeneralization, black-and-white thinking, and fatalistic worldviews; (2) Emotional Dysregulation and Experiential Avoidance, such as emotional suppression, fear of expression, and numbing; (3) Relational Dependency and Identity Diffusion, marked by fused identities, fear of abandonment, and lack of assertiveness; and (4) Trauma History and Psychological Vulnerability, including unresolved childhood trauma, repetition of abusive patterns, and hypervigilance in intimacy. Participants' narratives revealed how these patterns sustained psychological inflexibility and impaired their ability to exit or reframe harmful relationships.

Conclusion: Psychological inflexibility in women engaged in high-risk romantic relationships is shaped by a convergence of cognitive rigidity, emotional avoidance, relational enmeshment, and unresolved trauma.

Keywords: *psychological inflexibility; high-risk relationships; intimate partner violence; emotional avoidance; cognitive rigidity; trauma.*

1. Introduction

Romantic relationships characterized by instability, violence, coercion, or emotional harm pose significant threats to psychological well-being. For many women, sustained engagement in such high-risk relationships is not merely a consequence of environmental or structural constraints but also reflects deeper intrapsychological processes. One of the core psychological mechanisms increasingly implicated in this dynamic is psychological inflexibility—a pattern of rigid cognitive and emotional responses that impairs adaptive functioning and value-based action. Psychological inflexibility, conceptualized within the framework of Acceptance and Commitment Therapy (ACT), is defined as the dominance of internal experiences (e.g., thoughts, emotions, urges) over behavior in ways that restrict personal goals and values (Bektaş-Aydın & Yüksel-Şahin, 2025; Grau et al., 2022).

Studies have consistently shown that psychological inflexibility is associated with post-traumatic stress, emotional suppression, and cognitive fusion—mechanisms often observed in trauma-exposed populations, particularly women (Blix et al., 2024; Gray et al., 2020). In contexts where romantic relationships involve recurrent betrayal, neglect, or abuse, women may become entrapped in cycles of experiential avoidance, justification of partner behavior, and diminished self-efficacy. These patterns limit psychological flexibility and render disengagement from harmful relationships more difficult (Maathz et al., 2020; TaşÖren, 2022).

High-risk romantic relationships, particularly those involving intimate partner violence (IPV), have long-term psychological consequences, including anxiety, depression, complex trauma, and diminished self-worth (Kazmi et al., 2022; Nath et al., 2024). The mental health sequelae are not only a consequence of trauma itself but are shaped by the victim's psychological framework for interpreting, coping with, and responding to ongoing relational harm. Recent work highlights how factors such as shame, internalized blame, and identity enmeshment distort women's appraisals and responses, thus reinforcing psychological rigidity (Jobson et al., 2022; Timblin & Hassija, 2022).

Within ACT-informed literature, psychological inflexibility is a transdiagnostic mechanism—affecting individuals across a range of mental health outcomes. For example, Kato (2020) found that among Japanese young women, psychological inflexibility significantly predicted depressive symptoms and sleep disturbances in the context

of chronic pain (Kato, 2020). Similarly, Grau et al. (2022) linked psychological inflexibility to greater PTSD symptom severity and poorer psychological health outcomes in trauma-exposed individuals (Grau et al., 2022). These findings underscore that inflexible responding may be a general vulnerability factor, exacerbated in populations exposed to repeated relational trauma.

Among trauma-exposed women, especially those involved in emotionally or physically abusive romantic relationships, psychological inflexibility not only manifests as distress but also as stuckness—a difficulty disengaging from harmful patterns due to fear, guilt, and emotional entanglement (Bektaş-Aydın & Yüksel-Şahin, 2025; Blix et al., 2024). Jackson et al. (2023), in their qualitative study of female trauma survivors participating in the "Survive & Thrive" course, found that women described a profound struggle with differentiating between personal needs and partner expectations, citing guilt and emotional loyalty as barriers to change (Jackson et al., 2023). These findings support the notion that rigid emotional beliefs, attachment trauma, and fear of rejection are key predictors of inflexibility in women's relational decision-making.

Moreover, cultural, social, and gendered norms further entrench psychological inflexibility in high-risk relational contexts. In many settings, women are socialized to prioritize relational harmony over self-assertion, endure discomfort for the sake of commitment, and interpret suffering as evidence of loyalty (Borghi, 2024; Giang et al., 2021). These beliefs, internalized over time, create a powerful cognitive schema that justifies remaining in harmful relational dynamics. Serafi et al. (2023), examining trauma among Congolese women, noted how sociocultural ideologies of female endurance perpetuated cycles of emotional self-abandonment (Serafi et al., 2023). Similarly, Borghi (2024) emphasized the need for trauma-informed, culturally sensitive frameworks that can identify how women rationalize trauma as normalized or inevitable (Borghi, 2024).

Several studies underscore the intersection between childhood trauma, psychological inflexibility, and adult relational dysfunction. TaşÖren (2022) showed that childhood maltreatment was significantly associated with emotional distress through the mediating role of beliefs about emotion and psychological inflexibility (TaşÖren, 2022). Likewise, Saadati et al. (2023) found that early adverse experiences had long-lasting psychosomatic effects, increasing vulnerability to maladaptive coping strategies in adult relationships (Saadati et al., 2023). These early

relational schemas, when unresolved, often manifest in adult patterns of emotional fusion, over-accommodation, and fear of abandonment.

There is also growing recognition that emotion regulation and cognitive appraisals mediate the relationship between trauma and psychological inflexibility. Jobson et al. (2022) demonstrated that trauma survivors who engaged in negative appraisals and poor emotional regulation were more likely to experience severe PTSD symptoms, regardless of cultural background (Jobson et al., 2022). Grau et al. (2022) similarly found that psychological inflexibility was intertwined with low self-compassion, poor coping, and heightened symptom severity (Grau et al., 2022). These findings suggest that efforts to understand women's entrenchment in high-risk relationships must attend not only to the external relational risks but also to internal psychological processes of rigidity, avoidance, and identity diffusion.

Another critical lens for examining psychological inflexibility is the role of narrative disruption and identity disintegration in the wake of trauma. Studies have emphasized how trauma survivors often struggle to construct coherent narratives of self and experience, which impairs their ability to make adaptive decisions and pursue value-consistent behavior (Blix et al., 2024; Szoko et al., 2025). Szoko et al. (2025) reported that among trauma-exposed youth, perceived discrimination and disrupted identity narratives predicted lower psychological functioning and higher distress levels (Szoko et al., 2025). In romantic relationships, similar patterns emerge: trauma survivors may internalize the belief that they are "broken," unworthy of love, or fated to repeat cycles of pain, which fosters resignation and behavioral passivity.

Additionally, relational trauma survivors may experience learned helplessness in healthcare systems and therapeutic contexts. Stene et al. (2022a; 2022b), in two large-scale Norwegian studies, found that mass trauma survivors had heightened needs for primary and mental health care, yet often underutilized services or delayed help-seeking (Stene et al., 2022a, 2022b). This avoidance was not merely structural but tied to shame, mistrust, and internalized distress—all reflective of psychological inflexibility in coping with relational harm and systemic engagement. Timblin and Hassija (2022) further illustrated how shame mediates expectations of disclosure and psychological distress among survivors of sexual victimization (Timblin & Hassija, 2022). Shame, as a core emotional experience, often underlies avoidance, silence, and continued entanglement in high-risk dynamics.

From a therapeutic perspective, psychological inflexibility has become a central target for trauma recovery, particularly through Acceptance and Commitment Therapy (ACT) and Narrative Exposure Therapy (NET). Bektaş-Aydın and Yüksel-Şahin (2025) demonstrated that ACT-based interventions significantly reduced psychological inflexibility, enhanced self-compassion, and improved post-traumatic functioning in women with IPV histories (Bektaş-Aydın & Yüksel-Şahin, 2025). Shamsudeen et al. (2024), evaluating NET in adolescent survivors of sex trafficking, also noted significant reductions in trauma-related symptoms and improved cognitive-emotional integration (Shamsudeen et al., 2024). These findings collectively advocate for interventions that challenge rigid cognitive structures and promote values-driven flexibility.

Despite this growing body of literature, few studies have specifically focused on the predictive indicators of psychological inflexibility in women actively engaged in or recently detached from high-risk romantic relationships. Most research has treated inflexibility as an outcome rather than a constellation of antecedent signs that shape real-time relational decision-making. Understanding the specific cognitive, emotional, and behavioral patterns that forecast inflexibility—such as overgeneralization, emotional suppression, identity merging, trauma repetition, or justification of harm—can inform early intervention, prevention, and empowerment strategies.

In light of the above, the present study seeks to explore and identify the core patterns of psychological inflexibility in women engaged in high-risk romantic relationships, particularly those who continue to remain in or return to harmful dynamics.

2. Methods and Materials

2.1. Study design and Participant

This study employed a qualitative research design with an exploratory, interpretive approach to identify the predictive indicators of psychological inflexibility in women engaged in high-risk romantic relationships. The choice of qualitative methodology was informed by the need to capture the depth, complexity, and contextual nuances of psychological inflexibility as experienced by women in such relational contexts.

Participants were selected using purposive sampling based on specific inclusion criteria: self-identifying as female, aged between 20 and 45 years, and currently or recently (within the past 12 months) involved in a romantic

relationship characterized by recurrent emotional, physical, or psychological risk factors (e.g., emotional abuse, manipulation, infidelity, or instability). A total of 20 women residing in various urban and semi-urban regions of Kenya were recruited through local mental health clinics, women's support organizations, and online community forums. All participants voluntarily consented to participate and were assured confidentiality and anonymity. The sample size was determined based on the principle of theoretical saturation, which was reached when no new themes or sub-themes emerged from subsequent interviews.

2.2. Measures

Data were collected through semi-structured, in-depth interviews conducted in a private and safe environment, either face-to-face or via secure video conferencing platforms depending on participant preference and accessibility. The interview guide was developed based on existing literature on psychological inflexibility and relational risk factors and included open-ended questions aimed at exploring participants' emotional regulation, experiential avoidance, cognitive rigidity, and relational decision-making processes.

Each interview lasted between 60 to 90 minutes and was audio-recorded with participant consent. Interviews were conducted in English or Kiswahili, depending on participant fluency, and professionally transcribed verbatim. Translations, when necessary, were cross-checked for accuracy and semantic consistency.

2.3. Data Analysis

Data were analyzed using thematic analysis, following the six-phase framework outlined by Braun and Clarke (2006). The analysis was both inductive and deductive,

allowing for the identification of themes that emerged from the data while also being informed by the psychological inflexibility framework. NVivo software version 14 was employed to facilitate systematic data management, coding, and theme development.

The coding process involved initial open coding, followed by axial coding to identify patterns and relationships among codes, and finally selective coding to refine and categorize overarching themes. To ensure trustworthiness, multiple strategies were employed: peer debriefing, member checking with selected participants, and maintenance of an audit trail throughout the analytic process. Reflexivity was maintained by documenting the researchers' assumptions and potential biases in a reflective journal.

3. Findings and Results

The study included 20 women from Kenya who had current or recent experiences with high-risk romantic relationships. The participants ranged in age from 22 to 44 years ($M = 31.6$, $SD = 6.1$). In terms of educational background, 6 participants (30%) had completed secondary education, 9 (45%) held undergraduate degrees, and 5 (25%) had postgraduate qualifications. Regarding employment status, 7 women (35%) were employed full-time, 5 (25%) worked part-time or informally, 6 (30%) were unemployed, and 2 (10%) were students. Marital status varied: 8 participants (40%) were currently in a legally recognized marriage, 9 (45%) were in cohabiting partnerships, and 3 (15%) were recently separated or divorced. Most participants ($n = 14$, 70%) reported having at least one child. Religiously, 11 women (55%) identified as Christian, 7 (35%) as Muslim, and 2 (10%) reported no religious affiliation. All participants were urban residents, primarily from Nairobi, Mombasa, and Kisumu.

Table 1

Structure of Predictive Indicators of Psychological Inflexibility

Category (Main Theme)	Subcategory (Subtheme)	Concepts (Open Codes)
1. Cognitive Rigidity and Maladaptive Beliefs	Overgeneralized Thinking	"All men are dangerous", "It always ends badly", "No one can be trusted"
	Dichotomous (Black-and-White) Thinking	"He's either perfect or evil", "There's no middle ground", "Love is either all or nothing"
	Internalized Gender Norms	"A woman must endure", "It's my job to fix him", "Sacrifice is love", "Obedience shows respect"
	Justification of Harmful Behaviors	"He hurts me because he loves me", "It's my fault he gets angry", "He only hits me when stressed"
	Fear of Change and Ambiguity	"I can't start over", "What if I end up alone?", "Uncertainty scares me", "Better the devil you know"

2. Emotional Dysregulation and Experiential Avoidance	Fatalistic Worldview	"This is my destiny", "I was born to suffer", "God is testing me", "Karma is punishing me"
	Suppression of Negative Emotions	"I don't let myself cry", "I bottle it up", "Crying makes me weak"
	Emotional Numbing	"I feel nothing", "I'm emotionally shut down", "It's like watching my life from outside"
	Avoidance of Emotional Triggers	"I ignore problems", "I stay busy to forget", "I avoid deep conversations", "I avoid eye contact when upset"
3. Relational Dependency and Identity Diffusion	Fear of Emotional Expression	"He'll think I'm crazy", "Expressing anger causes fights", "Showing sadness is embarrassing"
	Shame-Based Emotional Identity	"I feel ashamed all the time", "I deserve this", "I'm not good enough to be loved"
	Over-Attunement to Partner's Emotions	"His moods control my day", "I adjust myself to avoid upsetting him", "His happiness is my responsibility"
	Fear of Abandonment	"He might leave me", "Being alone terrifies me", "I'll lose everything without him"
4. Trauma History and Psychological Vulnerability	Merged Self-Concept	"I don't know who I am without him", "We are one person", "My identity depends on him"
	External Locus of Control in Relationships	"My life depends on him", "He decides everything", "I follow his lead"
	Idealization of Toxic Love	"Pain is passion", "Real love is chaotic", "Fighting proves we care"
	Lack of Assertiveness	"I never say no", "I avoid conflict at all costs", "My needs don't matter"
	Childhood Emotional Neglect	"My parents ignored me", "I was invisible at home", "Love felt conditional"
	Past Abusive Relationships	"This isn't the first toxic partner", "I'm used to being hurt", "My ex was worse"
	PTSD-like Symptoms	"Flashbacks of arguments", "Nightmares about him leaving", "Panic when criticized"
	Repetition Compulsion	"I keep choosing the same type", "It's like I'm drawn to hurtful people", "I repeat the same patterns"
	Lack of Safe Attachment Models	"No one ever loved me safely", "I never learned how healthy love looks", "Trust feels dangerous"
	Hypervigilance in Intimacy	"I always expect something bad", "I overanalyze everything he says", "I'm always on edge"
	Self-Blame and Guilt Patterns	"It's probably my fault", "Maybe I provoke it", "I should have done more to fix things"

The thematic analysis yielded four main categories: Cognitive Rigidity and Maladaptive Beliefs, Emotional Dysregulation and Experiential Avoidance, Relational Dependency and Identity Diffusion, and Trauma History and Psychological Vulnerability. Each category included a set of subcategories that highlight predictive indicators of psychological inflexibility in women engaged in high-risk romantic relationships.

1. Cognitive Rigidity and Maladaptive Beliefs

Participants frequently demonstrated overgeneralized thinking, using absolute language when describing relational patterns. Phrases such as "All men are the same" and "It always ends badly" were common. One participant stated, "No matter how different they seem, they all end up hurting me in the end." Similarly, dichotomous thinking was evident in descriptions like "He's either a saint or a monster," revealing a polarized view of partners that left little room for nuance or repair. Several participants upheld internalized gender norms that positioned endurance and self-sacrifice as expected roles. As one woman explained, "I was taught that

a good woman stays no matter what. That's just how I was raised."

Justification of harmful behaviors also emerged as a mechanism to rationalize abusive dynamics. Participants cited statements such as, "He only hits me when he's stressed," or "He wouldn't get so angry if I were better," demonstrating distorted cognitive patterns that reinforce self-blame. Moreover, fear of change and ambiguity paralyzed participants from leaving the relationship. One noted, "Even if it's painful, I know this life. I don't know what's on the other side." Finally, several women expressed a fatalistic worldview, attributing their suffering to destiny or divine tests. For example, a participant shared, "God must be testing me with this relationship. Maybe I deserve it."

2. Emotional Dysregulation and Experiential Avoidance

A salient subtheme was the suppression of negative emotions, where women concealed their distress to maintain relationship stability. "I don't let myself cry in front of him. It just makes things worse," one participant remarked.

Others described emotional numbing, feeling detached or dissociated in conflict: *"It's like I'm watching myself go through it, but I'm not really there."* Many avoided triggering topics altogether, indicating avoidance of emotional triggers. As one woman said, *"I stay busy. If I stop, everything comes rushing in."*

Fear of emotional expression further contributed to emotional inflexibility. Participants feared that showing vulnerability would escalate conflict or be perceived as weakness. One noted, *"If I cry, he says I'm being manipulative."* In addition, shame-based emotional identity was widespread; women often internalized blame and unworthiness: *"I always feel like I'm the problem. Maybe I'm just too much to handle."* Lastly, over-attunement to the partner's emotions led women to regulate their own affect to accommodate the other's mood. One participant explained, *"If he's in a bad mood, I cancel my plans. His feelings come first."*

3. Relational Dependency and Identity Diffusion

A major indicator of psychological inflexibility was fear of abandonment, which drove many women to stay in harmful relationships. One shared, *"I know he's not good for me, but I'm scared of being alone. I wouldn't know what to do."* Several described a merged self-concept, where personal identity was indistinguishable from the relationship. As one woman stated, *"I don't know who I am outside of this. We're like one person."*

Participants frequently referenced an external locus of control in relationships, with decision-making power centered on the partner. *"He decides where we go, what we do. I just follow,"* said one respondent. Furthermore, the idealization of toxic love emerged as a romanticized view of pain and chaos as signs of passion. *"Fighting means we care,"* one participant claimed. This was often accompanied by a lack of assertiveness, wherein women minimized their needs to preserve harmony. A typical expression was, *"I never say no. It's easier to just agree and keep the peace."*

4. Trauma History and Psychological Vulnerability

Participants often linked their current relationship patterns to childhood emotional neglect. They recounted growing up feeling invisible or unloved: *"I was never really seen as a kid. Maybe that's why I cling so hard now."* Experiences of past abusive relationships also shaped psychological inflexibility. Several shared that they had *"a history of choosing the wrong men,"* suggesting a repeated cycle of trauma. One woman said, *"It's like I keep attracting the same type of person, and I don't know how to stop."*

Symptoms resembling PTSD, such as flashbacks and panic, were frequently mentioned. *"Sometimes his yelling sends me back to a place I don't want to remember,"* shared a participant. Repetition compulsion, or the unconscious drive to recreate unresolved trauma, was another recurring theme. One respondent noted, *"I think I look for the pain I'm used to. It's weirdly familiar."* Many lacked safe attachment models, stating that they had never witnessed or experienced healthy relationships. Finally, hypervigilance in intimacy and self-blame dominated their narratives. *"I'm always waiting for the next fight,"* said one participant, while another reflected, *"Maybe it's my fault things are like this. I could try harder."*

4. Discussion and Conclusion

This study aimed to explore the predictive indicators of psychological inflexibility in women engaged in high-risk romantic relationships. Through thematic analysis of semi-structured interviews with 20 women from Kenya, four overarching themes emerged: cognitive rigidity and maladaptive beliefs, emotional dysregulation and experiential avoidance, relational dependency and identity diffusion, and trauma history and psychological vulnerability. These findings illuminate the complex interplay of internal psychological processes and external relational dynamics that contribute to persistent engagement in harmful romantic contexts.

One of the most salient themes was cognitive rigidity, characterized by overgeneralized beliefs, dichotomous thinking, and fatalistic worldviews. Participants often interpreted their relational suffering through deterministic or all-or-nothing lenses (e.g., *"It always ends badly,"* *"This is my fate"*), suggesting entrenched belief systems that narrow emotional and behavioral options. These findings align with prior research indicating that trauma-exposed individuals frequently develop rigid cognitive schemas as a means of making sense of repeated harm (Gray et al., 2020; Jobson et al., 2022). Such rigid schemas, though adaptive in contexts of survival, contribute to inflexibility by restricting openness to change and reinforcing maladaptive relational narratives (TaşÖren, 2022). Women in the current study also reported normalizing or justifying abusive behavior (*"He hits me because he loves me"*), reflecting a fusion of cultural values, trauma adaptation, and internalized blame—phenomena well documented among IPV survivors (Borghi, 2024; Jackson et al., 2023).

The second major theme, emotional dysregulation and experiential avoidance, further reinforces the role of inflexibility as an impediment to adaptive coping. Many women described their strategies for managing relationship stress as emotional suppression, avoidance of triggers, or complete emotional numbing. These strategies, though offering temporary psychological relief, ultimately prevented value-driven action and emotional processing—hallmarks of psychological inflexibility (Grau et al., 2022; Kato, 2020). Consistent with prior studies, such as those by Blix et al. (2024), participants expressed difficulty tolerating negative affect and often feared emotional expression due to anticipated retaliation, abandonment, or shame (Blix et al., 2024; Timblin & Hassija, 2022). This pattern is also reflected in research by Bektaş-Aydın and Yüksel-Şahin (2025), who noted that experiential avoidance among trauma survivors served as a strong predictor of PTSD severity and poor self-compassion (Bektaş-Aydın & Yüksel-Şahin, 2025). Emotional rigidity in the current sample was compounded by over-attunement to the partner's emotional states, where participants described suppressing their own feelings to prevent relational disruption—an interpersonal extension of intrapersonal inflexibility.

The third theme, relational dependency and identity diffusion, reveals the extent to which psychological inflexibility becomes enmeshed with relational schemas. Many women in this study articulated a sense of fused identity with their partner, reporting beliefs such as, “I don’t know who I am without him.” This echoes the findings of Bryngeirsdottir et al. (2022), who found that survivors of IPV often face significant obstacles in re-establishing autonomous identities, as prior trauma undermines internalized models of selfhood and safety (Bryngeirsdottir et al., 2022). Participants in this study described external locus of control, idealization of toxic love, and chronic fear of abandonment as central obstacles to leaving the relationship—patterns similarly found in the post-traumatic appraisals of sexual assault survivors (Jobson et al., 2022; Nath et al., 2024). These mechanisms serve to maintain psychological inflexibility by reinforcing the perceived necessity of the relationship for identity continuity, safety, or validation.

The final theme, trauma history and psychological vulnerability, provided critical insight into the developmental underpinnings of psychological inflexibility. Nearly all participants referenced early childhood trauma or previous abusive relationships as shaping their current patterns of emotional and relational engagement. These

findings reinforce previous work suggesting that unresolved early trauma—especially emotional neglect—creates rigid internal schemas that predispose individuals to emotional avoidance, identity confusion, and impaired autonomy in adulthood (Saadati et al., 2023; TaşÖren, 2022). Moreover, many women described recurring relationship patterns, consistent with what psychodynamic theory has called “repetition compulsion”—the unconscious recreation of familiar pain in an attempt to resolve it. In this vein, trauma appears not as a past event but as a current organizing force in relational decision-making. Studies by Serafi et al. (2023) and Szoko et al. (2025) have emphasized how cultural and systemic trauma—including war, displacement, and institutional violence—can become embedded in one’s relational worldview, further complicating self-efficacy and emotional flexibility (Serafi et al., 2023; Szoko et al., 2025).

Taken together, these findings support the growing consensus that psychological inflexibility is both a result and predictor of trauma-related dysfunction, particularly in romantic contexts. Participants’ accounts illustrate how internal processes—such as cognitive fusion, avoidance, shame, and self-blame—work in tandem with external pressures—such as cultural expectations, economic dependence, or partner control—to sustain maladaptive relationship engagement. The alignment of this study’s findings with broader trauma research underscores the transdiagnostic nature of psychological inflexibility across cultural and socio-economic contexts (Gray et al., 2020; Taha & Abdurrahman, 2020; Tran et al., 2020).

The implications for treatment and intervention are substantial. Therapies that directly target inflexibility—such as Acceptance and Commitment Therapy (ACT)—are well-positioned to support women in disrupting these entrenched relational patterns. As noted by Bektaş-Aydın and Yüksel-Şahin (2025), ACT was effective in increasing psychological flexibility and self-compassion among university women survivors of IPV (Bektaş-Aydın & Yüksel-Şahin, 2025). Similarly, narrative approaches, such as Narrative Exposure Therapy (NET), can assist survivors in re-authoring their traumatic relational scripts, restoring agency and emotional clarity (Giang et al., 2021; Shamsudeen et al., 2024). The need for culturally grounded interventions is also evident. Given the intersection of psychological inflexibility with religious, familial, and cultural schemas (e.g., “endurance is virtue,” “God is testing me”), trauma-informed therapies must engage these layers with sensitivity and contextual awareness (Borghi, 2024; Serafi et al., 2023).

Finally, the role of healthcare systems in identifying and responding to psychological inflexibility in trauma survivors must be emphasized. Stene et al. (2022a; 2022b) found that trauma survivors' underutilization of health services was linked not only to systemic barriers but also to internalized avoidance and distrust—both functions of inflexibility (Stene et al., 2022a, 2022b). Providers, therefore, must be equipped to detect these signs early, especially in women presenting with diffuse symptoms, relational distress, or identity confusion.

5. Limitations and Suggestions

This study is not without limitations. First, the sample size was relatively small and specific to urban Kenyan women, which limits the generalizability of findings to other populations or cultural contexts. Additionally, participants were self-selected and may differ in significant ways from women who are more isolated or unwilling to speak about their experiences. The reliance on retrospective self-report introduces potential recall bias, especially regarding early life trauma. Although measures were taken to ensure analytic rigor, including peer debriefing and audit trails, the interpretive nature of qualitative analysis remains subject to researcher bias. Lastly, the study focused solely on women's internal processes, without integrating the broader relational or structural factors (e.g., legal system, economic conditions) that may also shape relationship maintenance and inflexibility.

Future studies should expand this line of inquiry to more diverse populations, including rural women, adolescents, and non-binary individuals exposed to relational trauma. Longitudinal designs would be particularly valuable in tracing how psychological inflexibility evolves across relationship stages and transitions. Further research could also explore the intersection of inflexibility with other constructs such as attachment styles, cultural identity, or neurobiological markers of trauma. Mixed-method approaches, combining qualitative data with psychometric assessments of flexibility and trauma symptoms, may yield a more comprehensive understanding of this phenomenon. Lastly, evaluating the effectiveness of culturally adapted ACT or NET interventions in improving flexibility among IPV survivors would offer essential applied insights.

Mental health practitioners working with trauma-exposed women should prioritize the assessment of psychological inflexibility early in treatment, particularly signs of cognitive rigidity, experiential avoidance, and identity

fusion. Culturally sensitive psychoeducation around the concept of flexibility and trauma-related patterns can empower clients to challenge internalized beliefs and foster value-based living. Group interventions may also help normalize experiences and build community support, especially for women in high-risk relationships who feel isolated. Integrating mindfulness, compassion-focused strategies, and narrative reconstruction can facilitate emotional processing and self-differentiation. Lastly, practitioners should work collaboratively with community organizations, legal advocates, and healthcare providers to create an ecosystem of support that encourages flexible, autonomous decision-making in the context of relational harm.

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.

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Declaration of Interest

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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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