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Intrapersonal Conflict Resolution Mechanisms in Women with High Trait Shame: A Qualitative Study

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A B S T R A C T

Objective: This study aimed to explore the intrapersonal conflict resolution mechanisms employed by women with high trait shame through a qualitative lens.
Methods and Materials: A qualitative phenomenological research design was employed to investigate the lived experiences of 21 women residing in Georgia who reported persistently high levels of trait shame. Participants were recruited using purposive sampling, and data collection continued until theoretical saturation was achieved. Semi-structured, in-depth interviews were conducted to gather detailed personal narratives. All interviews were audio-recorded, transcribed verbatim, and analyzed using Braun and Clarke's thematic analysis approach with the support of NVivo 14 software. Trustworthiness of the data was ensured through member checking, peer debriefing, and audit trails.
Findings: Thematic analysis revealed four major categories of intrapersonal conflict resolution: (1) Emotional Regulation Strategies, including suppression, self-soothing, and distraction; (2) Cognitive Coping Mechanisms, such as rationalization, self-criticism, and identity negotiation; (3) Intrapersonal Dialogue and Reflection, encompassing internalized parental voices, dual-self conversations, and self-compassion struggles; and (4) Interpersonal Withdrawal and Boundary Dynamics, characterized by emotional isolation, fear of vulnerability, and covert boundary-setting. Participants often demonstrated complex internal negotiations, marked by inner conflict, shame resilience attempts, and reflective awareness. The findings align with existing literature on shame, psychological distress, and gendered identity development.
Conclusion: These findings highlight the importance of therapeutic interventions that foster self-compassion, emotional awareness, and identity integration. Understanding these mechanisms provides critical insight into the internal lives of shame-affected women and offers a foundation for culturally informed mental health support.

Keywords: *Trait shame; intrapersonal conflict; women's mental health; qualitative research; emotional regulation; cognitive coping; self-compassion*

1. Introduction

Shame, as a self-conscious emotion, is a deeply internalized experience that affects individuals' thoughts, behaviors, and interpersonal dynamics. In women, particularly those with high trait shame, this affective state often manifests in maladaptive coping mechanisms, psychological withdrawal, and intrapersonal conflict. Trait shame is not merely a situational response to specific transgressions but represents a persistent disposition characterized by pervasive feelings of inferiority, exposure, and self-judgment. The internal struggle to manage shameful emotions often leads to conflicting inner dialogues, fragmented identities, and impaired self-regulation (Kurbatfinski et al., 2025). These dynamics are not unique to specific minority groups but can be extended to many women who internalize societal ideals regarding femininity, appearance, and success. Shame becomes particularly destructive when linked to the body, as is evident in the pervasive phenomenon of body shaming. Visual and verbal critiques of female bodies, propagated through media and cultural narratives, amplify intrapersonal conflict, especially in young and middle-aged women (Febriyani & Sa'idah, 2024; Mustafa et al., 2024; Zainiya & Aesthetika, 2022).

The psychological toll of body shaming is not limited to immediate social embarrassment but extends to deep-seated self-alienation and impaired self-concept. Shame becomes internalized, driving women into cycles of self-criticism, perfectionism, and avoidance (Aini et al., 2025). In such contexts, intrapersonal conflict may arise between internalized social expectations and authentic self-perception. As women attempt to reconcile these internal oppositions, various strategies—both constructive and maladaptive—are employed to navigate inner discord. For instance, some turn to cognitive restructuring as a resilience-building tool to counteract shame-induced self-beliefs (Aini et al., 2025), while others spiral into self-deprecating narratives that hinder psychological growth.

Scholars have identified shame as a significant predictor of depressive symptoms, especially in female populations exposed to gender-based violence, social stigma, and cultural oppression (Bdier et al., 2024; Cabral & Pinto, 2023). This emotion often coexists with feelings of helplessness, fear of exposure, and an enduring sense of "not being enough." Internalizing these feelings leads to chronic intrapersonal conflict—a psychological state in which a woman's inner beliefs, needs, and emotions are misaligned or in opposition. For many women, this internal conflict is silenced rather than resolved, creating a fertile ground for emotional suppression and cognitive dissonance.

Additionally, shame influences self-regulation processes and undermines the development of a coherent identity. Cotter and colleagues highlighted that shame can interfere with relational resilience, especially among individuals whose gender role expectations conflict with their emotional needs (Cotter et al., 2023). Shame impairs the capacity for emotional expression, which is crucial for intrapersonal resolution and identity integration. The resulting conflict is often managed privately, as women resort to solitary coping mechanisms, many of which are driven by maladaptive shame regulation processes such as avoidance, comparison, or isolation (Pineau et al., 2021; Yue, 2021).

In high-income countries, even access to resources does not shield women from the shame associated with food insecurity or social exclusion, demonstrating that intrapersonal conflict driven by shame is both global and complex in nature (Pineau et al., 2021). Shame is not only interpersonal but also institutional, embedded in systems that reinforce failure, inadequacy, and guilt, particularly in women whose life experiences diverge from societal norms. Such conditions make it imperative to understand how these women internalize, negotiate, and attempt to resolve the conflict between who they are and who they believe they must be.

Cultural contexts further complicate the expression and regulation of shame. For instance, in traditional societies like those in the Philippines or Indonesia, shame operates within communal and collectivist frameworks, intensifying when individuals deviate from social expectations (Hu, 2025; Muayyanah et al., 2022). In such settings, intrapersonal conflict may be suppressed to maintain group harmony, thus stifling individual emotional resolution. This cultural embeddedness also affects women's willingness to speak about or challenge the sources of their shame, limiting access to therapeutic dialogue and emotional validation (Khalik et al., 2022; McHugh, 2020). As a result, intrapersonal resolution remains a largely private and unvoiced struggle.

The intersection of shame, gender, and resilience has been widely explored, with researchers emphasizing the buffering role of psychological resilience in mitigating the destructive outcomes of shame (Fatollahzadeh et al., 2023; Quiroga-Garza & Cavalera, 2024). Women who possess high trait shame often engage in intricate cognitive and emotional strategies to restore a sense of balance and coherence. These strategies, however, are not always adaptive. While some may practice mindfulness, engage in

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narrative reframing, or utilize humor as a coping mechanism (Dey & Anandan, 2024; Yue, 2021), others may retreat into emotional isolation, passive boundary setting, or chronic rumination.

The significance of understanding intrapersonal conflict resolution lies not only in identifying the presence of shame but also in unpacking the pathways through which women attempt to negotiate this emotional burden. Shame often acts as an internal gatekeeper, regulating which parts of the self are acceptable and which must be hidden or denied. When these internal dialogues are dominated by judgmental, critical, or perfectionistic voices, the inner world becomes a battleground rather than a place of refuge. As Goffnett et al. describe in their grounded theory model, shame profoundly influences emotional identity and can either reinforce maladaptive coping or catalyze self-awareness depending on one's internal resources (Goffnett et al., 2021).

However, much of the existing literature on shame and psychological well-being focuses on observable outcomes—such as depression, anxiety, or low self-esteem—rather than the internal mechanisms of resolution. Fewer studies have addressed how women, especially those with high trait shame, internally process and resolve the psychological dissonance caused by shame. The present study aims to address this gap by investigating the intrapersonal conflict resolution mechanisms used by women who experience high trait shame, with an emphasis on the nuanced interplay of cognition, emotion, and identity negotiation.

From a clinical perspective, exploring how women internally navigate these emotional complexities can enhance therapeutic strategies such as compassion-focused therapy, narrative therapy, or cognitive restructuring interventions that specifically target shame-related thought patterns (Alvarez, 2020; Fatollahzadeh et al., 2023). Given the documented effectiveness of such approaches in reducing internal self-criticism and increasing psychological resilience, understanding the lived experience of shame becomes crucial to informing culturally and contextually appropriate treatments (Alvarez, 2020; Hu, 2025).

Thus, this qualitative study seeks to examine the lived experiences of Georgian women with high trait shame, focusing on how they resolve or manage intrapersonal conflicts arising from shame-laden experiences.

2. Methods and Materials

2.1. *Study design and Participant*

This study employed a qualitative research design using a phenomenological approach to explore intrapersonal conflict resolution mechanisms in women with high trait shame. The purpose of this design was to gain in-depth insights into the lived experiences and internal psychological processes of the participants.

The study population consisted of adult women residing in Georgia who self-identified or were clinically identified as experiencing high levels of trait shame. A purposive sampling strategy was used to recruit participants who could provide rich and relevant information about the phenomenon under investigation. Inclusion criteria included being female, aged 20 years or older, having no current severe psychiatric diagnosis (such as psychosis or mania), and the ability to provide informed consent and articulate their inner emotional experiences.

In total, 21 women participated in the study. Recruitment continued until theoretical saturation was achieved, whereby no new themes or concepts emerged from additional data. All participants voluntarily agreed to participate and provided written informed consent in accordance with ethical guidelines for qualitative research.

2.2. *Measures*

Data were collected through semi-structured, in-depth interviews conducted individually with each participant. An interview guide was developed based on a review of the relevant literature and expert consultation. The guide included open-ended questions that explored participants' emotional responses, internal dialogue, conflict regulation strategies, and coping mechanisms in the context of shame-related experiences.

Each interview lasted approximately 60 to 90 minutes and was conducted in a private and quiet setting to ensure comfort and confidentiality. Interviews were audio-recorded with the participants' permission and subsequently transcribed verbatim for analysis. The interviewer maintained a reflexive journal to record personal impressions and contextual observations throughout the data collection process.

2.3. *Data Analysis*

Data were analyzed using thematic analysis guided by Braun and Clarke's six-phase framework. The analysis was conducted with the assistance of NVivo 14 qualitative data

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analysis software, which facilitated systematic coding, theme development, and data organization. The analytic process began with multiple readings of the interview transcripts to achieve immersion in the data, followed by initial open coding to identify significant statements and meaning units.

Codes were grouped into categories based on conceptual similarities, and overarching themes were then derived through an iterative process of constant comparison. The research team conducted peer debriefings and maintained an audit trail to ensure transparency and credibility. Triangulation was achieved by involving multiple coders and regularly reviewing interpretations. Member checking was performed with selected participants to confirm the accuracy and resonance of the findings with their lived experiences.

To ensure the trustworthiness of the study, credibility, dependability, confirmability, and transferability were systematically addressed following Lincoln and Guba's criteria.

3. Findings and Results

A total of 21 women participated in this study. The participants' ages ranged from 23 to 49 years, with a mean age of 34.2 years. In terms of educational background, 5 participants held a high school diploma (23.8%), 10 participants had completed undergraduate degrees (47.6%), and 6 participants held graduate degrees (28.6%). Regarding marital status, 12 participants were married (57.1%), 6 were single (28.6%), and 3 were divorced (14.3%). The majority of participants (15 individuals, 71.4%) reported being employed, while 6 participants (28.6%) were either unemployed or homemakers. All participants were residents of various urban and suburban regions in Georgia and identified themselves as having experienced persistent feelings of shame across multiple life domains, qualifying them for inclusion under the criterion of high trait shame.

Table 1

Categories, Subcategories, and Concepts of Intrapersonal Conflict Resolution Mechanisms in Women with High Trait Shame

Category (Main Theme)	Subcategory (Subtheme)	Concepts (Open Codes)
1. Emotional Regulation Strategies	Suppression of Emotions	Hiding feelings, emotional numbness, avoidance, "masking", not crying in public
	Internal Self-Soothing	Deep breathing, journaling, mindfulness, self-talk, solitude
	Emotional Overload Responses	Crying alone, self-harming thoughts, panic attacks, binge eating
	Use of Distraction	Watching series, cleaning, exercising, online scrolling
	Seeking Temporary Relief	Sleeping, comfort food, taking long showers, venting to pet
	Rumination and Self-Blame	Replaying events, guilt cycles, negative inner monologue, "should" thinking
2. Cognitive Coping Mechanisms	Rationalization of Conflict	"It's not a big deal", minimizing hurt, logical framing, reframing shameful memories
	Avoidant Thinking Patterns	Ignoring problems, denial of conflict, magical thinking
	Self-Criticism and Internal Judgment	"I'm not enough", self-labeling, internal scolding, perfectionism
	Comparison with Others	"Others are stronger", envy, shame spiral, inadequacy through social media
	Identity Negotiation	"This is not who I am", identity confusion, role conflict
3. Intrapersonal Dialogue and Reflection	Internalized Parental Voices	"My mother's voice", learned shame, moral judgment from past
	Self-Compassion Struggles	"I can't forgive myself", rejection of kindness, feeling undeserving
	Dual-Self Dialogue	"Good me vs. bad me", inner critic vs. inner child, guilt vs. hope
	Imagined Conversations	Mentally replaying past talks, preparing apologies, fictional justifications
	Search for Meaning	"Why me?", existential questioning, religious interpretation, fate vs. choice
	Self-Witnessing and Meta-Awareness	Observing thoughts, "stepping outside myself", reflective insight
4. Interpersonal Withdrawal and Boundary Dynamics	Emotional Isolation	Refusal to talk, hiding emotions, "no one will understand", social disconnection
	Fear of Vulnerability	Avoiding intimacy, shame in closeness, distrust
	Passive Boundary Setting	Letting others decide, people-pleasing, "saying yes when I mean no"
	Resentment Toward Others	"They don't care", blaming friends, built-up anger, withdrawal in protest
	Attempts to Assert Boundaries	Silent treatment, avoiding confrontation, drafting messages but not sending them

1. Emotional Regulation Strategies

Suppression of Emotions. Many participants reported a habitual tendency to suppress their emotional responses during intrapersonal conflict, often rooted in shame or fear of judgment. This suppression manifested in behaviors such as hiding feelings, emotional numbness, and avoidance of

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emotional expression. One participant reflected, *"I've trained myself not to cry, especially around people—it's like showing weakness."* Another noted, *"I just push it down and pretend everything is fine."*

Internal Self-Soothing. Participants described engaging in self-soothing behaviors to manage overwhelming emotions privately. These included journaling, deep breathing, mindfulness, and engaging in comforting routines such as solitude. A participant shared, *"When I feel ashamed, I write in my journal. It's the only way I feel heard."* Others mentioned inner dialogues like, *"I try to talk myself down—like, 'It's okay, you're doing your best.'"*

Emotional Overload Responses. For some women, unresolved internal conflicts led to emotional overload. This was expressed through crying in isolation, experiencing panic attacks, or engaging in maladaptive coping behaviors such as binge eating. One participant admitted, *"Sometimes I just break down. I cry in the bathroom so no one sees me."* Another remarked, *"When it's too much, I eat until I feel sick—it numbs it."*

Use of Distraction. Distraction emerged as a common strategy to momentarily escape feelings of shame and internal distress. Participants turned to television, cleaning, exercise, or social media. *"I clean obsessively when I feel bad—it gives me control,"* one woman said. Another commented, *"Scrolling through my phone helps me avoid thinking about myself."*

Seeking Temporary Relief. Several participants reported using immediate comfort-seeking behaviors as a temporary fix. These included taking long showers, indulging in comfort food, or sleeping excessively. One interviewee stated, *"When I feel ashamed, I just go to bed. Sleep erases everything."*

Rumination and Self-Blame. A recurring pattern was repetitive and self-critical rumination. Women described replaying events, engaging in negative self-talk, and blaming themselves for perceived moral or social failings. *"I keep thinking, 'Why did I say that?' over and over,"* said one participant. Another noted, *"It always comes back to me thinking I'm just not good enough."*

2. Cognitive Coping Mechanisms

Rationalization of Conflict. Participants often minimized or intellectually reframed their experiences to reduce emotional impact. This rationalization served as a defense against deeper shame. *"I tell myself it's not that serious, even if I'm hurting inside,"* one woman explained. Another shared, *"If I can make sense of it logically, I feel less lost."*

Avoidant Thinking Patterns. Some women described detaching from the conflict entirely, choosing denial or fantasy to escape emotional engagement. *"I just pretend it didn't happen,"* said one participant. Another admitted, *"I wish I could disappear—like the problem doesn't even exist."*

Self-Criticism and Internal Judgment. Self-critical inner dialogue was prevalent, with participants labeling themselves as "failures" or "not enough." This internalized judgment often fueled shame cycles. One participant revealed, *"My mind calls me names I'd never say to anyone else."* Another said, *"Even when I do something right, I find a way to ruin it in my head."*

Comparison with Others. Comparing oneself to others intensified feelings of inadequacy and reinforced shame-based beliefs. *"I look at other women and think, 'Why can't I be like them?'"* one woman shared. Another reflected, *"Social media makes me feel like I'm behind in life."*

Identity Negotiation. Women spoke about struggling with conflicting identities—who they are versus who they feel expected to be. This inner tension often arose from cultural or familial expectations. *"Sometimes I feel like I'm acting in a role that isn't me,"* said one participant. Another expressed, *"I don't know which version of me is real anymore."*

3. Intrapersonal Dialogue and Reflection

Internalized Parental Voices. Many participants described an internal dialogue influenced by critical parental voices, particularly mothers. These voices reinforced shame and moral rigidity. *"I hear my mother's voice when I make a mistake, saying, 'You're embarrassing us,'"* one woman recalled. Another added, *"It's like my parents still live in my head."*

Self-Compassion Struggles. The difficulty in offering oneself kindness and understanding was a significant barrier to resolution. Participants often felt undeserving of compassion. *"When I try to be nice to myself, it feels fake,"* one participant said. Another added, *"Forgiving myself is harder than forgiving anyone else."*

Dual-Self Dialogue. Participants often described inner conflicts in terms of competing voices or parts of the self. For instance, one part desired growth while another clung to shame. *"It's like there's a good me and a bad me, and they're always arguing,"* explained a participant.

Imagined Conversations. Women frequently engaged in imaginary dialogues—replaying past events or rehearsing what they wished they had said. *"I practice what I should have said all night long,"* one woman noted. Another

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commented, *"I argue with people in my head—it's the only way I feel heard."*

Search for Meaning. Some participants tried to make sense of their experiences through existential reflection or spiritual frameworks. *"I keep asking, why me?"* said one woman. Others interpreted events through religious beliefs: *"Maybe this is a test from God."*

Self-Witnessing and Meta-Awareness. A few participants demonstrated an ability to step outside themselves and observe their thoughts and patterns. *"Sometimes I catch myself spiraling and say, 'This isn't helping,'"* one woman explained. Another noted, *"I try to watch my mind like a movie—it helps me not drown in it."*

4. Interpersonal Withdrawal and Boundary Dynamics

Emotional Isolation. Withdrawal from social support was a common theme. Participants often concealed their struggles to avoid judgment or burdening others. *"I don't want people to know how broken I feel,"* said one participant. Another reflected, *"I isolate because no one really understands."*

Fear of Vulnerability. Many women feared opening up to others due to potential rejection or misunderstanding. *"Being vulnerable feels like giving someone a weapon,"* shared one woman. Others described shame in expressing weakness: *"I'd rather pretend I'm fine than cry in front of someone."*

Passive Boundary Setting. Several participants described difficulty asserting personal boundaries, often saying "yes" when they meant "no." *"I don't want to disappoint people, so I just agree,"* one participant shared. Another admitted, *"I let others make decisions because I doubt myself."*

Resentment Toward Others. Internal conflict sometimes led to suppressed anger or resentment toward those who were perceived as insensitive. *"I stop talking to people who hurt me, but I never tell them why,"* one woman noted. Another said, *"I feel angry, but I don't express it—it just builds up."*

Attempts to Assert Boundaries. Some participants made covert efforts to reclaim control or protect themselves by avoiding confrontation. *"I write messages I never send,"* shared one participant. Another noted, *"Sometimes I just stop responding and disappear—it's the only way I feel safe."*

4. Discussion and Conclusion

The present qualitative study sought to explore how women with high trait shame resolve internal psychological conflicts. Thematic analysis revealed four overarching categories: emotional regulation strategies, cognitive coping mechanisms, intrapersonal dialogue and reflection, and interpersonal withdrawal and boundary dynamics. Each domain captures a facet of the internal landscape these women navigate when confronting shame, often in solitude and with limited access to supportive discourse. These findings extend the existing literature by illuminating not only the emotional and cognitive repercussions of shame but also the often-invisible strategies women use to manage its enduring effects.

One of the most prominent patterns to emerge was the habitual suppression of emotions. Women described avoiding the expression of sadness, fear, or anger, opting instead for silence or numbness. This finding aligns with prior research indicating that shame often manifests in concealment behaviors, as individuals fear judgment and social rejection when showing vulnerability (Bdier et al., 2024; Cabral & Pinto, 2023). Emotional suppression, although momentarily effective in avoiding discomfort, may contribute to internal pressure, leading to emotional overload—a theme also identified in this study. Participants reported experiencing somatic responses such as crying in solitude or binge eating, reflecting the literature that links unprocessed shame with maladaptive stress responses and self-directed harm (Fatollahzadeh et al., 2023).

In contrast, some participants engaged in self-soothing and distraction-based strategies to temporarily alleviate distress. These included journaling, deep breathing, or immersing themselves in mundane tasks. Such findings resonate with Alvarez's exploration of shame resilience practices, where self-care rituals function as protective buffers against depressive symptoms (Alvarez, 2020). However, the effectiveness of these behaviors varied: while some reported a sense of momentary relief, others described these acts as insufficient to bring resolution, instead perpetuating avoidance.

Cognitive coping mechanisms were equally salient. Many participants attempted to reframe their shame experiences through rationalization, minimizing the significance of events or blaming external circumstances. This aligns with Aini's findings on the use of cognitive restructuring among individuals subjected to body shaming, whereby altering internal narratives becomes a form of agency in an otherwise disempowering emotional context (Aini et al., 2025). Nonetheless, such cognitive strategies

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coexisted with profound self-criticism and internal judgment. These findings echo those of Nelson et al., who observed that women often experience a conflict between internal self-doubt and external performance expectations during assertive behaviors, such as salary negotiations—resulting in intrapersonal friction and shame-based rumination (Nelson et al., 2022).

Another key contributor to internal conflict was upward social comparison. Participants frequently judged themselves against perceived ideals promoted by peers or media. These comparisons exacerbated feelings of inadequacy, echoing Li et al.'s research, which found that shame moderated the negative effects of social comparison on engagement and psychological resilience in college students (Li et al., 2024). Such comparisons perpetuated the sense of being fundamentally flawed or behind in life, leading to identity fragmentation. The subtheme of identity negotiation captured this well, with participants struggling to reconcile their actual selves with internalized societal expectations—especially regarding appearance, achievement, and interpersonal roles. This mirrors Mustafa's and Zainiya's cultural analyses of how body shaming depicted in media enforces rigid identity scripts, contributing to the internalization of shame (Mustafa et al., 2024; Zainiya & Aesthetika, 2022).

Participants also described rich and complex intrapersonal dialogues, particularly involving internalized parental voices, dual-self conversations, and imagined conversations. These inner dialogues often reflected harsh, critical tones inherited from caregivers or authority figures, supporting Cabral's findings that shame is frequently constructed through early social interactions, especially in environments where gender roles are rigidly enforced (Cabral & Pinto, 2023). The conflict between the "critic" and "child" selves was especially prominent in women who reported unresolved past trauma or chronic perfectionism. Goffnett et al. described similar identity fractures among sexual minority youth, where shame instigated emotionally charged dialogues that shaped well-being and self-image (Goffnett et al., 2021).

Self-compassion, though rare in the participant narratives, emerged as a notable absence—highlighting a significant barrier to intrapersonal resolution. This deficit has been widely discussed in the literature, especially in studies emphasizing the need for compassion-focused interventions for shame-affected populations (Fatollahzadeh et al., 2023). Participants often felt undeserving of kindness or reported that self-forgiveness felt artificial. This internal resistance to self-kindness contributes to the cyclical nature of intrapersonal conflict, wherein shame not only arises from perceived failure but also blocks the very pathways (e.g., compassion, forgiveness) that could resolve it.

Finally, the domain of interpersonal withdrawal and boundary dynamics offers insight into how relational experiences influence intrapersonal resolution. Most participants described a tendency toward emotional isolation and fear of vulnerability. This aligns with the work of Pineau et al., who demonstrated that food-insecure women in high-income countries often experienced shame-induced social exclusion, which exacerbated psychological suffering and cut off access to empathy (Pineau et al., 2021). Women in the current study described both passive and covert attempts at boundary setting, including withdrawing from conversations or emotionally detaching rather than assertively communicating needs. This suggests a deeper relational conflict, whereby the fear of being exposed or invalidated compromises the ability to resolve shame through interpersonal support. The cultural influence on these behaviors is also notable; in collectivist or patriarchal cultures, as described by Hu and Muayyanah, shame often operates as a disciplinary force that limits women's expressive and boundary-setting capacities (Hu, 2025; Muayyanah et al., 2022).

Interestingly, a few participants showed signs of meta-awareness or what the literature refers to as "self-witnessing" (Yue, 2021). These women could step outside of their emotional experience to observe, reflect, and sometimes redirect their thought patterns. While not universally present, this reflective capacity may be crucial to transforming shame from a paralyzing force into an opportunity for insight and psychological integration. Dey's artistic inquiry into women's shame narratives found similar results, where creative engagement facilitated not only emotional expression but also new meaning-making around shame experiences (Dey & Anandan, 2024).

In sum, this study contributes to a nuanced understanding of intrapersonal conflict resolution in women with high trait shame by detailing the emotional, cognitive, and reflective processes involved. It confirms previous findings that shame is a powerful intrapersonal disruptor and a key predictor of mental health challenges (Alvarez, 2020; Bdier et al., 2024). More importantly, it highlights the need for interventions that do not simply address symptoms but engage the internal world of women—especially the stories they tell themselves, the judgments they internalize, and the voices they struggle to silence or reconcile.

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5. Limitations and Suggestions

Despite its valuable contributions, this study has certain limitations. The sample was limited to 21 women residing in Georgia, which restricts the cultural generalizability of the findings. Although the participants varied in age, education, and employment status, the lack of ethnic or regional diversity may have influenced the prominence or suppression of particular shame-related themes. Furthermore, all data were self-reported and collected through semi-structured interviews, which rely heavily on participant introspection and verbal articulation. This could have excluded women who experience shame more somatically or who struggle to put their internal experiences into words. The study also did not differentiate between participants who had received previous psychological support and those who had not, which may influence intrapersonal resolution skills.

Future studies should consider cross-cultural comparisons to explore how cultural norms and gender role expectations shape intrapersonal conflict and shame regulation. Including diverse populations across different countries, ethnicities, and socio-economic backgrounds could deepen the understanding of how shame is experienced and resolved across contexts. Longitudinal qualitative research may also provide insight into how intrapersonal conflict resolution evolves over time, especially in response to life transitions, therapy, or social support. Additionally, incorporating arts-based or narrative methods may uncover non-verbal or symbolic modes of internal conflict processing that traditional interviews may miss.

Given the findings, mental health practitioners should prioritize interventions that cultivate self-compassion, identity coherence, and meta-awareness in women with high trait shame. Therapy modalities such as compassion-focused therapy, narrative therapy, and mindfulness-based approaches could be particularly effective in helping women identify and reframe self-critical dialogues. Psychoeducation on shame and its intrapersonal impacts should be integrated into community outreach programs, especially in cultures where emotional suppression is normalized. Finally, therapists should be attuned to the cultural and relational scripts that shape shame responses, enabling more empathetic and tailored care that validates the client's lived emotional world.

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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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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