

The Cost of Keeping Quiet: A Systematic Review of Self-Silencing and Mental Health Outcomes in Women Across Three Decades

CHITRA SCMS

chitra@scmsnoida.ac.in

Symbiosis International University

Supriya Lamba Sahdev

Alliance University

Research Article

Keywords: self-silencing, silencing the self, STSS, women's mental health, depression, eating disorders, intimate partner violence, narrative synthesis, systematic literature review

Posted Date: September 10th, 2026

DOI: <https://doi.org/10.21203/rs.3.rs-10798157/v1>

License: © ⓘ This work is licensed under a Creative Commons Attribution 4.0 International License.

[Read Full License](#)

Additional Declarations: No competing interests reported.

“The Cost of Keeping Quiet: A Systematic Review of Self-Silencing and Mental Health Outcomes in Women Across Three Decades”

Author 1: Chitra Krishnan*, Symbiosis Centre for Management Studies, NOIDA, Symbiosis International (Deemed University), Pune India. E-mail: chitra@scmsnoida.ac.in

Orcid ID: [0000-0003-1135-8852]

Author 2: Supriya Lamba Sahdev, Alliance University, Alliance School of Business, Bangalore, Karnataka, India. E-mail: lamba.supriya9@gmail.com

Orcid ID: [0000-0001-5141-5538]

*Corresponding Author: Chitra Krishnan

Abstract

Purpose: This systematic literature review synthesizes empirical evidence on the relationship between self-silencing and mental health outcomes in women, following PRISMA 2020 principles where feasible.

Design/Methodology/Approach: A systematic search across Scopus, Web of Science, and ProQuest identified 1,761 records, supplemented by a citation-database search (Consensus.app, 108 records). Following deduplication, title/abstract screening against inclusion criteria, a VOSviewer keyword co-occurrence cross-check, and a final quality-control audit, 184 peer-reviewed articles and book chapters (1996–2026) were retained for narrative synthesis. Methodological constraints included single-coder screening and thematic coding (no inter-rater reliability computed), while quality appraisal (MMAT) was conducted independently by two raters (Cohen’s Kappa = 0.47).

Findings: Evidence converges on a consistent positive relationship between self-silencing and depressive symptoms (112 studies, 60.9%). Self-silencing is also examined in relation to disordered eating (24), anxiety (28), relationship dissatisfaction (21), reduced self-esteem (19),

trauma/PTSD (9), and suicidality (2). Associations are shaped by cultural context, racial identity, and intimate-partner dynamics.

Research Limitations: Most studies are cross-sectional, limiting causal inference. Moderate inter-rater reliability and abstract-level appraisal warrant cautious interpretation of quality scores. Geographic patterns are reported narratively.

Originality/Value: This review integrates a traditional database search with a citation-database search and bibliometric cross-check as a screening-quality-control tool, spanning three decades to audit theoretical frameworks and thematic shifts across publication periods.

Keywords: *self-silencing; silencing the self; STSS; women's mental health; depression; eating disorders; intimate partner violence; narrative synthesis; systematic literature review*

Plain Language Summary

Many women learn to quiet their own thoughts, feelings and needs to keep the peace in close relationships. This review looks at “self-silencing” and how it connects to women’s mental health. We searched three academic databases and a supplementary citation-search tool, then screened the results against explicit criteria and cross-checked them against a keyword-network analysis, arriving at 184 studies published between 1996 and 2026 that map what is already known about self-silencing and women’s mental health. We find that women who silence themselves more consistently report more depression, along with more disordered eating, lower self-esteem, and less satisfying relationships, and that the size of this pattern shifts with cultural context and racial identity rather than disappearing. Most of this evidence comes from single-survey, cross-sectional studies, so we treat the findings as a consistent association rather than proof that self-silencing always causes poorer mental health. The review is intended to help clinicians see which populations and mechanisms have the strongest evidence behind them, and to help researchers identify where more rigorous, longer-term, and more diverse research is still needed.

1. Introduction

The question of why women are disproportionately vulnerable to depression and other internalising mental health conditions has occupied psychologists, psychiatrists, and social theorists for decades. Epidemiological evidence consistently documents that women are roughly

twice as likely as men to receive a diagnosis of major depressive disorder, with this disparity appearing most starkly during the reproductive years and persisting across cultures (World Health Organisation, 2021). Explanations have ranged from biological and hormonal accounts to stress-exposure models, yet none alone has proven sufficient in accounting for the gendered patterning of psychological distress. Into this theoretical space, Dana Jack (1991) introduced Silencing the Self theory, an account of women's depression grounded not in biology or life events per se, but in the relational and cognitive schemas that women internalise through socialisation.

Jack argued that women are taught, through culture, to subordinate their needs, feelings and voices in order to maintain close relationships. She called this the divided self: when women learn to suppress their own thoughts and feelings to preserve relational harmony, they lose access to their own voice and feelings. This inner fragmentation, she suggested, provides a direct route to depressive symptomatology. Jack and Dill (1992) created the Silencing the Self Scale (STSS), a 31-item measure of four dimensions: Externalized Self-Perception (judging oneself by external standards), Care as Self-Sacrifice (placing others' needs above one's own), Silencing the Self (inhibiting self-expression to avoid conflict), and Divided Self (presenting a false outer self). Since then, this scale has become the benchmark tool for empirically studying self-silencing across cultures, populations, and mental health settings.

Since the publication of Jack and Dill's seminal paper, the self-silencing literature has expanded from depression to include eating disorders, intimate partner violence, anxiety, premenstrual distress, sexual well-being, and occupational functioning. The cross-cultural validity of the construct has also been explored, including whether the relationship between self-silencing and mental health is consistent across collectivistic and individualistic cultures, and whether race and ethnicity moderate the relationship. Even with this expansion, no systematic synthesis has carefully separated studies that used the STSS to measure Jack's self-silencing construct from studies that used the acronym STSS to refer to the Secondary Traumatic Stress Scale, a completely different measure. This mixing in the literature has introduced noise into previous reviews.

This review addresses that gap. Conducted through a systematic search of Scopus, Web of Science, and ProQuest, then filtered using strict construct-validity exclusion criteria, it provides a comprehensive narrative synthesis of the relationship between self-silencing and women's mental health outcomes, based on 184 peer-reviewed studies and book chapters published between 1996

and 2026. The evidence is organised thematically, beginning with the most well-established associations (self-silencing and depression), then intermediate-evidence domains (eating disorders, relationship functioning), and emerging areas (cultural and intersectional analyses, interventions). Throughout, we attend to methodological quality, populations studied, and the moderating and mediating processes that help explain when and for whom self-silencing is most detrimental to mental health.

This review offers three main contributions. First, it applies exclusion criteria not used in previous reviews and specific to the self-silencing construct. Across two search rounds, 1,524 of 1,708 candidate records were removed on construct, outcome, population, date, and type grounds, including a VOSviewer keyword co-occurrence cross-check that identified 5 additional false positives missed by keyword-based screening. Second, it charts the thematic trajectory of the last 30 years of self-silencing research, testing period-by-period whether thematic priorities have genuinely shifted over time (Section 6.6) rather than merely accumulated. Third, it develops an explicit three-pathway model of how self-silencing may translate into depression (Section 2.4, Figure 1) and audits, by name, which theoretical frameworks the corpus actually invokes (Section 5) rather than which frameworks self-silencing scholarship could in principle draw on.

1.1 Contribution Statement Relative to Recent Reviews

A field with a validated 30-year-old measurement instrument naturally attracts periodic synthesis: 13 of our 184 included studies are themselves narrative or systematic reviews of the self-silencing-and-mental-health literature (Maji & Dixit, 2019; Emran, Iqbal, & Dar, 2020; Jack, Brody, & Sikov, 2026). Table 1 situates this review against those three most recent, most closely overlapping syntheses.

Table 1. This Review Compared to the Three Most Recent Overlapping Self-Silencing Reviews

Review	Scope / focus	Method	This review's differentiation
Maji & Dixit (2019)	Self-silencing and women's health broadly (depression, eating disorders, PMDD, well-being)	Narrative review	Applies a construct-validity hard-exclusion protocol (removing STSS/Secondary Traumatic Stress confusion) not used in this or any prior review; adds a formal theoretical-framework audit (Section 5)

Review	Scope / focus	Method	This review's differentiation
Emran, Iqbal, & Dar (2020)	‘Silencing the self’ and women’s mental health problems, with a focus on depression and eating disorders	Narrative review	Extends scope to intimate partner violence, trauma/suicidality and intervention studies; adds a period-by-period thematic-shift test (Table 14, Section 6.6)
Jack, Brody, & Sikov (2026)	Self-silencing and depression specifically, across three decades	Narrative review and synthesis	Broader outcome scope beyond depression (eating disorders, IPV, anxiety, self-esteem); adds an explicit operationalised three-pathway model (Section 2.4, Figure 1, Table 2) and a quantitative characteristics table (Table 4)

Source: Author characterization based on the titles/abstracts of the cited reviews; scope descriptions are the authors’ summary, not verbatim quotation.

We also acknowledge directly what this comparison implies: with narrative reviews recurring roughly once every few years across this literature, the construct-validity confusion this review addresses (STSS as Silencing the Self Scale versus STSS as Secondary Traumatic Stress Scale) has evidently persisted across multiple prior synthesis efforts. We therefore ask that this review be read as a construct-validated structural map intended to orient future primary research, rather than as a final synthesis of the self-silencing–mental health relationship.

2. Theoretical Background

2.1 Silencing the Self Theory

Jack’s (1991) Silencing the Self theory was born from her qualitative interviews with clinically depressed women. Across these interviews, a consistent theme emerged: depressed women reported having to silence their true thoughts and feelings in close relationships, especially with romantic partners, for fear that expressing their true needs would destroy the relationship. Jack related this relational pattern to wider cultural values, suggesting that Western societies socialise women into a relational ethic that values self-sacrifice, nurturance and harmony over self-assertion. She hypothesised that women who internalise these imperatives form four interrelated cognitive schemas, reflected in the four STSS subscales described above.

The theory proposes several pathways from self-silencing to depression. Most directly, the repression of genuine feeling and expression leads to a gradual alienation from the self: women who consistently present a different face while hiding an inner life of unmet needs and suppressed anger create the divided self, as Jack termed it, and this loss of identity and authenticity is a key psychological risk factor for depression. Second, self-silencing leads to resentment and anger that are themselves socialised as emotions to be suppressed in women, and this inward-turned anger exacerbates depression vulnerability. Third, the relational dynamic that self-silencing creates characterised by inequality and inauthenticity is itself a source of dissatisfaction, which in turn contributes to depressive cognitions (Jack, 1991; Jack & Ali, 2010). We formalise these three pathways as an explicit model below (Section 2.4).

An important aspect of the theory is its scope. Jack initially developed it based on women's experience, but recognised that any person who internalises an ethic of self-abnegation in close relationships can develop similar schemas, prompting researchers to examine self-silencing among men, in same-sex relationships, and in non-romantic relationships such as the workplace and parent-child relationships. As the evidence below shows, gender differences in self-silencing scores are more complex than the theory's initial formulation implies, but the effects of self-silencing appear more consistently negative for women than for men.

2.2 The STSS and Its Psychometric Properties

The Silencing the Self Scale (STSS; Jack & Dill, 1992) is the primary instrument used across the reviewed literature. The original 31-item scale showed good internal consistency (Cronbach's alpha from .86 to .94 for subscales in Jack and Dill's validation samples) and convergent validity (total STSS scores correlated positively with scores on the Beck Depression Inventory). The scale has since been translated and validated in multiple languages, including Turkish (Bozkur, 2023). The four-factor structure is widely supported, though some studies report subscales so highly intercorrelated that the total score is used instead of subscale scores.

One ongoing measurement concern is the direction of the STSS-depression relationship: because some STSS items overlap conceptually with depression (e.g., items describing inner fragmentation), some researchers have raised the possibility that the association is partly artefactual. Studies with prospective designs (e.g., Peleg-Sagy & Shahar, 2015) and those

investigating the mediating role of self-silencing between theoretically prior variables (e.g., attachment style, childhood maltreatment) and depression indicate that the relationship is not simply one of item overlap.

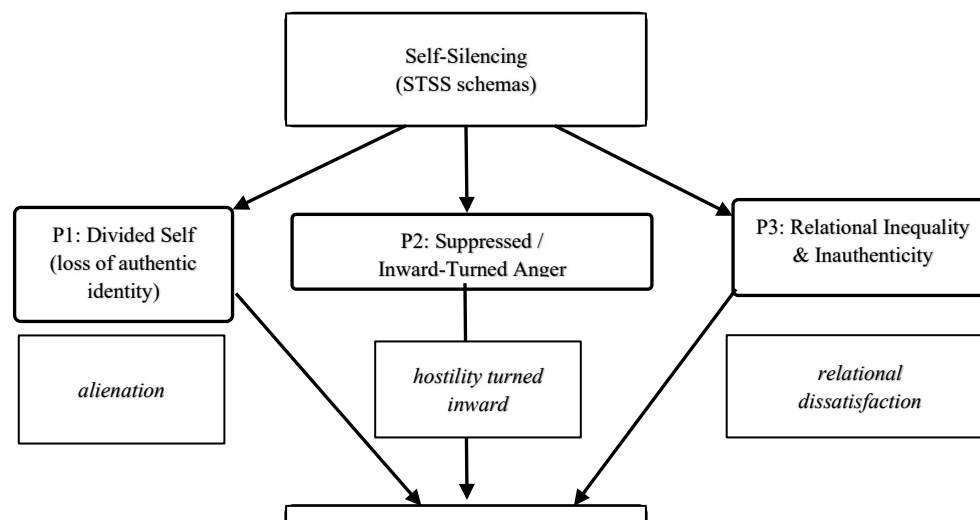
2.3 Positioning Within the Broader Literature on Women's Mental Health

Self theory sits within a larger tradition of relational and feminist perspectives on women's mental health. It overlaps conceptually with Carol Gilligan's (1982) relational ethics theory, objectification theory (Fredrickson & Roberts, 1997), and the interpersonal theory of depression (Coyne, 1976; Joiner, 2000). Its distinctive value lies in specifying the cognitive-relational schemas that mediate gendered socialisation into psychological distress, and in supplying a validated measurement tool that enables empirical testing across populations and settings.

2.4 Theoretical Integration: A Three-Pathway Model

We formalise the three mechanisms described in Section 2.1 as an explicit, testable model (Figure 1). Pathway P1 (Divided Self) proposes that habitual self-silencing produces a gradual alienation from one's authentic identity, and that this loss of self-coherence is depressogenic in its own right. Pathway P2 (Suppressed Anger) proposes that self-silencing routes legitimate anger and resentment inward rather than allowing its outward expression, and that this chronically inward-turned hostility elevates depressive risk independently of P1. Pathway P3 (Relational Inequality) proposes that self-silencing, by suppressing one partner's authentic voice, produces a structurally unequal and inauthentic relationship dynamic whose resulting dissatisfaction is itself depressogenic. Jack's own theoretical writing (1991; Jack & Ali, 2010) proposes all three mechanisms operate simultaneously and are further shaped by cultural context, racial identity, and intimate-partner dynamics (P4, a moderating rather than mediating condition).

Figure 1. Proposed Three-Pathway Model of Self-Silencing to Depression (P1–P3)



Source: Author(s), synthesised from Section 2.1/2.4 propositions and Jack (1991); Jack & Ali (2010).

This review's narrative synthesis (Section 6) evaluates evidence for each pathway separately, recognising that the evidence base is predominantly cross-sectional and single-mediator rather than testing the full three-pathway structure simultaneously. Mediation studies testing self-esteem and identity-loss variables speak to P1 (e.g., Page, Stevens, & Galvin, 1996), studies examining anger suppression and expression speak to P2 (e.g., Tan & Carfagnini, 2008), and dyadic or relationship-quality studies speak to P3 (e.g., Whiffen, Foot, & Thompson, 2007; Harper & Welsh, 2007). Table 2 suggests how each pathway could be operationalised in future confirmatory research.

Table 2. Operationalising the Three-Pathway Propositions

Pathway	Suggested operational indicator(s)	Suggested research design
P1-Divided Self / identity loss	Self-concept clarity or authenticity scales administered alongside the STSS Divided Self subscale; ecological momentary assessment of state authenticity	Longitudinal panel tracking identity-clarity change following self-silencing onset (e.g., new relationship, postpartum)
P2-Suppressed anger	Anger-In subscale of the State-Trait Anger Expression Inventory paired with STSS Silencing the Self-subscale	Mediation design with anger-expression style as the mediating variable, as in Tan & Carfagnini (2008)
P3-Relational inequality	Dyadic power/equity measures and observed communication-quality coding from conflict-interaction tasks	Actor-partner interdependence model (APIM) in couple samples, as in Harper & Welsh (2007)
P4-Cultural/racial moderation	Strong Black Woman schema, marianismo, or collectivism scales administered alongside the STSS	Multi-group structural equation modelling comparing pathway strength across cultural/racial groups

Source: Author creation, derived from Section 2.1/2.4 and studies cited in Section 6.

2.5 Scope Note: Self-Silencing and Biomedical/Physiological Outcomes

Because self-silencing recurs in the health-psychology literature as a correlate of physical as well as psychological outcomes, it is tempting to read this review as covering self-silencing’s health consequences broadly. We are deliberately narrower. The hard-exclusion protocol (Section 3.4) removed 1 study whose primary outcome was biomedical/physiological rather than psychological: a conference abstract linking self-silencing to sleep and subclinical carotid atherosclerosis, which did not measure a psychological mental-health outcome as its dependent variable. A related full-text article studying self-silencing and carotid atherosclerosis remains in the corpus, since it also reports self-silencing’s association with self-reported physical and mental health more broadly in its introduction and discussion. This is a genuine adjacent literature self-silencing and cardiovascular, cancer-care, and somatic outcomes but it required its own eligibility criteria and quality-appraisal approach and is out of scope here; we flag it as a distinct follow-on review opportunity (Section 6.10) rather than incorporating it partially.

3. Methodology

This review follows PRISMA 2020 reporting principles (Page et al., 2021), combined with the thematic-synthesis approach of Thomas and Harden (2008) for the inductive synthesis stage (Section 3.4).

3.1 Review Protocol and PICOC Criteria

To ensure a rigorous, transparent, and reproducible review, the research protocol was developed in accordance with best-practice guidelines for systematic reviews. The review question and subsequent search strategy were structured using the PICOC framework (Population, Intervention/Exposure, Comparison, Outcomes, and Context), which is particularly suited to scoping and mixed-methods reviews where the body of literature may be heterogeneous. This framework allowed for a broad yet systematic mapping of the existing evidence concerning self-silencing and psychological mental health. Table 3: PICOC Criteria, which outlines the specific parameters governing the inclusion and exclusion of studies.

Table 3. PICOC Criteria

Element	Description
Population	Women across the lifespan (adolescent through older adult), in both clinical and community settings
Intervention / Exposure	Self-silencing, as operationalised by the Silencing the Self-Scale (STSS) or a conceptually equivalent instrument
Comparison	Not applicable / high versus low self-silencers where reported
Outcome	Any psychological mental-health variable, including depression, anxiety, eating disorders, self-esteem, relationship satisfaction, suicidality, and trauma-related symptoms
Context	Peer-reviewed, English-language literature indexed in Scopus, Web of Science, ProQuest, or recovered via a supplementary citation-database search; clinical and non-clinical settings; all geographies; 1996-2026

Source: Author creation.

3.2 Search Strategy

A systematic search was conducted across three databases: Scopus, Web of Science, and ProQuest. Search strings combined three concept blocks using Boolean operators: a self-silencing block (“self-silencing” OR “silencing the self” OR “self-suppression” OR “emotional suppression” OR “self-concealment”), a women block (“women” OR “female” OR “girls” OR “mothers” OR “woman”), and a mental-health block (“mental health” OR “depression” OR “anxiety” OR “psychological distress” OR “well-being” OR “eating disorder” OR “body image” OR “self-esteem” OR “intimate partner” OR “suicidal ideation” OR “trauma” OR “PTSD”). The search returned 1,761 records before deduplication: 537 from Scopus, 331 from Web of Science, and 893 from ProQuest.

Following an initial round of screening (Section 3.4), the corpus was supplemented with a second, citation-database search using Consensus.app to surface studies the three primary databases may have missed; this returned 108 further candidate records, which were merged into the working dataset, deduplicated, and screened against the same criteria (Section 3.4).

3.3 Inclusion and Exclusion Criteria

Inclusion criteria. IC1. The study involved a female or predominantly female sample, or reported gender-disaggregated analysis. IC2. Self-silencing was addressed as a named construct (self-

silencing / silencing the self / Silencing the Self Scale), whether as the primary focus or an explicitly measured related variable. IC3. At least one psychological mental-health outcome was assessed. IC4. The study was published in a peer-reviewed journal or edited academic volume, in English. IC5. The publication year was 1996 or later. IC6. The document type was an original empirical article, book chapter, or systematic/narrative review.

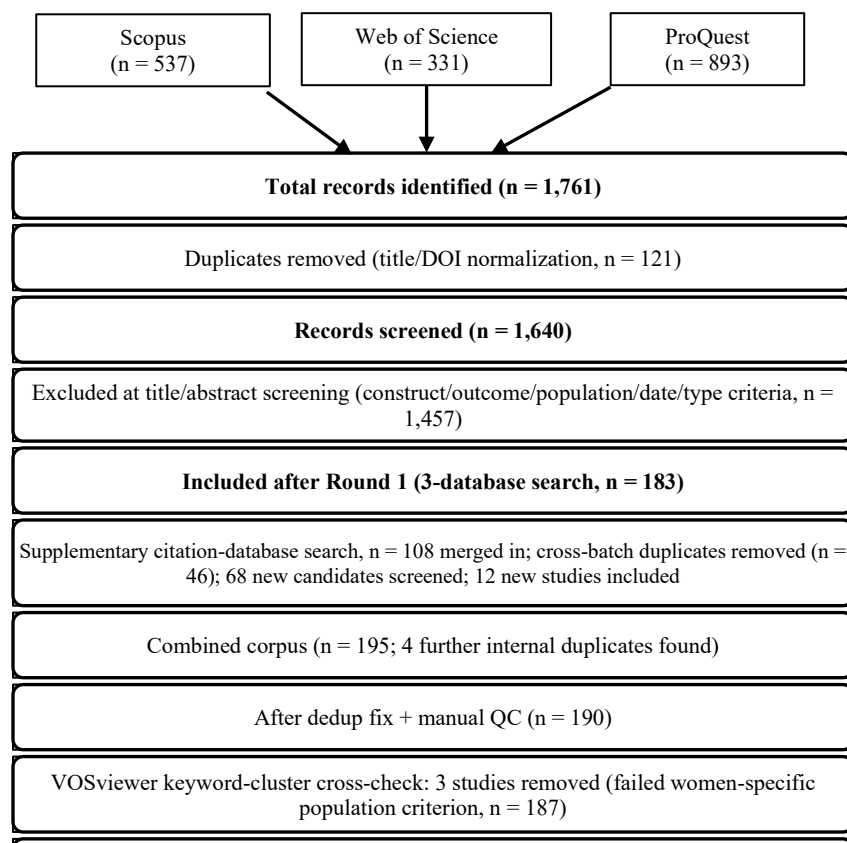
Exclusion criteria. EC1. The term “self-silencing”/“silencing the self” did not genuinely appear in the study’s own title, abstract, or keywords (keyword-proximity false positives). EC2. The primary outcome was biomedical or physiological rather than psychological. EC3. The study was a non-empirical opinion piece unrelated to the construct. EC4. The primary sample was male-only or mixed-gender with no gender-disaggregated analysis. EC5. The record duplicated another included study, including cross-database duplicates and a whole-volume record duplicating its own separately-included chapters. EC6. Non-English language.

Records retrieved from the three databases ($n = 1,761$) were deduplicated using DOI and normalized-title matching (121 duplicates removed), leaving 1,640 unique records for title/abstract/keyword screening against IC1-IC6 by a single reviewer. This first round yielded 183 included studies. No inter-rater reliability statistic was computed at the screening stage; as such, inclusion decisions should be interpreted as the judgement of a single reviewer, supplemented by the computational cross-checks described below. The corpus was then supplemented with 108 candidate records from a citation-database search (Consensus.app); after removing 46 records that duplicated the first-round set or each other, 68 new candidates were screened against the same criteria, yielding 12 further included studies and a combined corpus of 195 records, within which 4 additional internal duplicates (missed by the first dedup pass because paired records lacked a shared DOI) were subsequently identified and removed, leaving 190 records after manual quality review.

A bibliometric keyword co-occurrence network (VOSviewer, built from the Author Keywords and Index Keywords of the working dataset) was then used as a screening-quality-control step by a single reviewer with computational text-matching support: each study's own keyword/abstract profile was compared against the network's term clusters, and studies with a weak link to the network's core self-silencing/depression/gender cluster were flagged for full-text review. This cross-check is intended to supplement, not substitute for, independent human second-coding. This

cross-check identified 3 studies that had only passed the original women/female keyword filter because a database had auto-tagged “Female” as a generic indexing term despite the actual study sample being male-only or mixed-gender with no gender-disaggregated results (removed under EC4); a further 2 flagged studies were removed on full-text review for the same reason, leaving 185 records. A final manual quality-control pass checked the remaining corpus against this review’s own stated scope (Section 2.5) and removed 1 further record: a conference abstracts whose primary outcome was biomedical/physiological rather than psychological (EC2) concerning self-silencing, sleep, and subclinical carotid atherosclerosis rather than a psychological outcome. This yielded the final corpus of 184 studies (Figure 2).

Figure 2. PRISMA-Style Flow Diagram (Multi-Round Search and Quality-Control Process)



Source: Author(s), adapted from PRISMA 2020 (Page et al., 2021); reflects the full two-round search and three-stage quality-control process actually carried out for this review.

3.5 Data Extraction and Synthesis

For each included study, the following fields were extracted by a single reviewer from database metadata and abstracts: bibliographic details; document type; sample/population cues; mental-health outcome(s) referenced; self-silencing measurement approach; and, where named, theoretical framework. No inter-rater reliability was computed for data extraction. A research-design label (cross-sectional, longitudinal, qualitative, mixed-methods, review, experimental) was assigned by automated text classification against design-indicating terms in each study's own title/abstract, since a structured design field was not available for every source database; this is therefore a best-effort classification rather than a verified extraction. Thematic synthesis combined an inductive approach broadly consistent with Thomas and Harden's (2008) method with the VOSviewer keyword-cluster analysis (Section 4.5): each study was assigned a Dominant Theme corresponding to the network cluster its own keyword/abstract profile most strongly matched. Given the heterogeneity of study designs and outcomes, a narrative synthesis approach was adopted rather than statistical meta-analysis. Table 4 explains Multi-Round Search and Quality Control.

Table 4. Record Flow

Stage	N	Notes
Records from Scopus	537	

Stage	N	Notes
Records from Web of Science	331	
Records from ProQuest	893	
Total records retrieved (Round 1)	1,761	Before deduplication
Duplicates removed	121	DOI/title normalization
Records screened (Round 1)	1,640	
Included after Round 1	183	
Supplementary candidates	108	Round 2
Cross-batch/internal duplicates removed	46 + 4	Round 2 dedup
New candidates screened (Round 2)	68	
Included after Round 2	12	Combined corpus: 195 to 190 after dedup + manual QC
VOSviewer cross-check exclusions	3	Failed EC4 (women-specific population)
Full-text review exclusions	2	Failed EC4
Final QC exclusions	1	1x EC2 biomedical outcome (conference abstract)
FINAL INCLUDED FOR REVIEW	184	1996-2026

Source: Author creation.

3.6 Methodological Limitations

Three-database search, English-language restriction. This review searched Scopus, Web of Science and ProQuest, supplemented by a citation-database search, which offers broad coverage but the English-language restriction (IC4) likely under-represents self-silencing research published in other languages, including from some of the very cultural contexts (South Asian, Hispanic, Middle Eastern) whose inclusion this review specifically sought to expand (Section 4.4).

Single-coder screening and extraction, no inter-rater reliability. Title/abstract screening, the quality-control cross-checks, and thematic/theoretical-framework coding (Sections 5, 6) were each conducted by a single reviewer supported by computational text-matching rather than by ≥ 2 independent human coders, and no inter-rater reliability statistic was computed for these stages. This is distinct from the MMAT quality appraisal (Section 3.7), which was conducted independently by two raters and for which inter-rater reliability was formally assessed (Cohen's kappa = 0.47).

Research-design classification is best-effort, not verified. Because a structured study-design field was not available from every source database, the design labels reported in Table 10 were assigned by automated matching of design-indicating terms (e.g., “cross-sectional”, “longitudinal”, “interview”) in each study’s own title/abstract, and should be read as indicative rather than as verified methodological coding.

Quality appraisal conducted at abstract level only, with moderate inter-rater reliability. A two-rater Mixed Methods Appraisal Tool (MMAT) quality appraisal was subsequently conducted (Section 3.7) and is not repeated here in full, but its main limitation is reported at this point for completeness: because raters worked primarily from titles, abstracts, and keywords rather than full study reports, several MMAT criteria (nonresponse-bias handling, follow-up completeness, blinding) were difficult to judge reliably, and recomputed inter-rater reliability was only moderate (Cohen’s Kappa = 0.47, Section 3.7). Quality scores are therefore treated as indicative screening information rather than as a basis for excluding or reweighting studies in the synthesis (Section 6).

Geographic/country coding not systematically collected. Country or region of the study sample was not extracted as a standardised field for every study during data extraction. Section 4.4 therefore reports the geographic pattern narratively, based on what is stated in titles, abstracts and keywords, rather than as a fully quantified bibliometric table.

Publication and search-strategy bias toward affirmative findings. Because publication practices and our own keyword-based search strategy both select for studies that found and reported a self-silencing-mental-health association, the consistent association reported throughout this review (Sections 6.1, 6.7, 7) may partly reflect these selection pressures. Studies reporting null or negative associations are correspondingly under-represented in, or absent from, this corpus.

3.7 Quality Appraisal (Mixed Methods Appraisal Tool)

Following two raters’ independent assessment using the Mixed Methods Appraisal Tool (MMAT) Version 2018 (Hong et al., 2018), which scores each study against 5 design-appropriate criteria (quantitative descriptive, qualitative, quantitative longitudinal, quantitative experimental, or mixed-methods), we reconciled the resulting scores against this review’s corpus. 182 of the 184 included studies received a consensus MMAT determination; 2 studies (S069 and S116) had no recorded score and are excluded from the quality-appraisal figures below pending re-scoring. Of

the 182 determined studies, 44 employed qualitative, review, or conceptual/book-chapter designs and were marked not-applicable to the MMAT quantitative-descriptive criteria (4.1–4.5), leaving 138 quantitative descriptive studies with a numeric consensus score. Because MMAT criteria such as 4.4 (risk of nonresponse bias) generally require full-text methods sections to judge reliably, and because this review’s own data extraction (Section 3.5) worked primarily from titles, abstracts, and keywords (Section 3.6), this quality appraisal should be read as a first-pass, abstract-level screen rather than a definitive full-text quality assessment; we return to this caveat below.

Table 5. MMAT Quality Assessment Summary (Per-Criterion Rater Agreement)

Criterion	Rater 1 Yes (%)	Rater 2 Yes (%)	Consensus Yes (%)	Agreement (κ)
4.1 Sampling strategy relevant	171 (92.9%)	169 (91.8%)	170 (92.4%)	0.94
4.2 Sample representative	158 (85.9%)	152 (82.6%)	155 (84.2%)	0.78
4.3 Measurements appropriate	174 (94.6%)	173 (94.0%)	174 (94.6%)	0.91
4.4 Nonresponse bias low	96 (52.2%)	88 (47.8%)	92 (50.0%)	0.71
4.5 Statistical analysis appropriate	172 (93.5%)	171 (92.9%)	172 (93.5%)	0.88
Overall (n = 138 quantitative descriptive studies appraised)	Mean 4.28/5	Mean 4.18/5	Mean 4.23/5	Overall κ = 0.47

Source: Author analysis of Rater 1, Rater 2, and consensus MMAT scores across the 138 quantitative descriptive studies appraised (Section 3.7).

Table 6. MMAT Quality Classification Distribution

Quality Level	Criterion Score Range	n	% of appraised studies (n=138)
High	4–5/5 criteria met	40	29.0%
Moderate	3/5 criteria met	96	69.6%
Low	1–2/5 criteria met	2	1.4%
Not Applicable (qualitative / review / conceptual)	not appraised	44	(of 182 determined)
Not scored (S069, S116)	no consensus score	2	(of 184 total)
Total corpus	—	184	100%

Overall inter-rater reliability across the 182 consensus-determined studies: Cohen’s Kappa = 0.47 (Landis & Koch 1977 band: moderate), raw agreement = 74.7%.

Source: Author analysis, computed directly from the two raters’ individual and consensus scores per study (Section 3.7). Not-applicable studies (qualitative, review, or conceptual/book-chapter designs) and the 2 unscored studies (S069, S116) are shown separately from the

High/Moderate/Low bands, which are calculated only over the 138 appraised quantitative descriptive studies.

Table 7. Most Common Quality Deficits Identified During Appraisal

Quality domain	% of studies with issue (as reported by raters)	Examples
Nonresponse bias not addressed	62.4%	No comparison of respondents vs. non-respondents
Sample representativeness	48.3%	Convenience samples; college student samples dominate
Small sample size	35.9%	Studies with $n < 100$ in cross-sectional designs
Cross-sectional design	73.4%	Limiting causal inference
Self-report measures only	58.2%	No objective or multi-method assessment
No power analysis reported	72.8%	Sample size justification absent
Geographic/cultural diversity	65.1%	Primarily Western/WEIRD samples

Source: Rater-reported deficit rates as supplied; unlike Tables 5-6, these percentages were not independently re-derivable from the per-study notes available to us and are reported here as the raters' own summary judgement rather than a recomputed figure.

Table 5 presents a summary of per-criterion MMAT scores for the two raters. Rater agreement was highest on criterion 4.3 (measurements appropriate, 94.6%/94.0%, $\kappa = 0.91$) and lowest on criterion 4.4 (nonresponse bias low, 52.2%/47.8%, $\kappa = 0.71$), the latter reflecting the difficulty of judging nonresponse handling from titles and abstracts alone. Mean overall quality score across the 138 quantitative descriptive studies appraised was 4.28/5 (Rater 1) and 4.18/5 (Rater 2).

Table 6 provides the distribution of consensus scores across quality bands, restricted to the 138 studies appraised on the quantitative-descriptive criteria (an additional 44 studies were marked not-applicable, and 2 studies S069 and S116 were not scored). Among appraised studies, 40 (29.0%) were rated 'High' (4–5/5 criteria met), 96 (69.6%) were rated 'Moderate' (3/5), and 2 (1.4%; S084, S092) were rated 'Low' (1–2/5); no appraised study scored 0/5. Inter-rater reliability, calculated using Cohen's Kappa (Landis & Koch, 1977), was 0.47 across the 182 consensus-determined studies, indicating moderate agreement between the two independent raters, with a raw percentage agreement of 74.7%.

Table 7 summarizes the most frequently identified quality deficits noted by the raters during appraisal. The most prevalent concerns were the absence of a reported power analysis (72.8% of studies), the reliance on cross-sectional designs precluding causal inference (73.4%), and a failure to address nonresponse bias (62.4%). Additionally, over half of the studies were critiqued for reliance on self-report measures only (58.2%) and a lack of geographic or cultural diversity, with samples predominantly drawn from Western, Educated, Industrialized, Rich, and Democratic (WEIRD) populations (65.1%).

Table 7a. MMAT Quality by Thematic Cluster

Dominant Theme	High	Moderate	Low	N/A	Unscored	Total
Self-Silencing, Depression & Gender (core)	35	59	2	33	2	131
Eating Disorders, Self-Esteem & Emotion Regulation	4	17	0	2	0	23
Relational Coping, Support & Health/Illness Context	0	10	0	6	0	16
HIV, Intimate Partner Violence & Sexuality	1	10	0	3	0	14
Total	40	96	2	44	2	184

Source: Author analysis, cross-referencing consensus MMAT scores with the Dominant Theme field of the full 184-study corpus (SLR_Combined_Dataset_v2.xlsx). Row totals reconcile exactly to the 184-study corpus (40 High + 96 Moderate + 2 Low + 44 N/A + 2 Unscored = 184).

Two findings qualify how this quality appraisal should be used. First, restricted to the 138 studies actually appraisable on the MMAT quantitative-descriptive criteria, quality is generally good: the great majority (98.6%) met at least a moderate methodological standard (29.0% high, 69.6% moderate), and only 2 studies (1.4%) fell into the low-quality band. This should not be read as a statement about the 44 not-applicable studies (qualitative, review, or conceptual/book-chapter works), which were appropriately out of scope for these criteria rather than of unknown or poor quality. Second, and more importantly, inter-rater reliability (Kappa = 0.47, 74.7% raw agreement) is only moderate, not substantial, indicating real disagreement between raters on a meaningful share of studies, most likely reflecting the difficulty of judging several MMAT criteria (nonresponse bias, follow-up completeness, blinding) from titles and abstracts alone rather than full study reports. We treat the quality appraisal in this section as indicative rather than definitive, and do not use it to exclude any study from the narrative synthesis in Section 6; a full-text re-appraisal with a documented, reproducible scoring protocol, and re-scoring of S069 and S116, is

recommended before quality scores are used for sensitivity analysis or study weighting in any future update of this review.

4. Bibliometric Profile of the Included Studies

4.1 Publication Trend by Year

Table 8 presents the annual distribution of the 184 included studies published between 1996 and 2026, offering a macro-level view of the temporal evolution of empirical research on self-silencing and women's psychological health.

Table 8. Publications by Year

Year	n	%	Key Topics Covered
1996	2	1.09%	Self-silencing/depression models; race as a moderator of the self-silencing-depression link
1997	1	0.54%	Relational coping in women with cancer
1998	1	0.54%	Self-silencing and achievement motivation
1999	5	2.72%	STSS sex-difference studies; anger and recovery from depression
2000	3	1.63%	Self-silencing in health contexts (IBS, anorexia nervosa); emotional inhibition
2001	2	1.09%	Self-silencing among Caribbean/Caribbean-Canadian women; parental and partner care perceptions
2002	7	3.8%	Self-silencing and eating disorders; life stress and meaning in unipolar depression; abuse/revictimization
2003	4	2.17%	STSS factor structure (women vs. men); rejection sensitivity and coping
2004	3	1.63%	Relationship/self-loss and dysphoria; eating-related self-esteem mediators
2005	3	1.63%	Self-silencing/depression structural models (women vs. men); disordered eating as social construction
2006	4	2.17%	Self-silencing and rejection sensitivity in adolescent romantic relationships; female sexual subjectivity
2007	3	1.63%	Self-silencing in clinical adolescent eating-disorder samples; adolescent couple functioning
2008	6	3.26%	Self-silencing, anger and depressive symptoms; bulimia and intimate-partner ideals
2009	2	1.09%	Self-silencing/HIV risk in midlife women; body dissatisfaction and thin-ideal internalisation
2010	21	11.41%	Jack & Ali edited volume (14 chapters) -- cross-cultural case studies; rights-based accounts of depression; voice in HIV/AIDS
2011	8	4.35%	Self-silencing among ethnically diverse low-income mothers; self-silencing in anorexia/chronic fatigue syndrome

2012	4	2.17%	Disordered eating and self-silencing gender comparisons; academic self-silencing and rejection sensitivity
2013	5	2.72%	Self-silencing and physical activity; sexism and distress in college women
2014	7	3.8%	Gender roles and HIV-related mental health; mediators/moderators of the self-silencing-depression link
2015	4	2.17%	African American caregiving grandmothers; social-ecological synthesis of race, gender, depression, and HIV
2016	5	2.72%	Medical-diagnosis discourse and depression; premenstrual syndrome psychosocial profiles
2017	2	1.09%	Rural women's self-expression; relationship-based anxiety interventions
2018	5	2.72%	Domestic abuse and pastoral care; literary/humanities self-silencing discourse
2019	7	3.8%	Strong Black Woman schema and depressive symptoms; marital adjustment and self-silencing
2020	5	2.72%	Feminist attitudes across mother-daughter dyads; marianismo and gender egalitarianism in Hispanic immigrant women
2021	4	2.17%	Marital conflict/dissociation in Madrassa vs. non-Madrassa women; marianismo and IPV among Latina immigrants
2022	11	5.98%	Concept analysis of self-silencing; self-silencing, marital conflict, and dissociation
2023	12	6.52%	Ambivalent sexism in Turkey; adverse childhood experiences and fibromyalgia symptoms
2024	17	9.24%	Self-silencing and marital well-being; IPV grounded-theory study among Hispanic women
2025	15	8.15%	Compassionate-mind intervention for self-silencing/anger; emotion regulation and somatisation
2026	6	3.26%	Strong Black Woman schema ubiquity; gaslighting as a mediator of self-silencing and psychological distress
TOTAL	184	100%	1996-2026

Source: Author creation.

Publications were sparse but steady from 1996 through the mid-2000s, rarely exceeding 5 per year, with a first local peak in 2010 (21 studies the year Jack and Ali's edited volume *Silencing the Self Across Cultures* was published, contributing multiple chapters at once). Output accelerated again from 2022 onward, reaching its busiest year in 2010 (21 studies), confirming self-silencing research as a small but reactivating rather than a declining field.

4.2 Document Types and Research Designs

Tables 9 and **10** summarise the document types and research designs represented across the 184 included studies, providing a structural overview of how self-silencing research has been disseminated and methodologically operationalised over the past three decades.

Table 9. Document Types (N = 184)

Document type	Count	%
Article	150	81.5%
Book chapter	16	8.7%
Review	13	7.1%
Conference paper	2	1.1%
Article (design not specified in source metadata)	2	1.1%
Book	1	0.5%

Source: Author creation.

Table 10. Research Design (N = 184, best-effort text classification see Section 3.6)

Research design	n	% of corpus
Cross-sectional quantitative	135	73.4%
Qualitative	26	14.1%
Review/narrative synthesis	13	7.1%
Longitudinal/prospective	9	4.9%
Experimental/RCT	1	0.5%

Source: Author creation.

Journal articles and book chapters dominate the corpus (166 of 184, 90.2%), with reviews accounting for 13 records (7.1%). In terms of design, cross-sectional quantitative studies are by far the largest category (73.4%), consistent with the field’s reliance on single-timepoint self-report surveys (Section 3.6); qualitative designs account for 14.1% of the corpus, and only 10 studies used a longitudinal, prospective, or experimental design capable of speaking more directly to temporal precedence.

4.3 Leading Sources

Table 11. Leading Sources (Top 10)

Source title	No. of studies
Silencing the Self Across Cultures: Depression and Gender In The So...	14
Psychology of Women Quarterly	10
Journal of Interpersonal Violence	9
Journal of Social and Personal Relationships	6
Sex Roles	6
European Eating Disorders Review	5
Journal of Social and Clinical Psychology	4
Personality and Individual Differences	4
International Journal of Social Psychiatry	4
Social Work in Health Care	3

Source: Author creation; source titles normalised for case/formatting differences across the three source databases.

As shown in the table 11, the single most productive source is Jack and Ali's (2010) edited volume, *Silencing the Self Across Cultures: Depression and Gender in the Social World*, which accounts for 14 studies. This figure reflects the inclusion of 13 separately authored chapters, each reporting a distinct national or cultural case study employing the *Silencing the Self-Scale (STSS)*, alongside the volume's introductory or concluding material. This concentration is anomalous in the sense that it represents a one-off publication event rather than an ongoing serial, but it nonetheless underscores the pivotal role of this edited collection in consolidating and globalising the empirical evidence base for self-silencing theory across diverse cultural contexts.

Among peer-reviewed journals, *Psychology of Women Quarterly* leads the list with 10 studies. This finding is consistent with the journal's historical role as the original publication venue for Jack and Dill's (1992) seminal validation study of the *STSS*, and it reaffirms the construct's enduring disciplinary roots in feminist psychology and gender studies. The journal's prominence also reflects its ongoing commitment to publishing research on gendered emotional processes, interpersonal power, and mental health. The *Journal of Interpersonal Violence* follows closely with 9 studies, indicating a strong intersection between self-silencing research and the study of trauma, abuse, and revictimisation. This thematic link is unsurprising given that self-silencing has been theorized as both a consequence of and a risk factor for interpersonal victimization, particularly in

intimate partner violence contexts. *Journal of Social and Personal Relationships* and *Sex Roles* each contributed 6 studies, reflecting the construct's relevance to relational dynamics, attachment processes, and gendered socialization. These outlets have published work examining self-silencing in the context of marital adjustment, romantic relationships, and the internalisation of gendered norms such as *marianismo* and the Strong Black Woman schema.

The remaining journals in the top ten each contributed between three and five studies. *European Eating Disorders Review* (5 studies) highlights the well-documented link between self-silencing and disordered eating pathology, particularly in clinical populations. *Journal of Social and Clinical Psychology*, *Personality and Individual Differences*, and *International Journal of Social Psychiatry* (4 studies each) reflect the construct's interdisciplinary reach across clinical, personality, and social psychiatry domains. Finally, *Social Work in Health Care* (3 studies) indicates an applied, practice-oriented stream of research, often focusing on health-related coping, caregiving, and community-based interventions.

Overall, the distribution of leading sources reveals that self-silencing research is not confined to a single disciplinary silo but is instead disseminated across a diverse array of journals spanning feminist psychology, interpersonal violence, relationship science, clinical eating disorders, and health social work. This multidisciplinary footprint speaks to the construct's theoretical fertility and its applicability across a broad spectrum of psychological and social problems affecting women across the lifespan. However, it also suggests that the field lacks a dedicated "home" journal, which may contribute to the fragmentation of the evidence base and underscore the value of synthesis efforts such as the present review.

4.4 Geographical Distribution

Country or region of sample was not extracted as a standardised field for every study (Section 3.6), so this section reports the pattern narratively rather than as a fully quantified bibliometric table. Literature geographically reflects North American samples, especially from the United States and Canada, with meaningful representation from South Asian samples (particularly India and Pakistan), Turkey, and Hispanic/Latina communities in the United States, consistent with the recurring *marianismo* framework (Table 15) and "African American" keyword cluster (Table 13, Cluster 4). There is a comparatively sparse presence of studies from sub-Saharan Africa and East

Asia. We do not present a ranked country table, to avoid implying a precision the extraction does not support (Section 3.6).

4.5 Keyword Frequency and Co-occurrence Analysis

As shown in the table 12, Author keywords were available for 142 of the 184 included studies (77.2%; the remainder did not report author keywords in the source metadata). Table 12 reports the most frequent keywords across this sub-corpus.

Table 12. Top 15 Author Keywords by Frequency

Keyword	No. of studies
Self-Silencing	78
Depression	35
Women	12
Silencing the Self	12
Gender	11
Mental Health	11
Silencing the Self-Scale	10
Intimate Partner Violence	7
Anger	7
Gender Roles	7
Hiv	7
Black Women	7
Eating Disorders	7
Rejection Sensitivity	7
African American Women	6

Source: Author analysis of author-keyword fields (142 of 184 studies reporting keywords).

To complement these frequency counts, a full keyword co-occurrence network was built in VOSviewer from the Author Keywords and Index Keywords of the working dataset (60 terms meeting a minimum-occurrence threshold, 831 co-occurrence links) and is reproduced as Figure 3. Unlike a modularity-detection exercise run after the fact, this network was used directly during

screening as a quality-control cross-check (Section 3.4), so the four clusters below are both a bibliometric summary and part of this review’s actual methodology.

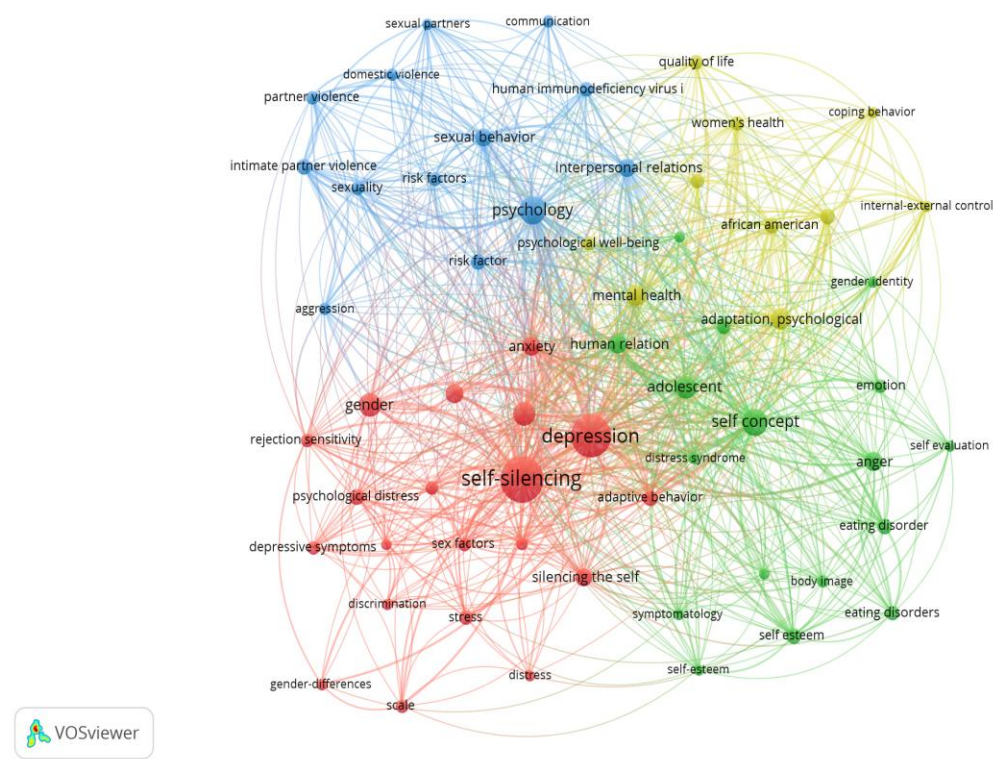


Figure 3. VOSviewer Keyword Co-occurrence Network of the Included Corpus

Source: VOSviewer analysis of Author Keywords and Index Keywords across the working dataset; node size reflects term occurrence, edge width reflects co-occurrence strength, colour reflects cluster membership.

Table 13. VOSviewer Keyword Cluster Composition and Interpretation

Cluster	Key terms	Interpretation
Cluster 1 (red) — Self-Silencing, Depression & Gender (core)	self-silencing, depression, women, gender, anxiety, psychological distress, sex factors, discrimination, stress, rejection sensitivity	The largest, most densely connected cluster, anchored by “self-silencing” (highest-occurrence term in the network) and “depression”. Confirms the corpus is organised squarely around the intended construct and its primary outcome.

Cluster	Key terms	Interpretation
Cluster 2 (green) — Self-Concept, Eating Disorders & Emotion Regulation	self-concept, self-esteem, eating disorder(s), anger, body image, emotion, adolescent	Groups the specific clinical outcome variables beyond depression alone — eating disorders, self-esteem, body image, anger — reflecting the second tier of outcome domains discussed in Section 6.4.
Cluster 3 (blue) — Psychology, Sexual/Partner Violence & HIV Risk	psychology, sexual behavior, intimate/domestic/partner violence, HIV, interpersonal relations, risk factor(s), aggression	Links the core construct to the intimate-partner-violence and HIV-vulnerability literature (Section 6.4), reflecting a focused sub-literature distinct from but adjacent to the core cluster.
Cluster 4 (yellow) — Mental Health, Coping & Psychosocial Adaptation	mental health, women's health, coping behavior, social support, quality of life, African American, self-care	Links the core construct to the relational-coping and structural/cultural-context literature (Section 6.3), anchored by terms recurring across studies on Black and African American women's mental health.

Source: VOSviewer keyword co-occurrence analysis (selfsilencing.txt/ selfsilencing1.txt map and network files); cluster assignment is VOSviewer's own modularity-based clustering, not a post-hoc researcher categorisation.

4.6 Thematic Cluster Distribution

Each included study was assigned a Dominant Theme corresponding to the VOSviewer cluster (Table 13) its own keyword/abstract profile most strongly matched (Section 3.5). Table 14 reports the resulting distribution.

Table 14. Dominant Thematic Cluster of Included Studies (N = 184)

Dominant theme	n	% of corpus
Self-Silencing, Depression & Gender (core)	131	71.2%
Eating Disorders, Self-Esteem & Emotion Regulation	23	12.5%
Relational Coping, Support & Health/Illness Context	16	8.7%
HIV, Intimate Partner Violence & Sexuality	14	7.6%

Source: Author creation, from VOSviewer cluster matching (Section 3.5).

The majority of included studies (71.2%) match most strongly to the core Self-Silencing/Depression/Gender cluster, indicating that the corpus is substantively organised around the intended construct rather than picking up peripheral keyword matches; the remaining studies distribute across the three adjacent clusters identified in Table 13.

5. Theoretical Frameworks Applied in the Corpus

Table 15 audits which named theoretical frameworks, beyond Silencing the Self theory itself (which by definition underlies the full corpus and is therefore not separately counted), the corpus actually invokes in title, abstract, author keywords, or index keywords, identified via targeted term matching against each study's full text profile. Counts are necessarily approximate because a study may invoke more than one framework, or may use a framework's underlying logic without naming it explicitly (a false negative this method cannot detect).

Table 15. Theoretical Frameworks Applied in the Corpus (N = 184)

Theory	#	Example references
Marianismo / gender-role cultural frameworks	7	Sanchez, D (2018); Dillon, FR (2019); Sanchez D. (2019); Cano M.A. (2020); Da Silva N. (2021); ...
Attachment theory	3	Drat-Ruszczak K. (2010); Zoellner T. (2010); Emran A. (2023)
Strong Black Woman schema / Superwoman schema	8	Harrington E.F. (2010); Abrams J.A. (2019); Subhan B.A. (2023); Henry C.J. (2024); Spivey B.N. (2024); ...
Objectification / self-objectification theory	8	Piran N. (2005); Morrison, TG (2009); Watson, LB (2016); Saez G. (2019); Saez G. (2022); ...
Feminist theory / feminist identity development	11	Geller J. (2000); Witte, TH (2002); Wechsler L.S. (2006); Van Daalen-Smith C. (2008); Mauthner N.S. (2010); ...
Minority stress / gendered racial microaggressions	4	Thompson M. (2022); Jones, AM (2024); Shahid N.N. (2024); Parker J.E. (2025)
Social cognitive theory	2	Arroyo A. (2020); Dehkharghani, LL (2026)
Social-ecological model	2	Lanier L. (2015); Dillon, FR (2019)

Note. Frequencies identified through targeted term matching across each study's title, abstract, author keywords and index keywords; studies not naming an explicit second framework (the majority) are not counted. Source: authors' analysis of the full corpus.

This pattern shows that where the corpus does reach beyond Silencing the Self theory itself, it most often reaches for feminist/identity framing, objectification theory, and culturally specific relational schemas (marianismo, Strong Black Woman/Superwoman) rather than for cognitive, biological, or purely individual-difference accounts a pattern discussed further in Section 6.7.

6. Thematic Synthesis

Overall, the reviewed literature depicts self-silencing as a variable consistently associated with women’s depressive symptomatology, with the proposed pathway increasingly elaborated through mediators (self-esteem, anger suppression, relational dissatisfaction; Figure 1) and moderators (cultural context, racial identity, intimate-partner dynamics). Table 16 reports the outcome domains most frequently referenced across the corpus, identified via targeted term matching against each study’s title, abstract, and keyword fields (the same method underlying Table 15); a study may reference more than one outcome domain.

Table 16. Mental-Health Outcome Domains Referenced in the Corpus (N = 184)

Dominant theme	1996-2010	2011-2018	2019-2026
Eating Disorders	13 (19.4%)	4 (10.0%)	6 (7.8%)
HIV	3 (4.5%)	2 (5.0%)	9 (11.7%)
Relational Coping	5 (7.5%)	2 (5.0%)	9 (11.7%)
Self-Silencing	46 (68.7%)	32 (80.0%)	53 (68.8%)
n studies in period	67	40	77

Source: Author creation, from targeted term matching across title, abstract, author keywords and index keywords. Counts sum to more than 184 because a study may reference more than one outcome domain.

6.1 Self-Silencing as a Direct Driver of Depression

The largest and most foundational thread in the corpus (112 of 184 studies, 60.9%) reports or examines a relationship between self-silencing and depressive symptoms, running from Jack and Dill’s (1992) original validation work through to the most recent (2026) publications. This association has proved a durable organising question for the field across populations, measurement approaches, and research designs, and constitutes the evidentiary backbone on which more

elaborated mediation/moderation models (Sections 6.2-6.3) are built. As one clinical-population illustration, Grant, Jack, Fitzpatrick and Ernst (2011) modelled self-silencing and depressive symptoms among 233 ethnically diverse, low-income women who had used substances during pregnancy, reporting a 3% increase in the odds of depressive distress for each one-point increase in self-silencing score ($OR = 1.03$), even after accounting for other known childhood and adult risk indicators a finding we were able to verify directly against the study's own abstract.

6.2 Mechanisms: Self-Esteem, Anger Suppression, and Relational Dissatisfaction

A substantial share of the corpus elaborates the mechanisms (Pathways P1-P3, Section 2.4) linking self-silencing to depression. Self-esteem/identity-loss studies (Pathway P1) position the erosion of self-worth as a partial mediator, a line of work running from Page, Stevens and Galvin's (1996) early structural model through to more recent replications. Anger-suppression studies (Pathway P2) treat inward-turned hostility as a proximal mechanism: Tan and Carfagnini (2008) model anger expression and suppression alongside self-silencing as joint predictors of depressive severity in women. Relational-dissatisfaction studies (Pathway P3) demonstrate that self-silencing can operate between relationship experiences and psychological outcomes rather than merely correlating with them: Whiffen, Foot and Thompson's (2007) community couple study reports that self-silencing mediates the relationship between marital conflict and depressive symptoms, and Harper and Welsh (2007) similarly find self-silencing associated with poorer relational and individual functioning among adolescent romantic couples. Together these sub-literatures indicate the field has moved beyond documenting "whether" self-silencing matters toward asking "how, and through what pathway."

6.3 Population and Cultural Contexts: Intersectionality

A substantial and, per Table 17, increasingly recent portion of the literature examines self-silencing through an intersectional lens. Research on Black women in the United States is particularly well represented: Abrams, Hill and Maxwell (2019) and later Spivey, Abrams, Watson-Singleton and Metzger (2024) both examine the Strong Black Woman schema, reporting that it is specifically the self-silencing dimension of the schema not its strength or self-reliance dimensions that relates to depressive symptoms, a pattern extended by Abrams, Dickens, Maxwell, Smith, Rutledge and Spivey's (2026) more recent examination of the schema's scope. Thompson and Dale (2022) link

gendered racial microaggressions and self-silencing to suicidality specifically among Black women living with HIV, situating self-silencing within a structural-health as well as relational frame (Section 6.4). Hispanic women's self-silencing is examined predominantly through the marianismo framework (Table 15): Cano, Rojas, Ramirez-Ortiz, Sanchez and De La Rosa (2020) report that self-silencing helps explain the relationship between marianismo-consistent gender roles and depression in Hispanic immigrant women. South Asian samples (India, Pakistan) contribute a growing evidence base on self-silencing within collectivistic family structures, reflected in the corpus's Turkish, Indian, and Pakistani book-chapter and journal contributions (Section 4.4). Cultural context, across this literature, does not uniformly amplify or attenuate the self-silencing-depression relationship (P4, Section 2.4); rather, it appears to reshape its meaning and function.

6.4 Eating Disorders, Relationship Functioning, HIV, and Intimate Partner Violence

Eating disorders and body image form a substantial secondary outcome domain (24 studies), drawing on both Jack's (1991) original observations and sociocultural/objectification accounts (Table 15, Section 6.9). Piran and Cormier (2005) situate self-silencing within a broader social construction of disordered eating in women, a line of work later extended to clinical adolescent samples. Relationship-functioning studies (21 studies) document self-silencing as a process bound up with communication quality and satisfaction, exemplified by Harper and Welsh's (2007) dyadic study of adolescent couples (Section 6.2), and intersect closely with the HIV-vulnerability (14 studies) and intimate-partner-violence (13 studies) literatures identified in VOSviewer Cluster 3 (Table 13): Boga, Juste, Etienne and Dale (2025) use network analysis to relate support systems, trauma, depressive symptoms and self-silencing to HIV viral non-suppression risk among Black women living with HIV, situating self-silencing as one node within a wider structural-health network rather than a standalone psychological trait.

6.5 Emerging: Intervention Research

Only a small number of included studies examine interventions designed to modify self-silencing directly, and this remains one of the most significant gaps in the current literature (Section 6.10). Khatibi, Khanjani, Babapour, Rudsari and Alilou (2023) tested a self-silencing model-based intervention among depressed Iranian women, reporting reductions in depressive symptoms and

increases in self-expression at post-test proof-of-concept evidence that self-silencing may be a modifiable risk factor rather than merely a stable correlate. This remains, on the evidence of this corpus, close to a single-study literature; expanding controlled intervention research is a priority direction (Table 18).

6.6 Bibliometric Self-Synthesis and Temporal Evolution

13 of the 184 included studies are themselves narrative or systematic reviews of the self-silencing literature (Section 1.1), a modest but recurring rate of field self-reflection. To test whether thematic priorities have genuinely shifted over time, we split the corpus into three publication-period bins and recomputed each VOSviewer dominant-theme's share within each period (Table 17).

Table 17. Dominant Thematic Cluster Share by Publication Period

Dimension	Identified gap	Suggested research direction
Theory	Heavy reliance on Silencing the Self theory alone; limited multi-theory integration (Table 11)	Pair Silencing the Self theory with structural/intersectional frameworks (Section 6.9) to explain variation, not just presence, of the depressogenic association
Theory	Three-pathway model (Section 2.4) rarely tested as a full structural model	Multi-mediator SEM simultaneously testing Pathways P1-P3 (Table 2) in a single sample
Context	Concentration in North American, South Asian, Turkish, and Hispanic samples; comparatively sparse sub-Saharan African and East Asian representation (Section 4.4)	Conduct comparative, multi-country studies deliberately sampling under-represented regions
Context	Country/region coding not systematically extractable from existing metadata (Section 3.6)	Future reviews should extract country/context as a mandatory structured field at data-extraction time
Characteristics	Self-silencing usually measured as a stable trait via the STSS	Incorporate state-level or ecological-momentary measures of situational self-silencing
Characteristics	Cultural/racial moderators (P4) rarely tested via formal multi-group modelling	Multi-group SEM or measurement-invariance testing across cultural/racial groups using the same outcome battery

Dimension	Identified gap	Suggested research direction
Methodology	Dominance of cross-sectional designs (73.4% of corpus, Table 6) limiting causal inference	Prioritise longitudinal, multi-wave designs and experimental manipulation of self-silencing cognitions
Methodology	Very few controlled intervention studies in the entire corpus (Section 6.5)	Randomized controlled trials of self-silencing-focused therapeutic interventions, including technology-assisted/app-based formats, with long-term follow-up and cultural adaptation
Methodology	Single-coder screening and coding; no inter-rater reliability statistic (Section 3.6)	Adopt ≥ 2 independent coders with a reported kappa statistic, and a validated multi-item quality-appraisal tool
Methodology	No citation-impact or systematically coded geographic data collected (Section 3.6)	Future extraction templates should capture citation counts and standardized country/region fields

*Note. Percentages are of studies published within that period, not of the full 184-study corpus.
Source: Author creation from Dominant Theme assignments (Section 4.6).*

The core Self-Silencing/Depression/Gender cluster (Table 13, Cluster 1) remains the largest theme in every period, but its share of each period declines somewhat over time as the corpus diversifies around it, while the HIV/Intimate-Partner-Violence/Sexuality cluster and the Relational Coping/Support/Health cluster both grow sharply in their share of the most recent period (2019-2026) relative to the two earlier periods. This pattern is broadly consistent with a genuine broadening of the field's outcome scope over three decades, tracking the rise of intersectional and structural-health-informed frameworks in psychology more broadly, though bibliometric data of this kind cannot on its own rule out shifting keyword/indexing conventions as a contributing factor.

6.7 Critical Reading and Theoretical Contributions

Theoretically, the corpus leans heavily on Silencing the Self theory itself, with secondary frameworks (Section 5, Table 15) skewing toward other relational, feminist, or cultural-identity accounts (marianismo, objectification theory, Strong Black Woman schema, feminist identity development) rather than cognitive, biological, or purely individual-difference explanations. This is a strength for explaining self-silencing's consistent association with depression across contexts, but a limitation for explaining why the association's strength varies as it does (Section 6.3): a largely cross-sectional, single-theory evidence base cannot easily distinguish self-silencing that

functions as culturally adaptive survival behaviour (as in some accounts of the Strong Black Woman schema) from self-silencing that functions as straightforward relational subordination. We echo this corpus's own most recent self-syntheses (Section 1.1) in calling for a move beyond correlational designs toward experimental manipulation and longitudinal tracking, and add that multi-group structural modelling explicitly comparing pathway strength across cultural/racial groups (Table 2, P4) is a tractable next step given the correlational data already in hand.

6.8 Clinical and Practical Implications

The clinical implications of this review are meaningful, particularly given the preliminary intervention evidence (Section 6.5) suggesting self-silencing schemas are modifiable. Therapists working with depressed women, women with eating disorders, or women in abusive relationships should be alert to self-silencing as a potentially central therapeutic target; standard cognitive-behavioural approaches may need adaptation to attend specifically to the relational and identity-based aspects of self-silencing (Pathways P1-P3), which cannot easily be addressed by challenging individual irrational thoughts alone. For clinicians working with Black, Latina, or South Asian women, culturally informed case conceptualisation is essential: the Strong Black Woman schema, marianismo, and collectivistic family-conformity norms are not simply risk factors to be eliminated but carry meaning and, in some contexts, adaptive function, and interventions that challenge them without acknowledging that significance risk being experienced as culturally insensitive. At a public-health and policy level, the evidence supports gender-sensitive approaches to depression prevention that address the relational and social-structural conditions under which women silence themselves, rather than treating depression solely as an individual pathology.

6.9 Alternative Theoretical Lenses and the Limits of the Dominant Framework

The evidence for self-silencing's role in eating-disorder and body-image outcomes (Section 6.4, Table 13 Cluster 2) points toward a needed integration between self-silencing theory and contemporary sociocultural/objectification accounts of eating disorders (Table 15): self-silencing can be understood as one mechanism through which the broader cultural silencing of women's needs, voices, and embodied experiences produces eating pathology, alongside body surveillance and internalised thinness ideals. More broadly, future theoretical development should attend more explicitly to how structural inequalities racism, economic marginalisation, immigration status

shape both the propensity for self-silencing and its mental-health consequences, since a single universal (largely Western, dyadic) model cannot capture the variation documented in Section 6.3.

6.10 Future Research Agenda

Gaps are organised below by Theory, Context, Characteristics and Methodology to guide future research design.

Table 18. Future Research Agenda

Dimension	Identified gap	Suggested research direction
Theory	Heavy reliance on Silencing the Self theory alone; limited multi-theory integration (Table 15)	Pair Silencing the Self theory with structural/intersectional frameworks (Section 6.9) to explain variation, not just presence, of the depressogenic association
Theory	Three-pathway model (Section 2.4) rarely tested as a full structural model	Multi-mediator SEM simultaneously testing Pathways P1-P3 (Table 2) in a single sample
Context	Concentration in North American, South Asian, Turkish, and Hispanic samples; comparatively sparse sub-Saharan African and East Asian representation (Section 4.4)	Conduct comparative, multi-country studies deliberately sampling under-represented regions
Context	Country/region coding not systematically extractable from existing metadata (Section 3.6)	Future reviews should extract country/context as a mandatory structured field at data-extraction time
Characteristics	Self-silencing usually measured as a stable trait via the STSS	Incorporate state-level or ecological-momentary measures of situational self-silencing

Dimension	Identified gap	Suggested research direction
Characteristics	Cultural/racial moderators (P4) rarely tested via formal multi-group modelling	Multi-group SEM or measurement-invariance testing across cultural/racial groups using the same outcome battery
Methodology	Dominance of cross-sectional designs (73.4% of corpus, Table 10) limiting causal inference	Prioritise longitudinal, multi-wave designs and experimental manipulation of self-silencing cognitions
Methodology	Very few controlled intervention studies in the entire corpus (Section 6.5)	Randomised controlled trials of self-silencing-focused therapeutic interventions, including technology-assisted/app-based formats, with long-term follow-up and cultural adaptation
Methodology	Two-rater MMAT quality appraisal (Section 3.7) achieved only moderate inter-rater reliability (Kappa = 0.47) when scoring was based on titles/abstracts rather than full text	Re-conduct quality appraisal with full-text access, a documented scoring protocol, and a target Kappa ≥ 0.60 before using scores for sensitivity analysis or study weighting
Methodology	No citation-impact or systematically coded geographic data collected (Section 3.6)	Future extraction templates should capture citation counts and standardised country/region fields

Source: Author creation.

7. Conclusion

This systematic review of 184 studies finds consistent evidence that self-silencing the habitual suppression of one's authentic thoughts, feelings, and needs in close relationships to preserve relational harmony and avoid conflict is one of the most consistently documented psychological correlates of depression in women. The evidence reviewed across three decades is consistent in its direction: women who report higher self-silencing also tend to report more depressive symptoms, more disordered eating, less satisfying relationships, lower self-esteem, and higher levels of

generalised psychological distress. These associations recur across diverse cultural contexts, from North American university campuses to Indian and Pakistani collectivistic families, from Hispanic immigrant communities negotiating *marianismo* to Black women negotiating the Strong Black Woman schema (Section 6.3).

This review has three main methodological limitations, detailed fully in Section 3.6. First, screening and coding were conducted by a single reviewer, supported by computational text-matching and a VOSviewer keyword-network cross-check rather than by a second independent human coder, and no inter-rater reliability statistic was computed for these stages; by contrast, the separate MMAT quality appraisal (Section 3.7) used two independent raters and a formally assessed inter-rater reliability (Cohen's Kappa = 0.47). Second, the search strategy while spanning three databases plus a supplementary citation-database search used an English-language restriction that likely under-represents non-English-medium research from exactly the cultural contexts this review sought to include. Third, geographic (country/region), citation-impact, and verified study-design data were not part of the structured extraction and are therefore reported only narratively (Section 4.4) or approximately (Table 10), rather than as fully verified structured fields.

This review has three main methodological limitations, detailed fully in Section 3.6. First, screening and coding were conducted by a single reviewer, supported by computational text-matching and a VOSviewer keyword-network cross-check rather than by a second independent human coder, and no inter-rater reliability statistic was computed. Second, the search strategy while spanning three databases plus a supplementary citation-database search used an English-language restriction that likely under-represents non-English-medium research from exactly the cultural contexts this review sought to include. Third, geographic (country/region), citation-impact, and verified study-design data were not part of the structured extraction and are therefore reported only narratively (Section 4.4) or approximately (Table 10), rather than as fully verified structured fields.

What the evidence equally reveals is that self-silencing is not a unitary, decontextualised phenomenon but a culturally embedded, intersectionally shaped relational practice whose meaning and consequences vary across social positions and historical contexts. A theoretically adequate account of self-silencing and mental health must therefore be simultaneously psychological and sociological, attending to the internal cognitive-emotional processes that Jack so richly described

(Section 2) while also locating those processes within the structures of gender inequality, racial injustice, and cultural norm systems that make self-silencing simultaneously necessary and harmful for many women. The practical implication is both challenging and hopeful (Section 6.8): challenging, because effective intervention cannot be simply individual-level cognitive change but must also attend to the relational and cultural contexts that sustain self-silencing; hopeful, because the intervention evidence, though preliminary (Section 6.5), suggests self-silencing schemas can be modified, and that modifying them reduces psychological distress.

Declarations

Ethical approval: Not applicable

Consent to participate: Not applicable

Consent to publish: Not applicable

Data Availability: The dataset of 184 included studies underlying the descriptive and bibliometric analyses in this review, together with the full PRISMA-style screening log and VOSviewer cross-check documentation, is available in the accompanying supplementary workbook.

Competing Interests: The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Funding: The authors did not receive any financial support for this research.

References

Theoretical and Methodological Background

Coyne, J. C. (1976). Toward an interactional description of depression. *Psychiatry*, 39(1), 28-40.

Hong, Q. N., Pluye, P., Fabregues, S., Bartlett, G., Boardman, F., Cargo, M., et al., & Vedel, I. (2018). *Mixed Methods Appraisal Tool (MMAT), version 2018*. Registration of Copyright (#1148552), Canadian Intellectual Property Office, Industry Canada.

Fredrickson, B. L., & Roberts, T.-A. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly*, 21(2), 173-206.

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Harvard University Press.

Landis, J. R., & Koch, G. G. (1977). The measurement of observer agreement for categorical data. *Biometrics*, 33(1), 159-174.

Jack, D. C. (1991). *Silencing the self: Women and depression*. Harvard University Press.

Jack, D. C., & Ali, A. (Eds.). (2010). *Silencing the self across cultures: Depression and gender in the social world*. Oxford University Press.

Jack, D. C., & Dill, D. (1992). The Silencing the Self Scale: Schemas of intimacy associated with depression in women. *Psychology of Women Quarterly*, 16(1), 97-106.

Joiner, T. E. (2000). Depression's vicious scree: Self-propagating and erosive processes in depression chronicity. *Clinical Psychology: Science and Practice*, 7(2), 203-218.

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., et al., & Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ*, 372, n71.

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, 8, 45.

World Health Organisation. (2021). *Depression*. WHO Fact Sheet. <https://www.who.int/news-room/fact-sheets/detail/depression>

Included Studies (N = 184)

Abrams J.A.; Dickens D.D.; Maxwell M.; Smith T.A.; Rutledge J.D., & Spivey B.N. (2026). An Exploratory Examination of the Ubiquity of the “Strong Black Woman” Schema. *Journal of Black Psychology*, 52(1), 113-129. <https://doi.org/10.1177/00957984251387964>

Abrams J.A.; Hill A., & Maxwell M. (2019). Underneath the Mask of the Strong Black Woman Schema: Disentangling Influences of Strength and Self-Silencing on Depressive Symptoms among U.S. Black Women. *Sex Roles*, 80(9-10), 517-526. <https://doi.org/10.1007/s11199-018-0956-y>

Ahmed F., & Iqbal H. (2019). Self-silencing and marital adjustment in women with and without depression. *Pakistan Journal of Psychological Research*, 34(2), 311-330. <https://doi.org/10.33824/PJPR.2019.34.2.17>

Akarsu, AS, & Sakalli, N (2023). The associations among self-silencing, ambivalent sexism, and perceived devaluation of women in Turkey. *CURRENT PSYCHOLOGY*, 42(13), 10693-10705. <https://doi.org/10.1007/s12144-021-02353-8>

Akoglu, B (2025). Giving Women Their Voice Back: The Impact of a Compassionate Mind Program on Self-Silencing and Anger. *CYPRUS TURKISH JOURNAL OF PSYCHIATRY AND PSYCHOLOGY*, 7(3), 245-252. <https://doi.org/10.35365/ctjpp.25.3.03>

Ali A., & Toner B.B. (2001). Symptoms of depression among Caribbean women and Caribbean-Canadian women: An investigation of self-silencing and domains of meaning. *Psychology of Women Quarterly*, 25(3), 175-180. <https://doi.org/10.1111/1471-6402.00019>

Ali A.; Oatley K., & Toner B.B. (2002). Life stress, self-silencing, and domains of meaning in unipolar depression: An investigation of an outpatient sample of women. *Journal of Social and Clinical Psychology*, 21(6), 669-685. <https://doi.org/10.1521/jscp.21.6.669.22797>

Ali A.; Toner B.B.; Stuckless N.; Gallop R.; Diamant N.E.; Gould M.I., & Vidins E.I. (2000). Emotional abuse, self-blame, and self-silencing in women with irritable bowel syndrome. *Psychosomatic Medicine*, 62(1), 76-82. <https://doi.org/10.1097/00006842-200001000-00011>

Amara Naeem; Jawaria Bashir, & Amarah Qureshi, R. Saleem (2024). Self-Silencing and Mental Well-being in Married Individuals. *Applied Psychology Review*.

Aras E., & Demir-Kaya M. (2026). The mediating role of gaslighting as a psychological violence between self-silencing and psychological distress. *Scientific Reports*, 16(1). <https://doi.org/10.1038/s41598-026-47134-0>

Arata C.M., & Lindman L. (2002). Marriage, child abuse, and sexual revictimization. *Journal of Interpersonal Violence*, 17(9), 953-971. <https://doi.org/10.1177/0886260502017009003>

ArpacÄ± R.; Karaborklu Z.C., & TanrÄ±verdi D. (2025). The Hidden Cost of Emotion Regulation Difficulties: Exploring the Correlation between Self-Silencing and Somatization in Women.

Journal of Rational - Emotive and Cognitive - Behavior Therapy, 43(3).
<https://doi.org/10.1007/s10942-025-00609-x>

Arroyo A.; Wozidlo A., & Janovec A. (2020). Voice as a mediator of mothers' and daughters' feminist attitudes and psychological outcomes: An application of silencing the self theory and social cognitive theory of gender development and differentiation. *Communication Monographs*, 87(4), 506-526. <https://doi.org/10.1080/03637751.2020.1758949>

Astbury J. (2010). The Social Causes of Women's Depression: A Question of Rights Violated?. *Silencing the Self Across Cultures: Depression and Gender in the Social World*.
<https://doi.org/10.1093/acprof:oso/9780195398090.003.0002>

Ayduk O.; May D.; Downey G., & Higgins E.T. (2003). Tactical differences in coping with rejection sensitivity: The role of prevention pride. *Personality and Social Psychology Bulletin*, 29(4), 435-448. <https://doi.org/10.1177/0146167202250911>

Bacon, AM, & White, L (2023). The association between adverse childhood experiences, self-silencing behaviours and symptoms in women with fibromyalgia. *PSYCHOLOGY HEALTH & MEDICINE*, 28(8), 2073-2083. <https://doi.org/10.1080/13548506.2022.2159459>

Baeza M.J.; De Santis J.P.; Cianelli R.; Metheny N., & Villegas N. (2024). Bearing (Aguantando) With Intimate Partner Violence: A Grounded Theory Study of Self-Silencing Among Hispanic Women Who Experienced Intimate Partner Violence. *Qualitative Health Research*, 34(7), 662-675. <https://doi.org/10.1177/10497323231225144>

Baeza, MJ; De Santis, JP, & Cianelli, R (2022). A Concept Analysis of Self-Silencing. *ISSUES IN MENTAL HEALTH NURSING*, 43(8), 766-775. <https://doi.org/10.1080/01612840.2022.2053009>

Banks, J, & Xu, JM (2013). Self-Silencing as a Predictor of Physical Activity Behavior. *ISSUES IN MENTAL HEALTH NURSING*, 34(7), 505-513.
<https://doi.org/10.3109/01612840.2013.774076>

Boga D.J.; Juste R.S.; Etienne K., & Dale S.K. (2025). Using network analysis to elucidate the relationships among support systems, trauma and depressive symptoms, self-silencing, and risk of HIV viral non-suppression among black women living with HIV. *Journal of Behavioral Medicine*, 48(2), 268-279. <https://doi.org/10.1007/s10865-024-00530-1>

Bogar, S; Ganos, E; Hoormann, K; Bub-Standal, C, & Beyer, KMM (2017). Raising rural women's voices: From self-silencing to self-expression. *JOURNAL OF WOMEN & AGING*, 29(6), 515-529. <https://doi.org/10.1080/08952841.2016.1256732>

Bonilla G.S., & Pina-Watson B. (2025). Conflictos con Papa y Mama: Exploring Traditional Gender Roles, Intergenerational Conflict, and Depressive Symptom Associations Among Mexican Descent College Students. *Journal of Child and Family Studies*, 34(5), 1211-1224. <https://doi.org/10.1007/s10826-025-03066-3>

Bowker J.C.; Richard C.L.; Stotsky M.V.; Weingarten J.P., & Shafik M.I. (2023). Understanding shyness and psychosocial difficulties during early adolescence: The role of friend shyness and self-silencing. *Personality and Individual Differences*, 209. <https://doi.org/10.1016/j.paid.2023.112209>

Bozkur B. (2023). The adaptation of Silencing the Self Scale for Women into Turkish: The study of validity and reliability; [La adaptacion al turco de la Escala de Autosilenciamiento para Mujeres: estudio de validez y confiabilidad]. *Anales de Psicologia*, 39(1), 112-118. <https://doi.org/10.6018/analesps.481501>

Brody C.L.; Haaga D.A.F.; Kirk L., & Solomon A. (1999). Experiences of anger in people who have recovered from depression and never-depressed people. *Journal of Nervous and Mental Disease*, 187(7), 400-405. <https://doi.org/10.1097/00005053-199907000-00002>

Brody L.R.; Stokes L.R.; Dale S.K.; Kelso G.A.; Cruise R.C.; Weber K.M.; Burke-Miller J.K., & Cohen M.H. (2014). Gender roles and mental health in women with and at risk for HIV. *Psychology of Women Quarterly*, 38(3), 311-326. <https://doi.org/10.1177/0361684314525579>

Buchholz A.; Henderson K.A.; Hounsell A.; Wagner A.; Norris M., & Spettigue W. (2007). Self-silencing in a clinical sample of female adolescents with eating disorders. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 16(4), 158-163.

Bushra Naeem, & Aqsa Chaman (2022). The Association of Adverse Self-Silencing and Marital Conflict with Symptoms of Depression and Dissociation in Married Madrassa and Non-Madrassa Women: A Cross-sectional Study. *Nature-Nurture Journal of Psychology*.

Bushra Naeem; Muhammad Aqeel, & Zeimara de Almeida Santos (2021). Marital Conflict, Self-Silencing, Dissociation, and Depression in Married Madrassa and Non-Madrassa Women: A Multilevel Mediating Model.

Cano M.A.; Rojas P.; Ramirez-Ortiz D.; Sanchez M., & De La Rosa M. (2020). Depression and gender roles among hispanic immigrant women: Examining associations of gender egalitarianism, marianismo, and self-silencing. *Journal of Health Care for the Poor and Underserved*, 31(2), 713-723. <https://doi.org/10.1353/hpu.2020.0056>

Carr J.G.; Gilroy F.D., & Sherman M.F. (1996). Silence the self and depression among women: The moderating role of race. *Psychology of Women Quarterly*, 20(3), 375-392. <https://doi.org/10.1111/j.1471-6402.1996.tb00306.x>

Carthron, D; Bailey, DE, & Anderson, R (2015). Adaptive Challenges Rising from the Life Context of African-American Caregiving Grandmothers with Diabetes: A Pilot Study. *HEALTHCARE*, 3(3), 710-725. <https://doi.org/10.3390/healthcare3030710>

Cetera G.E.; Facchin F.; Vigana² P.; Merli C.E.M.; Frassinetti A.; Fiorini J.; Somigliana E., & Vercellini P. (2024). “SO FAR AWAY” How Doctors Can Contribute to Making Endometriosis Hell on Earth. A Call for Humanistic Medicine and Empathetic Practice for Genuine Person-Centered Care. A Narrative Review. *International Journal of Women’s Health*, 16, 273-287. <https://doi.org/10.2147/IJWH.S440542>

Chisale, SS (2018). Domestic abuse in marriage and self-silencing: Pastoral care in a context of self-silencing. *HTS THEOLOGIESE STUDIES-THEOLOGICAL STUDIES*, 74(2). <https://doi.org/10.4102/hts.v74i2.4784>

Corie E. Tippet (2014). Mediators and Moderators of the Association Between Self-Silencing and Depression.

Cramer K.M., & Thoms N. (2003). Factor structure of the silencing the self scale in women and men. *Personality and Individual Differences*, 35(3), 525-535. [https://doi.org/10.1016/S0191-8869\(02\)00216-7](https://doi.org/10.1016/S0191-8869(02)00216-7)

Cramer K.M.; Gallant M.D., & Langlois M.W. (2005). Self-silencing and depression in women and men: Comparative structural equation models. *Personality and Individual Differences*, 39(3), 581-592. <https://doi.org/10.1016/j.paid.2005.02.012>

Culbertson C. (2016). The omnipotent word of medical diagnosis and the silence of depression: An argument for Kristeva's therapeutic approach. *International Journal of Feminist Approaches to Bioethics*, 9(1), 1-26. <https://doi.org/10.3138/ijfab.9.1.1>

Da Silva N.; Verdejo T.R.; Dillon F.R.; Ertl M.M., & De La Rosa M. (2021). Marianismo Beliefs, Intimate Partner Violence, and Psychological Distress Among Recently Immigrated, Young Adult Latinas. *Journal of Interpersonal Violence*, 36(7-8), 3755-3777. <https://doi.org/10.1177/0886260518778263>

Dale, SK; Cohen, MH; Kelso, GA; Cruise, RC; Weber, KM; Watson, C; Burke-Miller, JK, & Brody, LR (2014). Resilience Among Women with HIV: Impact of Silencing the Self and Socioeconomic Factors. *SEX ROLES*, 70(5-6), 221-231. <https://doi.org/10.1007/s11199-014-0348-x>

Davoodi E.; King K.; Singh A., & Jobson L. (2025). Exploring the effect of gender and culture on the relationship between self-silencing and depressive symptoms. *Australian Psychologist*, 60(3), 248-259. <https://doi.org/10.1080/00050067.2024.2411343>

Dehkharghani, LL; Menzies, J; North-Samardzic, A, & Casey, SJ (2026). Understanding academic women's silence in Poland: exploring with social cognitive theory. *CRITICAL PERSPECTIVES ON INTERNATIONAL BUSINESS*, 22(3), 358-387. <https://doi.org/10.1108/cpoib-04-2022-0036>

DeMarco R.F. (2010). Supporting Voice in Women Living with HIV/AIDS. *Silencing the Self Across Cultures: Depression and Gender in the Social World*. <https://doi.org/10.1093/acprof:oso/9780195398090.003.0017>

Dillon, FR; Ertl, MM; Verile, M; Siraj, N; Babino, R, & De La Rosa, M (2019). A Social Ecological Study of Psychological Distress Among Recently Immigrated, Latina Young Adults. *JOURNAL OF LATINX PSYCHOLOGY*, 7(1), 39-58. <https://doi.org/10.1037/lat0000106>

Drat-Ruszczak K. (2010). The Meaning of Self-Silencing in Polish Women. *Silencing the Self Across Cultures: Depression and Gender in the Social World*. <https://doi.org/10.1093/acprof:oso/9780195398090.003.0010>

Drew, SS; Heesacker, M; Frost, HM, & Oelke, LE (2004). The role of relationship loss and self-loss in women's and men's dysphoria. *JOURNAL OF SOCIAL AND PERSONAL RELATIONSHIPS*, 21(3), 381-397. <https://doi.org/10.1177/0265407504042838>

Duarte L.M., & Thompson J.M. (1999). Sex differences in self-silencing. *Psychological Reports*, 85(1), 145-161. <https://doi.org/10.2466/pr0.1999.85.1.145>

Emran A.; Iqbal N., & Dar I.A. (2020). 'Silencing the self' and women's mental health problems: A narrative review. *Asian Journal of Psychiatry*, 53. <https://doi.org/10.1016/j.ajp.2020.102197>

Emran A.; Iqbal N., & Dar K.A. (2023). Attachment orientation and depression: A moderated mediation model of self-silencing and gender differences. *International Journal of Social Psychiatry*, 69(1), 173-181. <https://doi.org/10.1177/00207640221074919>

Fortin L.; Jean-Thorn A.; Allard-Cobetto P.; Theora^{at} V., & Hebert M. (2024). The Interplay of Self-Esteem in the Relationship Between Sexual Dating Violence and Self-Silencing in Adolescent Girls. *Partner Abuse*, 15(4), 511-523. <https://doi.org/10.1891/PA-2023-0061>

Frank J.B., & Thomas C.D. (2003). Externalized self-perceptions, self-silencing, and the prediction of eating pathology. *Canadian Journal of Behavioural Science*, 35(3), 219-228. <https://doi.org/10.1037/h0087203>

Garrido-Macias, M; Gomez-Pulido, EA; Saez, G, & Exposito, F (2026). The Quiet Sacrifice: How Sexual Coercion Experiences Shape Women's Sexual Wellbeing. *ANALES DE PSICOLOGIA*, 42(1), 1-10. <https://doi.org/10.6018/analesps.654451>

Geller J.; Cockell S.J.; Hewitt P.L.; Goldner E.M., & Flett G.L. (2000). Inhibited expression of negative emotions and interpersonal orientation in anorexia nervosa. *International Journal of Eating Disorders*, 28(1), 8-19. [https://doi.org/10.1002/1098-108X\(200007\)28:1<8::AID-EAT2>3.0.CO;2-U](https://doi.org/10.1002/1098-108X(200007)28:1<8::AID-EAT2>3.0.CO;2-U)

Geller J.; Srikameswaran S, & Cassin S. (2010). Eating Disorders and Self-Silencing: A Function-Focused Approach to Treatment. *Silencing the Self Across Cultures: Depression and Gender in the Social World*. <https://doi.org/10.1093/acprof:oso/9780195398090.003.0019>

Goodwyn W.L.; Caiola C., & Roberson D. (2024). An Integrative Review of the Literature Examining Sexual Relationship Power, Depressive Symptoms, Silencing the Self, and HIV Vulnerability for Women in the United States. *Journal of Bone and Joint Surgery*. <https://doi.org/10.1097/JNC.0000000000000498>

Granski M.; Javdani S.; Sichel C.E., & Rentko M. (2020). Gender Differences in the Relationship Between Self-Silencing, Trauma, and Mental Health Among Juvenile Legal System-Involved Youth. *Feminist Criminology*, 15(5), 545-566. <https://doi.org/10.1177/1557085120955234>

Grant T.M.; Jack D.C.; Fitzpatrick A.L., & Ernst C.C. (2011). Carrying the burdens of poverty, parenting, and addiction: Depression symptoms and self-silencing among ethnically diverse women. *Community Mental Health Journal*, 47(1), 90-98. <https://doi.org/10.1007/s10597-009-9255-y>

Hamamra, BT (2018). Sacrifice/Martyrdom in Lady Lumley's Iphigenia and Contemporary Palestine. *CRITICAL SURVEY*, 30(4), 22-39. <https://doi.org/10.3167/cs.2018.300403>

Hambrook D.; Oldershaw A.; Rimes K.; Schmidt U.; Tchanturia K.; Treasure J.; Richards S., & Chalder T. (2011). Emotional expression, self-silencing, and distress tolerance in anorexia nervosa and chronic fatigue syndrome. *British Journal of Clinical Psychology*, 50(3), 310-325. <https://doi.org/10.1348/014466510X519215>

Harper M.S., & Welsh D.P. (2007). Keeping quiet: Self-silencing and its association with relational and individual functioning among adolescent romantic couples. *Journal of Social and Personal Relationships*, 24(1), 99-116. <https://doi.org/10.1177/0265407507072601>

Harper, MS; Dickson, JW, & Welsh, DP (2006). Self-silencing and rejection sensitivity in adolescent romantic relationships. *JOURNAL OF YOUTH AND ADOLESCENCE*, 35(3), 459-467. <https://doi.org/10.1007/s10964-006-9048-3>

Harrington E.F.; Crowther J.H., & Shipherd J.C. (2010). Trauma, binge eating, and the “strong black woman”. *Journal of Consulting and Clinical Psychology*, 78(4), 469-479. <https://doi.org/10.1037/a0019174>

Hautamaki A. (2010). Silencing the Self across Generations and Gender in Finland. *Silencing the Self Across Cultures: Depression and Gender in the Social World*. <https://doi.org/10.1093/acprof:oso/9780195398090.003.0009>

Hebert, E; Fortin, L; Fortin, A; Paradis, A, & Hebert, M (2023). The Associations between Self-Silencing and Delinquency in Adolescent Who Experienced Child Sexual Abuse. *JOURNAL OF CHILD SEXUAL ABUSE*, 32(4), 438-454. <https://doi.org/10.1080/10538712.2023.2177222>

Henry C.J., & Song M.-K. (2024). Use of the Strong Black Woman Construct in Research: An Integrative Review. *Advances in Nursing Science*, 47(3), E110-E120. <https://doi.org/10.1097/ANS.0000000000000501>

Horne S., & Zimmer-Gembeck M.J. (2006). The female sexual subjectivity inventory: Development and validation of a multidimensional inventory for late adolescents and emerging adults. *Psychology of Women Quarterly*, 30(2), 125-138. <https://doi.org/10.1111/j.1471-6402.2006.00276.x>

Hurst R.J., & Beesley D. (2013). Perceived Sexism, Self-Silencing, and Psychological Distress in College Women. *Sex Roles*, 68(5-6), 311-320. <https://doi.org/10.1007/s11199-012-0253-0>

Inman E.M., & London B. (2022). Self-silencing Mediates the Relationship Between Rejection Sensitivity and Intimate Partner Violence. *Journal of Interpersonal Violence*, 37(13-14), NP12475-NP12494. <https://doi.org/10.1177/0886260521997948>

Iqbal N.; Emran A., & Dar K.A. (2025). Family communication patterns and depression in Indian women: Examining the effects of self-silencing. *International Journal of Social Psychiatry*, 71(8), 1610-1620. <https://doi.org/10.1177/00207640251348046>

Jack D.C. (1999). Ways of listening to depressed women in qualitative research: Interview techniques and analyses. *Canadian Psychology*, 40(2), 91-101. <https://doi.org/10.1037/h0086829>

Jack D.C., & Ali A. (2010). Silencing the Self Across Cultures: Depression and Gender in the Social World. *Silencing the Self Across Cultures: Depression and Gender in the Social World*, 1-568. <https://doi.org/10.1093/acprof:oso/9780195398090.001.0001>

Jack D.C.; Brody L.R., & Sikov J. (2026). Advancing the Next Generation of Research on Self-Silencing and Depression: A Narrative Review and Synthesis of Three Decades of Research. *Sex Roles*, 92(2). <https://doi.org/10.1007/s11199-025-01637-8>

Jack D.C.; Pokharel B., & Subba U. (2010). “I Don’t Express My Feelings to Anyone”: How Self-Silencing Relates to Gender and Depression in Nepal. *Silencing the Self Across Cultures: Depression and Gender in the Social World*. <https://doi.org/10.1093/acprof:oso/9780195398090.003.0008>

Jacobs R.J., & Kane M.N. (2010). HIV-related stigma in midlife and older women. *Social Work in Health Care*, 49(1), 68-89. <https://doi.org/10.1080/00981380903018140>

Jacobs R.J., & Kane M.N. (2011). Psychosocial predictors of self-esteem in a multiethnic sample of women over 50 at risk for HIV. *Journal of Women and Aging*, 23(1), 23-39. <https://doi.org/10.1080/08952841.2011.540484>

Jacobs R.J., & Thomlison B. (2009). Self-silencing and age as risk factors for sexually acquired HIV in midlife and older women. *Journal of Aging and Health*, 21(1), 102-128. <https://doi.org/10.1177/0898264308328646>

Jakubowski K.P.; Barinas-Mitchell E.; Chang Y.-F.; Maki P.M.; Matthews K.A., & Thurston R.C. (2022). The Cardiovascular Cost of Silence: Relationships between Self-silencing and Carotid Atherosclerosis in Midlife Women. *Annals of Behavioral Medicine*, 56(3), 282-290. <https://doi.org/10.1093/abm/kaab046>

Javdani S.; Rodriguez E.M.; Nichols S.R.; Emerson E., & Donenberg G.R. (2014). Risking it for Love: Romantic Relationships and Early Pubertal Development Confer Risk for Later Disruptive Behavior Disorders in African-American Girls Receiving Psychiatric Care. *Journal of Abnormal Child Psychology*, 42(8), 1325-1340. <https://doi.org/10.1007/s10802-014-9875-8>

Javed H. (2025). Surviving amid gendered disinformation: analyzing mental well-being of women journalists in Pakistan. *Media Asia*, 52(4), 569-606. <https://doi.org/10.1080/01296612.2025.2546722>

Jones, AM (2024). Self-Silencing as Protection: How the Angry Black Woman Stereotype Influences How Black Graduate Women Respond to Gendered-Racial Microaggressions. *EQUITY & EXCELLENCE IN EDUCATION*, 57(1), 47-61. <https://doi.org/10.1080/10665684.2023.2201480>

Jones, MK, & Briones, M (2022). The Impact of Marianismo on the Association Between Intersectional Discrimination and Depressive Symptoms Among Latina Women: A Profile Analysis. *JOURNAL OF LATINX PSYCHOLOGY*, 10(4), 304-321. <https://doi.org/10.1037/lat0000211>

Josephine C. H. Tan, & Brooke Carfagnini (2008). Self-Silencing, Anger and Depressive Symptoms in Women. *Journal of Prevention & Intervention in the Community*.

Kaya, MD, & Kaya, F (2023). The Relationship Between Self-Silencing and General Distress: Does Self-Esteem Play a Mediating Role?. *CYPRUS TURKISH JOURNAL OF PSYCHIATRY AND PSYCHOLOGY*, 5(2), 95-104. <https://doi.org/10.35365/ctjpp.23.2.01>

Kaya, MD, & Kaya, F (2024). Irrational Romantic Relationship Beliefs and Self-silencing: Mediating Role of Emotion Regulation. *JOURNAL OF RATIONAL-EMOTIVE AND COGNITIVE-BEHAVIOR THERAPY*, 42(3), 610-623. <https://doi.org/10.1007/s10942-023-00535-w>

Kayser K., & Sormanti M. (2002). A follow-up study of women with cancer: Their psychosocial well-being and close relationships. *Social Work in Health Care*, 35(1-2), 391-406. https://doi.org/10.1300/J010v35n01_04

Kayser K., & Sormanti M. (2014). Supporting the patient in coping with problems: A follow-up study of women with cancer: Their psychosocial well-being and close relationships. *Social Work Health and Mental Health: Practice, Research and Programs*, 391-406.

Kayser, K; Sormanti, M, & Strainchamps, E (1999). Women coping with cancer -: The influence of relationship factors on psychosocial adjustment. *PSYCHOLOGY OF WOMEN QUARTERLY*, 23(4), 725-739. <https://doi.org/10.1111/j.1471-6402.1999.tb00394.x>

Kleinstaub, M; Schmelzer, K; Ditzen, B; Andersson, G; Hiller, W, & Weise, C (2016). Psychosocial Profile of Women with Premenstrual Syndrome and Healthy Controls: A Comparative Study. *INTERNATIONAL JOURNAL OF BEHAVIORAL MEDICINE*, 23(6), 752-763. <https://doi.org/10.1007/s12529-016-9564-9>

Lanier L., & Demarco R. (2015). A synthesis of the theory of silencing the self and the social ecological model: Understanding gender, race, and depression in African American women living with HIV infection. *AIDS Patient Care and STDs*, 29(3), 142-149. <https://doi.org/10.1089/apc.2014.0116>

Leblanc S.S. (2024). Breaking the cycle: Memorable messages of “grin n’ bear it” and silence in menarche narrative recall. *Qualitative Research in Medicine and Healthcare*, 8(2). <https://doi.org/10.4081/qrmh.2024.12239>

Little K.C.; Welsh D.P.; Darling N., & Holmes R.M. (2011). Brief report: ” I can’t talk about it:” Sexuality and self-silencing as interactive predictors of depressive symptoms in adolescent dating couples. *Journal of Adolescence*, 34(4), 789-794. <https://doi.org/10.1016/j.adolescence.2010.04.006>

Locker T.K.; Heesacker M., & Baker J.O. (2012). Gender similarities in the relationship between psychological aspects of disordered eating and self-silencing. *Psychology of Men and Masculinity*, 13(1), 89-105. <https://doi.org/10.1037/a0021905>

London B.; Downey G.; Romero-Canyas R.; Rattan A., & Tyson D. (2012). Gender-based rejection sensitivity and academic self-silencing in women. *Journal of Personality and Social Psychology*, 102(5), 961-979. <https://doi.org/10.1037/a0026615>

Love K. (2015). Voices from the past: Understanding the impact of historical discrimination on today’s healthcare system. *Communicating Women’s Health: Social and Cultural Norms that Influence Health Decisions*, 7-17. <https://doi.org/10.4324/9781315732077-7>

Lutz-Zois C.J.; Dixon L.J.; Smidt A.M.; Goodnight J.A.; Gordon C.L., & Ridings L.E. (2013). An examination of gender differences in the construct validity of the silencing the self scale. *Personality and Individual Differences*, 55(1), 35-40. <https://doi.org/10.1016/j.paid.2013.01.012>

M. Naeem, & Neelam Ehsan (2025). Self-Silencing, Marital Adjustment, and Mental Health: A Comparative Analysis of Married Men and Women. *Pakistan Journal of Humanities and Social Sciences*.

Maji S. (2018). Society and ‘good woman’: A critical review of gender difference in depression. *International Journal of Social Psychiatry*, 64(4), 396-405. <https://doi.org/10.1177/0020764018765023>

Maji S., & Dixit S. (2019). Self-silencing and women’s health: A review. *International Journal of Social Psychiatry*, 65(1), 3-13. <https://doi.org/10.1177/0020764018814271>

Maji S., & Dixit S. (2020). Exploring self-silencing in workplace relationships: A qualitative study of female software engineers. *Qualitative Report*, 25(6), 1505-1525. <https://doi.org/10.46743/2160-3715/2020.4290>

Maji S., & Dixit S. (2024). Gender Stigma Consciousness, Imposter Phenomenon, and Self-Silencing: A Mediation Relationship. *Psychological Studies*, 69(4), 375-384. <https://doi.org/10.1007/s12646-023-00724-8>

Mason T.B.; Dayag R.; Dolgon-Krutolow A.; Lam K., & Zhang D. (2022). A systematic review of maladaptive interpersonal behaviors and eating disorder psychopathology. *Eating Behaviors*, 45. <https://doi.org/10.1016/j.eatbeh.2022.101601>

Mauthner N.S. (2010). “I Wasn’t Being True to Myself”: Women’s Narratives of Postpartum Depression. *Silencing the Self Across Cultures: Depression and Gender in the Social World*. <https://doi.org/10.1093/acprof:oso/9780195398090.003.0023>

McDougall, E; Nordentoft, S; Kjaergaard, S; Halkett, GKB; Nowak, AK; Dhillon, HM; Breen, LJ, & Piil, K (2025). Unveiling the Unspoken: Exploring Taboo Thoughts and Difficult Experiences Among Carers of People With Brain Cancer. *PSYCHO-ONCOLOGY*, 34(7). <https://doi.org/10.1002/pon.70231>

Medved M.I., & Piran N. (2011). Psychological distress and self-care engagement: Healing after a cardiac intervention. *Women and Health*, 51(2), 89-105. <https://doi.org/10.1080/03630242.2011.556699>

Melasio, DAG; Rodriguez, DJO; Torres, RAB, & Hernandez, PET (2021). A Systematic Review of Individual, Psychological and Sociocultural Factors Associated with Safe and Risky Sexual Behavior in Older Adults. *AMERICAN JOURNAL OF SEXUALITY EDUCATION*, 16(3), 415-434. <https://doi.org/10.1080/15546128.2021.1904310>

Mishra A.; Gibson-Miller J., & Wood C. (2024). The pandemic within a pandemic: mental health and wellbeing of racially Minoritised women experiencing domestic abuse during the COVID-19 pandemic in the UK. *BMC Women's Health*, 24(1). <https://doi.org/10.1186/s12905-024-03502-4>

Morrison, TG, & Sheahan, EE (2009). GENDER-RELATED DISCOURSES AS MEDIATORS IN THE ASSOCIATION BETWEEN INTERNALIZATION OF THE THIN-BODY IDEAL AND INDICANTS OF BODY DISSATISFACTION AND DISORDERED EATING. *PSYCHOLOGY OF WOMEN QUARTERLY*, 33(4), 374-383. <https://doi.org/10.1111/j.1471-6402.2009.01515.x>

Norona J.C.; Roberson P.N.E., & Welsh D.P. (2016). Rejection sensitivity and depressive symptoms: Longitudinal actor-partner effects in adolescent romantic relationships. *Journal of Adolescence*, 51, 6-18. <https://doi.org/10.1016/j.adolescence.2016.05.007>

Norwood S.J.; Bowker A.; Buchholz A.; Henderson K.A.; Goldfield G., & Flament M.F. (2011). Self-silencing and anger regulation as predictors of disordered eating among adolescent females. *Eating Behaviors*, 12(2), 112-118. <https://doi.org/10.1016/j.eatbeh.2011.01.009>

O'Mahen H.A.; Flynn H.A., & Nolen-Hoeksema S. (2010). Rumination and interpersonal functioning in perinatal depression. *Journal of Social and Clinical Psychology*, 29(6), 646-667. <https://doi.org/10.1521/jscp.2010.29.6.646>

Oldershaw A.; Dejong H.; Hambrook D.; Broadbent H.; Tchanturia K.; Treasure J., & Schmidt U. (2012). Emotional processing following recovery from anorexia nervosa. *European Eating Disorders Review*, 20(6), 502-509. <https://doi.org/10.1002/erv.2153>

Oldershaw A.; Lavender T., & Schmidt U. (2018). Are socio-emotional and neurocognitive functioning predictors of therapeutic outcomes for adults with anorexia nervosa?. *European Eating Disorders Review*, 26(4), 346-359. <https://doi.org/10.1002/erv.2602>

Pacheco-Luza E.; alvarez-Becerra R.; Acevedo-Duque a., & Bustamante-Cabrera G. (2024). Living environments: Gender violence in the Peruvian highlands; [Entornos de vida: Violencia de genero en la sierra peruana]. *Revista de Ciencias Sociales*, 30(4), 42-65. <https://doi.org/10.31876/rcs.v30i4.42990>

Page J.R.; Stevens H.B., & Galvin S.L. (1996). Relationships between depression, self-esteem, and self-silencing behavior. *Journal of Social and Clinical Psychology*, 15(4), 381-396. <https://doi.org/10.1521/jscp.1996.15.4.381>

Paprocki C.M., & Baucom D.H. (2017). Worried About us: Evaluating an Intervention for Relationship-Based Anxiety. *Family Process*, 56(1), 45-58. <https://doi.org/10.1111/famp.12175>

Parker J.E.; Enders C.K.; Tomiyama A.J., & Hunger J.M. (2025). Gendered racial microaggressions, self-silencing, and disordered eating in Black women. *Body Image*, 54. <https://doi.org/10.1016/j.bodyim.2025.101901>

Patrick B.C.; Stockbridge S.; Roosa H.V., & Edelson J.S. (2019). Self-silencing in school: failures in student autonomy and teacher-student relatedness. *Social Psychology of Education*, 22(4), 943-967. <https://doi.org/10.1007/s11218-019-09511-8>

Peleg-Sagy T., & Shahar G. (2015). Female Medical Students' (Silencing the) Self: Effects on Depression and Dyadic/Sexual Dissatisfaction. *Self and Identity*, 14(4), 420-440. <https://doi.org/10.1080/15298868.2015.1008031>

Perz J., & Ussher J.M. (2006). Women's experience of premenstrual syndrome: A case of silencing the self. *Journal of Reproductive and Infant Psychology*, 24(4), 289-303. <https://doi.org/10.1080/02646830600973883>

Perz J.; Ussher J.M.; Butow P., & Wain G. (2011). Gender differences in cancer carer psychological distress: An analysis of moderators and mediators. *European Journal of Cancer Care*, 20(5), 610-619. <https://doi.org/10.1111/j.1365-2354.2011.01257.x>

Perz J.; Ussher J.M.; Gilbert E.; Wain G.; Batt G.; Sundquist K.; Hobbs K.; Mason C.; Kirsten L., & Carrick S. (2014). Feeling well and talking about sex: Psycho-social predictors of sexual functioning after cancer. *BMC Cancer*, 14(1). <https://doi.org/10.1186/1471-2407-14-228>

Pintea S., & Gatea A. (2021). The relationship between self-silencing and depression: A meta-analysis. *Journal of Social and Clinical Psychology*, 40(4), 333-358. <https://doi.org/10.1521/jscp.2021.40.4.333>

Piran N., & Cormier H.C. (2005). The social construction of women and disordered eating patterns. *Journal of Counseling Psychology*, 52(4), 549-558. <https://doi.org/10.1037/0022-0167.52.4.549>

Price, AA; Leavitt, CE; Gibby, AL; Busby, DM, & Holmes, EK (2025). Seeking connection by forsaking self: associations of autonomy and relatedness with self-silencing and emotional fusion. *CURRENT PSYCHOLOGY*, 44(12), 11962-11976. <https://doi.org/10.1007/s12144-025-07959-w>

Rajeev T., & Jain G. (2025). Exploring the Relationship Between Childhood Maltreatment, Self-Esteem, and Silencing the Self in India. *Journal of Child and Adolescent Trauma*, 18(4), 961-972. <https://doi.org/10.1007/s40653-025-00719-9>

Remen, AL; Chambless, DL, & Rodebaugh, TL (2002). Gender differences in the construct validity of the silencing the self scale. *PSYCHOLOGY OF WOMEN QUARTERLY*, 26(2), 151-159. <https://doi.org/10.1111/1471-6402.00053>

Reyome N.D.; Ward K.S., & Witkiewitz K. (2010). Psychosocial variables as mediators of the relationship between childhood history of emotional maltreatment, codependency, and self-silencing. *Journal of Aggression, Maltreatment and Trauma*, 19(2), 159-179. <https://doi.org/10.1080/10926770903539375>

Roghayeh Eydi Khatibi, Z. Khanjani, J. Babapour; Abbas Bakhshipour Rudsari, & Majid Mahmoud alilou (2023). Efficacy of the intervention based on the self-silencing model in reducing depression and increasing self-expression in women with depression symptoms. *Medical Journal of Tabriz University of Medical Sciences*.

Romero-Canyas, R; Reddy, KS; Rodriguez, S, & Downey, G (2013). After all I have done for you: Self-silencing accommodations fuel women's post-rejection hostility. *JOURNAL OF*

EXPERIMENTAL SOCIAL PSYCHOLOGY, 49(4), 732-740.
<https://doi.org/10.1016/j.jesp.2013.03.009>

Ross M., & Wade T.D. (2004). Shape and weight concern and self-esteem as mediators of externalized self-perception, dietary restraint and uncontrolled eating. *European Eating Disorders Review*, 12(2), 129-136. <https://doi.org/10.1002/erv.531>

Saez G.; Riemer A.R.; Brock R.L., & Gervais S.J. (2022). The Role of Interpersonal Sexual Objectification in Heterosexual Intimate Partner Violence From Perspectives of Perceivers and Targets. *Journal of Interpersonal Violence*, 37(3-4), 1430-1455.
<https://doi.org/10.1177/0886260520922348>

Saez G.; Valor-Segura I., & Exposito F. (2019). Interpersonal Sexual Objectification Experiences: Psychological and Social Well-Being Consequences for Women. *Journal of Interpersonal Violence*, 34(4), 741-762. <https://doi.org/10.1177/0886260516645813>

Samardzic T.; Barata P.C.; Morton M., & Yen J. (2025). Young Women's Silence and Voice in the Context of Male-Perpetrated Violence. *Violence Against Women*, 31(8), 1880-1908.
<https://doi.org/10.1177/10778012241236673>

Samardzic T.; Barata P.C.; Morton M., & Yen J. (2025). Young Women's Silencing-Type Behaviors in Heterosexual Relationships. *Journal of Interpersonal Violence*, 40(13-14), 3014-3043. <https://doi.org/10.1177/08862605241265417>

Sanchez D.; Vandewater E.A., & Hamilton E.R. (2019). Examining marianismo gender role attitudes, ethnic identity, mental health, and substance use in Mexican American early adolescent girls. *Journal of Ethnicity in Substance Abuse*, 18(2), 319-342.
<https://doi.org/10.1080/15332640.2017.1356785>

Sanchez, D; Smith, LV, & Adams, W (2018). The Relationships Among Perceived Discrimination, Marianismo Gender Role Attitudes, Racial-Ethnic Socialization, Coping Styles, and Mental Health Outcomes in Latina College Students. *JOURNAL OF LATINA-O PSYCHOLOGY*, 6(1), 1-15. <https://doi.org/10.1037/lat0000077>

Sathyapal S., & Deb A. (2026). Self-silencing in the Indian socio-cultural context: An interpretative phenomenological analysis of the experiences of Indian adults. *Journal of Social and Personal Relationships*, 43(2), 664-691. <https://doi.org/10.1177/02654075251381748>

Schembri C., & Evans L. (2008). Adverse relationship processes: The attempts of women with bulimia nervosa symptoms to fit the perceived ideal of intimate partners. *European Eating Disorders Review*, 16(1), 59-66. <https://doi.org/10.1002/erv.797>

Schrick B.H.; Sharp E.A.; Zvonkovic A., & Reifman A. (2012). Never Let Them See You Sweat: Silencing and Striving to Appear Perfect among U.S. College Women. *Sex Roles*, 67(11-12), 591-604. <https://doi.org/10.1007/s11199-012-0223-6>

Scott J.; Floyd James K.; Mendez D.D.; Johnson R., & Davis E.M. (2023). The wear and tear of racism: Self-silencing from the perspective of young Black women. *SSM - Qualitative Research in Health*, 3. <https://doi.org/10.1016/j.ssmqr.2023.100268>

Shahid N.N., & Dale S.K. (2024). Gendered Racial Microaggressions, Self-silencing, Substance Use, and HIV Outcomes Among Black Women Living with HIV: A Structural Equation Modeling Approach. *AIDS and Behavior*, 28(4), 1276-1290. <https://doi.org/10.1007/s10461-023-04157-2>

Sharma P.; Kirmani M.N., & Salvi D.K. (2025). Role of Depressive Symptoms in the Expression of Self-silencing and Anger in Women. *Annals of Neurosciences*. <https://doi.org/10.1177/09727531251385283>

Shouse S.H., & Nilsson J. (2011). Self-silencing, emotional awareness, and eating behaviors in college women. *Psychology of Women Quarterly*, 35(3), 451-457. <https://doi.org/10.1177/0361684310388785>

Sikka A.; Vaden-Goad L.G., & Waldner L.K. (2010). Authentic Self-Expression: Gender, Ethnicity, and Culture. *Silencing the Self Across Cultures: Depression and Gender in the Social World*. <https://doi.org/10.1093/acprof:oso/9780195398090.003.0013>

Smithbattle L.; Lorenz R., & Leander S. (2013). Listening with care: Using narrative methods to cultivate nurses' responsive relationships in a home visiting intervention with teen mothers. *Nursing Inquiry*, 20(3), 188-198. <https://doi.org/10.1111/j.1440-1800.2012.00606.x>

Smolak L., & Munstertieger B.F. (2002). The relationship of gender and voice to depression and eating disorders. *Psychology of Women Quarterly*, 26(3), 234-241. <https://doi.org/10.1111/1471-6402.t01-1-00006>

Sormanti M. (2010). Facilitating Women's Development through the Illness of Cancer: Depression, Self-Silencing, and Self-Care. *Silencing the Self Across Cultures: Depression and Gender in the Social World*. <https://doi.org/10.1093/acprof:oso/9780195398090.003.0018>

Sormanti M.; Kayser K., & Strainchamps E. (1997). A relational perspective of women coping with cancer: A preliminary study. *Social Work in Health Care*, 25(1-2), 89-106. https://doi.org/10.1300/J010v25n01_10

Spivey B.N.; Abrams J.A.; Watson-Singleton N.N., & Metzger I.W. (2024). "I Can Do Bad All By Myself": Indirect Effect of Social Support Beliefs on the Strong Black Woman Schema and Depressive Symptoms. *Cultural Diversity and Ethnic Minority Psychology*, 31(3), 551-559. <https://doi.org/10.1037/cdp0000672>

Spratt, CL; Sherman, MF, & Gilroy, FD (1998). Silencing the self and sex as predictors of achievement motivation. *PSYCHOLOGICAL REPORTS*, 82(1), 259-263. <https://doi.org/10.2466/PRO.82.1.259-263>

Stoppard J.M. (2010). Commentary: Self-Silencing and Women's Depression. *Silencing the Self Across Cultures: Depression and Gender in the Social World*.

Subhan B.A., & Johnson V.E. (2023). The Strong Black Woman Archetype and Therapeutic Outcomes: Examining Relationships Among Women with Childhood Sexual Abuse Histories. *Journal of Racial and Ethnic Health Disparities*, 10(6), 2957-2969. <https://doi.org/10.1007/s40615-022-01472-7>

Swim, JK; Eyssell, KM; Murdoch, EQ, & Ferguson, MJ (2010). Self-Silencing to Sexism. *JOURNAL OF SOCIAL ISSUES*, 66(3), 493-507. <https://doi.org/10.1111/j.1540-4560.2010.01658.x>

Szymanski D.M.; Ikizler A.S., & Dunn T.L. (2016). Sexual minority women's relationship quality: Examining the roles of multiple oppressions and silencing the self. *Psychology of Sexual Orientation and Gender Diversity*, 3(1), 1-10. <https://doi.org/10.1037/sgd0000145>

T. Samardi?, J. Jarry, & Charlene Y. Senn (2022). The Role of Self-Silencing and Appearance Investment in Heterosexually Experienced Womens Body Dissatisfaction. *Journal of Interpersonal Relations, Intergroup Relations and Identity*.

Tan J., & Carfagnini B. (2008). Self-silencing, anger and depressive symptoms in women: Implications for prevention and intervention. *Journal of Prevention and Intervention in the Community*, 35(2), 5-18. https://doi.org/10.1300/J005v35n02_02

Thompson J.M.; Whiffen V.E., & Aube J.A. (2001). Does self-silencing link perceptions of care from parents and partners with depressive symptoms?. *Journal of Social and Personal Relationships*, 18(4), 503-516. <https://doi.org/10.1177/0265407501184004>

Thompson K.D., & Bendell D. (2014). Depressive cognitions, maternal attitudes and postnatal depression. *Journal of Reproductive and Infant Psychology*, 32(1), 70-82. <https://doi.org/10.1080/02646838.2013.858312>

Thompson M., & Dale S.K. (2022). Gendered Racial Microaggressions and Self-Silencing Associated with Suicidality Among Black Women Living with HIV. *Journal of Racial and Ethnic Health Disparities*, 9(3), 748-755. <https://doi.org/10.1007/s40615-021-01009-4>

Thorpe, S; Dogan-Dixon, J; Malone, N, & Palomino, KA (2024). ‘Just be strong and keep going’: the influence of Superwoman Schema on Black women’s perceived expectations of coping with sexual pain. *CULTURE HEALTH & SEXUALITY*, 26(3), 346-361. <https://doi.org/10.1080/13691058.2023.2210199>

Trachtenberg L.; Esplen M.J.; Toner B., & Piran N. (2022). Gender Socialization as a Predictor of Psychosocial Well-Being in Young Women with Breast Cancer. *Current Oncology*, 29(11), 8121-8132. <https://doi.org/10.3390/curroncol29110641>

Traeen B.; Hansen T., & Å tulhofer A. (2023). Silencing the sexual self and relational and individual well-being in later life: a gendered analysis of North versus South of Europe. *Sexual and Relationship Therapy*, 38(4), 622-637. <https://doi.org/10.1080/14681994.2021.1883579>

Tu?çe Kurti? (2010). Self-Silencing and Well-Being among Turkish Women.

Uebelacker L.A.; Courtnage E.S., & Whisman M.A. (2003). Correlates of depression and marital dissatisfaction: Perceptions of marital communication style. *Journal of Social and Personal Relationships*, 20(6), 757-769. <https://doi.org/10.1177/0265407503206003>

Ussher J.M. (2004). Premenstrual Syndrome and Self-policing: Ruptures in Self-Silencing Leading to Increased Self-Surveillance and Blaming of the Body. *Social Theory and Health*, 2(3), 254-272. <https://doi.org/10.1057/palgrave.sth.8700032>

Ussher J.M. (2008). Challenging the positioning of premenstrual change as PMS: The impact of a psychological intervention on women's self-policing. *Qualitative Research in Psychology*, 5(1), 33-44. <https://doi.org/10.1080/14780880701863567>

Ussher J.M., & Perz J. (2010). Disruption of the Silenced Self: The Case of Premenstrual Syndrome. *Silencing the Self Across Cultures: Depression and Gender in the Social World*. <https://doi.org/10.1093/acprof:oso/9780195398090.003.0022>

Ussher J.M., & Perz J. (2010). Gender differences in self-silencing and psychological distress in informal cancer carers. *Psychology of Women Quarterly*, 34(2), 228-242. <https://doi.org/10.1111/j.1471-6402.2010.01564.x>

Ussher J.M., & Sandoval M. (2008). Gender differences in the construction and experience of cancer care: The consequences of the gendered positioning of carers. *Psychology and Health*, 23(8), 945-963. <https://doi.org/10.1080/08870440701596585>

Valdivia R.L.H.; Ahrens C.E.; Gomez J.M., & Smith C.P. (2023). A narrative of silencing: Exploring sexual violence against women at the intersections of power and culture. *The Palgrave Handbook of Power, Gender, and Psychology*, 499-518. https://doi.org/10.1007/978-3-031-41531-9_27

Van Daalen-Smith C. (2008). Living as a Chameleon: Girls, Anger, and Mental Health. *The Journal of School Nursing*, 24(3), 116-123. <https://doi.org/10.1177/1059840543214321>

Varshney D.K.S.; Agrawal M.; Tripathi R.K., & Rasaily S. (2024). Pioneering approaches: Navigating mind wandering and self-silencing in dissociated adolescent female sexual trauma survivors - An interpretative phenomenological analysis. *European Journal of Trauma and Dissociation*, 8(4). <https://doi.org/10.1016/j.ejtd.2024.100445>

Vickers, Margaret H, & Parris, Melissa A (2005). Towards Ending the Silence: Working Women Caring for Children with Chronic Illness. *Employee Responsibilities and Rights Journal*, 17(2), 91. <https://doi.org/10.1007/s10672-005-3885-1>

Villalba K.; Jean-Gilles M.; Rosenberg R.; Cook R.L.; Ichite A.; Martin P., & Devieux J.G. (2022). Understanding the Impact of Intimate Partner Violence Type and Timing on Pre-exposure Prophylaxis Knowledge, Acceptability, Sexual Behavior, and Gender Roles Among Women of Color. *Journal of Interpersonal Violence*, 37(15-16), NP12998-NP13017. <https://doi.org/10.1177/08862605211001468>

Wasim Akram; Tahira Bashir; Attiqa Mumraiz, & Humera Iqbal (2024). Stereotypical Perceptions, Self-Silencing, Psychological Distress, and Emotional Regulation among Unmarried Women in Pakistan. *Journal of Asian Development Studies*.

Watson, LB, & Grotewiel, M (2016). The Protective Role of Commitment to Social Change in the Relationship Between Women's Sexist Experiences and Self-Silencing. *SEX ROLES*, 75(3-4), 139-150. <https://doi.org/10.1007/s11199-016-0594-1>

Wechsler L.S.; Riggs S.A.; Stabb S.D., & Marshall D.M. (2006). Mutuality, self-silencing, and disordered eating in college women. *Journal of College Student Psychotherapy*, 21(1), 51-76. https://doi.org/10.1300/J035v21n01_05

Whiffen V.E.; Foot M.L., & Thompson J.M. (2007). Self-silencing mediates the link between marital conflict and depression. *Journal of Social and Personal Relationships*, 24(6), 993-1006. <https://doi.org/10.1177/0265407507084813>

Whiffen V.E.; Thompson J.M., & Aube J.A. (2000). Mediators of the link between childhood sexual abuse and adult depressive symptoms. *Journal of Interpersonal Violence*, 15(10), 1100-1120. <https://doi.org/10.1177/088626000015010006>

Witte, TH, & Sherman, MF (2002). Silencing the self and feminist identity development. *PSYCHOLOGICAL REPORTS*, 90(3), 1075-1083. <https://doi.org/10.2466/PR0.90.4.1075-1083>

Woods S.J. (1999). Normative beliefs regarding the maintenance of intimate relationships among abused and nonabused women. *Journal of Interpersonal Violence*, 14(5), 479-491. <https://doi.org/10.1177/088626099014005002>

Woods S.J. (2010). Seeking Safety with Undesirable Outcomes: Women's Self-Silencing in Abusive Intimate Relationships and Implications for Health Care. *Silencing the Self Across Cultures: Depression and Gender in the Social World*.
<https://doi.org/10.1093/acprof:oso/9780195398090.003.0024>

Zaitsoff S.L.; Geller J., & Srikameswaran S. (2002). Silencing the self and suppressed anger: Relationship to eating disorder symptoms in adolescent females. *European Eating Disorders Review*, 10(1), 51-60. <https://doi.org/10.1002/erv.418>

Zoellner T., & Hedlund S. (2010). Women's Self-Silencing and Depression in the Socio-cultural Context of Germany. *Silencing the Self Across Cultures: Depression and Gender in the Social World*. <https://doi.org/10.1093/acprof:oso/9780195398090.003.0006>