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Abstract

Jack's (1991) theory of self-silencing was originally designed to explain higher rates of depression in women in comparison to men. However, research finding that men score equal or even higher than women on measures of self-silencing has lead theorists to speculate that self-silencing tendencies may be driven by different motivations and have different consequences for women versus men (Jack & Ali, 2010). Using a sample of 247 college students, we examined gender differences in the construct validity of the Silencing the Self Scale (STSS; Jack & Dill, 1992). We hypothesized that women would score higher on the Externalized Self-Perception subscale, but not the other three subscales. Gender differences in the relationship between the STSS subscales and theoretically-relevant constructs were also explored. The results indicated that women on average scored higher than men on the Externalized Self-Perception subscale, whereas men scored higher on the Care as Self-Sacrifice subscale. Further, there was a significant Gender x Care as Self-Sacrifice subscale interaction in the prediction of depression, such that this subscale was negatively correlated to depression in men, and uncorrelated in women. These results clarify how self-silencing might translate into different mental health outcomes for women and men.

Keywords: self-silencing; gender; depression; validity

An Examination of Gender Differences in the Construct Validity of the Silencing the Self Scale

Background

Epidemiological studies have consistently identified gender differences in major depression and dysthymia whereby women are roughly twice as likely as men to exhibit clinically relevant symptoms of depression (e.g., Eaton et al., 2008). This difference appears during puberty and is found across cultures (see Parker & Brotchie, 2010 for review). One theory put forth by Jack (1991) to explain gender differences in depression focuses on cultural expectations for women's roles in interpersonal relationships. Jack's model assumes that in an effort to maintain relationships, women are more likely to suppress their emotions and desires, resulting in feelings of suppressed anger, a phenomenon known as "silencing the self." Jack's theory assumes that schemas or core assumptions about the self and interpersonal relationships interact with specific situations to produce negative consequences for affect, behavior, and self-concept. These consequences often take the form of depression, excessive deference to the needs of others, and a "divided self."

Based on this model, Jack and Dill developed the Silencing the Self Scale (STSS; Jack & Dill, 1992). This measure has four subscales: Externalized Self-Perception (judging oneself by other people's standards), Care as Self-Sacrifice (seeing a tendency to put the needs of others above oneself as an indication of being caring), Silencing of Self, and the Divided Self (the experience of externally living up to others' expectations, and yet internally feeling angry and resentful). According to Jack and Dill (1992),

Externalized Self-Perception is an evaluative standard that can lead women to derive negative self-judgments, whereas Care as Self-Sacrifice and Self-Silencing are schemas that guide behavior in relationships. Lastly, the Divided Self reflects “the phenomenology of depression.”

Contrary to Jack’s initial conceptualization (1991), some research indicates that men may score equal to or even higher than women on the STSS (Jack & Ali, 2010; Smolak, 2010). While several possibilities have been proposed to account for this apparent contradiction between theory and the empirical findings (e.g., Smolak, 2010), the explanation that has received the most empirical attention and that will be the focus of the current study is that self-silencing might be shaped by different etiological and motivational factors and have different emotional consequences for men versus women (Jack & Ali, 2010; Page, Stevens, & Galvin, 1996; Smolak, 2010; Thompson, 1995). This explanation has been partially supported by findings suggesting that the factor structure of the measure is different for men versus women, with a new factor of Autonomy/Concealment emerging specifically for men (Cramer & Thoms, 2003; Remen, Chambless, & Rodebaugh, 2002). Furthermore, Remen et al. (2002) found that self-silencing was positively correlated with an avoidant attachment style in men, but not in women. Additionally, results of a study by Duarte and Thompson (1999) indicated that two subscales of the STSS, Care as Self-Sacrifice and Divided Self, were correlated with each other in women but not in men. This finding is consistent with the speculation that motivation for self-silencing may differ as a function of gender. Finally, Duarte and Thompson (1999) also found that the Care as Self-Sacrifice subscale was associated with

feelings of anger and resentment for women, but not for men, suggesting that certain dimensions of self-silencing may have greater negative consequences for women.

Purpose

In the current study, we further examined gender differences in the construct validity of the STSS. Our first aim was to test the hypothesis that women would score higher on the Externalized Self-Perception subscale. We made this hypothesis based on research suggesting that women are more likely to self-regulate based on the standards of others, whereas men might be more likely to self-regulate based on internal standards for themselves. We did not expect gender differences on the other subscales because these subscales pertain to self-concealment and the emotional consequences of this tendency. As described above, both men and women might conceal aspects of themselves from others, but for different reasons (Remen et al., 2002).

A second purpose of the current study was to further examine gender differences in the patterns of relationships between the subscales of the STSS and theoretically relevant constructs. Specifically, by testing for Gender x STSS Subscale interactions, we explored gender differences in relationships between the STSS subscales and rejection sensitivity, anger, depression, and anxious and avoidant attachment styles. These constructs were selected due to their demonstrated relationships with the STSS (Austin, 2002; Harper, Dickson, & Welsh, 2006; Jack & Ali, 2010; Lester & Leenaars, 2011). Aside from depression, no studies to our knowledge have investigated gender as a moderator of the relationship between the STSS subscales and these theoretically relevant constructs. In terms of the findings for depression, Page et al. (1996) found, after controlling for self-esteem, a stronger relationship between depression and the

Externalized Self-Perception and Care as Self Sacrifice subscales in men than women. In view of the scarcity of research on gender differences in patterns of relationships between the STSS and related constructs, no firm hypotheses were offered. Rather, these analyses were more exploratory in nature.

Method

Participants

Participants were 242 (140 females and 102 males) students between the ages of 16 and 35 years ($M=19.17$, $SD=1.49$) from a medium-sized Midwestern university in the United States. Table 1 summarizes other sociodemographic characteristics of our sample. Participants volunteered to participate in this study in exchange for course credit in their Introductory Psychology course and came from a possible pool of 600 students taking that course during the spring semester (i.e., 16 weeks) of 2010. The targeted number of participants was 200 because of a path analysis that was conducted on this data as part of a larger study.

Insert Table 1 about here

Measures

Means, standard deviations, ranges, and Cronbach's alpha values of the study measures are presented in Table 2. In general, the Cronbach's alphas range from acceptable (i.e., values between .70 to .79) to excellent (i.e., values above .9) (Kline, 1999).

Insert Table 2 about here

Multidimensional Anger Inventory (MAI). The MAI (Siegel, 1986) is a 38-item scale that is divided into five dimensions: anger-arousal, range of anger-eliciting situations, hostile outlook, anger-in, and anger-out. This measure has well-demonstrated internal consistency, test-retest reliability, and validity, correlating well with other well-known self-report measures of anger (Siegel, 1986).

Silencing the Self Scale. The STSS (Jack & Dill, 1992) consists of 31 items that are divided into four separate factors: silencing the self, externalized self-perception, care as self-sacrifice, and divided self. This scale was initially created to assess women's schemas regarding intimacy, but since then has been found to be useful for both men and women (e.g., Page, Stevens, & Galvin, 1996). This measure has well-demonstrated internal consistency, test-retest reliability, and validity (Jack & Dill, 1992).

Rejection Sensitivity Questionnaire (RSQ). The RSQ (Downey & Feldman, 1994) is intended to measure one's level of sensitivity to rejection and consists of 18 interpersonal situations followed by questions that assess one's anxiety or concern regarding the outcomes of each situation. Each item is rated twice, once rating one's level of concern or anxiety about the outcome of the situation and once rating one's belief in the likelihood that the other person would respond in an accepting fashion. This measure has been shown to have good internal reliability, test-retest reliability, and validity (Downey & Feldman, 1994).

The Experiences in Close Relationships-Revised (ECR-R). This 36-item questionnaire is a revised version of Brennan, Clark, and Shaver's (1998) Experiences in

Close Relationships (ECR) questionnaire. The items on the ECR-R were selected using techniques based on Item Response Theory, but were selected from the same item pool as those from the ECR. Both the ECR and the ECR-R are designed to assess individual differences with respect to attachment-related anxiety, and attachment-related avoidance (Fraley, Waller, & Brennan, 2000). This measure has shown good internal consistency, test-retest reliability, and validity (Sibley & Liu, 2004; Fraley, Waller, and Brennan, 2000).

Center for Epidemiological Studies – Depression scale (CESD). The CESD (Radloff, 1977) is a 20-item measure commonly used to screen for depressive symptomatology in the general population (Radloff, 1977). It has been shown to have high internal consistency, acceptable test-retest reliability, and good concurrent validity based on clinical and self-report criteria (Radloff, 1977).

Procedure

Data collection began following ethics approval from the Institutional Review Board of the university from which the data was collection, and these results are not published in other sources. Upon signing an informed consent form, participants completed questionnaire packets in small groups ranging from 15 to 25. The packet included a demographic data sheet and all of the measures described above. Finally, the participants were thanked and debriefed.

Results

Data Analytic Strategy

We first conducted preliminary analyses in order to identify any potential confounds. Correlation analyses were used to examine the relationships between age and the STSS subscales because age is a continuous variable. Likewise we used a MANOVA to examine the association between race and the STSS subscales because race is a categorical variable. A MANOVA rather than an ANOVA was used to avoid capitalizing on chance prediction (Stevens, 2002). To test the primary study hypothesis, a MANCOVA with gender as the grouping variable and the STSS subscales as the dependent variables was computed. Demographic variables that demonstrated significant relationships with the STSS subscales were used as covariates. A MANCOVA was used rather than individual ANOVAs, again, in order to avoid capitalization on chance.

Prior to testing for Gender x STSS Subscale interactions in the prediction of theoretically relevant mental health constructs (i.e., rejection sensitivity, anger, depression, and anxious and avoidant attachment styles) we first computed correlations (separately by each gender) between the STSS subscales and these variables. We then tested for Gender x STSS Subscale interactions in the prediction of the theoretically relevant mental health constructs. We used multiple regression equations rather than factorial ANOVAs in order to preserve the continuous nature of the STSS Subscales. The main effects for Gender and the STSS subscales were entered in the first step and the interaction in the second step. Each of the STSS variables were first mean centered, minimizing problems associated with multi-collinearity (Cohen, Cohen, West, & Aiken, 2003). The theoretically relevant constructs were used as criterion variables, for a total of six regression equations.

Preliminary Analyses

Correlations between age and the four subscales revealed a significant negative correlation between age and the Care as Self-Sacrifice subscale ($r = -.13, p = .05$). Due to this finding that older participants were less likely than younger participants to see putting the needs of others above oneself as an indication of care, age was controlled for in the primary analyses. Correlations between age and the other three STSS subscales were not significant. The results of the MANOVA using race as the grouping variable and the four STSS subscales as dependent variables indicated no significant race differences.

Hypothesis 1

Consistent with our hypothesis, the results of the MANCOVA with gender as the grouping variable, and the STSS subscales as the dependent variables revealed significant gender differences, $F(1, 232)=17.06, p<.001$. Specifically, there was a significant difference on the Externalized Self-Perception subscale, $F(1, 235)=4.37, p<.05$, with women scoring higher ($M=18.31$) than men ($M=17.06$). A recent study by Ussher and Perz, did not find a gender difference on this subscale. Consistent with the results of Ussher & Perz (2010) there was a significant difference on the Care as Self-Sacrifice subscale, $F(1, 235)=42.29, p<.001$, and trends on the Silencing the Self, $F(1, 235)=3.51, p=.06$, and the Divided Self subscales, $F(1, 235)=2.84, p=.09$, with men ($M_s=31.40, 23.52, \text{ and } 15.36$ respectively) scoring higher than women ($M_s=27.29, 23.52, \text{ and } 14.18$ respectively).

Research Question 1

The results of a correlation analysis between the theoretically relevant mental health constructs and the STSS subscales revealed several consistencies across the male and female participants (see Table 3). Specifically, significant, positive correlations for both men and women were found between three of the STSS subscales (Externalized Self-Perception, Silencing the Self, and Divided Self) and anger, depression, rejection sensitivity, avoidant attachment, and anxious attachment (r s ranging from .22 to .67 for men and .26 to .66 for women). A few gender differences were apparent for the Care as Self-Sacrifice subscale. Specifically, for women, this subscale was significantly positively correlated with anxious attachment style ($r=.26, p<.01$), but non-significant for men ($r=-.12, p>.05$). Alternatively, for men, this subscale was negatively correlated with depression ($r=-.31, p<.01$), but non-significant for women ($r=.13, p>.05$).

Insert Table 3 about here

The results of the moderated multiple regression analyses revealed one significant Gender x Subscale interaction, the Care as Self-Sacrifice Subscale, in the prediction of depression ($\beta=.42, p<.05$). Table 4 summarizes these findings. While several main effects were identified, no other significant interactions were found. We decomposed the significant interaction using the method described in Jaccard & Turrisi (2003). For the female participants, the Care as Self-Sacrifice subscale was unrelated to depression ($\beta=.06, p>.05$). Conversely, for the male participants, this subscale was significantly, negatively associated with depression ($\beta=-.21, p<.05$) such that male participants who viewed self-sacrifice as an indication of being caring for another were less likely to report

feelings of depression. This result is in contrast to the results of Page et al. (1996) that found, after controlling for self-esteem, a positive relationship between the Care as Self-Sacrifice subscale.

Insert Table 4 about here

Discussion

The current study adds to a small, but growing body of research that seeks to clarify potential gender differences in the construct validity of the STSS, and by doing so has the potential to enhance understanding of the potentially distinct pathways to depression in men and women. Results of a MANCOVA provided support for our primary hypothesis that women would score higher than men on the Externalized Self-Perception subscale. This finding is consistent with theoretical accounts of women's self-concept in general being more likely than men's to be rooted in their relationships (Chodorow, 1999; Jordan, 1991). It is also consistent with research suggesting that women may be more likely to use external standards to regulate their moods and behaviors (i.e., other self-regulators), whereas men might be more likely to rely upon internal standards (i.e., own self-regulators) (Moretti, Rein, & Wiebe, 1998).

A second main goal of the current study was to examine gender differences in associations between STSS subscales and theoretically relevant constructs pertaining negative emotion (i.e., depression and anger) and relationship-specific anxiety and avoidance (i.e., anxious attachment, avoidant attachment, empathy, and rejection sensitivity). Overall, the results revealed more similarities than differences in that both

men and women who scored high on the Externalized Self-Perception, Silencing the Self, and Divided Self subscales were more likely to report anger, depression, rejection sensitivity, avoidant attachment styles, and anxious attachment styles. Thus, our findings suggest that, despite possibly differing motives for self-silencing between men and women, certain aspects of self-silencing are associated with negative affect and relationship-specific anxiety and avoidance regardless of gender.

In contrast, an intriguing finding from the current study was that for men the Care as Self-Sacrifice subscale was actually significantly negatively correlated with depression. This suggests that men possess the viewpoint that putting others' needs above one's own is a sign of care might actually serve as a buffer against depression. This subscale is unique in that it is the only one that was found to be associated with positive aspects of mental health in men. In contrast, although there was not a significant gender difference in the association between Care as Self-Sacrifice subscale and anxious attachment, the simple correlations revealed a significant positive correlation for women, but not for men. That is, women who viewed self-sacrifice as an indication of care were more likely to possess an anxious attachment style.

One possible explanation for this pattern of findings is that men and women receive different cultural messages about the importance of putting others' needs above one's own. Some theorists would argue that this "ethic of care" is emphasized more strongly in girls and women than it is in boys and men (Gilligan, 1995). While it may be intuitive that putting other people's needs above your own can be conducive to positive relationships, this tendency may have different emotional consequence as a function of whether or not it is a cultural mandate for one's gender. Men who subscribe to these

beliefs might reap the benefits of close, positive social interaction, and therefore be less prone to feelings of depression than men who do not endorse such beliefs. Clearly, these results need to be replicated, preferably using prospective designs in order to gain better clarity on the direction of effect between depression and beliefs about self-sacrifice. Additionally, prospective designs would be well-suited for examining whether the speculated buffering effect of this STSS scale for men against depressive symptoms might be mediated by satisfaction in their primary relationships.

In addition to difficulties inherent in cross-sectional, self-report designs, there are other limitations that should be addressed in future research. One of the most notable limitations of the current study is the use of a college student sample. Jack and Dill (1992) found lower scores on the STSS among a sample of female college students in comparison to the other two samples of women on which they validated the STSS, who were not college students. Thus, some gender differences across the subscales or the relationship between the subscales and related constructs might have been obscured by the use of a sample in which self-silencing might be less prevalent relative to other samples in the population. This observation underscores the importance of taking into account the potential interplay between gender and cultural or subcultural factors when attempting to understand links between self-silencing, mental health, and relationship functioning (Jack & Ali, 2010). Such factors could include race, age, and socio-economic status (Sikka, Vaden-Goad, & Waldner, 2010).

Another limitation is the failure in the current study to assess sex-role identity. Cramer, Gallant, & Langlois (2005) found that masculinity was significantly, negatively associated with self-silencing among both the men and women in their sample. Future

research could investigate whether the findings with respect to sex-role identity mirror those found in the current study for gender. Research could also directly assess whether differences in the STSS subscales are more extensive for sex-role identity than for gender. Despite the exploratory nature and the limitations just outlined, the findings from the current study not only add to our knowledge of the construct validity of the STSS specifically, they also deepen our understanding of gender differences in the potential influences of self-silencing tendencies on pathways of risk and resilience to mental health interpersonal relationship problems.

Conclusions

In conclusion, our results have important implications on individual, community, and policy levels. Specifically, the results that women were more likely to score high in externalized self-perception suggests a challenging yet critical target for psychotherapy. In this regard, a common cognitive-behavioral technique of examining the advantages and disadvantages of an externalization of self-worth could be useful. Moreover, a feminist model in which these tendencies are put in a socio-historic context could also be employed. On a community level, our results provide support for modification of gender-role socialization practices in American society. Specifically, our finding that men may benefit from the perspective that self-sacrifice is a sign of care, whereas women seem to be harmed by this, suggests that the psycho-social development of both boys and girls could be enhanced by helping to foster genuine compassion as opposed to either self-interest or compulsory. Finally, on a policy level, Jack's theory (Jack & Ali, 2010) in general suggests that gender inequality might be an important contributor to self-silencing. Thus, Jack would predict that legal, social, and economic changes that foster

increased gender equality may translate into less self-silencing in intimate relationships.

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Table 1

Descriptive Statistics for Sociodemographic Characteristics of the Sample

| | Frequency | Percentage |
|---------------------------|-----------|------------|
| Race | | |
| Caucasian | 215 | 89 |
| African American | 9 | 4 |
| Asian American | 9 | 4 |
| Latina/o American | 6 | 2 |
| Other | 3 | 1 |
| Years of Education | | |
| 12 | 32 | 13 |
| 13 | 61 | 25 |
| 14 | 74 | 31 |
| 15 | 51 | 21 |
| 16 | 16 | 6 |
| 17 | 5 | 2 |
| 20 | 1 | 1 |
| Missing | 2 | 1 |
| Family Income | | |
| <\$10,000 | 11 | 5 |
| \$10,000-\$24,999 | 8 | 3 |
| \$25,000-\$49,999 | 17 | 7 |
| \$50,000-\$74,999 | 29 | 12 |
| \$75,000-\$99,999 | 49 | 20 |
| \$100,000-249,000 | 82 | 34 |
| >\$250,000 | 37 | 15 |
| Missing | 9 | 4 |

Table 2

Descriptive Statistics for Anger, Insecure Attachment Style, Depression, Rejection Sensitivity, and Silencing the Self

| Variables | Mean | SD | Min to Max | Cronbach's Alpha |
|------------------------------|--------|-------|-------------|------------------|
| Anger (MAI) | 103.41 | 20.07 | 59, 157 | .91 |
| Attachment Style (ECR-R) | | | | |
| Anxious | 62.67 | 21.63 | 19, 117 | .94 |
| Avoidant | 60.96 | 18.52 | 20, 118 | .93 |
| Depression (CES-D) | 0.70 | 0.51 | 0.00, 2.50 | .92 |
| Rejection sensitivity (RSQ) | 9.07 | 3.09 | 2.56, 21.67 | .82 |
| Silencing the Self (STSS) | | | | |
| Care as Self-Sacrifice | 28.99 | 5.17 | 12, 45 | .69 |
| Divided Self | 14.69 | 5.33 | 7, 32 | .84 |
| Externalized Self-Perception | 17.81 | 4.55 | 8, 30 | .74 |
| Silencing of Self | 22.66 | 6.33 | 11, 39 | .84 |

Table 3

Correlation Matrix between Silencing the Self, Anger, Depression, and Insecure Attachment Style as a Function of Gender

| Measure | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| 1. SSSEXT | —— | .26** | .45*** | .63*** | .32*** | .52*** | .64*** | .25** |
| 2. SSSAC | -.03 | —— | .38*** | .17 | .01 | .13 | .26** | .02 |
| 3. SSSSS | .45*** | .11 | —— | .66*** | .27** | .28** | .44*** | .29** |
| 4. SSSDS | .40*** | -.21* | .59*** | —— | .52*** | .51*** | .62*** | .36*** |
| 5. AngerTot | .31** | -.17 | .22* | .48*** | —— | .49*** | .60*** | .26** |
| 6. CESD | .37*** | -.31** | .35*** | .54*** | .54*** | —— | .57*** | .24** |
| 7. AttAnx | .63*** | -.12 | .43*** | .53*** | .52*** | .61*** | —— | .47*** |
| 8. AttAvoid | .32** | -.18 | .51*** | .67*** | .38*** | .46*** | .44*** | —— |

Note: Correlations for female participants ($n=145$) are presented above the diagonal, and correlations for male participants ($n=102$) are presented below the diagonal.

SSSEXT=Silencing the Self Scale–Externalized Self-Perception; SSAC=Silencing the Self Scale–Care as Self-Sacrifice; SSSSS=Silencing the Self Scale–Silencing the Self; SSSDS=Silencing the Self Scale–Divided Self; AngerTot=Multidimensional Anger Inventory; CESD=Center for Epidemiological Studies – Depression Scale; AttAnx=Experiences in Close Relationships Revised–Attachment-Related Anxiety; AttAvoid=Experiences in Close Relationships Revised–Attachment-Related Avoidance.

* $p<.05$

** $p<.01$

*** $p<.001$

Table 4

Hierarchical Multiple Regression Analyses Predicting Depression

| Variable | Beta | <i>T</i> | <i>p</i> | <i>R</i> ² Δ | <i>P</i> |
|---------------------------------|-------------|--------------|------------|--------------------------------|------------|
| Step 1 | | | | | |
| Gender | -.10 | -1.73 | .09 | .34 | .00 |
| Care as Self-Sacrifice | -.06 | -1.01 | .32 | | |
| Divided Self | .42 | 5.45 | .00 | | |
| Externalized Self-Perception | .28 | 4.24 | .00 | | |
| Silencing of Self | -.06 | -.79 | .43 | | |
| Step 2 | | | | | |
| Gender x Care as Self-Sacrifice | -.42 | -2.13 | .03 | .02 | .13 |
| Gender x Divided Self | -.24 | -.98 | .33 | | |
| Gender x Externalized | -.23 | -1.17 | .24 | | |
| Gender x Silencing of Self | .31 | 1.39 | .17 | | |