



RESEARCH ARTICLE / ARAŞTIRMA YAZISI

# The Relationship Between Self-Silencing and General Distress: Does Self-Esteem Play a Mediating Role?

## Kendini Susturma ve Genel Sıkıntı Arasındaki İlişki: Benlik Saygısı Aracı Bir Rol Oynuyor Mu?

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### Abstract:

The first purpose of this study is to test the validity and reliability of the Self-Silencing Scale in a Turkish sample. The second purpose of this study is to examine if there is any relationships between self-silencing and general distress, and to investigate if there is any mediating role of self-esteem on this possible relationship. A total of 427 university students within the range age of 18 to 31 years, with a mean age of 20.70 participated in this study. Participants were administered The Self-Silencing Scale, Two-Dimensional Self-Esteem Scale, Depression, Anxiety, and Stress Scale (DASS), and a personal information form. CFA and regression-based mediation analyzes were carried out in the study. According to the CFA result, the 29-item structure of the scale was confirmed in the Turkish sample. As another result of the research, the findings revealed a negative significant relationship between self-silencing and self-esteem. On the other hand, a positive significant relationship was found between self-silencing and depression, anxiety and stress. In addition, self-esteem mediated the relationship between self-silencing and depression, anxiety and stress. The indirect effects of self-silencing on general distress were also found to be significant. In other words, it has been observed that self-silencing has both direct effects on depression, anxiety and stress, and indirect effects through self-esteem.

**Keywords:** Self-silencing, Self-esteem, Depression, Anxiety, Stress

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**Öz:**

Bu çalışmanın ilk amacı, Kendini Susturma Ölçeği'nin geçerlik ve güvenilirliğini Türk örnekleminde test etmektir. Çalışmanın ikinci amacı ise, kendini susturma ve genel sıkıntı arasındaki ilişkiyi incelemek ve bu olası ilişki üzerinde benlik saygısının aracı rolünü araştırmaktır. Çalışmaya 427 üniversite öğrencisi katılmıştır. Katılımcıların yaşları 18 ile 31 arasında değişmekte olup, yaş ortalaması 20.70'dir. Katılımcılara Kendini Susturma Ölçeği, İki Boyutlu Benlik Saygısı Ölçeği, Depresyon, Kaygı ve Stres Ölçeği (DASS) ve bir kişisel bilgi formu uygulanmıştır. Araştırmada DFA ve regresyon temelli aracılık analizleri yürütülmüştür. DFA sonucuna göre ölçeğin 29 maddelik yapısı Türk örnekleminde doğrulanmıştır. Bulgulara göre, kendini susturma ile benlik saygısı arasında negatif yönde anlamlı bir ilişki bulunmuştur. Öte yandan, kendini susturma ile depresyon, kaygı ve stres arasında pozitif yönde anlamlı ilişkiler bulunmuştur. Araştırmanın bir diğer bulgusuna göre, kendini susturma ile depresyon, kaygı ve stres arasındaki ilişkide benlik saygısı aracılık rolü üstlenmiştir. Diğer bir ifade ile kendini susturmanın depresyon, anksiyete ve stress üzerinde hem doğrudan etkileri hem de benlik saygısı aracılığıyla dolaylı etkilerinin anlamlı olduğu görülmüştür.

**Anahtar Kelimeler:** Kendini susturma, Benlik saygısı, Depresyon, Anksiyete, Stres

**Introduction**

In recent studies, cognitive variables related to the relational life of individuals have attracted attention (Kraft et al., 2019; Proeve et al., 2018). Especially since individuals in young adulthood experience the intimacy vs. isolation as a psychosocial stage (Erikson, 1987), many researchers tend to examine the cognitive processes of individuals in this stage (eg., Lapsley & Woodbury, 2016; Wood et al., 2017). At intimacy vs. isolation stage, individuals have a sense of identity 'We are all we can love'. Those who successfully complete this stage experience intimacy, and those who do not experience isolation (Erikson, 1987). According to the cognitive approach, there are maladaptive and distorted thoughts based on psychological problems (Beck, 2005). Similarly, individuals resort to distorted thoughts and some defense mechanisms and silence themselves to maintain their intimate relationships and avoid conflict in their relationships (Jack & Ali, 2010; Natsuaki et al., 2015). In self-silencing, which is considered as a cognitive schema, the individuals always think that the thoughts and voices of their partner are more important than themselves, and ignore their own needs to continue the relationship (Jack & Dill, 1992). Such thoughts are similar to negative thought patterns in the cognitive approach, such as emotional logic, necessity statements, and irrational beliefs (Beck, 1967).

General distress is known to be affected by faulty cognition patterns (Kaya et al., 2019) and self-silencing is also considered a cognitive schema (Jack, 1991). According to the literature, self-silencing is associated with depression (Lafrance, 2009; Page et al., 1996), anxiety (Smolak, 2010) and stress (Ali et al., 2002). Self-esteem, which is considered as a mediator variable in the current study, is also associated with self-silencing (Cramer et al., 2005; Drat Ruszczak, 2010) and is an important predictor of general distress (Al Nima et al., 2013). However, yet to our knowledge, the relationship between self-silencing and general distress in line with self-esteem has not been explored by previous research. Therefore, the aim of the current study was to examine the relationship between self-silencing and general distress,

and the mediating role of self-esteem on this possible relationship.

When individuals experience an intimate relationship before they acquire adaptive cognitive and emotional coping skills, they may be faced with using maladaptive coping strategies. These maladaptive coping strategies are ruminative coping and self-silencing (Natsuaki et al., 2015). Self-silencing is a frequently encountered concept in women's studies (Kurtiş, 2010). According to Jack (1991), through faulty cognitive patterns and behaviors, women try to secure their intimate relationships by prioritizing the needs of their partner rather than their own. In this relational process, which the most important responsibility in intimate relationships is thought to be to make the partner happy, women renounce themselves and sacrifice themselves to maintain their relationship (Jack & Dill, 1992).

Although it is known that men sometimes suppress their own voices, self-silencing is generally regarded as a female-specific concept (Jack & Ali, 2010). Jack (1991) describes cognitive-based relational schemas such as avoiding conflict, pleasing others, and compulsive caretaking encountered in self-silencing as feminine attachment behaviors. Self-silencing relational schemas are seen in socially approved behavioral patterns. Besides feminine attachment behaviors, feminine gender characteristics also form the basis for self-silencing (Witte & Sherman, 2002). There is also social approval in feminine gender characteristics, which are evaluated within the scope of traditional gender roles (Harper & Welsh, 2007). Therefore, the social environment in which women live has an important role in self-silencing.

Relational schemas of self-silencing are encountered in many cultures (Worell, 2010). Culture has norms about how an individual will react to social events. Some behaviors, thoughts and especially voices may not be accepted through cultural norms. For this reason, the individual may silence their voices/expressions that the culture does not approve. In the Two-Dimensional Autobiographical Model put forward by Fivush (2002), the effect of culture is remarkable in the other dimension, which is just the opposite of self-dimension. In Fivush's

(2002) model, the culture's instructions regarding what the individual should or should not do are located in the voice of the other. In this process, individuals may be exposed to the norms created by the other, or their own feelings, thoughts and voices may be rejected by the other. Therefore, impose and negate are situations encountered in the other dimension of the Two-Dimensional Autobiographical Model. In the self dimension of this model, individuals either experience a sense of approval by expressing themselves or fall into existential despair by silencing their own narratives and experience an avoidant attitude. In the context of the avoidant attitude, self-silencing is in question. In line with the theoretical explanations, it is seen that the concept of self-silencing is assessed within the scope of cognitive and sociocultural components (Jack & Ali, 2010).

Self-silencing is thought to cause a variety of psychological problems. For example, self-silencing is based on the experiences of clinically depressed women. According to Jack (1991), individuals who silence themselves prepare the ground for depression by putting themselves in the background with maladaptive cognitions. In this regard, in the relevant literature, self-silencing is mostly examined with depression (Lafrance, 2009; Page et al., 1996; Whiffen et al., 2007). Stress (Ali et al., 2002), anxiety (Smolak, 2010), well-being (Jordan, 2010; Kurtiş, 2010) and identity problems (Witte & Sherman, 2002) are also investigated. Studies dealing with general distress show that maladaptive cognitive schemas cause vulnerability to depression (Beck, 2005). Accordingly, depression is a strong indicator of self-silencing (Oh, 2010).

Concerns about whether to secure the relationship in the process of self-silencing also cause the individual to experience anxiety (Jack & Dill, 1992). If the other's wishes and needs are not met, the possibility of being abandoned or not accepted creates anxiety in women (Jack & Ali, 2010). On the other hand, when women cannot express themselves or when isolated, they are also vulnerable to stress (Gordon, 2010). On the other hand, according to some studies, individuals with cognitive fragility interpret events by inferring negatively (Abramson et al., 1989) or using dysfunctional thoughts (Beck, 1967) in the face of a stressful situation.

A bidirectional interaction between self-silencing and stress, could not reveal the predictive direction between these variables. However, self-silencing causes the development of negative cognitions (Jack & Ali, 2010; Natsuaki et al., 2015) and may affect general distress. In this context, the situation regarding the fact that faulty cognitions in intimate relationships, which are evaluated within the scope of self-silencing, can cause general distress, supports the cognitive behavioral model.

Considering the situations that a woman encounters by silencing her voice, it is thought that self-silencing is a significant predictor of general distress. Women may resort to negative cognitions to maintain their intimate relationships (Jack & Ali, 2010) and may face some psychopathologies. It is therefore hypothesized that self-silencing in women may affect general distress.

According to the cognitive approach, it is known that depression includes features such as self-dislike, pessimism and social withdrawal (Beck & Beamesderfer, 1974). These features are known to be related to self-

esteem (Ackerman et al., 2011). Cognitive vulnerability models suggest that low self-esteem causes depression. These cognitions are reinforced by negative life events and negative emotions (Al Nima et al., 2013). Coping with general distress is an indicator of high self-esteem. Therefore, it can be said that high self-esteem acts as a buffer to general distress (Al Nima et al., 2013). In studies dealing with self-esteem in women, it is known that self-esteem is an important factor in the onset of psychiatric disorder (Miller et al., 1989). Within the scope of the current study, the relationship between self-esteem and general distress were reconsidered and these relationships will be examined within the framework of self-silencing among women.

It is thought that self-esteem may also affect the relationship between self-silencing and depression. The concept of self-silencing suggests that cognitive schemas related to the maintenance of secure and intimate relationships silence women's thoughts, actions and feelings, which in turn reduces their self-esteem (Jack & Dill, 1992). When their intimate relationships are at risk, the self-esteem of women, who form their self-relative to others, is greatly affected (Neves & Nogueira, 2010). A woman who put herself in the background and gives priority to meet the the needs of others reinforces her low self-esteem (Jack, 1991). The 'good woman ideal', which is one of the most important purposes of silencing oneself, is displayed with the expectation that it will lead to high self-esteem as well as belonging and security (Jack et al., 2010). It is known that depression in women increases through self-silencing and low self-esteem (Cramer et al., 2005). Therefore, self-silencing and self-esteem caused by negative cognitive schemas may cause general distress.

With maladaptive cognitive schemas, women silence themselves in order to secure and maintain the relationship. Thus, self-silencing may result in low self-esteem by influencing from cognitive biases and lead to increased general distress. In conclusion, the current study investigated the relationship of self-esteem with self-silencing and general distress. Accordingly, it is assumed that the effect of self-silencing on general distress can be reduced through self-esteem. It is thought that investigating the mediating role of self-esteem in the relationship between self-silencing and general distress will fill an important gap in the relevant literature. The following hypotheses were formed within the scope of this study.

H1: Self-silencing will significantly be associated with depression, anxiety and stress.

H2: Self-esteem will have a mediating role in the relationship between self-silencing and depression, anxiety and stress.

## Methods

### Participants

Since self-silencing is a concept encountered in romantic relationships, this study was conducted on individuals with romantic relationship experience. The sample consisted of 427 women in Turkey, aged 18-31 years ( $M= 20.70$ ,  $SD= 2.15$ ). Socioeconomic status of the women was low for 170 (39.8 %), average for 211 (49.4 %), and high for 46 (10.8 %). A total of 64 (15.0%) of participants had received a psychological treatment before, while 363 (85.0%) had not received any psychological treatment. Convenience sampling method was used in the study. In this sampling

method, it is more economical to reach the participants in terms of money, time and accessibility (Cresswell, 2014). The convenience sampling method has some disadvantages as the participants are not randomly selected from the target group. For example, the reproducibility of the research may be in question (Ary et al. 2014). To overcome these problems, it has been suggested to define the demographic characteristics of the sample in detail (Gravetter & Forzano, 2018). In this direction, it is recommended that the sample size is at least 200 (Kline, 2016). In addition, it has been suggested that 5-10 people should be reached for each scale statement (Tinsley & Tinsley, 1987). Based on this approach, the minimum sample size in the current study was calculated as  $31 \times 10 = 310$ .

### Procedure and Ethical Approval

Firstly, permission was obtained to adapt Silencing the Self Scale (STSS) to Turkish from the author of the scale. Items of the Self-Silencing Scale were translated into Turkish by 5 academicians who completed their doctor's degree on psychology. After discovering that there is no difference among the translated items, those items and the questions containing demographic information were turned into forms and then were added to online form. Then, necessary approval was received from the ethical committee of the university that one of researchers has previously served (E-79126184-050.99-5015). After the permission, approval, and adaptation are completed, the questionnaires were prepared. Then, the questionnaires were presented to the students online along with the informed consent form.

### Measures

**Information Form:** This form developed by the researchers and included questions for age, socioeconomic status, whether or not to get psychological treatment status, and romantic relationship status.

**Silencing the Self Scale:** Silencing the Self Scale, developed by Jack (1991), measures the level of silencing of women's feelings and thoughts in their intimate relationships. The scale is 5-point Likert type and has 31 items. A sample item is: When I'm in a romantic relationship, I lose sense of who I am. The reliability of the scale was calculated in three different sample groups: undergraduate women, battered women in shelters, and pregnant women. The Cronbach's alpha values are 0.75 for the externalized self-perception, 0.65 for the care as self-sacrifice, 0.78 for the silencing the self, 0.74 for the divided self and 0.86 for the total scale. The test-retest reliability coefficients of the scale were 0.88 for undergraduate women (Jack & Dill, 1992). As a result of CFA in the current study, the loadings for item 1 and item 11 in the scale were not significant. Thus, the model was determined to have good fit ( $\chi^2 = 735,29$ ,  $df = 372$ ,  $\chi^2/df = 1.98$ ,  $NFI = 0.93$ ,  $CFI = 0.97$ ,  $RMSEA = 0.048$  and  $SRMR = 0.053$ ). The internal consistency coefficient of the scale was determined as 0.77 for externalized self-perception, 0.80 for care as self-sacrifice, 0.82 for silencing the self, 0.73 for divided self, and 0.90 for the total scale. The lowest and highest scores that can be obtained from the scale are respectively; It ranges from 6 to 30 for the externalized self-perception dimension, 9 to 45 for the care as self-sacrifice dimension, 9 to 45 for the silencing the self dimension, 7 to 35 for the divided self dimension, and 31 to 155 for the overall scale.

**Two-Dimensional Self-Esteem Scale:** The Two-Dimensional Self-Esteem Scale (Self-Liking/Self-Competence) was developed by Tafarodi and Swan (2001). The 5-point Likert-type scale consists of 16 items. A sample item is: I am very talented. The internal consistency coefficient of the original scale is between 0.82 and 0.90. Doğan (2011) adapted the scale into Turkish and established that the two-dimensional factor structure of the scale was confirmed ( $\chi^2 = 258.93$ ,  $df = 98$ ,  $NFI = 0.95$ ,  $CFI = 0.97$ ,  $RMSEA = 0.049$  and  $SRMR = 0.049$ ). The lowest and highest scores that can be obtained from the both dimensions of scale and overall scale respectively; it ranges from 8 to 40 and from 16 to 80. In the current study, the internal consistency coefficient ( $\alpha$ ) for the total scale was found to be 0.81.

**Depression, Anxiety and Stress Scale:** The Depression, Anxiety, and Stress Scale was developed by Lovibond and Lovibond (1995) and has 42 items with three subscales. A sample item is: wasn't worth as a person. It is a four-point Likert-type scale for self-evaluation. The Turkish adaptation study for the scale was conducted by Bilgel and Bayram (2010). The validity of the scale was evaluated with the CFA and the model was determined to have good fit ( $\chi^2/df = 3.17$ ,  $GFI = 0.90$ ,  $CFI = 0.92$  and  $RMSEA = 0.04$ ). The reliability of the scale was evaluated with the internal consistency coefficient and the internal consistency coefficient was calculated as 0.87 for the depression subscale, 0.86 for the anxiety subscale, and 0.88 for the stress subscale (Bilgel & Bayram, 2010). The score that can be obtained from all three subscales; the lowest is 0, the highest is 42. The internal consistency coefficient in the current study was 0.92 for the depression subscale, 0.90 for the anxiety subscale, and 0.88 for the stress subscale.

### Analysis of Data

Firstly, descriptive statistics were calculated for all variables. The dataset was checked for missing or incorrect entries. It has been observed that there is no outlier value by reviewing whether there is an outlier or not. The assumption for normality was tested by examining the skewness and kurtosis values. It was known that as skewness and kurtosis values come close to 0, specifically the values between -2 and +2 are indicative of normal distribution in the data (George & Mallery, 2019). In the current study, it was observed that the values between skewness (between 0.60 and 0.75) and kurtosis (-0.90 and -0.24) showed a normal distribution. CFA procedures were initiated to verify the four-factor structure. Reliability values were calculated with the internal consistency coefficient. Afterwards, mediation analysis was performed to test the hypotheses of the study. Calculating the indirect effect of the mediator variable, the bootstrap method was used and the suggestions for examining the confidence intervals were taken into consideration. Therefore, in the study, the bootstrap method of Preacher and Hayes (2008) was used to determine the significance of the indirect effect. At this stage, direct, indirect and total effects were calculated. Process Macros for SPSS program was used to calculate the Bootstrap method. SPSS 21.00 and Lisrel 8.71 package software were used for analysis of the data.

### Results

#### Results of the Validity and Reliability of the Turkish Version of the Silencing the Self Scale

CFA is an advanced technique testing the theoretical models based on latent constructs (Tabachnick & Fidell,

2014). In the current study, Maximum Likelihood Estimation (MLE) was carried out to estimate parameters for CFA. Multiple fit indices were examined to evaluate the goodness of fit of the model to the data. For this reason, an RMSEA and SRMR values of < 0.08 and a CFI and NFI values of > 0.90 were accepted as a criterion (Hu & Bentler, 1999; Kline, 2016). An RMSEA index of 0.05 shows a good level of fit, between 0.05 and 0.08 an acceptable fit, and results above 0.10 show poor fit (Brown, 2015).

Firstly, the parameter estimates were examined by testing the CFA model and the significance of the error terms and standardized regression coefficients between the items were checked. According to CFA in the current study, the loadings for item 1 and item 11 in the scale were not significant and both items excluded from the scale. At the same time, in this study, item 1 and item 11 have zero to

negative item-total correlation. Thus, the model had a good fit ( $\chi^2= 735,29$ ,  $df= 372$ ,  $\chi^2/df= 1.98$ ,  $NFI= 0.93$ ,  $CFI= 0.97$ ,  $RMSEA= 0.048$ , and  $SRMR= 0.053$ ). Since factor loadings varied between 0.38 and 0.77 ( $p < .001$ ), the items are thought to adequately represent latent factors and factor loads seem to meet the criteria for cutoff value (Field, 2013; Tabachnick & Fidell, 2014). The internal consistency coefficient of the scale was determined as 0.77 for externalized self-perception, 0.80 for care as self-sacrifice, 0.82 for silencing the self, 0.73 for divided self, and 0.90 for the overall scale.

#### Preliminary Analysis

Firstly, correlation analysis was performed to search for relationships between self-silencing, self-esteem, depression, anxiety, and stress. Table 1 shows the correlations, means, standard deviations, skewness, and kurtosis values among the variables.

**Table 1.** Descriptive statistics of measures and correlations among variables

	Mean	SD	Skewness	Kurtosis	1	2	3	4	5
Self-Silencing	79.22	15.92	-0.14	-0.20	1				
Self-Esteem	56.39	8.92	-0.28	0.13	-0.38*	1			
Depression	12.29	8.65	0.60	-0.63	0.42*	-0.41*	1		
Anxiety	12.49	8.24	0.58	-0.33	0.40*	-0.40*	0.85*	1	
Stress	16.41	8.14	0.14	-0.81	0.35*	-0.28*	0.73*	0.76*	1

\* $p < .001$

#### Mediation Test Depression

The unstandardized regression coefficients show that there were significant effects of self-silencing on depression ( $B = 0.23$ ,  $t = 9.44$ ,  $p < .001$ ) and on self-esteem ( $B = -0.21$ ,  $t = -8.40$ ,  $p < .001$ ). There was a significant effect of self-esteem on depression ( $B = -0.29$ ,  $t = -6.53$ ,  $p < .001$ ). When the indirect effect of the findings is examined, the fact that the 95% bias-corrected confidence intervals do not include zero (Preacher & Hayes, 2008) revealed that self-esteem plays a mediating role in the relationship between self-silencing and depression ( $ab = 0.06$ , 95% CI [0.0416, 0.0843]). When the effect of self-esteem is controlled, the predictive effect of self-silencing on depression has continued ( $B = 0.17$ ,  $t = 6.70$ ,  $p < .001$ ).

#### Anxiety

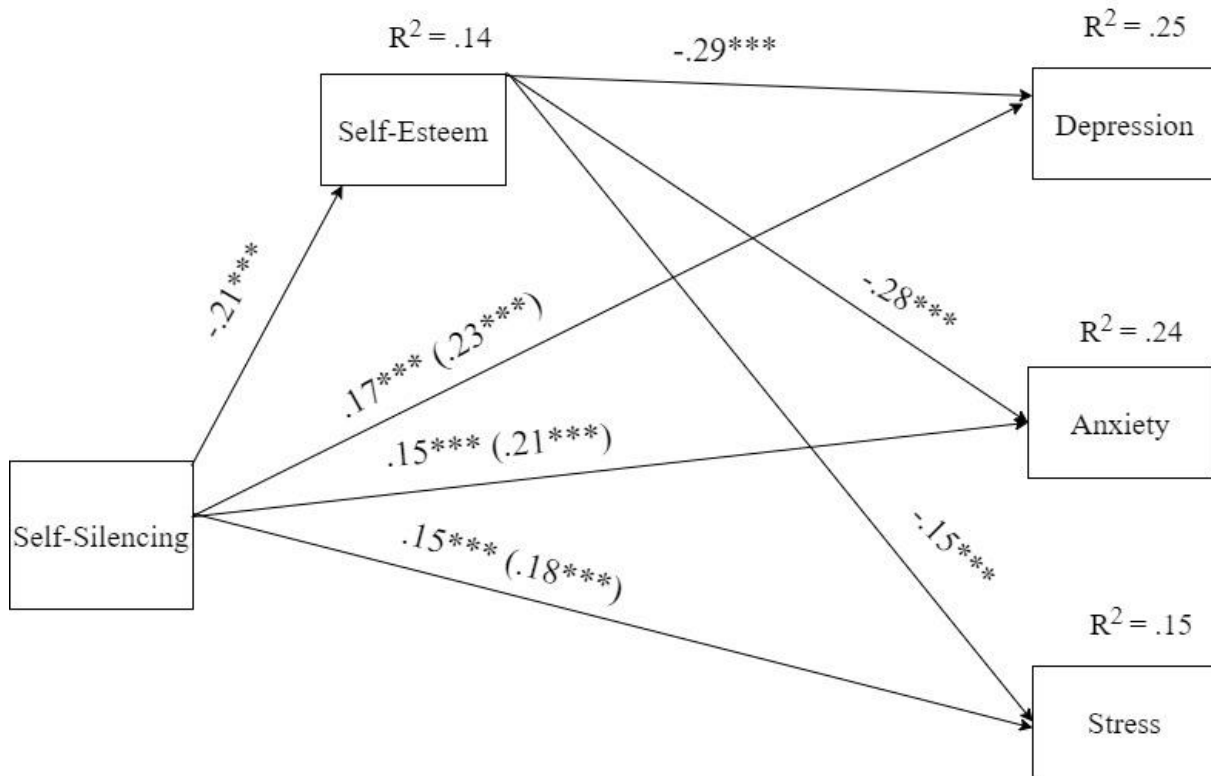
The unstandardized regression coefficients show that there were significant effects of self-silencing on anxiety ( $B = 0.21$ ,  $t = 8.98$ ,  $p < .001$ ) and on self-esteem ( $B = -0.21$ ,  $t = -8.40$ ,  $p < .001$ ). There was a significant effect of self-

esteem on anxiety ( $B = -0.28$ ,  $t = -6.52$ ,  $p < .001$ ). When the indirect effect of the findings is examined, the fact that the 95% bias-corrected confidence intervals do not include zero revealed that self-esteem plays a mediating role in the relationship between self-silencing and anxiety ( $ab = .06$ , % 95 CI [0.0394, 0.0811]). When the effect of self-esteem is controlled, the predictive effect of self-silencing on anxiety has continued ( $B = 0.15$ ,  $t = 6.25$ ,  $p < .001$ ).

#### Stress

The unstandardized regression coefficients show that there were significant effects of self-silencing on stress ( $B = 0.18$ ,  $t = 7.80$ ,  $p < .001$ ) and on self-esteem ( $B = -0.21$ ,  $t = -8.40$ ,  $p < .001$ ). There was a significant effect of self-esteem on stress ( $B = -0.15$ ,  $t = -3.43$ ,  $p < .001$ ). When the indirect effect of the findings is examined, the fact that the 95% bias-corrected confidence intervals do not include zero revealed that self-esteem plays a mediating role in the relationship between self-silencing and stress ( $ab = .03$ , % 95 CI [0.0143, 0.0529]). When the effect of self-esteem is controlled, the predictive effect of self-silencing on stress has continued ( $B = 0.15$ ,  $t = 6.01$ ,  $p < .001$ ).

**Figure 1.** The indirect effect of self-silencing on depression, anxiety, and stress through self-esteem



\*\*\* p < .001

**Table 2.** Direct and indirect effects of variables

Model paths	Effect	95% BC	
		Lower	Upper
<b>Direct Effects</b>			
Self-Silencing → Depression	0.17*		
Self-Silencing → Anxiety	0.15*		
Self-Silencing → Stress	0.15*		
Self-Silencing → Self-Esteem	-0.21*		
Self-Esteem → Depression	-0.29*		
Self-Esteem → Anxiety	-0.28*		
Self-Esteem → Stress	-0.15*		
<b>Indirect Effects</b>			
Self-Silencing → Self-Esteem→Depression	0.06	0.0416	0.0848
Self-Silencing → Self-Esteem→Anxiety	0.06	0.0394	0.0811
Self-Silencing → Self-Esteem→Stress	0.03	0.0143	0.0529
<b>Total Effects</b>			
Self-Silencing → Depression	0.23*		
Self-Silencing → Anxiety	0.21*		
Self-Silencing → Stress	0.18*		

Bootstrapping process was performed with 10.000 bootstrap samples. \*p < .001

**Discussion**

**Confirmatory Validation of the Silencing the Self Scale**

In this study, firstly, the validity and reliability of the Turkish version of the Silencing the Self Scale in the adult female sample was examined. In this respect, the findings related to the CFA used showed that the factor structure of the scale obtained in the UK sample was also confirmed on individuals in the Turkish sample (except for items 1 and 11). A review of the literature shows that Jack (1996) recommends that items 1 and 11 should no longer be taken into account in factor solutions or mean comparisons.

Similarly, in the study conducted in the Canadian sample, the factor loadings of item 1 and item 11 were found to be insignificant (Cramer & Thoms, 2003). As a result of the factor analysis studies carried out in the Turkish sample, it is seen that there are studies showing that the factor loads of item 1 and item 11 are insignificant (Demir Kaya, 2019; Kurtiş, 2010). Therefore, research findings are similar to these studies. In this study, the reliability of Silencing the Self Scale was examined with internal consistency. The internal consistency coefficient of the scale was determined as 0.77 for externalized self-perception, 0.80 for care as self-sacrifice, 0.82 for silencing the self, 0.73 for divided self, and 0.90 for the overall scale. The research

findings were evaluated in the light of the relevant literature and it was revealed that the scale has a good level of reliability (Field, 2013).

### **Self-Silencing, General Distress and Self-Esteem**

In the current study, the relationship between self-silencing and general distress in women was examined and it was found that self-esteem played a mediating role in this relationship.

Self-silencing was associated with general distress, and self-silencing was a significant predictor of general distress. This indicates that when self-silencing reduces in women, general distress can also reduce. This finding is similar to the findings of many studies in the related literature (Besser et al., 2010; Jack, 1991; Oh, 2010). Lafrance (2009) argued that women silence themselves to achieve the 'ideal woman image' and therefore, the ego deteriorates and prepares the ground for depression. According to Jack and Dill (1992), a woman thinks that the voice of the other is more important due to cognitive schemas related to the ideal woman image, and by formatting her identity in this way, she prepares the ground for depression. This explains the cognitive approach aspect of self-silencing. Self-silencing also integrates the cognitive approach, social learning theory, and attachment theory (Jack, 1991). In this direction, the prediction of depression by self-silencing can be explained by the social learning theory, which includes cultural studies. Jack and Ali (2010) found that women's depression levels were not high in regions with low socio-cultural levels, and they explained that the factors that protect them from high depression levels are the sounds in their field that they can express themselves freely.

The predictive effect of self-silencing on stress, a component of general distress, is parallel with some studies (Drat Ruszczak, 2010). Brown and Harris (1978) argue that the factor that makes women vulnerable to stress is isolation, and women do not have any environment to express themselves among the reasons for this isolation. On the other hand, some studies suggest that women silencing themselves are exposed to high levels of stress (Ali et al., 2002). This view may mean that women silence themselves after negative life events. This two-way relationship between stress and self-silencing can be explained by the fact that both self-silencing and stress have cognitive and affective elements. In the current study, the effect of self-silencing on anxiety was found to be significant in addition to stress. This may be due to women's concerns about focusing on their partners and securing their relationship. This is because avoiding a possible loss by prioritizing the wishes of the other or partner, which is the basis of self-silencing, is similar to anxious attachment (Jack & Dill, 1992). In this case, women are expected to develop some coping strategies. Depression, anxiety, and stress are affected by coping strategies (Al Nima et al., 2013) and this protects their psychological health. Drat Ruszczak (2010) examined some components of psychological health related to self-silencing and reported that these are low depression, low stress and high well-being. From this perspective, self-silencing can have an impact on general distress.

According to another result of the current study, self-esteem has a mediating role on the relationship between self-silencing and general distress. It is known that self-esteem is affected by some cognitive processes (e.g., cognitive biases) (Orth & Robins, 2014). Therefore,

dysfunctional cognitions that prepare the ground for self-silencing to maintain an intimate relationship may interact with self-esteem and cause general distress. The relationship between self-esteem and general distress has been examined in many studies (Al Nima et al., 2013; Matheson et al., 2015). However, no study was found to examine the mediating role of self-esteem on general distress. In the current study, the mediating role of self-esteem in the relationship between self-silencing and general distress is important in terms of closing the gap in the relevant literature.

The culture in which individuals live affects self-structure (Markus and Kitayama 1991). Relational self-structure is seen in collectivist and autonomous self-structure is experienced in individualistic cultures (Adams & Plaut, 2003). Although it is claimed that Turkish culture has an autonomous-relational self (Kağıtçıbaşı, 2010), it is stated that the relational self is more dominant (Telef & Furlong, 2017). In collectivist cultures where the relational self is common, maintaining commitment to and conforming to others is a common feature (Kitayama et al., 1997). It can be said that the adolescence period, which coincides with processes such as separation and alienation in order to be an individual, is not experienced in collectivist cultures. Even if individuals who have not lived through their adolescence experience problems in their relationships, they cannot end their unhappy relationships in their relationships, as they cannot experience separation and alienation as a result of the problems they experience with their parents in adolescence. These individuals, who experience the sense of collectivism, try to make the other happy and live for the other (Hasanoğlu, 2013). In these cultures where self-silencing is common, there is a commitment to relationships, and opinions and personal needs can be blocked. Thus, individuals may be more likely to experience general distress. In this context, it can be said that the result of the current study is consistent with cultural characteristics.

In the study examined by Al Nima et al. (2013), the components of general distress were discussed separately and it was found that stress and anxiety had a mediating role in the relationship between self-esteem and depression. Other studies supported that self-esteem and dysfunctional cognitions are the most important causes of depression, anxiety and stress (Gordon, 2010; Jack & Dill, 1992; Smolak, 2010; Smolak & Munstertieger, 2002). Similarly, in the current study, the effect of self-silencing on general distress through self-esteem was indicated. Therefore, the findings of the current study are confirmed by the cognitive approach. According to the self-silencing theory (Jack & Dill, 1992), women's dysfunctional cognitions cause self-silencing on the one hand and low self-esteem on the other so self-silencing may be the reason for both low self-esteem and the development of general distress.

There are also some limitations in the current study. Firstly, women outside the clinical setting were included in the study. Considering that the starting point of the self-silencing theory is depressed women in the clinical setting, future studies may include different settings. Secondly, participants in the study are in young adulthood. Since general distress is also experienced in later developmental stages, similar variables can be studied among women in mid-adulthood or late adulthood. Third, generalization issue in the current study due to the cross-sectional design

so, longitudinal studies can be conducted to examine whether the general distress, which is the basis of self-silencing and self-esteem, will continue and to determine possible variables that may affect this process. Fourth, it can be recommended to implement widespread interventions based on women's self-expression in order to raise the level of self-esteem as an important societal goal. Finally, another limitation of the study is related to culture. The Self-Silencing Scale was developed in a British sample with an autonomous self. However, a validity and reliability study was conducted on women in Turkish culture, where collectivist characteristics are dominant. The basic characteristics of individuals in this culture are to adapt to relationships and to be a part of these relationships. In these cultures where self-silencing is common, there is a commitment to relationships, and opinions and personal needs are blocked. In these cases, it may contribute to the development of depressive symptoms and anxious pathologies. As a result, the sample of this study is limited to women in Turkish culture with collectivist characteristics.

## Declarations

### Ethics Approval and Consent to Participate

The ethics committee permission required to start this study was obtained from the ethics committee of Bayburt University Ethics Committee with the decision number 2021/46 dated 26.02.2021. Ethical rules reported during the study were taken into consideration and consent forms were obtained from the participants.

### Consent for Publication

Not applicable

### Availability of Data and Materials

Not applicable.

### Competing Interests

The author declares that no competing interests in this manuscript.

### Funding

Not applicable.

### Authors' Contributions

MDK carried out the proposal of the main idea of the research, MDK and FK contributed to the collection of data, analysis. FK carried out revision of the article content. All authors have read and approved the final article.

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