

**The Psychological Outcomes of Self-Silencing in Women as Compared to Men and  
Emotion-Focused Therapy**

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### **Abstract**

Self-silencing is a strategy used by women to maintain affiliation and security in their relationships. It is a way of avoiding conflict and meeting sociocultural expectations to be a “good woman”—that is, kind, passive, and submissive (Maji & Dixit, 2019). This capstone employs a constructivist paradigm, silencing the self theory, and attachment theory to understand the psychological impacts of self-silencing in women and provide a therapeutic framework that offers insight into the process of emotion-focused therapy for individuals and groups and the principles and interventions that may support women’s empowerment and subjective well-being.

*Keywords:* self-silencing, silencing the self theory, attachment theory, psychological impacts, emotion-focused therapy, emotion-focused individual therapy, emotion-focused group therapy

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Many of the women and men who came before me, my ancestors and relatives grew up in a world where it wasn't safe or acceptable to have a voice, to acknowledge injustice, or to ask

for their feelings or needs to matter. Throughout my life, I've often noticed that women's knowledge and time is not valued or respected. Even women's last names become insignificant. To my female sisters, friends, relatives, and ancestors, you are important and your knowledge, your feelings, your sacrifices, and your time matters. This one is for you: Janet Marshall (Demers), Edith Demers (Hood), Jean Marshall (Phelan).

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## Chapter 1: Introduction

Silencing the self, the act of suppressing one's voice, is a tactic women use to avoid conflict, maintain harmony and security in their relationships, and meet the sociocultural ideals associated with being a "good woman" (Jack, 1991; Maji & Dixit, 2019). Jack (1991) was the first to demonstrate that self-silencing played a role in the higher rates of psychological distress in women, compared with men, in a longitudinal study focused on the narratives of clinically depressed women. From this work, in which women discussed stories of self-repression to meet sociocultural expectations and preserve harmony and security in their relationships, Jack developed silencing the self theory (STS; Jack, 1991; Jack & Ali, 2012; Maji & Dixit, 2019). Jack explains that a person's experiences of their gender become the "over-eye," an internal voice that tells a person how they "should behave" to be perceived as adequate by those around them. When the over-eye is followed, a person projects a false self to the world to obtain the desired rewards of social acceptance and maintenance of relationships. The gap between a person's real self and their projected false self evokes inner conflict and harms their sense of self and mental health (Jack, 1991; Jack & Ali, 2012; Maji & Dixit, 2019). This theory is focused on women because of the disparity in power between men and women that requires women to act in certain ways to maintain social and financial resources in a patriarchal society (Jack, 1991; Jack & Ali, 2012; Maji & Dixit, 2019; Ussher, 2004). Self-silencing is also understood through the lens of attachment theory, which suggests that people develop an internal working model of behaviour based on their earliest relationships with primary attachment figures; this model teaches them how to behave to maintain connection and obtain love and approval (Jones, 2015). The learned attachment behaviours are often used in significant relationships throughout one's life, including romantic relationships (Jones, 2015). Emotion-focused therapy (EFT) is a

therapeutic approach that utilizes experiential and systematic interventions, knowledge of attachment theory, and the latest research on emotions (Greenberg, 2010). Theorists following this approach believe that emotions can be utilized to understand one's needs, drive adaptive behaviour change, and direct oneself toward self-actualization as the emotional system holds information on a person's essential needs (Greenberg, 2010). EFT offers a way for women to increase their subjective well-being, authenticity, and self-directed adaptive behaviour (Greenberg, 2010). According to Greenberg (2010), the only way painful emotional experiences can be changed is when they are felt, accepted, and reclaimed.

### **Purpose of Study and Research Question**

This capstone aims to address the following research questions:

1. What are the psychological impacts of self-silencing in women as compared to men?
2. How can EFT, emotion-focused individual therapy (EFIT), and emotion-focused group therapy (EFGT) be used to empower women and improve their psychological well-being?
  - a. What EFT principles and interventions could be used to increase women's authenticity and self-directed behaviour?

Through the exploration of these questions, this capstone's purpose is to provide readers, especially mental health therapists, with an understanding of self-silencing and the impacts of self-silencing on women's mental health. Additionally, it provides an EFT framework that can be used by mental health therapists to benefit female clients who have experienced the negative effects of self-silencing.

## **Conceptual Paradigm and Theoretical Frameworks**

### ***Constructivist Paradigm***

I have used a constructivist paradigm to approach this paper. In this paradigm, knowledge and meaning are thought to develop through a person's experiences with the world around them (Ponterotto, 2005). People continuously infer meaning from the experiences they have, although the inferred meaning may be beyond their conscious awareness and require inquiry to identify (Ponterotto, 2005). Because individuals have unique experiences from which they create meaning, reality is subjective (Ponterotto, 2005). Constructivism assumes that researchers cannot be completely objective and free of their values and experience-acquired knowledge (Ponterotto, 2005). Therefore, they must identify, clarify, and contain their experiences and values to prevent them from interfering with the research process (Ponterotto, 2005).

### ***Silencing the Self Theory***

The work of Jack (1991) created the foundation of this theory, which has roots in attachment theory and is focused on the factors that account for the gender disparity in psychological distress (Emran et al., 2020, 2023; Maji & Dixit, 2019). Self-silencing is the suppression of a person's inner thoughts, feelings, and needs to maintain the affection and security of those they are in relationships with, meet societal expectations, and avoid conflict (Emran et al., 2020; Maji & Dixit, 2019). Gender norms and expectations develop into an internal voice of moral authority called the "over-eye" (Emran et al., 2020; Maji & Dixit, 2019). This voice uses shame and criticism to condemn actions that fail to meet societal expectations (Emran et al., 2020; Maji & Dixit, 2019). Although context, culture, and relationships may differ, lack of power is at the root of self-silencing, combined with feelings of fear, self-criticism, and shame (Baeza et al., 2022; Emran et al., 2020, 2023; Maji & Dixit, 2019; Scott et al., 2023).

Because there are various reasons for self-silencing, STS has been divided into four relational schemas that can be measured separately. The first relational schema, *externalized self-perception*, is the degree to which a person's self-evaluation is based on external standards of female goodness (Maji & Dixit, 2019). Second, *care as self-sacrifice* is the degree to which a person prioritizes the needs and wants of those they are in relationships with to maintain relationship security (Emran et al., 2020). Individuals high in this domain believe that sacrificing what they need, want, or value is a way of showing love or care for another person (Emran et al., 2020; Maji & Dixit, 2019). The third, *silencing the self*, is the degree to which a person uses self-suppression to maintain harmony and avoid conflict in the relationship (Emran et al., 2020). Finally, the *divided self* is the degree of incongruence felt between a person's true values, beliefs, and characteristics (their real self) and the false self they present to others (Emran et al., 2020).

### ***Attachment Theory***

Attachment theory, developed by John Bowlby, understands the behavioural and personality differences among children as a product of the security of the emotional connection between the parent and the infant (Jones, 2015). Over time, attachment theory was applied to all adult caregiver and child relationships, as well as adult romantic relationships (Jones, 2015). In this theoretical approach, the primary attachment figure (parent or guardian) is considered a secure base who helps children meet their needs and protects them from harm (Jones, 2015). Children engage in a variety of attachment behaviours that get their primary attachment figure to approach them and keep them safe and that alert the attachment figure that they have an unmet need (Jones, 2015). Attachment behaviours include proximity-seeking behaviour, such as getting close to the parents when there is stress or threat, and "protesting," such as being visibly upset

and reactive when separated from their attachment figure (Jones, 2015). The emotional bond between parent and child helps the child co-regulate their emotions and develop the capacity to self-regulate as they age (Jones, 2015). The security of this bond impacts the child's understanding of self and of others; it is an internal working model (Jones, 2015). When a child's parent consistently offers support and meets their needs when they are distressed, the child develops a secure attachment style (Jones, 2015). If, instead, the caregiver fails to provide consistent and reliable support when the child is distressed, the child develops one of three insecure attachment styles: anxious, avoidant, and disorganized (Emran et al., 2023). Children with insecure attachment develop attachment anxiety or avoidance; they use these secondary attachment strategies to manage their distress and maintain the relationship for survival (Emran et al., 2023)

### **Contribution to the Field**

Jack (1991) was the first to hypothesize that self-silencing might explain the higher rates of mental illness in women (Jack & Ali, 2012; Maji & Dixit, 2019; Ussher, 2004). Mental illness has significant impacts on a person's vitality, harms their subjective well-being, and increases their risk of death (Cortés-García et al., 2020). Mental illness can impact a person's earning potential, and treatment, for those who pursue it, is expensive and time-consuming (Cortés-García et al., 2020). Family, friends, and societal resources also incur expenses and face time-consuming responsibilities when supporting an individual with mental illness (Cortés-García et al., 2020). The financial burden of mental illness has deep impacts on women's individual and collective power due to the higher rates of mental illness in women. Because money allows agency, it gives an individual the power to participate in decision-making or make decisions independently (Cortés-García et al., 2020; Sun & Chen, 2022; Toczek et al., 2021; Vogler et al.,

2008). Thus, mental illness that decreases the earning potential of women contributes to power imbalances in relationships and society (Cortés-García et al., 2020; Sun & Chen, 2022; Toczek et al., 2021; Vogler et al., 2008). The elevated rates of mental illness in women, compared with men, can be used to support gender stereotypes and conceptual links that harm women (Pavco-Giaccia et al., 2019; Yu, 2018), such as the tendency to associate the images and words of men with reason and those of women with emotion (Pavco-Giaccia et al., 2019). Therefore, this research can be used to improve the knowledge and power of women and reduce the disparity between men and women in all aspects of life.

### **Researcher's Positionality and Reflexivity Statement**

As a White, cisgender female of considerable privilege, I feel connected to this subject because of my female identity. My social conditioning and desire to be “good” and well-liked created a strong internal voice that guided my early life. This voice was rooted in traditional gender norms and values that told me what I needed to do, how I should think and feel, and what I should value to appease the world around me and meet societal standards. This voice centred on how my actions would affect and be perceived by others as the opinions of others defined a woman's worth (Sassler & Miller, 2011). A woman's ability to procure and maintain the interest and commitment of a male partner demonstrates her value, desirability, and superiority, and provides her with supposed enduring life satisfaction (Sassler & Miller, 2011). Although my real self had a different perspective than that of the over-eye, I learned that to be good in the Catholic faith was to fear and suppress these inner experiences (Krause, 2010; Mikołajczak & Pietrzak, 2014).

During my earliest experiences, I learned that I would receive love, approval, and in-group membership when I exhibited positivity and gratitude in caring for and meeting the needs

of others. I observed that women were in positions of service in the family and workforce and were secondary to men (Talbot, 2003). Regardless of their occupational pursuits, women took care of the children, made the meals, and often shaped their lives around the occupational pursuits of their male partners (Talbot, 2003). Women tended to consider the needs, desires, and feelings of others, especially men, and they aimed to meet those needs before being asked to do so (Talbot, 2003). They were highly praised for their selflessness, care for others, kindness, sweetness, and compliance (Talbot, 2003). They were believed to be more emotional and less intelligent, rational, and reasonable than men, and this justified men's positions of authority in the home and workforce (Pavco-Giaccia et al., 2019). Assumptions about women's emotionality and other gender stereotypes were frequently used to discredit women's voices (Johnson et al., 2021; Pavco-Giaccia et al., 2019; Sweet, 2019).

I observed that messaging directed toward women in film centred on the pursuit and/or the maintenance of romantic relationships (Koontz et al., 2019; Morales-Romo et al., 2023). These films showcased a woman's efforts to find "the one," and the positive changes in mood and life satisfaction that occurred once commitment and enduring interest from that individual were established (Koontz et al., 2019; Morales-Romo et al., 2023). Women's stories and self-help resources for women focused on how to make relationships work and the importance of male happiness and sexual satisfaction (Koontz et al., 2019; Riley et al., 2019; Sassler & Miller, 2011; Signorella & Cooper, 2011). Usually, such resources reinforced gender norms focused on positivity, peace, gratitude, and acceptance (Koontz et al., 2019; Riley et al., 2019; Sassler & Miller, 2011; Signorella & Cooper, 2011). These norms were echoed by simplistic messaging used frequently in conversations with women—for example, "do you want to win, or do you want peace," "pick your battles," and "no issue is worth dying over." These messages presented

a polarized dichotomy of good and bad, in which a woman who prioritized peace was good and a woman who advocated for her needs and expressed her darker feelings was bad (Signorella & Cooper, 2011). Through these narratives and experiences, I learned that my identity, status, and well-being were tied to my relationships and how easily I could procure and maintain the interest and commitment of a man (Sassler & Miller, 2011).

Although I knew how I should think and feel, I sometimes had opposing thoughts and feelings. My willingness to follow the guidance of the “over-eye” was affected by my experiences as a Catholic and under authoritarian leaders who praised me for compliance (Sanvictores & Mendez, 2022; Zheng et al., 2021). In Catholicism, a person’s desires, negative thoughts, and feelings can lead them to sin, and committing a sin is considered the action of a morally bad person (Krause, 2010; Mikołajczak & Pietrzak, 2014). The religion also teaches that the afterlife is determined by one’s actions and intentions while on Earth (Krause, 2010; Mikołajczak & Pietrzak, 2014). A good person will be rewarded in Heaven, and a bad person will be punished in Hell (Krause, 2010; Mikołajczak & Pietrzak, 2014). A person’s goodness is defined by the Ten Commandments, which prioritize selflessness, generosity, kindness, forgiveness, and harmony (Krause, 2010; Mikołajczak & Pietrzak, 2014). I believed that I was responsible for what happened to me and that good things happen to good people. I felt like I was a bad person when my inner experiences differed from those the Church assumed that I would have. I feared how I would be perceived and what might happen if I allowed myself to be tempted by my negative and self-focused thoughts and feelings. These feelings were magnified by the praise I received for being a compliant learner within hierarchal systems like the Church and school system. Within systems like the Church, individuals in positions of authority, male priests, are the keepers of knowledge and power (Krause, 2010; Mikołajczak & Pietrzak, 2014).

People in positions of authority determine the status or grade of their students, and compliance and obedience are rewarded (Krause, 2010; Mikołajczak & Pietrzak, 2014). These experiences led me to believe that others knew best and that their evaluation of my decisions should be trusted, which reinforced my belief in the importance of how I was perceived by others.

Given my experiences, I self-silenced regularly to seem good, elicit positive external perceptions, and maintain my relationships and desirability as a woman. However, I also experienced poor self-esteem, anxiety, and chronic pain and was deeply resentful in my relationships with others. Given the legitimacy of my pain, I explored various ways of healing. My quest gave me the knowledge and skills I needed to question what I learned growing up, develop my belief system, and claim my voice; this improved my physical and mental health. While there were positive benefits, there were also social repercussions. My boundaries during conflicts were perceived by some as selfish or mean. While it was difficult for me to distinguish the difference between what was said and the truth, my place within my relationships was secure enough for me to further my self-actualization using my internal compass. My interest in self-silencing was intensified by the pain and lack of understanding and social support that I faced and the relational consequences of speaking up within the small, traditional communities that I became part of in my marriage. I was surprised by how difficult it was to navigate relational conflicts, address gender disparities, and continue to speak up when I wanted to be a great wife, and those actions (speaking up, acknowledging uncomfortable feelings, and addressing gender disparity and bias) were considered difficult, ungrateful, or overly sensitive.

## **Methods**

This is a theoretical paper with applied recommendations. It explores and adds to the literature on the psychological impacts of self-silencing and provides a practical guide for the

application of EFT in practice with women. I began this conceptual paper with a literature search related to the two research questions using the same processes but different search terms. I used the following search terms to explore the first research question: “self-silencing” or “silencing the self” with the additional qualifiers of “women,” “psychological impacts,” and “mental health impacts.” Articles that included “silencing the self-theory” or “attachment theory” were included. To address the second research question, I used “emotion-focused therapy (EFT),” “emotion-focused individual therapy (EFIT),” and “emotion-focused group therapy (EFGT)” and “psychological outcomes” or “mental health outcomes.” In each case, I used Google Scholar and City University’s online library to find peer-reviewed academic articles in English. I focused on articles from the last 10 years when possible and reviewed sources for relevancy. Relevant sources were scanned for notable references. An article was deemed relevant if it answered the study’s questions, was a peer-reviewed article from an academic journal, and was in English. Research studies were excluded if they focused on a connection between care as self-sacrifice (CSS) and psychological impacts because the CSS category of the Silencing the Self Scale (STSS) did not meet acceptable levels of reliability on the Cronbach’s alpha test (Locker et al., 2012).

### ***Silencing the Self Scale***

The STSS is used throughout the literature on self-silencing to assess attitudes and beliefs that fit the four dimensions of self-silencing in the context of relationships (Locker et al., 2012). It is important to review the strengths and limitations of this scale. It includes 31 statements distributed equally among the four categories of self-silencing. Scores are calculated based on a respondent’s degree of agreement with each statement, with the possible responses ranging from *strongly disagree* to *strongly agree* on a Likert scale (Locker et al., 2012). This measure has been

evaluated and found to have acceptable levels of validity (convergent and discriminant) and test-retest reliability, except for the CSS category, which has been reported to have a Cronbach's alpha score of 0.39 (Cano et al., 2020; Locker et al., 2012). Some researchers have adjusted for the lack of adequate reliability in the CSS section of the scale by excluding data specific to that scale (Abrams et al., 2019; Cano et al., 2020).

The STSS scale is limited by the use of self-reported data and the way a person understands the questions (Romero-Canyas et al., 2013). Men may be more likely to interpret this scale from a cognitive schema focused on control (Page et al., 1996) to meet hegemonic standards of masculinity (Bosson & Vandello, 2011; Jewkes et al., 2015; Romero-Canyas et al., 2013). While the removal of CSS data is necessary because of the lack of reliability, CSS is a big part of self-silencing and those high in this dimension may be at greater risk of treatment failure because of the difficulty of prioritizing self-care (Vidler, 2005). The literature would benefit from the development of a more reliable measure of CSS to better assess the impact of CSS on women's psychological health.

### **Strengths and Limitations**

Several psychological outcomes have been associated with self-silencing, with the strengths of the associations limited by the study size and methodology, the diversity of the sample, and the type of data. Barring a few exceptions, the research relied on self-reported data (Abrams et al., 2019; Ali & Toner, 2001; Bogar et al., 2017; Cano et al., 2020; Emran et al., 2023; Kaya & Kaya, 2023; Little et al., 2011; Locker et al., 2012; Norwood et al., 2011; Page et al., 1996; Scott et al., 2023; Shouse & Nilsson, 2011; Tan & Carfagnini, 2008; Uebelacker et al., 2003; Whiffen et al., 2007). Self-reported data lacks objectivity, is based on the respondent's perceptions, and is subject to social desirability bias (Abrams et al., 2019; Bogar et al., 2017;

Cano et al., 2020). Collecting data from friends, family, or relationship partners of respondents, as well as the inclusion of observational data collected over time, could enhance the validity of this data (Harper & Welsh, 2007).

The literature on depression contained the greatest number of studies and the widest range of study types, including cross-sectional (Abrams et al., 2019; Ali & Toner, 2001; Cano et al., 2020; Kaya & Kaya, 2023), longitudinal (Harper & Welsh, 2007; Little et al., 2011), mixed (Bogar et al., 2017; Peleg-Sagy & Shahar, 2015), and qualitative studies (Scott et al., 2023). Depression was studied in samples of various sizes from non-dominant groups that increased the generalizability of the results (Abrams et al., 2019; Ali & Toner, 2001; Bogar et al., 2017; Cano et al., 2020; Kaya & Kaya, 2023; Scott et al., 2023). That said, a number of these studies relied on participants who self-selected (Whiffen et al., 2007), which could skew the data, and most of the participants did not have clinically diagnosed depression (Ali & Toner, 2001; Bogar et al., 2017; Peleg-Sagy & Shahar, 2015; Whiffen et al., 2007).

Anger suppression (Tan & Carfagnini, 2008), anxiety (Page et al., 1996), and self-esteem (Page et al., 1996) were studied alongside depression. While the results showed an association between self-silencing and anger suppression (Tan & Carfagnini, 2008), between self-silencing and low self-esteem, and self-esteem and anxiety (Page et al., 1996), more studies are needed to determine the replicability and generalizability of the data.

The research that explored the impacts of self-silencing on relationship quality was limited by the diversity of samples. Except for a few studies from Israel, the study populations were predominately young, White, and from cultures with individualistic values (Uebelacker et al., 2003; Whiffen et al., 2007), which affected the strength and generalizability of the results. However, the research benefited from the inclusions of mixed (Peleg-Sagy & Shahar, 2015),

longitudinal (Harper & Welsh, 2007; Shulman et al., 2018), and cross-sectional methods (Uebelacker et al., 2003) that identified a link between self-silencing and worse relationship quality (Harper & Welsh, 2007; Peleg-Sagy & Shahar, 2015; Shulman et al., 2018; Uebelacker et al., 2003; Whiffen et al., 2007).

The research on self-silencing and eating disorders focused mostly on disordered eating (Locker et al., 2012; Norwood et al., 2011; Shouse & Nilsson, 2011). Given the results and the moderate to large sample size, more research studies would be beneficial to understand the association between self-silencing and eating disorders (Locker et al., 2012; Norwood et al., 2011; Shouse & Nilsson, 2011). The research on the link between self-silencing and eating disorders is limited to cross-sectional studies that would benefit from greater diversity in sample populations and methods (Locker et al., 2012; Norwood et al., 2011; Shouse & Nilsson, 2011).

A study on the association between self-silencing and rejection hostility benefited from an experimental design and large sample size, but no additional studies have been performed to determine whether the results can be replicated in diverse populations (Romero-Canyas et al., 2013).

Although much of the research is old and has significant limitations, a wide range of studies suggest that self-silencing impacts women's subjective well-being (Abrams et al., 2019; Ali & Toner, 2001; Bogar et al., 2017; Cano et al., 2020; Hambrook et al., 2011; Harper & Welsh, 2007; Kaya & Kaya, 2023; Locker et al., 2012; Norwood et al., 2011; Peleg-Sagy & Shahar, 2015; Romero-Canyas et al., 2013; Scott et al., 2023; Shouse & Nilsson, 2011; Shulman et al., 2018; Uebelacker et al., 2003; Whiffen et al., 2007).

## **Chapter 2: The Psychological Outcomes of Self-Silencing in Women: Internalizing Disorders**

While the bulk of the literature on self-silencing is focused on depression, self-silencing has also been associated with low self-esteem (Kaya & Kaya, 2023; Page et al., 1996) and anxiety (Kaya & Kaya, 2023).

### **Depression, Anxiety, and Self-Esteem**

Page et al. (1996) set out to understand the connection between self-silencing, self-esteem, and depression in 90 undergraduate men and 91 women. They found that lower self-esteem strengthened the association between self-silencing and depression, and moderate to high self-esteem reduced the likelihood of depression in individuals who engaged in self-silencing. These results did not differ by gender, but men self-reported higher self-silencing scores. Page et al. theorized that higher levels of self-silencing in men could be the result of the need for a control-based cognitive schema, in which self-silencing is used to maintain power and control within relationships. They suggested that individuals with high self-esteem may have silenced themselves to retain power because they prioritized themselves and their needs. That may be why individuals with high self-esteem in romantic relationships did not experience negative outcomes when they engaged in self-silencing.

In a study by Kaya and Kaya (2023), mental health outcomes, self-silencing, and self-esteem were measured in a sample of 427 female university students. The participants, who were all in romantic relationships, lived in Turkey, which is a country that values the relational self and has a mix of individualistic and collectivist values. While these results were limited by the use of a convenience sample, they demonstrated that even women who placed a higher value on relationships were affected by self-silencing. Women with higher levels of self-silencing and low

self-esteem were more likely than their peers to be distressed psychologically and have symptoms of anxiety and depression (Kaya & Kaya, 2023).

### **Depression and Anger**

Tan and Carfagnini (2008) studied the connection between anger (expression and suppression), depression, and self-silencing in 56 women who lived with their romantic partners. Depressed participants had high levels of self-silencing, suppression of anger, and expression of anger. The participants at the greatest risk for depression were highest in anger suppression, self-silencing, and externalized self-perception (Tan & Carfagnini, 2008). Tan and Carfagnini suggested that women high in externalized self-perception care more about meeting traditional gender norms than those with lower levels of externalized self-perception and, as a result, are at greater risk for worse mental health outcomes.

Women from dominant groups in Western cultures that value the individual are at increased risk for depression when they have high levels of self-silencing (Abrams et al., 2019; Emran et al., 2023; Harper & Welsh, 2007; Little et al., 2011; Tan & Carfagnini, 2008; Uebelacker et al., 2003; Whiffen et al., 2007), as do women in non-dominant groups that prioritize collective well-being (Abrams et al., 2019; Ali & Toner, 2001; Bogar et al., 2017; Cano et al., 2020; Kaya & Kaya, 2023; Peleg-Sagy & Shahar, 2015; Scott et al., 2023).

Self-silencing has also been understood through attachment theory. Insecure attachment style is often studied in connection with depression, but its impact on psychological distress has not been explored alongside self-silencing (Emran et al., 2023). People with an insecure attachment are more likely to engage in behaviours such as self-silencing that maintain attachment and mitigate rejection (Emran et al., 2023). Emran et al. (2023) investigated whether self-silencing and gender affected the link between insecure attachment and depression in a

sample of 24 men and 97 women aged 19 to 55 years. They found that men and women with insecure attachment styles were more likely to have symptoms of depression when they engaged in self-silencing, but gender impacted the strength of this association. Women with an anxious or avoidant attachment style were at risk of depression, and women with an anxious attachment style were at greatest risk. Women with an avoidant attachment style were at risk of depression only because of the third variable, self-silencing. Although these results demonstrated a strong association between women and self-silencing, the results did not prove a causal relationship and the participants were chiefly White women from individualistic societies (Emran et al., 2023; Tan & Carfagnini, 2008).

Women from non-dominant groups may have different sets of values and norms than White, Western women from individualistic societies (Dermer & Abdullah, 2024; Lomas et al., 2023). Generally, individualistic cultures value the pursuits and well-being of the individual over the group, and collectivist cultures prioritize the needs, goals, and well-being of the group over the individual (Dermer & Abdullah, 2024; Lomas et al., 2023).

Immigrant women face unique circumstances due to their bicultural identity and lack of power (Ali & Toner, 2001; Cano et al., 2020). Higher levels of self-silencing may be required to obtain social acceptance and opportunities for occupational advancement (Ali & Toner, 2001; Cano et al., 2020). In a study of 231 Hispanic heterosexual women aged 18–50 years who immigrated to Florida, Cano et al. (2020) examined symptoms of depression with self-silencing and socially constructed gender roles (traditional marianismo and egalitarian roles). Egalitarian gender roles differ from traditional marianismo gender roles in that women and men who take egalitarian roles share responsibilities equally, regardless of gender, and have the same rights and opportunities (Cano et al., 2020). In contrast, people who follow traditional marianismo gender

roles within Hispanic cultures separate roles and responsibilities by gender; females are expected to be subservient, selfless, caring, abstinent, virtuous, and the foundation of their family's strength and spirituality (Cano et al., 2020). Cano et al. categorized marianismo into positive and negative dimensions: the former centred on women being a source of strength and spirituality for their families, and the latter defined by women's virtue, abstinence, and service toward others. Immigrant women who self-reported high levels of self-silencing were at risk for depression, and the women highest in the externalized self-perception and divided self dimensions of self-silencing were at the most significant risk (Cano et al., 2020). High levels of positive marianismo reduced this risk for depression (Cano et al., 2020).

Women from non-dominant groups tend to be defined by their strength and resilience, as suggested by stereotypes such as that of the strong Black woman or rural women who are characterized by their grit (Abrams et al., 2019; Bogar et al., 2017). Although these women present a tough demeanour, they have higher rates of mental illness and self-silencing to White women and women who live in urban settings (Abrams et al., 2019; Bogar et al., 2017). In a study of 192 Black women aged 18–82 years, Abrams et al. (2019) set out to understand the connection between depression and the schema of the strong Black woman. Self-silencing was a key part of the strong Black woman schema, and this coping strategy was associated with symptoms of depression in Black women (Abrams et al., 2019). A mixed-methods study of elderly rural women in Wisconsin (Bogar et al., 2017), which is discussed in more detail in the next section, reported similar results.

In a study of 40 Caribbean and Canadian Caribbean women, Ali and Toner (2001) used cross-sectional survey data and semi-structured interviews to explore how symptoms of depression were impacted by self-silencing and a person's dominant source of meaning. The

domain of meaning was explored through the interviews and defined “as that aspect of the participant’s life from which she derives primary meaning for her sense of self” (Ali & Toner, 2001, p. 177). The source of meaning may have been the key difference between the 20 women who remained in the Caribbean versus the 20 women who immigrated to Canada. Using the interview data, Ali and Toner defined 40 domains of meaning and grouped them into five categories: spirituality, friendship, family, intimate relationships, and career. These five categories for the domain of meaning were then grouped into two categories based on whether the meaning stemmed from self-nurturance or relational sources. Spirituality and career were considered self-nurturance forms of meaning, and family, friendships, and intimate relationships were characterized as relational sources of meaning. In both groups of women, self-silencing was associated with symptoms of depression; both self-nurturance and relational forms of meaning had an inverse correlation with symptoms of depression and self-silencing. Caribbean Canadian women typically had self-nurturance domains of meaning, which aligned with the individualistic culture of Canada, whereas relational sources of meaning predominated among women who lived in the Caribbean. Immigrant women who valued self-nurturance were more likely to self-silence and have symptoms of depression than women who remained in the Caribbean and prioritized relational sources of meaning. Although this research suggests there is a protective factor from collectivist values that prioritize relational forms of meaning, context-related factors, access to social support, and the ability to maintain significant relationships with family, friends, or value-aligned community members may have played a role in the results (Ali & Toner, 2001).

Continuing the research on women defined by their grit, Bogar et al. (2017) set out to understand the mental health and coping strategies of 88 rural women aged 50 years and older who were involved in the self-development programming of the Wisconsin Rural Women’s

Initiative and had attended at least three events. While the results were based chiefly on questionnaire data and semi-structured interviews, the qualitative portion of this study included a small sample of nine individuals selected from among those participants who had attended the Wisconsin Rural Women's Initiative's Gathering Circles. These retreats, an annual part of the initiative's programming, bring together women from very isolated and remote communities. They focus on self-worth, social support, and sharing stories and stress reflective listening, confidentiality, self-responsibility, and being nonjudgmental. Although only a small percentage of the participants ( $n = 88$ ) who completed the survey self-reported being depressed (15.9%), over half had symptoms of depression such as restless sleep (64%), sadness (47%), feeling depressed (36%) or lonely (41%), and experienced crying spells (22%). The level of self-silencing was also high in these same participants (reported by 45.5%). Self-silencing was considered a conflict management strategy for 46% and a means of caring through the prioritization of others for more than half. Many women indicated that they felt powerless in their romantic relationships and/or under the control or ownership of their partner. The Gathering Circles were transformative as they offered these women time away from their lives, and this time away, combined with the group's discussions, offered them perspective, social support, empowerment, and opportunities for self-reflection. They found that being tough through the repression of pain and emotion was a habit that they had learned and reinforced, but sharing stories could dismantle the pattern and help them develop new values and perspectives and gain support. The format of the retreat allowed the women to step away from their farming and caregiving responsibilities, which proved useful to them.

In a study of 16 Black women aged 18–39 years who were from an individualistic culture, Scott et al. (2023) used semi-structured interviews and inductive thematic analysis to

understand self-silencing and its impacts. Self-silencing was a strategy for survival used by Black women to avoid enslavement, violence, and prejudicial treatment (Scott et al., 2023). The interviews revealed four key findings: (a) self-silencing was a survival strategy intentionally learned and passed from one generation to the next; (b) it was and often remained necessary due to the prevalence of gender stereotypes; (c) it resulted in increased stress, anxiety, and emotional turmoil, as well as unhealthy coping strategies like under- and overeating, that lead to worsened physical health, hopelessness, and depression; and (d) well-being increased with the release of this survival strategy (Scott et al., 2023).

### **Relationship Quality and Depression or Other Forms of Psychological Distress**

Jack's (1991) STS theory suggests that self-silencing is used to keep the peace and reduce conflict in relationships to maintain attachment. Studies of self-silencing and relationship quality contradict the utility of this widespread relationship strategy, associating self-silencing with depression (Uebelacker et al., 2003; Whiffen et al., 2007), lower relationship satisfaction (Uebelacker et al., 2003) and quality (Harper & Welsh, 2007; Peleg-Sagy & Shahar, 2015; Shulman et al., 2018; Uebelacker et al., 2003; Whiffen et al., 2007), sexual dissatisfaction (Peleg-Sagy & Shahar, 2015), and poor coping skills (Shulman et al., 2018). Individuals who are highest in the divided self and externalized self-perception dimensions of self-silencing are at the greatest risk for depression (Whiffen et al., 2007). Self-silencing mediates the association between depression and marital satisfaction in women (Uebelacker et al., 2003) and between depression and marital conflict for men and women (Whiffen et al., 2007).

Uebelacker et al. (2003) examined the patterns of communication in marriage (e.g., self-silencing, demand-withdraw patterns) in association with marital satisfaction and symptoms of depression in 60 married men and 67 women younger than 65 years of age. While men self-

reported higher levels of self-silencing, the associations between self-silencing, marital communication patterns, and depression were stronger in women. Regardless of gender, self-silencing and wife-demand–husband-withdraw communication patterns were associated with depression, and both associations were strongest in women. For women, depression was associated with marital satisfaction through a third variable, self-silencing.

Whiffen et al. (2007) examined the link between marital conflict, depression, and self-silencing in 115 heterosexual couples. They found gendered differences in self-silencing; men self-silenced more in general and when marital conflict was significant, whereas women self-silenced when dissatisfied with their marriage. When self-silencing was used to avoid conflict, a weak association with depression was found for men and women, although this association was stronger for women. Specifically, being high in the divided self dimension, the suppression of true feelings such as anger, and in the externalized self-perception dimension as harsh self-evaluation by the standards of others accounted for the association between self-silencing and depression. Women's levels of self-silencing were higher than men's in externalized self-perception. Whiffen et al. wondered if this harsh self-judgment was based in the self-esteem and meaning women attribute to their relationships and the quality of those relationships. Higher levels of conflict in the relationship were associated with more symptoms of depression, and high scores in divided self and externalized self-perception dimensions acted as a third variable that mediated this connection. However, these results may have been influenced by a greater hesitancy to self-report conflict and aggression than symptoms of depression. Without observational data, it is not possible to tell if the participants used this conflict management strategy as a way to restrain and suppress their anger (Whiffen et al., 2007).

Longitudinal studies track participants over time, allowing researchers to notice trends and infer cause and effect (Caruana et al., 2015). Longitudinal data has confirmed that self-silencing negatively impacts the psychological health of female adolescents and the quality of their relationships (Harper & Welsh, 2007; Little et al., 2011). Similar findings have been reported for university students (Peleg-Sagy & Shahar, 2015).

Shulman et al. (2018) explored the connection between self-silencing, relationship quality, and the ability to tolerate relationship stress in 86 female and 58 male adolescents from Israel over 7 years. Future self-concealment was predicted by the degree of self-silencing at 16 years of age. Participants who self-silenced had less capacity to cope with relationship stress and worse relationship quality, whereas those who moved away from this strategy of disconnection improved their relationship quality and capacity to cope with relationship stress (Shulman et al., 2018).

Romantic love is a novel experience for adolescents that offers proof of desirability; therefore, adolescents may be more likely to engage in relationship maintenance strategies like self-silencing (Harper & Welsh, 2007). Harper and Welsh (2007) explored the individual impacts of self-silencing in 211 adolescents in romantic, heterosexual relationships through observational and self-reported data. Symptoms of depression were greater when participants engaged more regularly in self-silencing and concession during conflict. Self-silencing also harmed global communication within the relationship, increased the frustration and discomfort of the non-self-silencing partner, and decreased relationship satisfaction for females. In another longitudinal study of 209 adolescent couples, which included middle adolescents (14–17 years) and older adolescents (17–21 years), Little et al. (2011) investigated the connection between sexual intercourse frequency, self-silencing, and depression. Little et al. hypothesized that people who

engaged in self-silencing as a relationship maintenance strategy would engage in other strategies to maintain this attachment, such as regular sexual intercourse and maintaining an appearance of compliance, which require effort and energy expenditure. While the regularity of sexual intercourse and high levels of self-silencing were associated with depression initially, the impact of frequent sexual intercourse became insignificant over time. However, high initial rates of self-silencing increased the risk for depression over time. The factors that increased the number of symptoms of depression were being younger, female, unsatisfied in their relationship, sensitive to rejection, and having higher levels of self-silencing. The availability of data from both partners in the romantic relationship increased the strength of the results.

Emotional distress and worse mental health outcomes have been associated with self-silencing, low self-concept clarity, and self-criticism (Peleg-Sagy & Shahar, 2015). In a longitudinal study of female Israeli medical students that included a qualitative component, Peleg-Sagy and Shahar (2015) examined whether self-silencing, self-concept clarity, and self-criticism were associated with sexual dissatisfaction, dyadic adjustment (relationship satisfaction), physical symptoms, and symptoms of depression. Campbell et al. (1996, as cited in Peleg-Sagy & Shahar, 2015) defined *self-criticism* as “the tendency to set unrealistically high self-standards and to adopt a punitive stance toward oneself” (p. 2), and *self-concept clarity* as “the extent to which the contents of the individual’s self-concept (perceived personal attributes) are clearly and confidently defined, internally consistent, and temporally stable” (p. 3). Peleg-Sagy and Shahar used longitudinal methods to assess these variables in a large sample of 194 female medical students and then in a second phase of the study the narratives of 14 female medical students were reviewed to determine common themes. The results of the first part of the study demonstrated that self-silencing was the only variable that predicted physical and mental

symptoms, including depression, sexual dissatisfaction, and dyadic adjustment. The likelihood of sexual satisfaction increased when self-silencing was combined with low self-criticism, whereas the likelihood of depression increased when self-silencing was combined with low self-concept clarity. The divided self was associated with dyadic adjustment; externalized self-perception predicted dyadic adjustment, physical symptoms, and sexual dissatisfaction; and self-silencing predicted all four outcomes (depression, physical symptoms, sexual dissatisfaction, and dyadic adjustment). The narratives written by depressed female medical students that were analyzed in the second phase of the study suggests that there is significant pain from the divided self, the suppression of negative emotions is a sociocultural requirement, and the participants' roles as mothers and physicians demanded perfection and the prioritization of continued functioning (Peleg-Sagy & Shahrar, 2015).

### **Rejection Hostility**

Rejection hostility is the heightened reaction of anger and aggression that a person experiences or imagines after being rejected (Berenson et al., 2009; Romero-Canyas et al., 2013). People who experience rejection from their parents learn to self-silence and present a false self to maintain their relationships; this requires significant effort and energy but provides them with a sense of control in their relationships (Romero-Canyas et al., 2013). Romero-Canyas et al. (2013) hypothesized that individuals experience more hostility from being rejected if they self-silenced to procure approval and relationship attachment because of the extra effort they made and the ways it may have negatively impacted their sense of control in their relationships. To test this hypothesis, they used experimental methods to understand whether rejection hostility would be affected by self-silencing in online dating in 79 female and 58 male college students randomly assigned to one of three conditions. In the first two conditions, the participants were rejected, and

the time to adjust to and accommodate the situation was manipulated. Unlike the participants in the first condition, the participants in the second condition received their date's dating profile before creating their own dating profile which offered them time to adjust their preferences to that of their dates. The third condition was a control condition that lacked rejection. The participants' responses were recorded. Only women who self-silenced to accommodate the preferences of their date experienced greater rejection hostility. Romero-Canyas et al. speculated that women experienced more hostility after rejection because relationships are more important to a woman's identity and women self-silence for relationship maintenance, whereas men suppress their emotions to be tough and masculine. Therefore, men who have been rejected post-accommodation may not experience the same loss of control over the desired outcome. These results capture rejection in a new dating environment, but these results might change if a relationship was established before the rejection.

### **Eating Disorders**

The suppression of self required to be seen as good by traditional standards of femininity requires a similar disconnection from one's feelings as that employed by people who deny their hunger to be desired in a thin-centric society (Hambrook et al., 2011). Women are often praised for their ability to deny their needs, interests, dreams, feelings, and opinions (Hambrook et al., 2011). As self-silencing and disordered eating through self-denial are similar, many studies have found an association between them (Hambrook et al., 2011; Jack, 1991; Locker et al., 2012; Shouse & Nilsson, 2011).

### ***Disordered Eating***

Shouse and Nilsson (2011) explored whether emotional awareness, which is required for self-regulation, played a role in self-silencing and a style of eating (disordered or intuitive) in a

convenience sample of 140 college women from a Midwestern urban university. They found that self-silencing was linked to both intuitive and disordered styles of eating and that emotional awareness moderated this association. Eating style was not associated with self-silencing when a person lacked emotional awareness. The rate of disordered eating was high and that of intuitive eating was low in participants that had high emotional awareness and self-silencing. However, low self-silencing and high emotional awareness resulted in more intuitive eating and less disordered eating (Shouse & Nilsson, 2011).

In another study of disordered eating and self-silencing, Locker et al. (2012) examined the correlation between these variables in 92 men and 140 women aged 18–22 years. Both men's and women's self-silencing behaviour was associated with disordered eating, but their eating styles differed relative to the desired body norms for men and women. Women sought thinness and were attentive to the appearance of their breasts, waist, hips, and buttocks, whereas men aimed for masculinity and focused on their arms, chest, abdominals, genitals, and body hair. The participants were not clinically diagnosed with disordered eating.

Norwood et al. (2011) investigated the association between body esteem, emotion regulation, self-silencing, and patterns of eating in adolescent females. The sample included 104 restrained eaters, 125 emotional eaters, and 396 healthy eaters. As expected, body esteem was low and self-silencing and anger regulation were high in both restrained and emotional eaters. Of the two types of disordered eating, emotional eating had the worst outcomes. Participants who were emotional eaters had the lowest body esteem, the highest externalized self-perception on the STSS, and the highest levels of anger (Norwood et al., 2011).

## Counter-Perspectives

Research has demonstrated a moderate association between self-silencing and depression (Abrams et al., 2019; Bogar et al., 2017; Emran et al., 2023; Harper & Welsh, 2007; Kaya & Kaya, 2023; Little et al., 2011; Peleg-Sagy & Shahar, 2015; Tan & Carfagnini, 2008; Uebelacker et al., 2003; Whiffen et al., 2007), disordered eating (Hambrook et al., 2011; Locker et al., 2012; Norwood et al., 2011; Shouse & Nilsson, 2011), rejection hostility (Romero-Canyas et al., 2013), and poor relationship quality (reduced commitment and satisfaction; Shulman et al., 2018). Some of these studies showed that men were more likely than women to self-silence (Peleg-Sagy & Shahar, 2015; Page et al., 1996; Uebelacker et al., 2003; Whiffen et al., 2007). Men also experienced psychological distress (Emran et al., 2023; Harper & Welsh, 2007; Little et al., 2011; Page et al., 1996; Uebelacker et al., 2003; Whiffen et al., 2007), disordered eating (Locker et al., 2012), and worse relationship quality (Shulman et al., 2018) when they engaged in self-silencing, although the strength of the association was less significant than in women. Although the reason that men engaged in self-silencing more often than women or that self-silencing had a greater impact on women than men cannot be identified due to the exploratory nature of this theoretical paper, Whiffen et al. (2007) and Page et al. (1996) have proposed explanations. Whiffen et al. suggested that the male–female difference in psychological outcomes from self-silencing is due to the significance of the relational self to a woman’s identity. Page et al. hypothesized that higher levels of self-silencing in men than women could be explained by men deriving their STSS answers from a cognitive schema focused on power and control. Literature on the importance of masculinity to a man’s identity and research on power dynamics in heterosexual relationships offer a window into the possible role of power and control in men’s desire to self-silence in their relationships. Another reason that women’s and men’s

psychological outcomes and reasons for self-silencing may differ is that women are assumed to be more emotional and less rational than men and this may impact whether their concerns are believed or taken seriously when they do speak up (Johnson et al., 2021; Pavco-Giaccia et al., 2019; Sweet, 2019).

Whiffen et al.'s (2007) argument stems from the self-in-relation theory, which argues that women's identity is not organized around becoming autonomous, independent, and self-actualized as is suggested in Erikson's stages of psychosocial development (Orenstein & Lewis, 2022; Surrey, 1991). A woman doesn't need to separate herself from her mother or remove herself from significant relationships to develop her identity; instead, her experiences in these relationships are a foundation for her identity (Surrey, 1991). The individual aspects of a woman's identity can and will develop while she exists in these relationships (Surrey, 1991). Women's identity, status, and life satisfaction is overly focused on the pursuit and maintenance of a marital relationship (Koontz et al., 2019; Riley et al., 2019; Sassler & Miller, 2011; Signorella & Cooper, 2011). Women's 'goodness' is overly focused on their relationships and ability to care for and prioritize the needs of others (Sassler & Miller, 2011), which differs from men who need to be strong, independent, career driven, and masculine to be adequate in society (Bosson & Vandello, 2011; Jewkes et al., 2015). The difference in the importance of relationships to a person's identity by gender might increase the pressure on women to self-silence and prioritize others to guarantee relationship success.

Page et al. (1996) believed that men with high self-esteem may value their needs and wants greatly, and they may unknowingly feel the need to self-silence for a sense of control or power in their relationship. Like women, men face pressure to meet gender norms and scripts; they are expected to be dominant, powerful, strong, and independent (Bosson & Vandello, 2011;

Jewkes et al., 2015). Anger is considered acceptable and expected for men, but the expression of emotions is not (Bosson & Vandello, 2011; Jewkes et al., 2015). Achieving manhood or masculinity is a plight that most men endure for in-group membership, affiliation, respect, and admiration and to achieve desirability to and enduring interest from the opposite sex (Bosson & Vandello, 2011; Jewkes et al., 2015). Power, which provides control, is defined as a person's ability to get their way or alter the perceptions and choices of others (Traeder & Zeigler-Hill, 2020). Although the cognitive schema for power-focused self-silencing may not be conscious, the maintenance of power in men's relationships might be important as being weak, submissive, and emotional could result in being considered less of a man (Bosson & Vandello, 2011; Jewkes et al., 2015; Vink et al., 2023).

A man who earns less money than his female partner in a romantic heterosexual relationship is perceived as the weaker spouse and less worthy of respect. This perception is seen in Vink et al.'s (2023) examination of the effects of women's social status on their personal and relationship well-being. While women and their relationships were enhanced by their overall financial betterment, this changed when they gained status exceeding that of their male partner (Vink et al., 2023). In another study, Traeder and Zeigler-Hill (2020) examined a person's view of their relationship and their desire for power in that relationship. Men desired power regardless of their perceived level of power, whereas women's interest in obtaining power was based on their subjective perception of power. Women without power most desired it, and those with power had little interest in it. When women's desire for power was high, both relationship partners were less satisfied with the relationship. Unfortunately for women, this desire for power was associated with changes in their male partners' perception and commitment. Specifically, men experienced reduced commitment to the relationship and increased quality of alternative

mates. Traeder and Zeigler-Hill considered that the desire for more power did not fit traditional gender norms for females, and a woman's interest in power might scare men. Men may feel their female partner's desire for power emasculates them and tarnishes their in-group membership, status, desirability, and degree of influence in the world.

Lastly, it is important to consider the subjective reality of women compared to that of men. Women are believed to be innately more emotional and irrational than men (Pavco-Giaccia et al., 2019), and this bias, found in both men and women, has frequently been used to dismiss the validity of a woman's argument and discredit her credibility (Johnson et al., 2021; Sweet, 2019). When this dismissal is considered, self-silencing may not be a choice but a survival strategy (Baeza et al., 2022; Jones, 2024). Although men may self-silence more frequently, maleness is often associated semantically with being reasonable, so men may not experience the same feelings of helplessness and hopelessness that women do, which come with feeling trapped (Brown, 2006). Pavco-Giaccia et al. (2019) explored the implicit and explicit conceptual (semantic) associations between gender and rationality in four studies with different samples. The results of the Implicit Association Test showed repeatedly that all of the participants had stronger implicit associations between "men and reason" and "women and emotion" than between "men and emotion" and "women and reason." When primed with images of men, the participants frequently characterized a Chinese character as reasonable (drawing on the association between men and reason). However, the link between women and emotions was less evident when the participants were primed with images of women. Men self-reported stronger explicit associations between men and reason, and these explicit associations, although less strong, were also seen in women. However, there is no evidence to support greater emotionality in women as compared to men, although small differences may exist in the expression of gender

(Chaplin, 2015). Not being believed and being dismissed are plights often experienced by women than men, so women may be more likely to experience greater repercussions to their self-confidence and self-worth, mental health, and social and occupational circumstances from speaking up than that of men (Johnson et al., 2021; Sweet, 2019).

Gaslighting is the use of gender-based stereotypes and inequalities to distort reality and confuse the victim (Sweet, 2019). Sweet (2019) explained that it has been used on men and women but typically stems from an imbalance of power, which is common between men and women. For example, stereotypes used to dismiss women's reasoning for being angry are centred around the notion that women's emotions get in the way of their knowledge, such as when women are referred to as "hysterical," "overly sensitive," and "on her period" (Sweet, 2019). Brown (2006) describes similar concepts in shame resilience theory. Shame resilience theory was developed using grounded theory methods from the narratives of 215 women on their experiences of shame, defined as "an intensely painful feeling or experience of believing [they] are flawed and therefore unworthy of acceptance and belonging" (p. 45). In shame resilience theory, shame is characterized by an interwoven web of three key feelings: feeling trapped, powerless, and isolated. Feeling "trapped" was described by participants as "feeling like they had an unreasonable number of unrealistic expectations put upon them, but very few options in terms of meeting the expectations" (p. 46). The feeling of "powerless" stemmed from shame being such an intense and painful experience that participants did not know what it was or why it was occurring. Without the ability to identify shame, and because shame causes people to shrink and withdraw, participants could not change how they felt or make different choices. Lastly, in Brown's (2006) shame resilience theory, "participants experienced isolation when they felt

increasingly disconnected and, due to a lack of consciousness and lack of choice and/or the possibility of change, felt increasingly powerless” (p. 46).

### **How Could EFT Be Used to Improve the Psychological Well-Being of Women?**

#### **Emotion-Focused Therapy**

Literature on EFT is based on neuroscience, the theory of emotions, and attachment theory and involves experiential and systemic interventions and a person-centred therapeutic approach (Greenberg, 2010). Developed by Sue Johnson and Leslie Greenberg, EFT is a therapeutic modality that is centred on transforming maladaptive emotional schema and evoking the adaptive knowledge and motivating power of primary emotions to promote positive well-being and more secure relationships (Greenberg, 2010). Attending to, experiencing, and accepting emotions is required to process feelings; this enables emotion to guide adaptive action, create meaning and self-knowledge, and change perspectives. As described by Greenberg, the EFT process is founded on a person-centred therapeutic relationship, wherein the therapist enters and follows the client’s emotional experience while directing the process to deepen the client’s emotions (Greenberg, 2010).

Greenberg (2024) states that

emotions alert us, rapidly, to situations important to our survival and well-being and prepare us to act to meet our needs. They provide an assessment of the degree to which goals or needs have been met in interaction with the environment. ... Emotions evaluate whether something is good or bad for me, if I like something or do not. (pp. 15–16)

Within this framework, there are different types of emotions: primary, secondary, adaptive, maladaptive, and instrumental (Greenberg, 2010, 2024). Primary emotions occur in response to what happened, whereas secondary emotions are a reaction to a person’s thoughts or feelings

about what happened. Adaptive emotions are directly connected to a person's essential needs, and they guide and motivate behaviour to solve problems and meet unmet needs. Maladaptive emotions are stagnant and recurring emotions that lack useful information to solve problems or meet unmet needs. They cause or maintain problematic behaviour and stem from painful emotional experiences in a person's history. Unlike adaptive emotions, maladaptive emotions will recur regardless of changing circumstances. Instrumental emotions are meant to influence the behaviour, perception, or reactions of another person. The deceptive nature of feelings often causes problems when used.

### ***How Does EFT Work?***

To understand how EFT works, it is important to understand the neuroscience of emotion (Greenberg, 2010). While our thoughts are based in language, there is a language of emotion uniquely understood by the brain. Emotions provide rich information that can be used to understand how a person feels in the context of another person, environment, or decision. They offer insight into what a person values, needs, and/or wants, as well as their willingness and readiness to act. Emotions are at the core of who people are, informing a person's sense of self and self-organization. Emotions have a neurochemical and biological basis, can be stimulated through thought in the brain's neocortex or through the amygdala (the part of the brain responsible for emotions), and are produced in the gut. Strong emotional experiences form emotional schemas, and the situations and stimuli that were a part of these emotional experiences will often trigger these schemas and an emotional response. Emotional schemas form a framework that guides automatic emotional responses to current events and/or stimuli. Since the limbic system plays a significant role in many bodily processes, including the production of

emotions, emotions have significant impacts on physical health, immunity, and the functioning of bodily organs (Greenberg, 2010).

Memories of painful emotional experiences, where a person experiences intense feelings of being bad, broken, or unlovable get organized into maladaptive emotion schemes, where stimuli like the setting, situation, facial expression, and sensory stimuli involved in these painful memories become triggers that evoke maladaptive feelings and actions (Greenberg, 2010, 2024). Maladaptive emotion schemes, such as continually feeling inadequate, are feelings that continually occur, resist change, and fail to guide adaptive problem solving. They are not healthy, but they still need to be experienced and accepted to access the primary adaptive emotions that are often hidden underneath.

**Memory Reconsolidation.** It is assumed that maladaptive emotional schemes transform through a corrective memory consolidation process. More recent ideas about the development and reconsolidation of memory suggest that memory is pliable and can be changed by corrective experiences before it becomes permanent (Greenberg, 2010). The first time this happens is considered consolidation. Whenever the memory is re-experienced subsequently, the period of pliability during which the memory can be tweaked is called reconsolidation. Reconsolidation offers an opportunity for a corrective emotional experience that can transform maladaptive emotional schemas (Greenberg, 2010).

**The Construction of Meaning.** Emotions inform meaning because humans can think about their experiences through the lens of their emotions (Greenberg, 2010). The acceptability of emotions is affected by the dominant beliefs and attitudes of a culture (Ford & Mauss, 2015). Therefore, emotional experiences can elicit reactions such as judgment and secondary feelings of shame and embarrassment. The thoughts and feelings that stem from the first emotional

experience are typically rooted in the beliefs and attitudes an individual has about the emotion they experienced (Greenberg, 2010). These thoughts and feelings about emotions significantly influence a person's mental health and sense of self (Predatu et al., 2020). Therefore, the narratives people create about their emotions need to be explored and transformed (Greenberg, 2010).

**Process and Mechanism of Action of EFGT.** EFGT is much the same as EFIT but also includes the benefits of interpersonal processing that result from emotion processing techniques (Sharbanee et al., 2024). In group sessions of EFGT, the therapist will have one group member engage in an emotion-processing technique like the empty-chair technique while observed by the remaining group members. These techniques evoke emotions in the client and their group members, and deep work results from the interpersonal processes that occur in response to this experience. Members may share feelings of universality, as well as anger or empathy and compassion for what their group member experienced. They step in to provide corrective emotional experiences, providing acceptance for the client and adaptive emotions like compassion that support the transformation of the maladaptive emotional scheme evoked for the client (Sharbanee et al., 2024). Group members often benefit from witnessing this experience. They may see parts of themselves and the emotions they have experienced through the emotional processing undergone by a group member. This reflection may make them feel less alone and more connected to and accepted by the group, and it offers them the opportunity to learn through others (Sharbanee et al., 2024).

### **How Could EFT Benefit Women's Authenticity and Self-Directed Action?**

I believe that EFT for individuals or in groups could help women become more authentic, strengthen their voices, increase their ability to take self-directed action, and improve their health

and well-being. EFT could be effective because it offers a clear pathway to understand and drive behaviour to meet the essential needs of a person's real self; this road, once learned, can be followed without the help of a therapist (Greenberg, 2010). This approach is beneficial to women who have learned to value the wisdom and opinions of others over their own feelings and knowledge because unlike a person's thoughts and secondary feelings, their primary adaptive emotions are not influenced by the opinions of others or the standards and rules of social conditioning (Greenberg, 2010).

The emotional system has a language of its own that can only be felt and understood by the person experiencing the emotions. As emotions are directly connected to needs, desires, and cues of safety or danger, they can be used as an internal compass to guide decisions and increase self-knowledge (Greenberg, 2010)

### **Why EFIT and EFGT?**

Most of the research on EFT has been done in couples therapy as work done to improve the security of the relationship improves relationship quality, marital satisfaction, and the well-being of both partners (Spengler et al., 2022). Although EFT would be an excellent option for those who have a willing partner, this approach has real barriers to entry that may exacerbate the division of power in romantic heterosexual relationships. Conventional resource theory postulates that the person who wants or needs a resource that the other person possesses has less power within the relationship and is more subject to influence to ensure that their need is met (Sassler & Miller, 2011). Traditional gender scripts give men the decision-making power to ask women out and propose (Sassler & Miller, 2011), and hegemonic masculinity offers men status and power and encourages the suppression of emotions and the absence of femininity (Bosson & Vandello, 2011). Couples therapy may threaten the male partner's manhood (Bosson &

Vandellos, 2011). Thus, EFT for couples has significant benefits, but the barriers to entry may support traditional gender scripts that uphold an unequal division of power in heterosexual romantic relationships. For this reason, EFT that is done individually or in a group and does not require the permission, knowledge, and interest of others would best empower women while increasing their well-being.

### **Arguments Against the Use of EFT**

It could be argued that cognitive behavioural therapy (CBT) would be the best way to improve women's psychological well-being given the breadth of support for this therapeutic approach (Gautam et al., 2020). Although CBT can be used for interpersonal problems, to build assertiveness, and to reduce psychological distress (Gautam et al., 2020), its emphasis on the cognitive brain may be difficult and confusing for those who are strongly invested in sociocultural norms and expectations. EFT uses a separate system, the emotional system, to get to the root of the problem, and although secondary emotions may be tied to sociocultural conditioning, this is not the case for primary emotions (Greenberg, 2010). Primary adaptive emotions are based in a person's essential needs and values and inform the development of self-knowledge; this underlying information and the approach instincts of adaptive emotions drive behaviour toward an individual's values, needs, and wants (Greenberg, 2010). CBT can be dismissive of the real experiences of oppressed communities (Shali, 2024). Although its tools may be useful, they could also reinforce ideas that suggest "I can't trust what my body is telling me." In contrast, the therapeutic intervention of EFT validates emotional experiences and creates meaning from them to support women's self-knowledge and self-efficacy (Greenberg, 2010).

Another therapeutic approach focused on women's empowerment through the development of self-knowledge via reflective practice is the theory of self-authorship. The theory

of self-authorship has three parts: trusting the internal voice, building an internal foundation, and securing internal commitments (Baxter Magolda, 2008). Self-authorship is the ability to understand and act upon the values, loyalties, convictions, feelings, and principles that allow an individual to make meaning within themselves (Baxter Magolda, 2008). Before achieving self-authorship, a person may act on beliefs and values that they have not critically evaluated (Baxter Magolda, 2008). Self-authorship is important to the health of adults as it helps them manage societal expectations and overcome the challenges of adult life (Baxter Magolda, 2008). While I agree with the theoretical concepts and reflective practice that are part of the theory of self-authorship, EFT's foundation in the science and theory of emotion and attachment theory provides an evidence-based pathway well suited to the development of self-knowledge, self-directed action, and improved well-being in women (Greenberg, 2010; Greenberg & Watson, 2022; Osoro et al., 2022).

### **Evidence for EFIT and EFGT**

Research on EFIT and EFGT has shown that it can improve security of attachment (Compare et al., 2018), self-assertiveness, and self-directed action (Watson et al., 2003) and reduce symptoms of depression (Ellison et al., 2009; Goldman et al., 2006; Greenberg & Watson, 1998, 2022; Lafrance Robinson et al., 2014; Watson et al., 2003). It can also decrease anxiety (Lafrance Robinson et al., 2014; Timulak et al., 2022) and disordered eating frequency and psychopathology (Compare et al., 2013; Compare & Tasca, 2016; Glisenti et al., 2018, 2021; Tschan & Goldman, 2024).

### ***Internalizing Disorders (Anxiety and Depression)***

In EFT theory, affective disorders are thought to arise from the disempowered self; experiences of disempowerment through abuse, neglect, and abandonment and being consistently

misunderstood in early life harm an individual's ability to process difficult emotions. They feel distressed when experiencing emotions that do not allow them to access underlying adaptive information that would support effective functioning. Loss and failure evoke maladaptive emotional schemas of inadequacy, self-blame, and insecurity, and disempowerment, inadequacy, and self-blame form the foundation of the self. The lack of effective coping skills leaves depressed individuals feeling stuck, powerless, ashamed, self-hating, and defeated; individuals with anxiety experience insecurity, worry, helplessness, and avoidance. These depressed and anxious individuals lack resilience; are out of touch with their mastery, strengths, and resources; and see themselves as bad or weak (Greenberg, 2010).

**Depression.** Greenberg and Watson (1998) compared the outcomes of emotion-focused therapy – process experiential (EFT-PE) to client-centred therapy (CCT) among 34 adults with major depression over 16 to 20 sessions in a randomized, controlled trial at York University. CCT and EFT focus on creating a strong therapeutic relationship by providing accurate empathy, warmth, validation, and unconditional positive regard (Greenberg & Watson, 2022). Through self-acceptance and the exploration of emotions, individuals receiving CCT learn to make decisions and solve problems by better understanding themselves through their emotions; CCT is considered an effective treatment for depression (Goldman et al., 2006). As CCT and EFT have many similarities, and CCT is considered a standard treatment for depression, a randomized, controlled trial that compares these two methods could indicate whether EFT is useful in the treatment of depression (Goldman et al., 2006; Greenberg & Watson, 1998; Greenberg & Watson, 2022; ). The EFT-PE condition differs from CCT because it includes experiential interventions—the empty-chair and two-chair dialogues and systematic evocative unfolding—that offer greater emotional processing (Greenberg & Watson, 1998;

Greenberg & Watson, 2022). Although self-esteem, interpersonal problems, and depression improved more among the EFT-PE recipients than the CCT recipients in the study by Greenberg and Watson (1998), the difference was not statistically significant, and a larger sample size was needed (Greenberg & Watson, 2022). A replication of this study by Goldman et al. (2006) in 14 men and 24 women with major depressive disorder demonstrated that both treatments improved participants' well-being, interpersonal skills, and self-esteem and reduced their symptoms of depression at 6 and 18 months later, with reduced risk of relapse (Goldman et al., 2006).

CBT is considered best practice for evidence-based treatment of depression (Dobson, 1989). To examine whether an alternative therapeutic approach could improve outcomes, Watson et al. (2003) compared process experiential treatment to CBT in a randomized, controlled 16-week trial of 22 men and 44 women with major depression. The study was conducted at the University of Toronto. While the names and acronyms differ, the theory, interventions, and founders of process experiential treatment and EFT-PE are the same (Greenberg & Watson, 1998; Greenberg & Watson, 2022; Watson et al., 2003). Watson et al. (2003) measured symptoms of depression, self-esteem, interpersonal problems, and problem-focused style of coping to assess outcomes. The results demonstrated that both methods treated depression effectively, with similar outcomes for self-esteem, dysfunctional attitudes, and depression levels. The participants who received EFT-PE had improved scores for the management of interpersonal problems and self-assertiveness, as well as reduced levels of self-sacrificing, overly accommodating, controlling, domineering, intrusive, and needy behaviour compared with those who received CBT. However, this study was limited by the self-report measures and the lack of a control group (Watson et al., 2003).

**Depression Recovery.** In a longitudinal study of the maintenance of depression recovery, Ellison et al. (2009) evaluated the effectiveness of EFT and CCT for major depression in a sample of 43 adults who were randomly assigned into one of the two therapeutic approaches and assessed at 6 and 18 months post-treatment. EFT was more effective than CCT—most significantly at the 18-month follow-up. Participants in the EFT group had fewer interpersonal problems and symptoms of depression, a reduced likelihood of relapse, improved self-esteem, and an increased number of symptom-free weeks. The participants who experienced EFT also reported improvements in the management of psychological distress. However, the study lacked a control group, and the sample was primarily European.

**Anxiety and Depression.** In a mixed-methods study, Lafrance Robinson et al. (2014) examined the effect of nine weekly 2-hour sessions of EFGT on the mental health of adults diagnosed with anxiety and depression. They assessed participants for emotion regulation, depression, and anxiety at baseline, upon completion of treatment, and at 12 months post-treatment. At the 12-month follow-up, they also gathered data using a semi-structured interview. The participants experienced significant improvements in emotion regulation. Based on the effect sizes, Lafrance Robinson et al. believed that the outcomes would be significant for anxiety and depression with a larger sample. The themes extracted from the semi-structured interviews suggested that difficulty with emotion regulation before treatment was significant. It improved over the study as the participants developed greater awareness, increased ability to identify and regulate emotions, and improved mood. They identified benefits from psychoeducation, group members mirroring each other, and EFT elements (chair work), as well as group dynamics that instilled hope and offered validation, normalization, catharsis, and connection.

As CBT is one of the most evidence-based and utilized therapeutic approaches for generalized anxiety disorder, a study that compared the efficacy of EFT and CBT in patients with generalized anxiety disorder could establish the efficacy of EFT as an evidence-based treatment for this disorder (Timulak et al., 2022). For this reason, Timulak et al. (2022) compared symptom reduction outcomes in people diagnosed with generalized anxiety disorder who were assigned to 16 to 20 sessions of EFT ( $n = 29$ ) or CBT ( $n = 29$ ) in a randomized control trial in Ireland. The researchers measured symptoms of anxiety before, during, and after treatment and 6 months later. The patients in the EFT and CBT groups had similar outcomes, both with significant improvement in outcomes at all four data points. However, Timulak et al. caution that this was a small pilot study that will need to be replicated with samples that are larger and more diverse.

**Eating Disorders.** Through the EFT lens, eating disorders are a means of managing difficult emotions. Emotions may be overregulated and constricted, as is typically the case in anorexia, or underregulated, chaotic, and impulsive, as in someone with bulimia nervosa (Greenberg, 2010). Since eating disorders involve the regulation of emotions through avoidance and numbing, therapy focuses on the experiencing, acceptance, soothing, and transformation of emotions. Through the identification and transformation of maladaptive emotional schemes, people with eating disorders obtain hope that there are alternative methods for regulating their distress (Greenberg, 2010).

Binge eating disorder (BED) is the repeated consumption of a larger quantity of food than most people would be able to consume in that period and with a loss of control during binges (Compare et al., 2018). Compare et al. (2013) evaluated outcomes for 20 weekly sessions of participants with BED who were assigned to one of three groups: 31 participants had EFGT used alone, 32 participants had EFGT in combination with dietary control, and 63 participants had

dietary control alone. The researchers measured symptoms of binge eating before and after treatment and 6 months later. EFGT was delivered in groups of 10 to 15 people. The EFGT plus dietary control condition produced significantly better results than dietary control alone at the 6-month follow-up for weight loss, health quality, binge eating, and remission, but only surpassed the use of EFGT alone by slight margins. That said, the dropout rates differed between conditions and this study was not randomized, which limited the generalizability of these results (Compare et al., 2013)

In a similar study, Compare and Tasca (2016) used observational methods to compare the outcomes of 20 weekly sessions of EFGT alone or combined with dietary control in a nonrandomized sample of 118 obese patients diagnosed with BED. The patients who received the combined treatment had the best outcomes, including greater loss of weight, reduced frequency of binge eating, and improved outcome maintenance at 6 months of follow-up (Compare et al., 2013).

Glisenti et al. (2018) explored the outcomes of 12 weeks of EFIT for six women diagnosed with BED in a study with a single-subject design. A clinician-researcher approach was used to treat and assess the patients through non-concurrent treatment. EFIT was administered according to the protocol used for BED by Wnuk et al. (2015), and participants were assessed for difficulties with emotion regulation, eating disorder attitudes, and binge-eating psychopathology and frequency. Assessments occurred weekly during treatment and at 2-, 4-, and 8-week intervals following treatment. While this study was limited by the methods, sample size, lack of measures for adherence, and control group, all of the participants experienced improvements in the frequency of binge eating episodes, binge-eating psychopathology, and emotion regulation post-

treatment. Additionally, participants who had clinically significant levels of anxiety or depression improved significantly (Glisenti et al., 2018).

In an experimental randomized waitlist control trial, Glisenti et al. (2021) used mixed methods and one-way ANOVA analysis to determine the efficacy of 12 weekly sessions of EFIT for BED in a small sample of four men and 17 women. The participants were randomly assigned into the experimental group or control group that received EFIT 12 weeks later, and they were assessed for psychopathology, binge eating frequency, and binge eating days (Glisenti et al., 2021). EFIT improved BED psychopathology, reduced the frequency of binge eating episodes, eliminated binge eating in eight participants, and reduced the severity of binge eating episodes in seven participants.

In a study conducted at Credit Valley Hospital in Ontario, Wnuk et al. (2015) examined the effectiveness of 16 weekly sessions of EFGT in BED, bulimia nervosa, and eating disorder not otherwise specified in a sample of 12 women. The frequency of binge eating episodes decreased and emotion regulation and self-efficacy increased.

Compare et al. (2018) studied the effects of EFGT over 20 sessions on the attachment style of 118 adults diagnosed with BED. Italian men and women volunteered to participate in the study. Fifty-five participants (21 men, 34 women) received EFGT, while 63 (46 men, 27 women) received EFGT plus dietary control. Attachment style, coherence of mind, and reflective functioning were measured at baseline and 6 months after treatment. Although this study was limited by the homogenous sample, the lack of a control condition, and the possibility of effects from a third variable such as the therapeutic alliance, there were significant improvements in the security of attachment, reflective functioning, and coherence of mind. A large proportion of the sample switched from an insecure to a secure attachment style, and fewer participants were

classified as having unresolved and disorganized attachment styles. No significant differences were found when comparing the outcomes of EFGT to EFGT plus dietary control conditions (Compare et al., 2018).

Tschan and Goldman (2024) reported on the process and outcomes of EFT over 28 months in a 24-year-old woman with anorexia nervosa who received 66 sessions of EFT. The participant's BMI was 11 kg/m<sup>2</sup> when her anorexia nervosa started at age 15. Before the time span described in this case study, the participant left an inpatient eating disorder program because of a 30-pound weight gain. At that time, the participant's BMI was 16 kg/m<sup>2</sup>. Positive outcomes observed during treatment included the expressed desire to gain adequate weight; the achievement of additional weight gain; improved nutrition, energy, motivation, stamina, and strength; and the loss of specific disordered eating rituals and behaviours (such as not eating specific foods). These results were confirmed by the reports of researchers who noted improvements in the client's health and appearance.

### **Summary of Evidence**

EFIT and EFGT have been used to improve the mental health of people diagnosed with depression (Ellison et al., 2009; Goldman et al., 2006; Greenberg & Watson, 1998; Greenberg & Watson, 2022; Lafrance Robinson et al., 2014; Watson et al., 2003), anxiety (Lafrance Robinson et al., 2014; Timulak et al., 2022), binge eating disorder (Compare et al., 2013; Compare & Tasca, 2016; Glisenti et al., 2018; Glisenti et al., 2021), and anorexia (Tschan & Goldman, 2024). While some of this research was preliminary and based on case studies or small samples, there were significant improvements in psychopathology, frequency of binge eating episodes (Compare et al., 2013; Compare & Tasca, 2016; Glisenti et al., 2018; Glisenti et al., 2021; Tschan & Goldman, 2024), attachment security (Compare et al., 2018) and the management of

interpersonal problems (Ellison et al., 2009; Greenberg & Watson, 2022; Goldman et al., 2006; Watson et al., 2003), and difficult emotions (Ellison et al., 2009; Glisenti et al., 2018; Greenberg & Watson, 2022; Lafrance Robinson et al., 2014; Wnuk et al., 2015).

### Chapter 3: Framework for the Application of EFT

As a part of a framework for the application of EFT, it is important to review the orientating frames of EFT, the three pillars of EFT, and the goals of EFT. The orientating frames, pillars, and goals of EFT offer a conceptual framework that supports correct application of EFT and their corresponding interventions in practice. According to Johnson and Campbell (2021), the five orientating frames of EFT are:

1. Self and experience are socially constructed in the present. The past comes alive in the present - present process is the focus.
2. Attachment is wired in, like our need for oxygen. Isolation is traumatizing.
3. Emotion is adaptive: denial and dismissal have negative consequences.
4. Human beings have a natural propensity to grow and self-actualize unless blocked from doing so.
5. Corrective emotional experience is the royal route to change. (p. 35)

Johnson and Campbell also describe the three pillars of EFT as “the view of human functioning offered by attachment science, the Rogerian experiential framework for intervention based on acceptance and safety, [and] the systemic/relational framework for intervention based on shifting process patterns structuring inner and between worlds” (p. 35). Finally, Greenberg (2010) describes the four goals of EFT, which include “increasing awareness of emotion, enhancing emotion regulation, transforming emotion, [and] reflecting on emotion” (p. 90).

#### **Emotion Assessment**

As there are different types of emotions, and they must be addressed specifically in EFT interventions, emotional assessment is important (Greenberg, 2010). First, EFT therapists must distinguish between primary and secondary emotions and then between primary adaptive and

primary maladaptive emotions. To perform an emotional assessment, the therapist needs to be present and tracking the slight changes in their client's behaviour which could include differences in vocal tone and pitch, eye contact, body posture, and the information shared verbally (Greenberg, 2024). As discussed previously in the section on the Introduction to EFT, primary adaptive emotions guide and motivate actions that support the meeting of unmet needs, whereas maladaptive emotions do not change in response to events, nor can they guide adaptive behaviour (Greenberg, 2010). Maladaptive emotions, such as feeling worthless, inadequate, or abandoned, form the core of a person's sense of self and continuously arise as circumstances change (Greenberg, 2010). These emotions need to be seen, heard, and validated to reach the deeper primary emotions, but they will not change by being experienced alone (Greenberg, 2010).

### **Principles for Intervention**

The following six principles proposed by Greenberg (2010) are recommended for EFT treatment (although they are not recommended for the daily processing of emotions in real life).

1. Awareness. Increasing awareness of emotions and somatic sensations to allow the individual to identify and label the emotion is used to reduce arousal and tame the emotion. Accurately identifying and paying attention to the emotion is required to understand the adaptive underlying needs that drive self-directed behaviour. The therapist helps the client attend to, accept, and figure out the adaptive meaning of the emotion being experienced (Greenberg, 2010).
2. Emotional expression. Central to EFT is the experiencing and expression of primary adaptive emotions. These primary feelings are often uncomfortable to experience and, if expressed, may lead an individual to be perceived by others as being ungrateful, whiny,

weak, or needy (Frasca et al., 2022). Therefore, most people avoid expressing such feelings. These primary emotions, experienced and expressed, are used to get in touch with the client's needs, values, and wants and to make decisions, set goals or boundaries, evoke meaning, and redefine beliefs and perspectives. As clients may hold onto beliefs about the expression of feelings that interfere with their ability to express their feelings, therapists work with the client to explore and alter these beliefs over many sessions. The goal of emotional expression is to create meaning from the cognitive exploration of one's emotions (Greenberg, 2010).

3. Regulation. Regulation is an important part of this process. Skills in emotion regulation need to be learned before interventions focused on emotional expression can be used, as high levels of arousal when emotions are experienced can interfere with accessing beneficial information from adaptive emotions. Regulatory skills are based in self-soothing, and the ability to self-soothe develops from the safety, protection, empathy, and validation provided by the therapist. Other skills and practices also foster emotion regulation, such as the identification of emotions and triggers, the use of a working distance to be able to approach and work through emotions, self-compassion, breathing and meditative practices, and plans for avoiding triggers (Greenberg, 2010). Working distance is created when a therapist helps the client separate themselves from the feeling they are experiencing through imagery or externalization wherein this feeling can be discussed as a symbolic or objective entity that is not who they are but something they experience that is transient (Greenberg, 2024).
4. Reflection. The cognitive exploration of emotional experiences is required for the development of self-knowledge, new perspectives, and reframed internal narratives that

can positively impact how individuals see and approach the world around them.

Reflection is important because it helps clients notice patterns and themes that recur in their relationships (Greenberg, 2010).

5. Transformation. Emotional experience is required to change emotions, much as cognition requires reflection. It occurs first through the experiencing and regulation of the maladaptive emotions, and then through the introduction and experiencing of adaptive emotions that have approach tendencies that guide and drive adaptive behaviour. Maladaptive emotions like worthlessness, inadequacy, and shame lead people to withdraw, whereas adaptive emotions inspire action to ensure security, meet essential needs, and transform maladaptive feelings. The therapist guides this transformative process by directing the client to different and less dominant parts of emotions the client expresses to guide adaptive action. The activation and regulation of a maladaptive emotional schema, together with the activation of adaptive emotions, reconsolidate the emotional memory in a corrective manner. For example, anger, when adaptive and used in combination with self-compassion or pride, can transform shame into acceptance and confidence (Greenberg, 2010).
6. Corrective experience of emotion. Central to the premise of EFT is the provision of a corrective experience by the therapist during the re-experiencing of maladaptive emotional schemas. Such corrective experiences include being soothed and accepted by the therapist. As this occurs during the reconsolidation process of experiencing the maladaptive emotional memory, the old emotional schema is transformed to include the corrective experience (Greenberg, 2010).

## Markers and Interventions

During therapy, clients express maladaptive emotions that cue clinicians to unrevealed problems in the processing of cognitions or emotions (Greenberg, 2010). These cues, called “markers,” provide clinicians with information on client readiness for therapeutic work, and they guide clinicians to the most appropriate interventions. Greenberg suggests markers and corresponding interventions (see Table 1).

**Table 1**

*Markers and Corresponding Interventions*

Markers	Corresponding Interventions
Problematic reactions to situations: A client is confused and uncertain about why they felt or behaved a certain way.	Vivid evocation of the experience: This intervention helps the client return to what they experienced and the feelings evoked to better understand and identify their reactions to the situation (Greenberg, 2010).
Unclear felt sense: A client cannot identify or understand the feeling they are experiencing.	Focusing: The client is guided to attend to and be curious about the somatic sensations of the emotion they are experiencing. The goal is to identify, name, and form meaning around this experience (Greenberg, 2010).
Conflict splits: One part of the self judges or pressures another aspect of the self.	Two-chair technique: The two parts of the self get to discuss their thoughts, feelings, and needs with one another. This live contact allows for softening, self-acceptance, and resolution between the two parts (Greenberg, 2010).
Self-interruptive splits: One aspect of the self is unable to experience or express its emotions because the other aspect interferes through interruptions or constriction.	Two-chair technique: In the two-chair enactment, the client brings this constrictive part of the self to life by acting out its internal narrative and physical acts like choking the voice. In activating this part of themselves, the client becomes engaged in starting and stopping the process. The client alternates between acting as the constrictive part and acting as the feeling part; both parts can discuss what they feel, need, and want. This process is particularly

important for the feeling part of the self (Greenberg, 2010).

Unfinished business: The client has a persistent feeling of being hurt or let down by someone significant in their life (guardian, significant other, etc.).

Empty-chair technique: During the empty-chair technique, the client is asked to speak to their internal vision of their significant other. Through back-and-forth dialogue, the client expresses what they needed from the significant other at a given time, shares the impacts the other's actions had on them, and asks questions to develop a greater understanding of the significant other. Holding the significant other accountable or offering them forgiveness allows for resolution (Greenberg, 2010).

Vulnerability: The client appears deeply insecure, ashamed, utterly depleted, and/or fragile.

Affirming empathic validation: This intervention is focused on attunement, which is achieved by mirroring the client's affect, tone, and tempo while offering empathy, validation, and normalization for the entirety of their experience (Greenberg, 2010).

## **Ethical Consideration**

In Canada, therapists are required to abide by the principles and values of the Canadian Code of Ethics of the Canadian Psychological Association (CPA, 2017) and the Standards of Practice of the therapist's regulatory body—in the case of the author, the College of Alberta Psychologists (CAP, 2022). Therapy is a vulnerable process that has the potential to harm its clients if done incorrectly (Truscott & Crook, 2013). Thus, the Standards of Practice and Code of Ethics maintain the credibility of the profession while aiming to protect individuals that engage in the therapeutic process (Truscott & Crook, 2013).

### ***Principle I: Respect for the Rights and Dignity of the Person***

The first and most important principle is the dignity and autonomy of all people. At its core is the recognition that each person has knowledge, beliefs, and values that are unique to them and their intersectional experience in this world. Many therapeutic approaches stem from a

Western lens and fail to consider the differences and unique wisdom of other ways of knowing. While therapists have expertise from their educational background, it is important to consider the unique perspective of the client and to respect their right to make their own decisions (CPA, 2017).

EFT originated in Canada. Although many aspects of EFT are suited to individuals of diverse origins, aspects of the therapeutic process and alliance are based in a Western individualistic culture (Levitt et al., 2019). The therapeutic approach may be off-putting to those from cultures that emphasize the importance of privacy and suppression of emotional difficulties, and people from hierarchical cultures may find it difficult to work within the collaborative approach of EFT (Levitt et al., 2019). EFT can be adapted to different cultural groups and has the potential to empower people from different cultural backgrounds because of its focus on the creation of meaning through the exploration of emotions; this allows the client to develop self-knowledge that aligns with their cultural beliefs and values (Levitt et al., 2019). EFT differs from many Western therapeutic approaches in that it incorporates a validating framework that aims to affirm the client's emotions and experiences (Levitt et al., 2019; Sandberg et al., 2024). From a constructivist paradigm, each person's reality is believed; this is important for groups that have experienced systemic oppression and are at risk of further oppression in mental health therapy (Levitt et al., 2019; Sandberg et al., 2024).

However, therapists are humans who have biases that could harm their clients unintentionally (Levitt et al., 2019; Sandberg et al., 2024). One of the considerations in therapeutic practice is the framing of a client's problems (Levitt et al., 2019; Sandberg et al., 2024). Framing problems that stem from systemic injustice as personal issues can be dismissive of the client (Levitt et al., 2019; Sandberg et al., 2024). It is important when working with people

from oppressed backgrounds to recognize the parts of client narratives that reflect systemic injustice and need to be labelled as such (Levitt et al., 2019; Sandberg et al., 2024)

Additionally, individuals from collectivist cultures may be taught to inhibit the exploration and expression of emotions (Levitt et al., 2019; Sandberg et al., 2024). EFT's focus on emotional processing in an individual or group setting may go against their cultural beliefs and values (Levitt et al., 2019; Sandberg et al., 2024). Therapists need to be aware of their clients' cultural beliefs, values, and non-verbal forms of communication to be aware of beliefs that may interfere with the therapeutic process (Levitt et al., 2019). A client's beliefs and values should not be assumed, nor should their autonomy be taken from them in the therapeutic process. Therefore, the therapist's role is to be abreast of knowledge, notice non-verbal communication, and address the cultural beliefs that may show up in sessions (Levitt et al., 2019). Using externalizing language and culturally infused questions, the therapist can discuss these values and find ways of approaching interventions that align with the client's beliefs and values (Levitt et al., 2019; Sandberg et al., 2024)

### ***Principle II: Responsible Caring***

The theory of self-silencing postulates that women adopt self-silencing behaviour because of their powerlessness in patriarchal societies, in which they must earn love and acceptance and maintain relationships by pleasing others and oppressing the self (Abrams et al., 2019; Baeza et al., 2022). This strategy is used by many non-dominant groups of women as a survival strategy to avoid abuse and discriminatory treatment (Abrams et al., 2019; Bogar et al., 2017). A key consideration of therapy with these women is whether they will be at risk of harm from using their voices and demonstrating empowerment in their familial relationships (Bogar et al., 2017; Scott et al., 2023; Sikka et al., 2010). This consideration is a key aspect of responsible

caring, the second principle of the Canadian Code of Ethics. It requires therapists to ensure that their services are for the good of their client, the risks of harm are carefully considered, and the likelihood of harm is reduced through safety planning and the discussion of risks with the client during the informed consent process (CPA, 2017). Depending on the cultural context, significant social, familial, and occupational penalties can occur as the result of using one's voice as a woman (Bogar et al., 2017; Peleg-Sagy & Shahar, 2015; Scott et al., 2023; Sikka et al., 2010). Although the work of EFT reduces women's dependence on the knowledge and wisdom of the world around them, it is important that therapists involved in this work engage in risk assessment and safety planning, including education on interpersonal violence and the cycle of abuse, and offer supports and resources available for the client's specific circumstances (Tutty, 2024).

EFGT may be a promising therapeutic approach for women who are at risk of or have experienced intimate partner violence. In a qualitative study of group therapy for this demographic of women, Tutty (2024) found that they benefited from the regular social support of group therapy, education on intimate partner violence that helped them understand the cycle of violence, and the opportunity to share their stories and obtain referrals to services that would benefit them (Tutty, 2024). They benefited from gaining perspective and learned vicariously through the stories of other women at different stages of their journey (Tutty, 2024). The social aspect of group therapy was deeply impactful, which could be attributed to the fact that women experiencing intimate partner violence tend to become isolated from the world around them (Tutty, 2024). This hypothesis is supported by Bogar et al.'s (2017) study of rural farm women who had high rates of self-silencing and symptoms of depression. A quarter of participants felt like prisoners in their relationships (p. 8), but they reported feeling transformed by the social support, physical break, and education provided by the Gathering Circles. Other women may not

be experiencing or at risk of violence in their relationships, but those who abide by socially constructed gender norms may lack a safe space in which to share their real selves and discuss the feelings and issues that weigh on them.

***Principle IV: Responsibility to Society***

Therapists are required to consider the societal impact of their work. Given the financial cost of therapeutic services, therapists can further the disparity between people of privilege and those of non-dominant and oppressed backgrounds (CPA, 2017). If the barriers to accessing services inhibit people from non-dominant groups, the rich and privileged will continue to get better, and those who are less privileged will not (CPA, 2017). Since therapists have a duty to offer just and accessible care, it is essential to consider the barriers to EFIT and EFGT for women (CPA, 2017). These barriers include lack of access, limited income, and concerns about confidentiality.

The target demographic for these services is women, many of whom come from non-dominant groups, such as women who experience intimate partner violence, are isolated because they live in rural areas or are from cultural backgrounds that have little representation within the therapeutic community (Helbok, 2003). EFT is an internationally recognized approach that is gaining popularity because of its adaptability to diverse groups (Sandberg et al., 2024; Timulak et al., 2019). Small towns and rural communities may have few therapists certified to provide this service (Helbok, 2003). Compared with more widely offered therapeutic approaches like CBT, distance, availability, and the cultural background of the provider may become roadblocks for clients in accessing services (Helbok, 2003). In-person group therapy options may be even more sparse and dependent on the interest and availability of the clinician (Helbok, 2003).

### **Options for Improving Access**

The qualitative data reported by Bogar et al. (2017) on older rural farm women who participated in Gathering Circles suggests that a retreat-like format offers such women a break from their reality and the responsibilities of daily life. These women benefit from the sharing of stories, vicarious learning, helpful information, and social support from the group (Bogar et al., 2017). Annual EFGT groups that are formatted as 2-day retreats may best support women who live far from services and those whose lives do not allow for weekly group or individual therapy (Bogar et al., 2017). This therapeutic approach, when used alone or in combination with online individual therapy, may provide these women with the support and resources they need (Bogar et al., 2017).

### **Finances**

To ensure that women from all backgrounds have equal access to services, it is important to consider financial barriers. Individual therapy is expensive. Although some individuals may have mental health insurance coverage, it is important to consider whether the use of a benefit plan for service would put the client at risk within their home because of the shared nature of benefit plans. This consideration would be relevant for women who have experienced or are at risk of intimate partner violence (Tutty, 2024). EFGT offered weekly or during an intensive 2-day retreat is less expensive and would support the well-being of women who have limited financial resources oppressed backgrounds (Bogar et al., 2017; Tutty, 2024).

### **Confidentiality**

For women in abusive relationships, confidentiality is a serious concern (Truscott & Crook, 2013). Financial accounts can often be viewed by both parties in a relationship (CAP,

2018, 2022; Hansson et al., 2022). The review of credit card expenses, benefit statements, or bank statements may put a woman at risk of harm and further oppression from an abusive spouse (Hansson et al., 2022; Truscott & Crook, 2013). Likewise, it is common for those living in the same household to hear voicemails and witness texts and emails (Hansson et al., 2022). Although online forms of EFT might be more accessible than in-person sessions, there is a risk of being overheard. In group therapy, confidentiality is stressed but there is no way to guarantee that group participants will not share information (Lasky & Riva, 2006; Truscott & Crook, 2013).

Confidentiality is an important part of the therapeutic process. To respect the dignity and choice of the client, the therapist must make the client aware of the risks of group and online therapy (CAP, 2018, 2022; Lasky & Riva, 2006; Truscott & Crook, 2013). This information should be carefully reviewed during the informed consent process and brought up regularly. The therapist and client should consider the risks and create a plan for how to deal with these issues together (CAP, 2018, 2022; Lasky & Riva, 2006; Truscott & Crook, 2013). Encryption software (CAP, 2022), cash, and noise machines could be used as a part of a plan for protecting the client's confidentiality.

Although EFT improves outcomes in women who practise self-silencing, access and cost must be considered. Self-silencing, which is rooted in powerlessness, is a strategy often recommended by older women for survival and maintenance of social connections (Bogar et al., 2017; Scott et al., 2023). Oppressed women from non-dominant groups who are in traditional or unhealthy relationships tend to lack the resources and support required for some forms of individual and group therapy (Bogar et al., 2017; Scott et al., 2023). These women are also at risk of harm if their choice to engage in therapy is exposed.

## Discussion and Future Directions

The results demonstrate that self-silencing negatively affected the mental health of men and women but had worse impacts on women's mental health than men. These results confirm Jack's (1991) silencing the self theory which suggests that women learn to self-silence as a means of earning acceptance, approval, and relationship maintenance in a patriarchal society. The expectations and values that women aim to live up to within this theory are based in gender norms and values (Jack, 1991). These gendered norms and values contribute to higher rates of mental illness in women, and mental illness furthers disparity in power and financial means (Cortés-García et al., 2020; Sun & Chen, 2022; Toczek et al., 2021; Vogler et al., 2008) and credibility (Pavco-Giaccia et al., 2019; Yu, 2018) between men and women. Mental illness impacts a person's time, money, and earning potential (Cortés-García et al., 2020). Money is important in decision making processes as it offers individuals the ability to make independent decisions and to have say in decision-making processes between people (Cortés-García et al., 2020; Sun & Chen, 2022; Toczek et al., 2021; Vogler et al., 2008). If women are impacted by mental illness at higher rates than men and have fewer financial means because of this, they have less power as individuals and as a collective to create positive changes that would support women's empowerment and positive well-being in society. This disparity is important because when women's mental health is worse as a collective, the symptoms of mental illness can be used to reinforce gender stereotypes and conceptual links between gender and rationality that suggest women are overly emotional and irrational, thereby dismissing their credibility (Pavco-Giaccia et al., 2019; Yu, 2018). To better understand why men self-silence at higher rates but are less affected by self-silencing as compared to women, future studies should examine whether esteem from greater identity in the relational self or power and control over the relationship

moderates the strength of this association. The research on self-silencing would also benefit from data from observation and familial sources, a more reliable assessment of care as self sacrifice, and samples of participants with clinical diagnoses.

EFT appears to be a promising intervention for women who are high in self-silencing. The research demonstrates improvements in emotion regulation, management of interpersonal problems, and psychopathology in BED (Compare et al., 2013; Compare & Tasca, 2016; Glisenti et al., 2018; Glisenti et al., 2021; Tschan & Goldman, 2024), anorexia (Tschan & Goldman, 2024), anxiety (Lafrance Robinson et al., 2014; Timulak et al., 2022), and depression (Ellison et al., 2009; Goldman et al., 2006; Greenberg & Watson, 1998; Greenberg & Watson, 2022; Lafrance Robinson et al., 2014; Watson et al., 2003). EFT uses theory and experiential interventions to better understand and identify a person's emotions that hold valuable information on their essential needs and values. When these emotions are evoked and re-experienced, they motivate action that is self-directed to meet unmet needs and go towards one's values and goals. As such, they help people become more authentic and self-efficacious.

### **Reflection on Learning**

This experience of researching self-silencing and its impacts provided me with the knowledge that their experiences were real and universal. Prior to this capstone, I often experienced shame and judgement when speaking honestly about being treated poorly or unfairly as a woman on a personal or systemic level. The experience and expression of emotions like anger have negative connotations for women (Greenberg, 2024). For men, the expression of anger is normal and much more acceptable than the display of other emotions. For women, the action tendencies of anger to be assertive, protect oneself, and set boundaries are unacceptable

(Greenberg, 2024). It is as if my raised voice and acknowledgement of injustice sparked fear and internalized shame in other women. Over time, I learned to fear my own anger.

In his book *Shame and Anger in Psychotherapy*, Greenberg (2024) claims that interrupted anger is just as big of a problem for client's mental health and relationships as is the excessive expression of anger. Anger is a normal and at times adaptive feeling that occurs when a person feels like they have been taken advantage of, treated poorly, or violated (Greenberg, 2024). However, expressions of anger often provoke fear, consequences, and shaming responses (Greenberg, 2024). Therefore, many individuals learn to be afraid and ashamed of their anger and they try to control and suppress their anger, thereby interrupting the expression of anger that would be adaptive (Greenberg, 2024). The suppression or interruption of anger can result in feelings of despair; mental health disorders like depression, anxiety, and disordered eating; and in somatic symptoms like headaches (Greenberg, 2024). This suppression of anger can also lead to an explosion of anger, aggression, and violence as is seen in the 'bottle up blow-up syndrome' (Greenberg, 2024). Greenberg's perspective on anger fits with my internal knowing. This outlook on the importance of anger seems to be an anti-oppressive and empowering practice for women that were led to believe that they needed to abandon themselves to be worthy in a patriarchal society. This framework and the validating and empathic stance of EFT is required for women to risk feeling or expressing their anger again. Further, this information, combined with the literature on self-silencing that emphasized the universality of both women's experience and the psychological impacts of self-silencing, has reinforced the importance of behaving in gender atypical ways and modelling acceptance when women behave assertively.



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## Appendix

### Glossary of Key Terms

**Amygdala:** “One of the components of the limbic system, which is responsible for the control of emotions and behavior besides memory formation” (AbuHasan et al., 2023, para. 4). The amygdala also “functions in regulating anxiety, aggression, fear conditioning, emotional memory, and social cognition” (AbuHasan et al., 2023, para. 6).

**Authenticity:** The act of being true to one’s self-concept, values, and inner experience (e.g., feelings and thoughts; Vymětal, 2002).

**Collectivist cultures:** Prioritize the needs, goals, and well-being of the group over the individual (Dermer & Abdullah, 2024; Lomas et al., 2023).

**Corrective emotional experiences:** Emotional experiences that offer unmet needs like acceptance, compassion, and validation, which transform the client’s maladaptive emotion scheme (Sharbanee et al., 2024).

**Emotion-focused therapy (EFT):** A therapeutic approach that utilizes experiential and systematic interventions, knowledge of attachment theory, and the latest research on emotions to help clients identify and experience their emotions to understand their essential needs and values and to motivate behaviour (Greenberg, 2010).

**Emotion-focused individual therapy (EFIT):** The theory and interventions of EFT in one-on-one sessions for the benefit of the individual (Greenberg, 2010).

**Emotion-focused therapy for groups (EFGT):** Much the same as EFIT but also includes the benefits of interpersonal processing that result from emotion processing techniques (Sharbanee et al., 2024). In group sessions of EFGT, the therapist will have one group

member engage in an emotion-processing technique like the empty-chair technique while observed by the remaining group members.

**Empty-chair technique:** An experiential intervention where the client is asked to engage in back-and-forth dialogue speaking to their internal vision of their significant other to resolve conflict, meet unmet needs, and develop a greater understanding of the other (Greenberg, 2010).

**Gaslighting:** The use of gender-based stereotypes and inequalities to distort reality and confuse the victim (Sweet, 2019).

**Individualist cultures:** Value the pursuits and well-being of the individual over the group (Dermer & Abdullah, 2024; Lomas et al., 2023).

**Marianismo:** A set of traditional gender roles within Hispanic cultures; females are expected to be subservient, selfless, caring, abstinent, virtuous, and the foundation of their family's strength and spirituality (Cano et al., 2020).

**Rejection hostility:** The heightened reaction of anger and aggression that a person experiences or imagines after being rejected (Berenson et al., 2009; Romero-Canyas et al., 2013).

**Self-directed behaviour:** An action or behaviour that stems from decisions made for and by the self. These behaviours stem from the individuals' values, needs, and wants (Greenberg, 2010).

**Systematic evocative unfolding:** When a client's emotions are brought to the surface to experience, explore, and access the underlying primary emotions and the needs associated with those emotions (Pos & Greenberg, 2007).

**Two-chair technique:** An experimental intervention where the therapist guides the client to engage in back-and-forth dialogue between the two parts of the self in conflict, where both parts get to express their feelings and needs to the other (Greenberg, 2010).