

The Role of Self-Silencing and Appearance Investment in Heterosexually Experienced Women's Body Dissatisfaction

TANJA SAMARDZIC, M.A.¹, JOSÉE L. JARRY, PH.D., C. PSYCH.², & CHARLENE Y. SENN, PH.D.²

¹University of Guelph

²University of Windsor

Traditional socialization can lead to negative individual and relational outcomes for women including self-silencing and body dissatisfaction. We explored the relationship between these phenomena, particularly whether problematic appearance investment was an explanatory mechanism for body dissatisfaction within a context of self-silencing. Women students ($N=116$) aged 18-24 completed online surveys. More engagement in all domains of self-silencing was associated with higher body dissatisfaction. Problematic appearance investment mediated three of the four domains (externalized self-perception, care as self-sacrifice, divided self) with the other, silencing the self, directly associated with body dissatisfaction. When young women engaged in more relational self-silencing, they focused on their appearance as more integral to their identity, which predicted higher body dissatisfaction. These findings, based on women without eating disorder diagnoses, demonstrate one specific danger of relational self-silencing for women's well-being. Encouraging self-affirmation may be a promising strategy to undermine these effects for women who engage in self-silencing.

Keywords: self-silencing, body dissatisfaction, body image, intimate relationship, young woman

La socialisation traditionnelle peut conduire à des conséquences individuelles et relationnelles négatives pour les femmes, notamment au silence auto-imposé et à l'insatisfaction corporelle. Nous avons exploré si un investissement problématique dans l'apparence est un mécanisme explicatif de l'insatisfaction corporelle dans un contexte de silence auto-imposé. Des étudiantes ($N=116$) de 18 à 24 ans ont répondu à des questionnaires en ligne. L'investissement problématique a servi de médiateur dans trois des quatre domaines (perception de soi extériorisée, soins en tant que sacrifice de soi et soi divisé). Le silence auto-imposé, était directement associé à l'insatisfaction corporelle. Lorsque les participantes s'auto-imposaient le silence en contexte relationnel, elles considéraient que leur apparence faisait davantage partie intégrante de leur identité, ce qui laisse présager une plus grande insatisfaction corporelle. Ces résultats, basés sur des femmes sans diagnostic de trouble alimentaire, démontrent un danger spécifique du silence auto-imposé dans un contexte relationnel pour le bien-être des femmes.

Mots-clés : silence auto-imposé, insatisfaction corporelle, image corporelle, relation intime, jeune femme

Two distinct literatures explore psychological harms women experience in a societal context of gender inequality. The first describes how women internalize cultural expectations to maintain intimate relationships at the expense of their own voice (self-silencing; e.g., Jack & Ali, 2010). The second examines the dissatisfaction many women experience with their own bodies (e.g., Karazsia et al., 2017). While these seem like disparate topics which are often studied primarily in clinical samples (e.g., depressed women, women with eating disorders), we hypothesized that they were related to each other, for young women more generally. Thus, the current study aimed to explore whether young women's self-silencing in intimate heterosexual relationships was related to their body dissatisfaction and, if so, whether internalization of the belief that women's bodies and

appearance are critical to their identity as women was, in part, responsible for this relation.

Body dissatisfaction, the negative evaluation of one's body (Stice & Shaw, 2002), has become a "normative discontent," meaning that it has become a global characteristic that most women share (Rodin et al., 1985). There has been ample research in the body image literature describing the problem of body dissatisfaction, including its prevalence (e.g., 13.4% to 31.8% among a sample of almost 2000 women in the United States; Fallon et al., 2014) and risk factors, namely low self-esteem, the presence of depressive symptomology, and/or higher body mass index (BMI) (Bulky & Elosua, 2011; Clark et al., 2009; van den Berg et al., 2010). Feminist theorists understand women's body dissatisfaction as a consequence of living in patriarchal and androcentric societies where women are viewed as inherently inferior (Bordo, 1993; hooks, 1990), where the male perspective is

Correspondences should be directed to Tanja Samardzic (tsamardz@uoguelph.ca).

central, and femininity is culturally marginalized (Bem, 1996). Women's bodies, often the physical representation of their femininity, are seen as inferior to men's, indirectly or directly under men's controlling gaze, and in need of constant alteration and improvement (Rice, 2014; Walters, 1995). As a result, men are expected to, and often do, idealize women who seek attention from them without questioning their place within society (Currie et al., 2007).

Women must consistently navigate societal expectations surrounding their function as "woman," and this navigation is embodied (Piran, 2017). As women move from childhood into adolescence, a shift occurs where their behaviours and their bodies are suddenly closely regulated to ensure that they are adhering to their socially prescribed roles and expectations (Gilligan, 1982; Rice, 2014). De Beauvoir (1952/2009) called this a struggle between childish independence and womanly submission to these socially prescribed roles (e.g., the process of moving from being comfortable and free in one's body at a young age to becoming objectified by others and engaging in bodily surveillance and alteration in behaviour such as dieting; Rice, 2014). At the same time, women are expected to prioritize finding and maintaining intimate relationships. Indeed, the relational self-theory (Jordan, 1991, 1997a; Surrey, 1985) highlights that a woman's deepest self is fostered and nurtured in the context of intimate relationships with others, and they must do whatever they can to maintain these socially powerful relationships (Gilligan, 1982), even at the expense of self and their own needs (Jack, 1991). Accordingly, women are expected to adhere to societal expectations surrounding their body and relational behaviours to maintain intimate unions, even if doing so has personal costs within the relational context (e.g., the inability to express one's authentic self; Jack, 1999).

One way that women may attempt to maintain their intimate relationships is through self-silencing behaviours. Self-silencing is a collection of behaviours that involve women hindering or suppressing their thoughts, wants, needs, and opinions in intimate relationships to prioritize those of their partner (Jack, 1991). These behaviours are based on gender-specific schemas, which act as a guide for women's social behaviours and their general self-assessment (Jack & Dill, 1992). Theoretically, self-silencing is divided into four subconstructs characterized by specific ways in which women can silence themselves, which consist of (a) externalized self-perception, which is the adoption of a stance whereby external standards matter more than internal ones; (b) care as self-sacrifice, which involves placing others' needs above one's own to ensure attachment; (c) silencing the self, which consists of the inhibition of expression to

prevent conflict; and (d) the divided self, whereby women withhold hostility and engage in outer compliance and adherence to role expectations (Jack & Dill, 1992). Self-silencing is a common, culturally enforced experience further exacerbated by the experience of societal gender-based oppression (Jack 1991, 1999). Young women face developmental risks (e.g., conformity to rigid gender role expectations, pressure to date boys/men, and development of an other-focused [e.g., partner-focused] identity, to name a few) that may predispose them to greater use of self-silencing behaviours, especially for relationship maintenance (Brown & Gilligan, 1992; Gilligan, 1982; Gilligan et al., 1990).

In previous literature, self-silencing has been positively correlated with women's experiences with body dissatisfaction (Buchholz et al., 2007; Frank & Thomas, 2003; Hambrook et al., 2011; Ross & Wade, 2004; Shouse & Nilsson, 2011; Wechsler et al., 2006). Likely because of its more obvious relation to physical aspects of the self, the most researched facet of self-silencing in this context is externalized self-perception, which, although similar to self-objectification (i.e., adoption of an outside perspective when thinking about and viewing one's body; Fredrickson & Roberts, 1997), involves a more global judgment of the self. Externalized self-perception has a relational element that includes how women should present themselves in society according to pre-established societal role expectations generally and concerning appearance (Jack, 1991). Associations between this facet of self-silencing and body image concern (positive association; Ross & Wade, 2004) as well as weight-based self-esteem (negative association; Frank & Thomas, 2003) have been found. The other aspects of self-silencing, though not overly appearance-focused like externalized self-perception, may also be implicated in women's development of body dissatisfaction. For instance, a positive correlation between body dissatisfaction and (a) experienced division of self (Buchholz et al., 2007; Nolan, 2010); (b) care as self-sacrifice (Geller et al., 2000; Hambrook et al., 2011); and (c) silencing the self (Buchholz et al., 2007; Geller et al., 2000) has been found in some studies. That is, the more that women engage in the aforementioned forms of self-silencing, the higher their reported dissatisfaction with their bodies. But these associations, while important, are incomplete because they were established only within clinical samples of women who met the criteria for eating pathology. This means that the experiences of women who do not meet clinical diagnosis thresholds have not been accounted for in the current literature. Additionally, many of the reviewed studies focused on one or two of the domains (e.g., Hambrook et al., 2011), thus failing to assemble a fulsome picture

SELF-SILENCING AND BODY DISSATISFACTION

of self-silencing behaviours as they relate to the appearance context.

It may not be immediately clear why there would be associations between these more diverse facets of self-silencing and body dissatisfaction. While in studies such as Buchholz et al.'s (2009), the aim was to explore the unique contribution of self-silencing to body dissatisfaction, there is evidence that the relationship is indirect. One example is Frank and Thomas's (2003) study, where they tested the unique roles of self-silencing and the perceived importance of body shape and weight in predicting anorexic dietary cognition. The roles of self-silencing and the perceived importance of body shape and weight have been correlated with body dissatisfaction in past studies (Geller et al., 1997). Body dissatisfaction is a strong precursor to the development of eating pathology, including problematic cognitions (Stice & Shaw, 2002). A study led by Stice and Shaw (2002) provided evidence that the relationship between self-silencing and body dissatisfaction may not be direct and needs further investigation by parsing out the unique contributions of both self-silencing and body weight/shape importance. In fact, these relations are likely not direct and instead may be indirect through other factors and processes given the increased complexities inherent within relational connections during the tumultuous time of adolescence. These factors include societal expectations from multiple sources about both bodily appearance and behaviours and practices such as engagement in sexual activity in addition to pubertal changes during that time (Manning et al., 2014; Surrey, 1991).

We speculated that problematic investment in appearance could be an explanatory mechanism by which the association between the various self-silencing domains is indirectly associated with body dissatisfaction. Problematic appearance investment refers to the importance of appearance as a defining feature of identity (Cash et al., 2004). Higher appearance investment is related to lower self-esteem (e.g., Morrison et al., 2004) and is involved in the development of body dissatisfaction (e.g., Carraça et al., 2011), likely due to the reliance on appearance for self-worth. It is well established that women experience societal pressure (including pressure by their intimate partners) to conform to gender role expectations (Belenky et al., 1986; Gilligan, 1982; Jack, 1991), and this likely extends to pressure to conform to societal standards of body appearance. Geller et al. (2000) offered an interesting explanation for high body image dissatisfaction in women who engage in more self-silencing. They suggested that women may be avoiding the expression of threatening feelings or impulses toward the appropriate targets (like their intimate partners, for example), turning

their attention to their own body as a more socially acceptable target on which to release these feelings. If women have experienced a loss of agency, defined in part as an increase in "internal and external barriers to action" (Deveaux, 2000, p. 15), in their intimate relationship, they may search for an alternative domain where they can experience it (e.g., Fingerson, 2005). Given the general importance of appearance for women in the current sociocultural context (Bordo, 1993; Rice, 2014), in heterosexual relationships, women may focus on their body and appearance as stand-ins for actual agency, thus increasing problematic appearance investment and body dissatisfaction. In other words, if women are unable to experience agency by having their voice and views recognized and their needs met in their intimate relationships, they may focus instead on the way they look and appear to others (e.g., Fingerson, 2005; Martin, 1996), something that does not solve the problem and may contribute to body dissatisfaction. Thus, problematic appearance investment may be the indirect link through which body dissatisfaction is fostered for women in intimate relationships.

The majority of the available research establishing the groundwork for these relations has been conducted with women who met the criteria for problematic eating behaviour diagnoses. Relatively few previous studies have explored the connection between body dissatisfaction and self-silencing, particularly among young women who do not meet clinical standards for these diagnoses (Morrison & Sheahan, 2009; Piran & Cormier, 2005). There are established differences between clinically diagnosed women and comparable women from the community who do not qualify for a clinical diagnosis on several body-related indicators, with the latter most notably having lower body dissatisfaction than the former (Polivy & Herman, 2002; Striegel-Moore & Bulik, 2007). Thus, it is important to know whether the relations between self-silencing and body-related variables exist in non-clinical samples as well, especially given the ubiquitous focus on appearance in Western society and the conflation of thinness with femininity (Chrisler, 2011). Further, our exploration of the role of the four facets of self-silencing and appearance investment in body dissatisfaction fills additional gaps in the literature by examining how self-silencing becomes embodied for women, which links and expands upon two distinct literatures and which could help contribute to additional avenues for intervention.

Study Aims and Hypotheses

The aims of this study were to (a) test the association between the four domains of self-silencing and the experience of body dissatisfaction, (b) explore the association between the four facets of self-

silencing and appearance investment, and (c) investigate the potential mediating role of appearance investment as an explanatory mechanism of the hypothesized association between self-silencing and body dissatisfaction, in a sample of young women who have never received an eating disorder diagnosis. The hypothesis is that all four facets of self-silencing would be positively related to greater body dissatisfaction and increased appearance investment, and that appearance investment would mediate the relationship between all four types of self-silencing and body dissatisfaction. Higher body dissatisfaction is often found to be related to lower self-esteem (e.g., Tiggemann, 2005; van den Berg et al., 2010), higher levels of depression (e.g., Clark et al., 2009; Stice & Whitenton, 2002), and higher BMI (e.g., Bully & Elosua, 2011; Yates et al., 2004); thus, they were all measured and included as covariates, if applicable, for analyses (see Figure 1 for graphic representation).

Method

Participants

Women undergraduate students ($N = 116$) from a mid-sized Canadian university were recruited through a pool of students who received credit for participation in psychology research. The women were deemed eligible based on their self-reports to the following inclusion criteria: (a) female gender; (b) young (17–24); (c) absence of a past or present eating disorder diagnosis; and (d) having been or currently being in an intimate, heterosexual relationship. Participants were compensated with 0.5 bonus points (or the equivalent of 0.5%) toward an eligible psychology course of their choice.

Participants were aged 18 to 24 ($M = 20.68$, $SD = 2.54$) and distributed across years of enrollment in university (13% in year 1, 27% in year 2, 33% in year 3, 22% in year 4, and 5% in year 5+). The majority (81%) reported their ethnic/racial backgrounds as White. The remaining women identified as Indigenous (4.30%), Arabic or West Asian (4.30%), East Asian (4.30%), African or Caribbean (2.60%), South Asian (0.90%), South or Central American (0.90%), and “other” (1.70%).

Only 60% of participants provided their self-reported height and weight, so BMI computation was not possible for all women. For those who did provide their height and weight, the BMI computations ranged from 15.20 to 43.08 ($M = 23.93$, $SD = 5.24$). The World Health Organization (2019) classifies BMI in the following way: < 18.50 = underweight; $18.50 - 29.44$ = normal weight; $25.00 - 29.99$ = overweight; and ≥ 30.0 = obese. In this sample, 11.60% of the women who provided their height and weight were classified as underweight, 50.70% as normal weight,

23.20% as overweight, and 14.50% as obese. The Results section provides more details on the treatment of height and weight data in light of the amount of missing data.

Procedure

This study was conducted in accordance with Tri-Council Guidelines for Ethical Conduct for Research Involving Humans (Panel on Research Ethics, 2014) and received ethical clearance from the University’s Research Ethics Board (REB#15-168). All students in the Participant Pool complete a pre-screen questionnaire at the start of the semester that includes basic demographics as well as specific questions added for specific research studies (e.g., past or present eating disorder diagnosis). The pre-screen responses to age, relationship experience (ever been in an intimate heterosexual relationship), and past or present eating disorder diagnosis (yes/no), were used to ensure that the study description on the Participant Pool website was visible only to eligible participants. The study was advertised as a survey about how people’s behaviour in their intimate relationships impacts their psychological functioning, including mood and mental health. Participants who signed up received an e-mail link to the study webpage, where they were presented with the consent form. Once they provided their electronic informed consent, the measures were presented in random order. The exception to this was the demographic questionnaire, which was always presented last to avoid reactivity related to asking for height and weight-related information. Upon completion of the survey, participants were directed to the post-study debriefing page.

Measures

Self-silencing. *The Silencing the Self Scale* (STSS; Jack & Dill, 1992) is a 31-item self-report measure of gender-specific schemas that broadly involve actively suppressing one’s needs in favour of their partner’s. This measure includes four subscales, each of which inquires about distinct behaviours of self-silencing: (a) Externalized Self-Perception ($\alpha = .80$), self-judgment by external standards, e.g., I tend to judge myself by how I think other people see me. ; (b) Care as Self-Sacrifice ($\alpha = .61$), over-caring for one’s partner while under-caring for oneself, e.g., One of the worst things I can do is to be selfish ; (c) Silencing the Self ($\alpha = .87$), hindering one’s expressions, e.g., I think it’s better to keep my feelings to myself when they do conflict with my partner’s; and (d) Divided Self ($\alpha = .86$), an experience of a division of self (inner, angry self vs. outer, socially compliant self), e.g., I feel that my partner does not know my real self. Participants respond on a 5-point scale ranging from 1 (Strongly disagree) to 5 (Strongly agree), with higher scores

indicating a higher tendency toward that type of self-silencing behaviour. Although a total score is possible, the subscales were separated to test specific hypotheses. Jack and Dill (1992) have suggested reporting item-total correlations for items 1 and 11, two of the items comprising the Care as Self-Sacrifice subscale because they tended to be either negative or zero in previous studies; in this study, they were .04 for item 1 and -.04 for item 11.

Appearance investment. *The Appearance-Schemas Inventory-Revised* (ASI-R; Cash et al., 2004) is a 20-item self-report measure of two types of appearance investment: (a) Motivational Salience, which assesses motivation for the management of one's appearance; and (b) Self-Evaluative Salience, which assesses the importance that one places on appearance for achieving a sense of self-worth. Although the entire scale was administered to ensure scale integrity, only the Self-Evaluative Salience subscale was analyzed (12 items; $\alpha = .86$). A sample item from this subscale is If I dislike how I look on a given day, it's hard to feel happy about other things. Participants respond on a 5-point scale ranging from 1 (Strongly disagree) to 5 (Strongly agree), with higher scores indicating more reliance on appearance for self-worth purposes.

Body dissatisfaction. *The Eating Disorder Inventory-2* (EDI-2; Garner, 1991) is a 91-item self-report measure of various disordered eating behaviours. The measure has 11 subscales, but only one assesses body dissatisfaction (EDI-BD), which assesses feelings toward one's physical appearance. The entire measure was administered to maintain scale integrity; however, only the EDI-BD subscale was analyzed (9 items; $\alpha = .90$). A sample item from the Body Dissatisfaction subscale is I like the shape of my buttocks. Participants respond on a 6-point scale ranging from 1 (Always) to 6 (Never), with higher scores indicating more dissatisfaction with one's body.

Depression. *The Beck Depression Inventory II* (BDI-II; Beck et al., 1996) is a 21-item self-report measure of various depressive symptomatology. A sample item is Irritability, where participants answer from 0 (I am no more irritable than usual) to 3 (I am irritable all the time), with higher scores indicating both the presence of and severity of depressive symptomatology ($\alpha = .95$).

Self-esteem. *The Rosenberg Self-Esteem Scale* (RSES; Rosenberg, 1965) is a 10-item measure of global trait self-esteem, which assesses feelings of affection for oneself not based on rational judgments that endure time and social situations. A sample item is I feel that I have a number of good qualities. Participants respond on a 4-point scale ranging from 1

(Strongly disagree) to 4 (Strongly agree), with higher scores indicating higher trait self-esteem ($\alpha = .90$).

Demographic questionnaire. A short demographic questionnaire created by the first author was used to collect information on age, years in university, ethnic/racial origin, and height and weight. We used participants' height and weight to calculate their BMI scores (kg/m^2), though we could only do this for part of the sample given that 40.50% of participants did not provide their height and weight. This was likely due to an error in the question's response format where we asked participants to report their height in centimeters (cm) and weight in pounds (lbs). Alternatively, it may be that women felt uncomfortable providing this information, particularly after answering questions about their bodies and appearance (Cromer et al., 2006).

Results

Preliminary Data Cleaning and Analysis

An a priori power analysis was conducted using Kenny's (2019) MedPower calculator for mediation: to achieve a power estimate of .80, 106 participants would be needed, and this requirement was achieved. Little's (1988) MCAR test indicated that the data were missing completely at random, $(20) = 28.41$, $p = .100$. Participants missed 4.30% of items in the Silencing the Self subscale of the STSS (Jack & Dill, 1992) so expectation maximization, which generates imputed values consistent with population values (Schafer, 1997), was used to replace the missing values in the Silencing the Self subscale. Means, standard deviations, and correlations between variables are presented in Table 1. The correlations between the four subscales of the STSS (Jack & Dill, 1992) did not exceed .49, suggesting that the various conceptualizations of self-silencing are indeed measuring different forms of self-silencing behaviours.

Shapiro-Wilk tests of normality revealed that body dissatisfaction was not normally distributed. However, the skewness and kurtosis values were within the $|\pm 2|$ and $|\pm 3|$ range respectively (Pituch & Stevens, 2016) and the distribution visually appeared normal. Using studentized residuals and a cut-off value of $|2.5|$, no participants were identified as univariate outliers (Pituch & Stevens, 2016). A cut-off of $|2|$ was used to identify influential observations with standardized DFBETA and none were found (Fox, 1997). Finally, multivariate outliers were assessed using Mahalanobis distance, $\chi^2 (6) = 22.46$, $p = .001$ (Mahalanobis, 1936). Only one case was identified as a multivariate outlier as it exceeded the cut-off ($\chi^2 = 24.77$). This case was removed from all further analyses.

Mediation Analyses

We assessed mediation using Hayes' (2013) PROCESS macro, which is an observed variable ordinary least squares regression path analysis tool estimating direct and indirect effects. We conducted mediation analyses according to Preacher and Hayes' (2004, 2008) method using PROCESS model 4, wherein a significant direct effect between x and y is not necessary for mediation to be tested, and where the focus is on the product of ab (or the indirect effect). PROCESS has no direct way of standardizing variables and the confidence intervals provided correspond to the unstandardized solution (Hayes, 2013). To obtain a standardized solution, we manually standardized by deriving z scores for the variables before analyzing them in PROCESS. All assumptions aside from normality were satisfied, so data were bootstrapped to 1000 cases to avoid bias in the standard errors. Please note that despite the importance of BMI in past body dissatisfaction studies (e.g., O'Driscoll & Jarry, 2015), we were unable to use it because the PROCESS macro uses listwise deletion when testing mediation (Hayes, 2013). Thus, its inclusion would prevent the use of otherwise complete data and the sample size ($n = 69$ if BMI is included) would not be sufficient for evaluating relationships as shown by the power analysis reported above. In Table 2, we present partial correlations between study variables, while holding constant the effects of BMI. Therefore, although we were unable to include BMI, the partial correlations allow for visualization of its effects.

Self-silencing and body dissatisfaction. All four subscales of the self-silencing measure were significantly correlated with body dissatisfaction (see Table 1; all $p < .01$) but only the Externalized Self-Perception, Care as Self-Sacrifice, and Divided Self subscales were significantly correlated with appearance investment (the mediating variable; $p < .05$). It was not appropriate to include the Silencing the Self subscale in the mediation analyses because of the assumption that the predictor variable is theoretically related to the mediator variable, which cannot be violated (Preacher & Hayes, 2004, 2008).

Externalized self-perception. We first investigated the hypothesis that appearance investment would mediate the effect of externalized self-perception on body dissatisfaction, with depression and self-esteem as covariates. In this model, higher externalized self-perception predicted higher appearance investment, which then predicted higher body dissatisfaction (see Table 3 for a summary of the results). Self-esteem did not emerge as a significant covariate, 95% CI (-.14, .25). After holding depression constant, approximately 32% of the variance in body

dissatisfaction was accounted for by the relation between externalized self-perception and appearance investment.

Care as self-sacrifice. Next, we tested the hypothesis that appearance investment would mediate the effect of care as self-sacrifice on body dissatisfaction while testing depression and self-esteem as covariates. Here, higher care as self-sacrifice predicted higher appearance investment, which then predicted higher body dissatisfaction (see Table 3). Similar to the previous analysis, self-esteem did not emerge as a significant covariate, 95% CI (-.15, .24). After accounting for the effect of depression, about 31% of the variance in body dissatisfaction was accounted for by the relation between care as self-sacrifice and appearance investment.

Divided self. Finally, we tested the hypothesis that appearance investment would mediate the effect of the divided self on body dissatisfaction. In this final model, higher experienced division of self predicted higher levels of appearance investment, which in turn predicted higher body dissatisfaction (see Table 3). Self-esteem, once again, did not emerge as a significant covariate, 95% CI (-.17, .22). After accounting for the role of depression, approximately 34% of the variance in body dissatisfaction was accounted for by the relation between divided self and appearance investment.

Discussion

There are many individual and relational outcomes for women in a society that makes socially prescribed gender roles and expectations overt (Piran, 2017; Rice, 2014). One such outcome, self-silencing, and its relationships with women's body image, namely problematic appearance investment and bodily dissatisfaction, were explored. Against the backdrop of a societal context of gender inequality where women's appearance is prioritized, this study explored the link between relational and appearance-related domains of women's lives that have potentially harmful psychological consequences. Thus, this study had three aims. First, it attempted to replicate previous findings of an association between self-silencing and body dissatisfaction in a non-clinical sample of women and to determine which aspect(s) of self-silencing was/were associated with body dissatisfaction. Second, it explored the association between self-silencing and investment in appearance for self-definition, a particularly problematic form of appearance investment. Third, the current study investigated whether this problematic form of appearance investment offered a possible explanatory role in predicting body dissatisfaction within the context of self-silencing. Doing so was our attempt to explore links between two distinct literatures

SELF-SILENCING AND BODY DISSATISFACTION

exploring psychological harms (i.e., self-silencing and body dissatisfaction) for women who do not qualify for clinical diagnoses of eating pathology and examine the four dimensions of self-silencing and how they influence body-related outcomes.

Our study was successful in replicating previous research findings that higher levels of all four types of self-silencing were related to more body dissatisfaction among college-aged women. Supported by these other studies, higher levels of externalized self-perception (Ross & Wade, 2004), care as self-sacrifice (Hambrook et al., 2011), silencing of the self (Buchholz et al., 2007), and division of self (Nolan, 2010) were associated with greater body dissatisfaction in our sample of young women-students. Notably, previous findings linking care as self-sacrifice and body dissatisfaction were only within clinical contexts (Geller et al., 2000), so our study extended these findings for a non-clinical sample of women.

Higher engagement in externalized self-perception, care as self-sacrifice, and division of self were related to more problematic investment in appearance, a dysfunctional form of appearance investment whereby women conflate their physical appearance with their perceived social worth and sense of self (Cash et al., 2004). The relation between the form of self-silencing where self-perceptions are externalized and investment in appearance immediately makes sense since both are heavily appearance-focused, though in different ways. Women higher in externalized self-perception tend to judge themselves based on external standards, with the focus being on what others think and feel about them. This form of self-silencing involves the development of a schema about how women “should” be based on standards set for them by others, particularly during the process of gender role socialization (Gilligan, 1982; Jack, 1991; Jack & Dill, 1992). These societal standards become ingrained as a part of women’s standards for themselves, and their goal becomes living up to them and satisfying both self-judgments and the judgments of others (Mahalik et al., 2005). Higher self-silencing in the form of experience of a divided self, on the other hand, involves conflicting feelings within the self. Women who are high in this form of self-silencing experience a disconnect between the outer version of themselves and their inner “true” self. Their outer self conforms to the current socially influenced expectations of what women should be, while their inner self becomes angry and hostile, resenting their inability to be authentic and express themselves truly (Jack, 1991; Jack & Dill, 1992).

Each aspect of self-silencing, in which women’s agency and voice in relationships are thwarted in

different ways, is congruent with problematic appearance investment, which involves both a hyper-focus on appearance and a desire to be viewed as worthy through the lens of appearance because worth is not already inherent. It may be that in their heterosexual relationships, women may begin focusing on their body and appearance as stand-ins for actual agency, thus fostering a problematic investment in their appearance (e.g., for self-worth). That is, in relationships where they may not feel that they can express themselves, turning a focus toward their bodies may be the desired alternative and thus may have contributed to higher body dissatisfaction, as seen in this study. These findings are important because they provide linkages between relational and appearance contexts by suggesting one way in which self-silencing becomes embodied and provide additional nuance for the studies which demonstrate the influence of problematic appearance investment in the development of bodily dissatisfaction (e.g., Carraça et al., 2011). Indeed, a problematic investment in one’s appearance serves as a link between various forms of self-silencing, which similarly involve a restriction of some part(s) of oneself, and an experience of body dissatisfaction, something that continues to be seen as normative and expected among women (Grogan, 2017). However, the relation between care as self-sacrifice and appearance investment was less obvious and will be discussed next.

Although the aforementioned findings were expected, two findings were particularly notable. First, care as self-sacrifice was associated with problematic appearance investment, which was expected based on theory (Geller et al., 2000; Hambrook et al., 2011) but has not been previously established. Previous research has confirmed that women are often still expected to take on the caretaker role in intimate relationships, ensuring that they tend to their partner’s various needs, whether they are emotional or sexual, or the like (Fahs, 2011). One way that women may be engaging in care for their partner’s needs is by being invested in their appearance and spending time and effort to adhere to their partner’s beauty standards (Smolak, 2012; Smolak & Murnen, 2007). Second, a somewhat surprising finding was that the facet of self-silencing implicated in the actual suppression of words (i.e., the Silencing the Self subscale of the STSS; Jack & Dill, 1992) was related to body dissatisfaction but not to problematic appearance investment. This aspect of self-silencing concerns interpersonal behaviours regarding the actual expression of words and how conflicts are resolved (Jack & Dill, 1992). The focus is not on the outward physical presentation of the body, but rather on the physical and social behaviour involved in inhibiting “voice” and self-expression. It was expected that all forms of self-silencing would be

associated with body dissatisfaction through the problematic focus on appearance as self-worth. This finding suggests that increased body dissatisfaction may operate as a more direct extension of women silencing their “voice.” If women are vocally silencing themselves, their bodies may become a more vivid representation for the expression and non-expression of their voice. It may be that for these self-silencing women, their body is the most proximal entity upon which to act, including how they present themselves in society, without the need for an intervening mechanism such as problematic appearance investment. However, replication and further research investigation are necessary to better understand this relationship.

There may be other mechanisms by which women who silence themselves come to develop body dissatisfaction. One such mechanism may be self-objectification, which involves adopting an outside perspective when thinking about and looking at one’s body (Fredrickson & Roberts, 1997). Women who deliberately adopt a social self are more likely to be highly appearance-focused and pre-disposed to be hyper-aware, and thus, highly critical of their body (e.g., Striegel-Moore et al., 1993). There may be other possible mechanisms related to the complex gender role socialization experienced by women across identities. Attempts to meet ubiquitous explicit and implicit gendered expectations are likely contributing factors to the development of body dissatisfaction, especially when those standards are related to body weight and/or appearance (Mahalik et al., 2005). We have found support for one factor that influences women who engage in self-silencing and contributes to the development of body dissatisfaction. Further research is necessary to better understand how women navigate societal messages and how engagement in self-silencing behaviours contributes to the development of body dissatisfaction.

There were limitations in this study that warrant mention. First, while BMI was related to body dissatisfaction in our study and past research (e.g., Bully & Elosua, 2011), it was not used as a covariate in the final analyses due to a survey error that resulted in high participant non-response. Although we were unable to conduct analyses accounting for BMI, partial correlations suggest that its effect is important in accounting for women’s experience and future research accounting for its influence is necessary. BMI is a flawed measurement tool that does not account for factors like sex, ethnicity, age, and muscle mass (Nuttall, 2015). However, given its widespread use and that we had originally planned to control for the influence of BMI, its absence is a limitation.

A second limitation was our recruitment of only women who were currently or had previously been in intimate relationships with men. We made this decision because we were attempting to replicate past research findings with heterosexually experienced women. Little research on self-silencing has been carried out with lesbian women, but preliminary research suggests that they may self-silence more than heterosexual women. For example, Kirk (2002) found that among a sample of community women, both heterosexual and lesbian, lesbians had significantly higher scores on the Silencing the Self subscale (Jack & Dill, 1992) as compared to their heterosexual counterparts. One of the reasons for this may be societal homophobia which “requires” that one’s sexual identity and authentic self be hidden (Kirk, 2002). Regardless of similarities or differences in self-silencing, future research should explore whether self-silencing has a similar connection to body dissatisfaction for women in relationships with women. Currently, the findings of this study apply to a non-clinical sample of young, educated, and mostly White women who have been in heterosexual relationships, so future research is necessary to replicate these findings in a more diverse sample while accounting for intersecting identities.

Despite the aforementioned limitations, there were several strengths to this study. Namely, it extended upon a body of literature that had focused exclusively on the experiences of women who qualified for diagnoses of eating pathology and provided preliminary evidence of the relation between self-silencing and body-related variables in a non-clinical sample. It also explored the unique contribution of each of the four facets of self-silencing, something that many studies fail to do when they use a total self-silencing score. Exploring each facet’s unique contribution allowed for nuance regarding the role of self-silencing behaviours in problematic appearance investment and body dissatisfaction. We further nuanced our findings and extended the body image literature by presenting a new mechanism that accounted for the relationship between several facets of self-silencing and body dissatisfaction.

Practical Implications

If these findings are replicated, they suggest a possibility for an interesting and low-stress intervention to reduce problematic appearance investment and self-silencing in women who experience body dissatisfaction without clinical eating disorder diagnoses. Previous experimental research has suggested that self-affirmation may be a useful strategy in helping to reduce women’s body dissatisfaction (Bucchianeri & Corning, 2012). As an example, Armitage (2012) conducted a study with

SELF-SILENCING AND BODY DISSATISFACTION

adolescent girls, half of whom had been randomly assigned to a self-affirmation manipulation task asking them to elaborate on their past acts of kindness, and half of whom were assigned to the distractor task asking them to elaborate on things not directly related to themselves. In their sample, affirmation resulted in greater body satisfaction and lower perceived threat after rating their own body weight and shape. This research suggests that encouraging self-affirmation may be a way to mitigate the negative influence of self-silencing on body dissatisfaction.

Women who silence themselves tend to see themselves through the eyes of others and feel pressure to present themselves in socially desirable ways (Jack, 1991; Jack & Dill, 1992), and are thus frequently receiving threatening information (e.g., about their body). Receiving such threatening information may promote a focus on perceived body inadequacies. Removing the focus from their perceived inadequacies and building adequacies while encouraging self-affirmation may be another promising intervention (Steele, 1988). Self-affirmations work to bring a more expansive view of the self and one's resources, encompassing everything from daily occurrences to bigger triumphs (Cohen & Sherman, 2014). One possible option may be to ask young women to write about their core personal values (e.g., McQueen & Klein, 2006). Having women focus on positive agency-promoting characteristics may result in less focus on appearance and more of an experience of voice in their lives (Cohen & Sherman, 2014).

It is also important to reduce women's self-silencing in relationships through broader social change and alterations in the way young men behave in intimate relationships. One small step would involve high-quality relationship communication education for all adolescents. While there are numerous programs in existence targeting specific issues concerning youth, including dating violence (e.g., Dating MattersTM; Tharp, 2012), addressing healthy communication skills deficits and undermining gendered power dynamics in building and maintaining relationships more generally has not been a priority. These findings suggest the need for education that acknowledges gendered dynamics, supports young women to have a strong equal voice in their heterosexual relationships, while simultaneously developing young men's awareness and skill to ensure that their partners' needs are met in the relational context (Viejo et al., 2015).

Conclusion

The current study's findings extend and nuance the body image research area by suggesting that women's bodies may become a representation of the (non-)

expression of their voice. This study also fills important gaps like exploring the role of the four facets of self-silencing and appearance investment as they relate to body dissatisfaction, which links and expands upon two distinct literatures and which could help contribute to additional avenues for intervention. Further research on factors that influence women who engage in self-silencing and contribute to the development of body dissatisfaction is needed. Future qualitative and quantitative research exploring the processes by which young women internalize gender socialization and navigate their intersecting identities is also needed to better understand how self-silencing contributes to the development of body dissatisfaction (a "normative discontent") (Rodin et al., 1985).

References

- Armitage, C. J. (2012). Evidence that self-affirmation reduces body dissatisfaction by basing self-esteem on domains other than body weight and shape. *Journal of Child Psychology and Psychiatry*, 53, 81-88. <https://doi.org/10.1111/j.1469.7610.2011.02442.x>
- Beck, A. T., Steer, R. A., Ball, R., & Ranieri, W. F. (1996). Comparison of Beck Depression Inventories-IA and -II in psychiatric outpatients. *Journal of Personality Assessment*, 67, 588-597. https://doi.org/10.1207/s15327752jpa6703_13
- Belenky, M. F., Clinchy, B. M., Goldberg, N. R., & Tarule, J. M. (1986). *Women's ways of knowing: The development of self, voice, and mind*. Basic Books.
- Bem, D. J. (1996). Exotic becomes erotic: A developmental theory of sexual orientation. *Psychological Review*, 103, 320-335. <https://doi.org/10.1037/0033-295X.103.2.320>
- Bordo, S. (1993). *Unbearable weight: Feminist, Western culture, and the body*. University of California Press.
- Brown, L. M., & Gilligan, C. (1992). *Meeting at the crossroads: Women's psychology and girls' development*. Harvard University Press.
- Bucchianeri, M. M., & Corning, A. F. (2012). An experimental test of women's body dissatisfaction reduction through self-affirmation. *Applied Psychology: Health and Well-Being*, 4, 188-201. <https://doi.org/10.1111/j.1758-0854.2012.01068.x>
- Buchholz, A., Henderson, K. A., Hounsell, A., Wagner, A., Norris, M., & Spettigue, W. (2007). Self-silencing in a clinical sample of female adolescents with eating disorders. *Journal of the Canadian Academy of Child and Adolescent Psychiatry / Journal de l'Académie canadienne de psychiatrie de l'enfant et de l'adolescent*, 16, 158-163.
- Bully, P., & Elosua, P. (2011). Changes in body dissatisfaction relative to gender and age: The

- modulating character of BMI. *The Spanish Journal of Psychology*, 14, 313-322. https://doi.org/10.5209/rev_SJOP.2011.v14.nl.28
- Carraça, E. V., Markland, D., Silva, M. N., Coutinho, S. R., Vieira, P. N., Minderico, C. S., Sardinha, L. B., & Teixeria, P. J. (2011). Dysfunctional body investment versus body dissatisfaction: Relations with well-being and controlled motivations for obesity treatment. *Motivation and Emotion*, 35, 423-434. <https://doi.org/10.1007/s11031-011-9230-0>
- Cash, T. F., Melnyk, S. E., & Hrabosky, J. I. (2004). The assessment of body image investment: An extensive revision of the appearance schemas inventory. *International Journal of Eating Disorders*, 35, 305-316. <https://doi.org/10.1003/eat.10264>
- Chrisler, J. C. (2011). Leaks, lumps, and lines: Stigma and women's bodies. *Psychology of Women Quarterly*, 35, 202-214. <https://doi.org/10.1177/0361684310397698>
- Clark, A., Skouteris, H., Wertheim, E. H., Paxton, S. J., & Milgrom, J. (2009). The relationship between depression and body dissatisfaction across pregnancy and the postpartum: A prospective study. *Journal of Health Psychology*, 14, 27-35. <https://doi.org/10.1177/1359105308097940>
- Cohen, G. L., & Sherman, D. K. (2014). The psychology of change: Self-affirmation and social psychological intervention. *Annual Review of Psychology*, 65, 333-371. <https://doi.org/10.1146/annurev-psych-010213-115137>
- Cromer, L. D., Freyd, J. J., Binder, A. K., DePrince, A. P., & Becker-Blease, K. (2006). What's the risk in asking? Participant reaction to trauma history questions compared with reaction to other personal questions. *Ethics & Behavior*, 16, 347-362. https://doi.org/10.1207/s15327019eb1604_5
- Currie, D. H., Kelly, D. M., & Pomerantz, S. (2007). 'The power to squash people': Understanding girls' relational aggression. *British Journal of Sociology of Education*, 28, 23-37. <https://doi.org/10.1080/01425690600995974>
- de Beauvoir, S. (1952/2009). *The second sex* (C. Borde & S. Malovany-Chevallier, Trans.). Vintage Books.
- Deveaux, M. (2000). Agency. In L. Code (Ed.), *Encyclopedia of feminist theory* (p. 15). Routledge.
- Fahs, B. (2011). *Performing sex: The making and unmaking of women's erotic lives*. State University of New York Press.
- Fallon, E. A., Harris, B. S., & Johnson, P. (2014). Prevalence of body dissatisfaction among a United States adult sample. *Eating Behaviors*, 15, 151-158. <https://doi.org/10.1016/j.eatbeh.2013.11.007>
- Fingerson, L. (2005). Agency and the body in adolescent menstrual talk. *Childhood*, 12, 91-110. <https://doi.org/10.1177/0907568205049894>
- Fox, J. (1997). *Applied regression analysis, linear models, and related methods* (1st ed.). Sage Publications.
- Frank, J. B., & Thomas, C. D. (2003). Externalized self-perceptions, self-silencing, and the prediction of eating pathology. *Canadian Journal of Behavioral Science/Revue canadienne des sciences du comportement*, 35, 219-228. <https://doi.org/10.1037/h0087203>
- Fredrickson, B. L., & Roberts, T. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly*, 21, 173-206. <https://doi.org/10.1111/j.1471-6402.1997.tb00108.x>
- Garner, D. M. (1991). *Eating disorder inventory-2: Professional manual*. Psychological Assessment Research, Inc.
- Geller, J., Cockell, S., Hewitt, P. L., Goldner, E. M., & Flett, G. L. (2000). Inhibited expression of negative emotions and interpersonal orientation in anorexia nervosa. *International Journal of Eating Disorders*, 28, 8-19. [https://doi.org/10.1002/1098-108X\(200007\)28:1<8::AID-EAT2>3.0.CO;2-U](https://doi.org/10.1002/1098-108X(200007)28:1<8::AID-EAT2>3.0.CO;2-U)
- Geller, J., Johnston, C., & Madsen, K. (1997). A new measure of the role of shape and weight in self-concept: The shape and weight-based self-esteem inventory. *Cognitive Therapy and Research*, 21, 5-24. <https://doi.org/10.1023/A:1021812124937>
- Gilligan, C. (1982). *In a different voice*. Harvard University Press.
- Gilligan, C., Lyons, N. P., & Hanmer, T. J. (Eds.). (1990). *Making connections: The relational worlds of adolescent girls at Emma Willard School*. Harvard University Press.
- Grogan, S. (2017). *Body image: Understanding body dissatisfaction in men, women and children* (3rd ed.). Routledge.
- Hambrook, D., Oldershaw, A., Rimes, K., Schmidt, U., Tchanturia, K., Treasure, J., Richards, S., & Chalder, T. (2011). Emotional expression, self-silencing, and distress tolerance in anorexia nervosa and chronic fatigue syndrome. *British Journal of Clinical Psychology*, 50, 310-325. <https://doi.org/10.1348/014466510X519215>
- Hayes, A. F. (2013). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. The Guilford Press.
- hooks, B. (1990). Feminism: A transformational politic. In D. L. Rhode (Ed.), *Theoretical perspectives on sexual difference* (pp. 185-193). Yale University Press.
- Jack, D. C. (1991). *Silencing the self: Women and depression*. Harvard University Press.

SELF-SILENCING AND BODY DISSATISFACTION

- Jack, D. C. & Dill, D. (1992). The silencing the self scale: Schémas of intimacy associated with depression in women. *Psychology of Women Quarterly*, 16, 97-106. <https://doi.org/10.1111/j.1471-6402.1992.tb00242.x>
- Jordan, J. V. (1991) The relational self: A new perspective for understanding women's development. In J. Strauss & G. R. Goethals (Eds.), *The self: Interdisciplinary approaches* (pp. 136-149). Springer.
- Jordan, J. V. (1997a). A relational perspective for understanding women's development. In J. V. Jordan (Ed.), *Women's growth in diversity: More writings from the Stone Center* (pp. 9-24). The Guilford Press.
- Karazsia, B. T., Murnen, S. K., & Tylka, T. L. (2017). Is body dissatisfaction changing across time? A cross-temporal meta-analysis. *Psychological Bulletin*, 143, 293-320. <https://doi.org/10.1037/bul0000081>
- Kenny, D. A. (2019). Power and N computations for mediation. <https://davidakenny.shinyapps.io/MedPower/>
- Kirk, S. A. (2002). *Depression and self-silencing in lesbian and heterosexual women*. Unpublished doctoral dissertation. West Virginia University.
- Little, R. J. A. (1988). A test of missing completely at random for multivariate data with missing values. *Journal of the American Statistical Association*, 83, 1198-1202.
- Mahalanobis, P. C. (1936). On the generalized distance in statistics. *Proceedings of National Institute of Sciences*, 2, 49-55.
- Mahalik, J. R., Morray, E. B., Coonerty-Femiano, A., Ludlow, L. H., Slattery, S. M., & Smiler, A. (2005). Development of the conformity to feminine norms inventory. *Sex Roles*, 52, 417-435. <https://doi.org/10.1007/s11199-005-3709-7>
- Manning, W. D., Longmore, M. A., Copp, J., & Giordano, P. C. (2014). The complexities of adolescent dating and sexual relationships: Fluidity, meaning(s), and implications for young adults' well-being. *New Directions for Child & Adolescent Development*, 144, 53-69. <https://doi.org/10.1002/cad.20060>
- Martin, K. A. (1996). *Puberty, sexuality, and the self: Girls and boys at adolescence*. Routledge.
- McQueen, A., & Klein, W. M. P. (2006). Experimental manipulations of self-affirmation: A systematic review. *Self and Identity*, 5, 289-354. <https://doi.org/10.1080/15298860600805325>
- Morrison, T. G., Kalin, R., & Morrison, M. A. (2004). Body-image evaluation and body-image investment among adolescents: A test of sociocultural and social comparison theories. *Adolescence*, 39, 571-92.
- Morrison, T. G., & Sheahan, E. E. (2009). Gender-related discourses as mediators in the association between internalization of the thin-body ideal and indicants of body dissatisfaction and disordered eating. *Psychology of Women Quarterly*, 33, 374-383. <https://doi.org/10.1111/j.1471-6402.2009.01515.x>
- Nolan, L. (2010). *Female objectification, body dissatisfaction and disordered eating behavior in a non-clinical sample*. Unpublished doctoral dissertation. Victoria University.
- Nuttall, F. Q. (2015). Body mass index: Obesity, BMI, and health: A critical review. *Nutrition Today*, 50, 117-128. <https://doi.org/10.1097/NT.0000000000000092>
- O'Driscoll, L. M., & Jarry, J. L. (2015). Interpersonal rejection results in increased appearance satisfaction for women who rely on body weight for self-worth. *Body Image*, 12, 36-43. <https://doi.org/10.1016/j.bodyim.2014.09.003>
- Panel on Research Ethics. (2014). *TCPS 2 (2014) - Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*. Retrieved from https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2/initiatives.html
- Piran, N. (2017). *Journeys of embodiment at the intersection of body and culture: The developmental theory of embodiment*. Academic Press.
- Piran, N., & Cormier, H. C. (2005). The social construction of women and disordered eating patterns. *Journal of Counseling Psychology*, 52, 549-558. <https://doi.org/10.1037/0022-0167.52.4.549>
- Pituch, K. A., & Stevens, J. P. (2016). *Applied multivariate statistics for the social sciences* (6th ed.). Routledge.
- Polivy, J., & Herman, J. C. (2002). Causes of eating disorders. *Annual Review of Psychology*, 53, 187-213. <https://doi.org/10.1146/annurev.psych.53.100901.135103>
- Preacher, K. J., & Hayes, A. F. (2004). SPSS and SAS procedures for estimating indirect effects in simple mediation models. *Behavior Research Methods, Instruments, & Computers*, 36, 717-731. <https://doi.org/10.3758/BF03206553>
- Preacher, K. J., & Hayes, A. F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods*, 40, 879-891. <https://doi.org/10.3758/BRM.40.3.879>
- Rice, C. (2014). *Becoming women: The embodied self in image culture*. University of Toronto Press.
- Rodin, J., Silberstein, L., & Striegel-Moore, R. (1985). Women and weight: A normative discontent. In T.B. Sonderegger (Eds.), *Nebraska symposium on*

- motivation 32: Psychology and gender* (pp. 267-307). University of Nebraska Press.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton University Press.
- Ross, M., & Wade, T. D. (2004). Shape and weight concern and self-esteem as mediators of externalized self-perception, dietary restraint and uncontrolled eating. *European Eating Disorders Review*, 12, 129-136. <https://doi.org/10.1002/erv.531>
- Schafer, J. L. (1997). *Analysis of incomplete multivariate data*. Chapman & Hall.
- Shouse, S. H., & Nilsson, J. (2011). Self-silencing, emotional awareness, and eating behaviors in college women. *Psychology of Women Quarterly*, 35, 451-457. <https://doi.org/10.1177/0361684310388785>
- Smolak, L. (2012). Risk and protective factors in body image problems: Implications for prevention. In G. L. McVey, M. P. Levine, N. Piran, & H. B. Ferguson (Eds.), *Preventing eating-related and weight-related disorders: Collaborative research, advocacy, and policy change* (pp. 199-222). Wilfrid Laurier University Press.
- Smolak, L., & Murnen, S. K. (2007). Feminism and body image. In V. Swami & A. Furnham (Eds.), *The body beautiful: Evolutionary and sociocultural perspectives* (pp. 236-258). Palgrave Macmillan.
- Steele, C. M. (1988). The psychology of self-affirmation: Sustaining the integrity of the self. In L. Berkowitz (Eds.), *Advances in experimental social psychology* (Vol. 21, pp. 261-302). Academic Press.
- Stice, E., & Shaw, H. E. (2002). Role of body dissatisfaction in the onset and maintenance of eating pathology: A synthesis of research findings. *Journal of Psychometric Research*, 53, 985-993. [https://doi.org/10.1016/S0022-3999\(02\)00488-9](https://doi.org/10.1016/S0022-3999(02)00488-9)
- Stice, E., & Whitenton, K. (2002). Risk factors for body dissatisfaction in adolescent girls: A longitudinal investigation. *Developmental Psychology*, 38, 669-678. <https://doi.org/10.1037/0012-1649.38.5.669>
- Striegel-Moore, R. H., & Bulik, C. M. (2007). Risk factors for eating disorders. *American Psychologist*, 62, 181-198. <https://doi.org/10.1037/0003-066X.62.3.181>
- Striegel-Moore, R. H., Silberstein, L. R., & Rodin, J. (1993). The social self in bulimia nervosa: Public self-consciousness, social anxiety, and perceived fraudulence. *Journal of Abnormal Psychology*, 102, 297-303. <https://doi.org/10.1037/0021-843X.102.2.297>
- Surrey, J. L. (1985). Self in relation: A theory of women's development. *Work in Progress*, No. 13. Wellesley College: Stone Center Working Paper Series. <https://growthinconnection.org/wp-content/uploads/2021/03/1985Self-in-Relation.pdf>
- Surrey, J. L. (1991). Eating patterns as a reflection of women's development. In J. V. Jordan, A. G. Kaplan, J. B. Miller, I. P., Stiver, and J. L. Surrey (Eds.), *Women's growth in connection: Writings from the Stone Center* (pp. 237-249). The Guilford Press.
- Tharp, A. T. (2012). Dating Matters™: The next generation of teen dating violence prevention. *Prevention Science*, 13, 398-401. <https://doi.org/10.1007/s11121-012-0307-0>
- Tiggemann, M. (2005). Television and adolescent body image: The role of program content and viewing motivation. *Journal of Social and Clinical Psychology*, 24, 361-381. <https://doi.org/10.1521/jscp.24.3.361.65623>
- van den Berg, P. A., Mond, J., Eisenberg, M., Ackard, D., & Neumark-Sztainer, D. (2010). The link between body dissatisfaction and self-esteem in adolescents: Similarities across gender, age, weight status, race/ethnicity, and socioeconomic status. *Journal of Adolescent Health*, 47, 290-296. <https://doi.org/10.1016/j.jadohealth.2010.02.004>
- Viejo, C., Ortega-Ruiz, R., & Sánchez, V. (2015). Adolescent love and well-being: The role of dating relationships for psychological adjustment. *Journal of Youth Studies*, 18, 1219-1236. <https://doi.org/10.1080/13676261.2015.1039967>
- Walters, S. D. (1995). *Material girls: Making sense of feminist cultural theory*. University of California Press.
- Wechsler, L. S., Riggs, S. A., Stabb, S. D., & Marshall, D. M. (2006). Mutuality, self-silencing, and disordered eating in college women. *Journal of College Student Psychotherapy*, 21, 51-76. https://doi.org/10.1300/J025v21n01_05
- World Health Organization. (2019). *Body mass index – BMI*. Retrieved from <http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/a-healthy-lifestyle/body-mass-index-bmi>
- Yates, A., Edman, J., & Aruguete, M. (2004). Ethnic differences in BMI and body/self-dissatisfaction among whites, Asian subgroups, Pacific Islanders, and African-Americans. *Journal of Adolescent Health*, 34, 300-307. <https://doi.org/10.1016/j.jadohealth.2003.07.014>

Received June 2, 2021
 Revision received August 30, 2021
 Accepted September 3, 2021 ■

SELF-SILENCING AND BODY DISSATISFACTION

Appendix A

Table 1

Table of Descriptive Statistics and Correlations (N = 115)

	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9
1. Externalized self-perception	19.96	5.57	—	.43**	.53**	.49**	.45**	.43**	-.40**	.52**	.27*
2. Care as self-sacrifice	26.94	5.01		—	.32**	.20*	.23*	.23*	-.20*	.26**	.28*
3. Silencing the self	23.87	7.6			—	.59**	.16	.30**	-.27**	.35**	.18
4. Divided self	15.79	6.41				—	.27**	.43**	-.27**	.51**	.14
5. Appearance investment	3.86	0.67					—	.44**	-.37**	.40**	.17
6. Body dissatisfaction	34.19	10.21						—	-.30**	.48**	.25*
7. Self-esteem	23.03	5.71							—	-.59**	-.25*
8. Depression	15.18	12.88								—	.15
9. BMI	23.93	5.24									—

Notes. Externalized self-perception = STSS *Externalized Self-Perception* subscale; Care as self-sacrifice = STSS *Care as Self-Sacrifice* subscale; Silencing the self = STSS *Silencing the Self* subscale; Divided self = STSS *Divided Self* subscale; Appearance investment = ASI-R *Self-Evaluative Salience* subscale; Body dissatisfaction = EDI-2 *Body Dissatisfaction* subscale; Self-esteem = RSES; Depression = BDI-II; BMI = Body Mass Index (kg/m^2).

* $p < .05$. ** $p < .01$.

Table 2

Partial Correlations between Study Variables, Controlling for BMI (N = 64)

BMI	1	2	3	4	5	6	7	8
1. Externalized self-perception	—	.41**	.48**	.51**	.56**	.45**	.48**	-.42**
2. Care as self-sacrifice		—	.31*	.20	.16	.21	.24	-.15
3. Silencing the self			—	.66**	.14	.34**	.26*	-.21
4. Divided self				—	.30*	.55**	.49**	-.33**
5. Appearance investment					—	.55**	.45**	-.36**
6. Body dissatisfaction						—	.53**	-.25*
7. Depression							—	-.64**
8. Self-esteem								—

Note. BMI was the control variable.

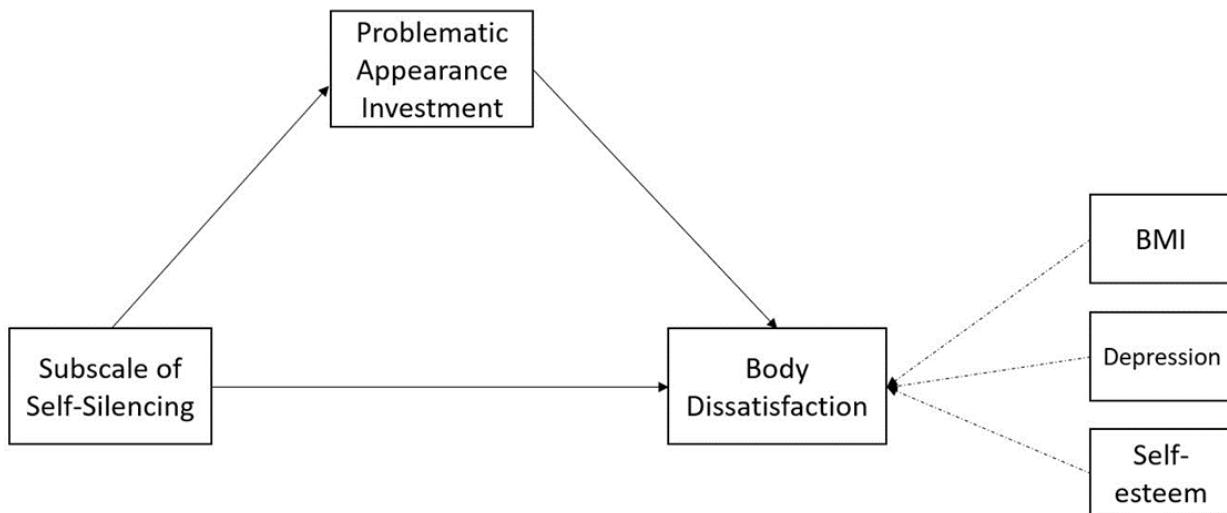
* $p < .05$. ** $p < .01$.

Table 3*Effect Size Estimates, Path Estimates, and 95% CI for the Direct and Indirect Effects of the Mediation Models (N = 115)*

Predictor (IV)	Effect of IV on M	Effect of M on DV	Effect of IV on DV	Indirect Effect	Indirect Effect	
	β (SE)	β (SE)	β (SE)		Boot LLCI	Boot ULCI
Externalized self-perception	.45 (.08)	.26 (.09)	.17 (.10)	.12 (.06)	.03	.26
Care as self-sacrifice	.23 (.09)	.30 (.09)	.08 (.08)	.07 (.03)	.02	.15
Divided self	.27 (.09)	.29 (.09)	.23 (.09)	.08 (.04)	.02	.17

Note. Externalized self-perception = STSS *Externalized Self-Perception* subscale; Care as self-sacrifice = STSS *Care as Self-Sacrifice* subscale; Divided self = STSS *Divided Self* subscale.

Bolded values indicate significant effects.

Figure 1*Graphic representation of planned model*

Note. Planned model exploring the indirect effect of problematic appearance investment in the relationship between each domain of self-silencing (four subscales: *Externalized Self-Perception*, *Care as Self-Sacrifice*, *Silencing the Self*, and the *Divided Self*) and body dissatisfaction, holding self-esteem, depression, and BMI constant (covariate relationships shown with dotted lines).