

NOTE TO USERS

Page(s) not included in the original manuscript and are unavailable from the author or university. The manuscript was scanned as received.

165 or 166

This reproduction is the best copy available.

UMI[®]

Running Head: SELF-SILENCING SEX DIFFERENCES

Self-Silencing, Depressed Mood, and Anger Expression

and

The Meanings behind Self-Silencing Within Intimate Relationships

By

J. Brooke Carfagnini

Thesis submitted in partial fulfilment of the MA Clinical Psychology Degree

with specialization in Women's Studies

Lakehead University, Thunder Bay, Ontario

Supervisor: Dr. J. Tan

Second Reader: Dr. R. Davis



Library and
Archives Canada

Bibliothèque et
Archives Canada

Published Heritage
Branch

Direction du
Patrimoine de l'édition

395 Wellington Street
Ottawa ON K1A 0N4
Canada

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file *Votre référence*
ISBN: 978-0-494-15610-0
Our file *Notre référence*
ISBN: 978-0-494-15610-0

NOTICE:

The author has granted a non-exclusive license allowing Library and Archives Canada to reproduce, publish, archive, preserve, conserve, communicate to the public by telecommunication or on the Internet, loan, distribute and sell theses worldwide, for commercial or non-commercial purposes, in microform, paper, electronic and/or any other formats.

The author retains copyright ownership and moral rights in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

AVIS:

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque et Archives Canada de reproduire, publier, archiver, sauvegarder, conserver, transmettre au public par télécommunication ou par l'Internet, prêter, distribuer et vendre des thèses partout dans le monde, à des fins commerciales ou autres, sur support microforme, papier, électronique et/ou autres formats.

L'auteur conserve la propriété du droit d'auteur et des droits moraux qui protègent cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

In compliance with the Canadian Privacy Act some supporting forms may have been removed from this thesis.

Conformément à la loi canadienne sur la protection de la vie privée, quelques formulaires secondaires ont été enlevés de cette thèse.

While these forms may be included in the document page count, their removal does not represent any loss of content from the thesis.

Bien que ces formulaires aient inclus dans la pagination, il n'y aura aucun contenu manquant.


Canada

ACKNOWLEDGEMENTS

This thesis took a long time to bring to fruition. Thus, there were many people who helped directly and indirectly. Firstly, I thank my supervisor, Dr. Josephine Tan, who never wavered in her belief that it would be completed, and in her dedication to excellence in that process. I am grateful to have benefited from her tremendous passion for psychology, and I deeply appreciate her understanding, patience, and support over all these years. Thanks also go to Dr. Ron Davis for his academic and clinical expertise, steady support, and encouragement, throughout my graduate years, especially as my practicum supervisor and as the second reader of this thesis.

I sincerely thank Drs. Helen Smith, Lori Chambers, Peggy Tripp, and especially Pam Wakewich, for passing on their passion for Women's Studies from the perspectives of their own disciplines. The guidance and encouragement they shared helped me through some dark and doubtful times. Their considerable women's wisdom reminded me that there is life outside academia, reassuring me that sometimes life events do come first, and yes, sometimes, the academy will make room for these.

I also thank my participants, especially those women and men who graciously volunteered for the focus groups. I felt privileged and honoured by the generosity of spirit they showed in sharing intimate details of their life stories. They demonstrated the importance of providing opportunities for people to explain themselves and speak to their own experiences, and they made the research come alive for me.

All the members of my immediate and extended family have supported me throughout this endeavour. I especially thank my parents, Bob and Betty Hill, for teaching me through their life-long examples, the value of hard work and attention to

detail. Although they were sometimes puzzled with my decision to go on to graduate school, they always expressed their belief in my ability to succeed.

I am grateful to my sisters, Laurie, Jan, and particularly Allison who originally encouraged me to return to university. They, and several other special women, including Hilary, Laurie Anne, Jean, Pyteke, and Myrna, offered unconditional support and were there for me whenever I reached out, providing me with a consistent base of sanity when all else seemed to fall away over these past few years. They commiserated, listened through many tears, reminded me to laugh, and always urged me forward to my goal.

Finally, I give my heartfelt thanks to my children, Jessica and Greg, who were travelling along their own paths of university education at the same time as I travelled mine. This provided both benefits and challenges to all of us. I could not be as available to them as I would have wanted, and there were times when I had to choose schoolwork ahead of family. However, I believe that we were able to support each other even more because we shared this common enterprise. They were great cheerleaders, and never seemed to doubt that I would see this through.

This work was initiated in the belief that women's voices are not always heard, and are often silenced or not expressed. It has reminded me that men also do not always express their own voices. The reasons may vary between the sexes, yet it seems that both women and men may suffer in their relationships from communication problems that arise partly due to stereotypical gender expectations and influences.

The great British writer, Iris Murdoch, wrote; "Tenderness and absolute trust and communication and truth; these things matter more and more as one grows older." Yes.

Abstract

The present study investigates the silencing the self theory (STS, Jack, 1991) which proposes that more women than men are depressed (Benazzi, 2000) because of their greater tendency to self-silence in relationships to preserve harmony and to adhere to the traditional female role. The silencing the self theory as a model of depression in women suggests that the standards of behaviour, which are informed by culture, ethnicity, family, and situational context, are internalized as moral precepts for appropriate female behaviour and responsibilities within relationships. These influence the cognitive schemas of some women such that they silence certain aspects of themselves in favour of the relationship and of others. Particularly when women perceive that there is little choice in their situation or when their relationship efforts are not reciprocated, their self-silencing activities contribute to lower self-esteem, greater self-negation, and a sense of the loss of self, resulting in a divided self that is outwardly compliant but inwardly angry. This leads to occasional anger outbursts and displacement and eventually to increased vulnerability for depression as the relationship further deteriorates. Although men have been found to self-silence more than women, the link between self-silencing and depression in women is stronger (Thompson, 1995) suggesting that self-silencing might hold different meanings for the two sexes. The present study used quantitative and qualitative paradigms to investigate (a) relationships among self-silencing, anger suppression, anger expression, and depression and the differences between women and men, and (b) sex differences in the meaning of self-silencing among high self-silencers. Results showed that compared to men, women were more depressed, and more active in their silencing to attain and maintain harmony within their relationships than men. However, the consequences of silencing within one's intimate relationship advanced by the

Self-Silencing, depressed mood

STS model (self-silencing, anger suppression, divided self, then depression) were not upheld as unique to women. Only the tendency to judge the self by external standards predicted depression in both sexes with no significant sex difference. The qualitative findings strongly suggested that self-silencing in men is not for the purpose of control or maintaining power in favour of the man within the relationship. However, the findings did support the idea that silencing in men is an avoidance or withdrawal behaviour that may have unintended detrimental consequences for the relationship and for the individual man. Overall this study did not support the silencing the self theory as a gender specific or uniquely female pathway to depression for women.

Table of Contents

Abstract	ii
Table of Contents	iv
List of Tables	viii
List of Appendices	ix
Introduction	1
Sex Differences in Prevalence of Depression	1
Explanations for Sex Differences in Depression	3
Definition and Assessment of Depression	4
Symptom Presentations in Depression	5
Biological Explanations	7
Social Roles and Cultural Norms	9
Psychological Attributes and Vulnerabilities	12
Summary	14
The Silencing the Self Theory of Depression in Women	15
Background and Assumptions	15
Silencing the Self Scale (STSS)	21
Research on the Silencing the Self Theory and the Silencing the Self Scale	24
General Summary	31
The Present Study	32
Rationale	32

Objectives	35
Hypotheses	36
Method	37
Participants	37
Measures	38
Materials	41
Procedure	46
Recruitment	46
Quantitative Research Procedure	46
Qualitative Procedure for the Focus Groups	48
Results	49
Sample	49
Overview of Analyses	50
Pre-Analysis Issues	51
Quantitative Analyses	51
Correlations	51
Descriptives	53
Multiple Regressions	53
Qualitative Analyses	54
Focus Groups	54
Approach to Data Analysis	55
Validity	58

Organization of Findings	59
Qualitative Findings	59
Category One: Externalized Self-Perception	59
Topic 1: The influence of the thoughts and opinions of others on one's decision making	59
Topic 2: Judging oneself by the perception of others	62
Summary	64
Category Two: Care as Self Sacrifice	66
Topic 1: Caring means putting the other's needs first	66
Topic 2 : Caring means deferring to the needs of others	68
Summary	71
Category Three: Silencing the Self	73
Topic: Silencing feelings in intimate relationship to avoid disagreements	73
Summary	76
Category Four: Divided Self	76
Topic 1: Outwardly happy while inwardly feeling angry and rebellious	76
Topic 2: Loss of self in one's close relationship	79
Summary	82
Category Five: Anger Suppression within Relationship	84
Topic: Rarely express anger at those close to oneself	84

Summary	87
Category Six: Beliefs Related to Stereotypical Gender Roles	88
Topic for the female focus groups: Cultural, ethnic, and family influences for women	88
Summary	91
Topic for the male focus groups: Cultural and family influences and beliefs for men	92
Summary	95
Discussion	96
Study Objectives	96
Findings	97
Strengths and Limitations	110
Summary and Conclusions	113
Recommendations	115
References	119

List of Tables

Table 1:	Pooled Bivariate Correlations ($N = 78$)	129
Table 2:	Within Sex Bivariate Correlations	130
Table 3:	Summary of the Results of the Fisher's z -tests to Assess Sex Differences in Correlations	131
Table 4:	Pooled and Within Sex Mean (Standard Deviation) Statistics, and Results of t -tests for the Quantitative Variables	132
Table 5:	Demographic Characteristics of Focus Group Participants	133

List of Appendices

Appendix A: Research Questionnaire	134
Appendix B: Recruitment Letter to Mental Health Professionals	141
Appendix C: Recruitment Poster	143
Appendix D: Advertisement of the Research Recruitment Poster	145
Appendix E: Cover Letter to Participants	147
Appendix F: Consent Form	149
Appendix G: Outline of the Information to Potential Focus Group Participants	151
Appendix H: Thank You Letter to Those Who Are Not Selected for the Focus Groups	154
Appendix I: Debriefing Information and Mental Health Resources List	156
Appendix J: Facilitator's Guide for Focus Groups	159
Appendix K: Information Sheet for Focus Group Participants	163
Appendix L: Consent Form to Participate in Focus Group	165
Appendix M: Consent Form for Focus Group Audiotaping	167

INTRODUCTION

Prevalence studies of depression indicate that 17% of adults in Europe suffer from depression and that the lifetime prevalence in the United States is 17% (Montgomery, 2001). Depression is increasingly being recognized as a chronic rather than acute illness, with a risk for repeated episodes exceeding 80% (Judd, 1997). Judd further emphasizes that people diagnosed once with depression have been shown to experience, on average, four episodes of a variety of subtypes and clinical presentations in a lifetime. It is well accepted that depression is a debilitating condition which creates misery and impairment in the lives of those who suffer with it. Finally, depression is a significant risk factor for suicide (Clark, 1995; Murphy, 1995; Rutz, 1999).

Sex Differences in Prevalence of Depression

The rates of depression in females are reported to be twice that in males (Bebbington, 1996; Benazzi, 2000; Carter, Joyce, Mulder, Luty, & McKenzie, 2000; Culbertson, 1997; Nolen-Hoeksema, 1990; Picinelli & Wilkinson, 2000). This gender differential appears to be well established. Bebbington's detailed analysis of sex differences in depression describes several studies that have found that the sex ratio is highest for recurrent unipolar depression and moderate depression (2:1 to 4:1), somewhat lower for single episode unipolar depression and bipolar II (from 1.8:1 to 2:1), and 1:1 for bipolar I (Bebbington, 1996; Ernst & Angst, 1992; Kessler, McGonagle, Swartz et al., 1993; Maier, Lightermann, Minges et al., 1992; Perugi et al., 1990). In an earlier review of studies of depression in the general population, Nolen-Hoeksema (1987) found that nearly twice as many women as men were diagnosed with either Major Depressive Disorder or Dysthymia. Furthermore this difference has been found cross-culturally in Austria, Denmark, Germany, Italy, Sweden, Scotland, England, Wales, Australia, United States, Canada, Iceland, New Zealand, Israel, and other countries. (Bebbington, 1996; Benazzi, 2000;

Culbertson, 1997; Gutierrez-Lobos, Wolf, Scherer, Anderer, & Schmidl-Mohl, 2000; Nolen-Hoeksema, 1990).

However, there are exceptions in certain populations that are considered to be nonrepresentative where the gender differential has not been consistently observed. Thus, the 2:1 ratio of depression prevalence in favour of females has not been seen in the Old Order Amish, the British orthodox Jewish communities, nor in university student samples in general, the elderly, and the bereaved (Bebbington, 1996; Nolen-Hoeksema, 1990; Piccinelli & Wilkinson, 2000). The Amish and orthodox Jewish are atypical in that they are cultural communities which place a high value on the traditional female role (Picinelli & Wilkinson). The explanation for inconsistent findings in university student samples is that women in college environments are more likely to have generally higher positive mental health than women in the general population, possibly due to greater equality in gender roles between male and female students (Nolen-Hoeksema).

Culbertson's (1997) review of international depression research, in which she examined World Health Organization studies in addition to American studies, found that the sex ratio in depression varies in developing countries. This could be in part related to their differential political stability. For example, Uganda and Beirut have a sex ratio that approached unity even though they were also experiencing very high depression rates. Both countries are considered "high-trauma sites" in that they were in the throes of civil conflict at the times of the survey (Bebbington, 1996, p. 301).

On the basis of the studies over the last quarter of the past century that he reviewed, Bebbington (1996) concluded that "the population is becoming increasingly prone to depression, and this emerges at a younger age [and] the possibility of increasing proneness to depression in sequential birth cohorts clearly merits very serious attention" (p. 303). Culbertson (1997) also

referred to the results of recent studies that suggested a higher than previously acknowledged rate of depression among men than women, particularly in the age range from 20 - 30 (Kessler, McGonagle, & Zhao, 1994; Weissman, Bruce, Leaf, Florio, & Holzer, 1992, as cited in Culbertson, 1997). Furthermore, the increasing frequency of depressive disorders seems to indicate that social factors remain an important consideration in research on the etiology of depression, particularly the milder forms of depression where the rates for females still remain consistently higher than for males (Bebbington; Culbertson).

In summary, depression is an endemic, debilitating, and often lethal disease (Rutz, 1999; Wallinder & Rutz, 2001). Evidence suggests that it seems to manifest at earlier onsets in sequential birth cohorts than was observed in the past (Bebbington, 1996). Despite some noted exceptions, the higher frequency of depression in females is generally accepted as a robust global phenomenon. However, more recent findings suggest that depression is being observed increasingly in men, especially younger males, than has been previously acknowledged (Culbertson, 1997; Murphy, Laird, Monson, Sobol, & Leighton, 2000). In the study of depression, it is, therefore, important to examine the role of gender in all areas, including assessment, risk factors, and as well, to investigate theoretical explanations for the sex differential in depression prevalence (Bebbington; Culbertson; Piccinelli & Wilkinson, 2000).

Explanations for Sex Differences in Depression

There are many explanations and theories put forward that attempt to explain the reasons for the gender discrepancy in depression prevalence. In order to arrive at a more comprehensive understanding of the current status of depression research that is relevant to the proposed study, a review of the main contemporary explanations follows.

Definition and Assessment of Depression

One hypothesis to account for the female preponderance in depression relates to how depression is defined and assessed (Lynch & Kilmartin, 1999). In the depression research there are two generally acknowledged methods of defining and assessing depression. The first is by diagnostic classification which can utilize a variety of structured and unstructured clinical diagnostic interview techniques that correspond to the diagnostic criteria of depressive disorders (Beckham, Leber, & Youll, 1995). In North America, an individual must meet the relevant criteria in accordance with the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, which is presently the DSM-IV-TR (American Psychiatric Association, 2000). One frequently used assessment tool under this system is the Structured Clinical Interview for DSM - IV (SCID). The World Health Organization has developed the International Classification of Diseases (ICD-10; 1992) for the international diagnosis and classification of diseases including depressive disorders (Culbertson, 1997). Within these taxonomic systems, there is scope allowed for the categorization of the group of symptoms presented by the patient under the appropriate classification, or type of mood disorder (Beckham et al.). Thus, a determination is made regarding the absence or presence of depression through the assessment of the symptoms presented by the individual.

The other method is to assess the level of severity of depression or depressive symptomatology through self-report measures such as the Beck Depression Inventory (BDI, Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) and the Centre for Epidemiologic Studies Depression Scale (CES-D, Radloff, 1977). The BDI is the most frequently used self-report method of assessing severity of depression, with proven reliability and validity (Katz, Shaw, Vallis, & Kaiser, 1995). Katz et al. caution that because it was developed as a symptom inventory,

and not as a diagnostic instrument, the inappropriate use of BDI results may lead to overestimates of clinical depression prevalence. However, depression research continues to make use of self-report measures and the BDI in particular, has demonstrated its reliability and validity over time by its frequent and continuing utilization by researchers with clinical, community, and student population studies.

Piccinelli and Wilkinson (2000) in their critical review of gender differences in depression described some research that indicated that females tended to report more depression symptoms than did males, as measured by some self-report scales. This has led to the suggestion that this may account for the larger numbers of females meeting diagnostic criteria for depressive disorders. However, the generally accepted conclusion is that assessment and measurement issues are artefactual factors for explaining the gender differential (Piccinelli & Wilkinson). Bebbington (1996) acknowledged the challenges that the variability in assessment and measurement methods can present, but noted that the sex differences in depression remain robust despite the differing methods.

Symptom Presentations in Depression

Following from the issue of assessment of depression, explanations for the gender differential in depression that hinge on sex differences in symptomatology have been proffered. Some suggest there is a type of male depressive syndrome that does not fit the diagnostic symptom criteria for depression (Lynch & Kilmartin, 1999; Walinder & Rutz, 2001). This syndrome is marked by dissociation from, rather than identification with, such depressive emotions as fear, irritability, vulnerability, despair, and self-doubt. Because these symptoms are not recognised by the male sufferer, they are not captured on the typical self-report depression instruments or even through diagnostic interview techniques. According to these authors,

depression in males is manifested in chronic states of “unmet needs”, explosive externalizing behaviours which could include violence to self and/or to others, lowered stress tolerance, and alcohol abuse.

Other studies have indicated a sex difference in symptom reporting with a greater tendency for women to report somatic disturbances of appetite and sleep, fatigue, and somatic anxiety (Frank, Carpenter, & Kupfer, 1988; Silverstein, 1999; Young, Scheftner, Fawcett, et al., 1990). However, despite the reported gender differences in thresholds for the determination of a diagnosis of depression there has been no sex difference in the reported “levels of subjective, social and occupational impairment” (Piccinelli & Wilkinson, 2000, p. 486).

Similarly, a recent study of male and female outpatients diagnosed with major depression found similar differences in symptom presentation. Depressed females reported more appetite and weight increase and carbohydrate craving than depressed males, while males reported more sadness than females. Nevertheless, there were no significant gender differences in the onset and clinical severity of their depression (Carter, Joyce, Mulder, Luty, & McKenzie, 2000). In an extensive evaluation of both self-report measures and clinician ratings of depression in 635 outpatients, Kornstein et al. (2000) confirmed that despite differences found in self-reported severity, males and females generally presented with similar numbers of depression symptoms.

It has been suggested that the higher rates of alcoholism found among males could account for the sex differential in depression with “a common interpretation [being]... that women get depressed and men get drunk” (Murphy, 1995). Nolen-Hoeksema (1990) examined some of the research on sex differences in alcoholism and depression, and concluded that they are not the same disorder and nor is alcoholism a symptom of depression. More recently, a large twin study looked at lifetime major depression, alcohol abuse, and alcohol dependence (Prescott, Aggen, &

Kendler, 2000). Their results were inconsistent with the common liability hypothesis described above. In addition, although there is research that indicates that depressed males exhibit more hostility than females, the evidence thus far suggests that alcoholism and violence in males are not simply indirect manifestations of depression, and therefore cannot account for the gender gap in depression (Bebbington, 1996; Piccinelli & Wilkinson, 2000). Bebbington also described numerous studies that indicated few symptom differences between women and men suffering from depression. Piccinelli and Wilkinson concluded that “gender-specific patterns on rating scales for depression do not seem fully to account for gender differences in levels of depression” (p.486).

Biological Explanations

Many researchers have examined the work taking place on the possibility of genetic links to depression and investigations into other biological explanations for the sex differential. Thus far, the conclusions are that sex differences in these areas have not been able to explain the prevalence differential in depression (Bebbington, 1996; Brems, 1995; Nolen-Hoeksema, 1990; Piccinelli & Wilkinson, 2000; Prescott et al., 2000; Stoppard, 2000).

The role of gonadal hormones is one biological area that is the focus of ongoing research. The association between puberty and a sharp increase in female depression rates has indicated a possible hormonal link (Piccinelli & Wilkinson, 2000). However, research has thus far been unable to prove that hormonal changes are the cause of increased vulnerability to depression in pubertal girls. Factors such as body dissatisfaction, sexual abuse, rape, and feminine personality traits are also implicated as risk factors (Stoppard, 2000). In addition, the occurrences of other reproductive related events in women such as post-partum depression have been offered as further evidence for this speculated connection. However, research has not been able to show that the prevalence rates of those types of depressive states that are unique to females can account for the 2:1 sex

differential (Brems, 1995; Nolen-Hoeksema, 1990; Stoppard). Furthermore, conclusions have generally been that hormonally linked events more likely serve to exacerbate affective symptoms and be exacerbated by them rather than cause depression outright (Brems; Nolen-Hoeksema; Stoppard). In his extensive article on the origins of the sex differences, Bebbington (1996) indicated that biological accounts thus far have not come up with “convincing mechanisms whereby the obvious biological differences between the sexes are translated into psychiatric differences” (p.319).

Genetic research is an expanding area in the search for an explanation of the sex differences in depression. However, a review of all the relevant literature is beyond the scope of this paper. Twin studies related to genetics and depression is an important aspect of this research area. One recent large-scale study of twins found a genetic influence for depression, yet was unable to point to a single genetic model that could explain the preponderance of depression in women (Prescott et al., 2000). Bebbington (1996) stated that the failure to prove a genetic influence was a significant indication that although biological factors are important in the overall etiology of depression, they have not been able to explain the sex differential.

Because depression symptomology encompasses physiological as well as psychological components, and in view of the accepted efficacy of antidepressant medications in relieving some of these symptoms for many, the ongoing search for biological etiologies of depression is essential. Yet, there are many individuals who, for a variety of reasons, cope with depression and/or depressed mood without relief of their symptoms being supplied by medication. It seems more likely that there may be a constellation of vulnerability factors and situations which result in depression among individuals who may have a biological or genetic predisposition (Nolen-Hoeksema, 1990; Stoppard, 2000). Indeed, Piccinelli and Wilkinson (2000) suggest that

beginning at biological sex and then relating observed differences to sociocultural and biographical context of individuals is probably a useful approach in research on sex differences in depression. Bebbington (1996) concluded that because no convincing biological or genetic factors have been found that could account for the gender differential, therefore extrafamilial factors, many of which are social, cannot be overlooked.

Social Roles and Cultural Norms

Many authors have examined the differences in social roles and gender norms as possible explanations for the sex discrepancy in depression rates (Bebbington, 1996; Culbertson, 1997; Jack, 1991, 1999; Jack & Dill, 1992; Lynch & Kilmartin, 1999; Nolen-Hoeksema, 1990; Piccinelli & Wilkinson, 2000; Stoppard, 2000). The suggestion is that sex role stereotyping and role limitation associated with the lack of choice for females present risk factors for women. Added to this is the low value attached to traditional female roles and characteristics in many cultures (Brems, 1995; Stoppard). The findings of no sex difference in depression prevalence in certain cultures which value the traditional female role and where women do not usually work outside the home, such as the Old Order Amish, some Mediterranean countries, and Orthodox Jewish culture in London, lends credence to this explanation (Bebbington; Nolen-Hoeksema, 1987; Piccinelli & Wilkinson). The general findings of low sex rate differential among college and university students who tend to focus on the role of student, where there are typically few competing role demands and the idea of choice for females is most likely at its zenith, also tend to support the idea that social and cultural roles and norms influence differential rates of depression between the sexes (Bebbington).

Being unemployed has been shown to increase the risk for depression, yet employment does not always offer protection for women, especially married women with children at home,

and women of colour (Bebbington, 1996; Bracke, 2000; Brems, 1995; Gutierrez-Lobos, Wolf, Scherer, Anderer, & Schmidl-Mohl, 2000; Rollins, 1996). The pressures on women to perform well in multiple roles such as working outside the home along with child rearing, homemaking, and caring for others in their families (for example, elder care), have been examined in depth by various researchers (Rollins). Consequently, many women face the demands of a double work day that few males experience (Stoppard, 2000). Thus, role-tension or role-strain has been identified as a risk factor in the lives of some women as they attempt to balance the various roles demanded of them (Brems). However, the relationship of role strain to mental health in employed women is complex. Many factors can weaken or strengthen this association: type of employment, perception of control or choice around job and other life issues, education level, quality of the homemaking role, level of satisfaction with the marital role, social supports both within the work place and at home (Bebbington; Brems; Rollins), and racial and sex discrimination, sexual harassment in the workplace (Brems; Rollins).

Bebbington (1996) and others (for example, Brems, 1995; Piccinelli & Wilkinson, 2000), suggested that at least some of the higher incidences of depression seen in women may be related to both reduced choices and the type of role strain described above. Role conflict and the changing societal expectations for females (for example the devaluation of the traditional female role), rather than simply an overload of roles, may create a vulnerability to depression in women (Bebbington; Brems; Nolen-Hoeksema, 1990). In addition, women face challenges in role changes throughout the life course that make demands of them that have no parallel in men's lives (Nolen-Hoeksema, 1987). Obvious role changes are pregnancy and child-birth. However, women still assume the primary responsibility for childcare, and indeed mothers with young children are at increased risk for depression (Bebbington; Brems; Stoppard, 2000).

There is however, recent research that indicated there may be times in the life course of males when certain role changes may also present risk factors for depression. This longitudinal study found a dramatic increase in depression scores among men after the age of 60 that could not be attributed to higher somatic complaints or lower functioning ability levels in the men than in the women (Barefoot, Mortensen, Helms, Avlund, & Schroll, 2001). As well, the depression scores of women did not increase after age 60. These authors suggested that social role changes connected to retirement may have created major changes in lifestyle as well as their social networks for the men, thus contributing to higher depression levels. Such changes could be seen to approximate the lifestyle and role changes that take place in the lives of women upon pregnancy, child birth, and child rearing. This study seems to provide additional justification for the consideration of social roles in the context of the life of the individual in relation to understanding sex differences in depression.

Research that has examined the effects of marital status and child care roles indicates that an overload of roles associated with these can contribute to depression with high rates of depression found among single and divorced mothers (Bebbington, 1996; Brems, 1995; Gove & Tudor, 1973; Rollins, 1996). Studies have shown that marriage may be detrimental for women (Barnett, Brennan, Raudenbush, & Marshall, 1994; Piccinelli & Wilkinson, 2000), yet there are also robust findings of high depression rates in females experiencing marital termination of any sort (Bebbington). Indeed, the ending of a marriage, may have a differential impact on women than on men due to systemic discrimination and historical power imbalances that do not favour women, particularly financially (Brems; Stoppard, 2000).

Most authors seem to suggest that there is not one exclusive dimension that can account for the sex differences in depression; rather there is a convergence of factors, one of which may be

sociocultural differences in gender norms, roles, and attitudes (Brems, 1995; Rollins, 1996; Stoppard, 2000). Bebbington (1996) stated that the fact that female depression prevalence varies according to such factors as marital and employment status, child care responsibilities, and cultural differences, suggests that it may be linked to social roles, together with the meanings attached to them by the individual and by others in society. Others have suggested that females may simply be more vulnerable to adverse events because of social circumstances connected to the simple fact of being female in the culture (Piccinelli & Wilkinson, 2000). Except for the proven detrimental effects of childhood and adult violence on women's health, the evidence is mixed as to the influence of social roles and status on women's depression (Bebbington; Piccinelli & Wilkinson; Nolen-Hoeksema, 1990).

One of the problems with the social-cultural roles hypotheses is that no mechanism by which these factors lead to depression has been offered (Nolen-Hoeksema, 1987). One suggestion that has been little researched is that traditional gender socialization discourages females from exhibiting anger and, therefore, any anger they feel as a result of their role demands or devaluation is turned inward which then leads to vulnerability for depression (Nolen-Hoeksema, 1987).

Psychological Attributes and Vulnerabilities

Many authors suggest that the effects of the female social roles and status on producing depression is influenced by individual vulnerabilities and personality characteristics (Piccinelli & Wilkinson, 2000; Nolen-Hoeksema, 1990). The hopelessness theory of depression (Abramson, Metalsky, & Alloy, 1989) incorporates aspects of Beck's (1980) cognitive theory of depression. Thus, certain attributional and explanatory styles that some people tend to make in understanding circumstances or undesirable outcomes in their lives may lead to hopelessness and consequently depression. The attributional characteristics of globality, internality, and stability are considered to

be main components of a maladaptive explanatory style that has been identified as a risk for depression (Nolen-Hoeksema, 1990; Piccinelli & Wilkinson). In females, these attributes can be seen in a set of characteristics that includes passivity, internalizing hostility, depending on others for one's sense of worth, and self-blaming (Nolen-Hoeksema, 1990). These characteristics are also considered by some to be symptoms of depressed mood, so the problem of temporality arises unless longitudinal studies are undertaken. Furthermore, the depressive attributions tend to be less clearly delineated in studies of college samples, which again highlights the difficulty in searching within that population for the causes of the preponderance of depression in females (Bebbington).

Expectations of negative outcomes leading to helplessness and hopelessness have been identified as a proximal cause for developing depression (Abramson, 1989; Bebbington, 1996; Piccinelli & Wilkinson, 2000). Nolen-Hoeksema (1987) points out that females in many cultures receive "helplessness training" wherein parents and others within families and society at large treat females differently than males from birth. Boys are responded to more often and taught to be instrumental and self-reliant while girls are trained to be more dependent and nurturing. This helplessness in the face of certain uncontrollable life events may partially explain some of the sex rate differential in depression. However, research would have to demonstrate that females, but not males, after puberty begin to use the maladaptive style as they experience more uncontrollable life events than males. Again, this has not been adequately addressed in the research.

Nolen-Hoeksema (1987) proposed another explanation that fits into the area of cognitions, attributions, and behaviours. Her theory states that females are more prone than males to adopt a ruminative coping style in response to an initial lowering of mood and that tends to exacerbate depressed mood no matter what the origins may be. Thus, in response to the tendency to be inactive and ponder over possible causes and implications of these depressed feelings, the

depression frequently worsens until the individual finally acknowledges it to others. Research has found that males more than females, use a more distracting coping style whereby they engage in instrumental or physical activities in response to a lowering of mood that seems to decrease the depressed mood symptoms before they reach a stage of distress (Nolen-Hoeksema, Morrow, & Fredrickson, 1993; Nolen-Hoeksema, Parker, & Larson, 1994). This becomes problematic for females in the pursuit of mental health because they have traditionally not been socialized to be, nor have they been perceived to be, active problem solvers. Thus, they would be at higher risk than males for depression (Brems, 1995). Masculine gender traits rather than typical female traits that include caring for others and working to maintain harmony within relationships have been found to be most associated with more positive mental health. Thus, compared with stereotypical masculinity, stereotypical femininity has been considered to be least conducive to emotional health (Bassoff & Glass, 1982).

Summary

Although many theories of the etiology of depression point to an interaction of biological and psychosocial factors, there appears to be no one explanation that satisfactorily explains the preponderance of female depression. Therefore, it becomes obvious that the reasons for the sex differential are complex and interwoven. Most of the literature agrees that genetic and biological factors and poor social support have not been proven to have a significant effect on the gender differences in depression rates. Many of the authors cited here suggest that the research needs to look for an integrated pattern or model. This ideally would illuminate how women's socialization and social circumstances interact with life history and psychological attributes related to coping skills, cognitions, and vulnerabilities in a satisfactory explanation for the preponderance of female depression. The silencing the self theory (Jack, 1991) is a recent model that seems to combine

many of the above factors, such as female socialization, life history and circumstances, and psychological attributes and behaviours. Through her Silencing the Self theory, Jack (1991) set out to explain the dynamics of depression in women and account for the higher prevalence rates, as well as to facilitate clinical intervention with depressed women.

The Silencing the Self Theory of Depression in Women

Background and Assumptions

Jack (1991) adopted a phenomenological approach in her research in order to understand the psychology of depression in women. She listened to depressed women's experiences, and descriptions of emotions, and thoughts from their own perspective in order to come to a better understanding of their internal worlds. Although she chose to focus on the psychosocial aspects, she does not discount the biological influences of depression.

Jack (1991) takes issue with the view that depression signals a deficit within the personality of the individual, and that "sliding into depression after an interpersonal problem is thought to reveal the individual's unhealthy dependence on the relationship for a positive sense of self" (p. 10). She critiques the psychological notion that describes autonomy and a separate self as the ideal and equates dependence and connectedness with poor mental health. In contrast, Jack suggests that psychology shift to a relational perspective that focuses on the interpersonal and the importance of relationships in the lives of individuals. This would enable researchers and clinicians to see more clearly the lengths to which individuals go to establish and maintain relationships, including altering the self, which according to Jack, has implications for depression.

Jack's theory assumes that a central component of female identity and emotional activity is orientation to relationships. Failure to attain and maintain intimate ties can result in feelings of shame, guilt, and depression (Gilligan, 1982; Jack, 1991; Kaplan, 1986). Jack (1991) draws on the

self-in-relation theory of female relational and moral development (Brown & Harris, 1978; Gilligan, 1982, 1990; Kaplan, 1986; Miller, 1986) that indicates that aspects of growth such as competence, autonomy, maturity, and creativity develop within close relationships for females. One of her principal assertions is that females require positive connections for “a sense of well-being and continuing healthy development” (1991, p.13). In addition, Jack’s silencing the self theory (STS) builds upon Bowlby’s (1980, 1988) attachment theory which states that anxious attachment behaviours such as despair and protest arise in response to threatened or actual loss of important attachments, and that secure attachment bonds are necessary for healthy human functioning. Jack discusses the historical subordination of women where females as a group have been less secure in their intimate attachments, often due to economic and social inequality. She then connects some of the behaviours arising from this subordination to anxious attachment behaviours. According to Jack (1991), the efforts of some women to maintain intimate relationships, particularly in the face of an unresponsive or dismissive partner can consequently resemble anxious attachment behaviours. She describes behaviours such as the inhibition of self-expression, and subordinating the self in favour of pleasing and caring for the other, as “compliant relatedness” (p. 40). In her general endorsement of Coyne’s (1976, 1985) interpersonal theory of depression, Jack notes that what is missing in current interpersonal theories is a feminist analysis that examines “the ways gender affects a woman’s sense of self, her self-esteem, and her behaviour within relationships” (p.221).

Jack pursued her research from a feminist standpoint in which she specifically considered and valued the experiences of women. She sought a deeper understanding of the nature of depression in women by going to the depressed women themselves. She considered that women would be the best informants about their paths into depression, while readily admitting that this

approach went against certain assumptions of psychological research and clinical practice.

Specifically: (a) distressed persons are unable to present an accurate account of their psychological state so it is necessary for others who are deemed to be experts to interpret their experiences; (b) due to the nature of their illness, depressed persons tend to exaggerate the negative aspects of their experiences and thus, of reality itself; and (c) the positivist scientific stance of psychology typified by the belief in an objective truth which tends to demand that researchers isolate various factors under study so that these can be operationalized and objectively measured in order to test various theories. This, she argues, leaves little regard for contextual consideration (Jack, 1991). Thus, while she acknowledged more common practices in research, Jack chose to work from a feminist standpoint in order to understand the psychology of depression from the women's perspectives. Following this approach, she initiated a longitudinal qualitative study of clinically depressed women, from which she derived the Silencing the Self theory (STS) for women's depression.

This study indicated that in their own assessments of their feelings and roles in their relationships, depressed women tend to use moral language with negative connotations such as selfish, bad, worthless (Jack, 1999). Although it is clear that the cognitions of these women are negative in nature, Jack's emphasis is on the importance of the moral content of these evaluations and the standards used for judging the self. Gender differences have been found in the formation and functioning of morality with females being more attuned to relationships and affection than to abstract principles of justice expressed in laws and rules (Gilligan, 1982; Jack, 1999). The standards used by depressed women to compare the actual self to the ideal self are taken from the family, current social context, and the culture in which the woman lives and works. These areas, which are often in conflict with one another, provide the standards of "goodness" for the ideal

wife, or mother, or working wife and mother, that women use for their self-judgements (Jack, 1999). Jack emphasizes that one cannot ignore the fact that gender inequality impacts upon such standards of evaluation. She states that notions of female inferiority remain (although these may currently be less explicit than previously seen), and such notions are affected by culture, social context, and ethnicity. The effect of growing up in a family where these beliefs are modelled within the parental and other relationships tends to strengthen the sociocultural impact on shaping the standards for directing behaviours in relationships and in turn judging the self (Jack, 1999). Thus, her research illustrates that consideration of context is very important to the understanding of the depressive experience.

Jack's research on silencing the self theory began with a longitudinal study of 12 clinically depressed women. Each woman was interviewed at least twice, with at least one year between the final and previous interviews (Jack, 1991). She also drew on research interviews with four other women who had been diagnosed as depressed and were in the process of deciding whether or not to divorce (Jack, 1991). Jack worked from the feminist relational viewpoint which suggests that sense of self for females "is organized around connection, mutuality, and relationships....[and] self-esteem is tied to the quality of attachments; feelings of guilt, shame, and depression are associated with the failure of intimate ties" (Jack, 1999, p. 222). In striving for her goal of learning "how a person's gendered beliefs about relatedness affected depression" (Jack, 1999, p. 223), she specifically listened to the moral themes in the narratives of the participants in her research.

Through careful listening to the words of the depressed women Jack identified a core belief that "selflessness is good, a standard that is unattainable and self-defeating in relationships" (1999, p. 224). This selflessness is linked with their ideas of appropriate female behaviour within

relationship and is believed to be a protection against abandonment. Through her research with professional women, Jack also illustrated that even apparently nontraditional lifestyles do not necessarily erase the above ideas, in that they feed into the “superwoman image”. The ideals of the “conventional good woman” involve being caring, nurturing, connected (Jack, 1991, p.107), and those of the superwoman often entail impossibly thin body image as well as corporate-type qualities such as detachment and cool competence. These ideals create two sets of opposing standards against which a vulnerable woman measures herself and judges herself a failure in both domains. Jack devised the term “self-silencing” to describe the various ways that women in her studies enacted this selflessness within their intimate relationships, such as pleasing others and sacrificing their own desires and wishes, specifically “removing critical aspects of self from dialogue for specific relational purposes” (Jack, 1999, p.225). As well, it was observed that these silencing behaviours were enacted by some women for the purposes of fitting in, succeeding, or simply surviving, in a professional environment (Jack, 1991). Thus, some women may self-silence in work settings as well as within intimate relationships.

Jack calls her silencing the self (STS) theory of depression in women a “reflexive” model of depressive vulnerability (1999). This reflexive model, according to Jack (1999), means that images of relatedness unique to each individual, interact with that person’s life history and current situation, all of which are influenced by cultural, societal, and family standards, as well as by historical power imbalances in favour of men. These social categories and standards are all, to a degree, socially constructed (Jack, 1999). It is still a reality that for many women the prospect of divorce points to a future of poverty. Many depressed women believe that one must either sacrifice one’s own needs and feelings to remain in the relationship, or speak and act from one’s inner self which can result in isolation and loss of the relationship. According to Jack (1991), such

dichotomous thinking does not allow for integration of self and other, nor does it create the kind of open communication that facilitates intimacy. Jack indicates that many women deem it better to silence one's self within an unsatisfactory relationship, particularly one in which the partner is dominant, or even in a work setting that is coercive or non-supportive, in order to maintain the status-quo which is perceived to be at least somewhat protective. It is important to note that according to Jack (1999), self-silencing does not mean absence of voice in the literal sense, but rather the hiding from view or outward expression important or central aspects of one's own identity.

The STS theory predicts that self-silencing leads to loss of self, inner division, anger, and self-condemnation which can lead to heightened vulnerability for depression in some women (Jack, 1999). Jack (1991) claims that self-silencing is not the same as ruminative coping that was put forward by Nolen-Hoeksema (1987), nor is it as passive or compliant as it outwardly appears. Instead, it requires much cognitive activity in self-inhibition and self-monitoring, such as stopping certain words, thoughts, and actions, consciously undertaken in order to preserve relationship harmony (Jack, 1991; Jack & Dill, 1992). The reasons for this desire for preservation are many, including fear of retaliation, and lack of alternative behaviour models, as well as idealized images of the female being loving and responsible for the emotional climate of the relationship (Jack, 1991; Jack & Dill). The active censoring of one's self then leads to a condition of self-alienation, wherein the woman presents an outwardly compliant self while at the same time experiencing inner feelings of anger and resentment and increasing hopelessness about the possibility of being able to be genuine in relationship which leads to feelings of loss of self or authenticity (Jack, 1999). Gender-specific prohibitions against displays of anger and aggression in females further reinforce the censoring of the expression of such feelings, especially when the background of the

woman emphasizes nurturance, caring, and “goodness” (Jack, 1999, p. 228; see also Lerner, 1985). According to Jack (1991), this may appear outwardly as passivity and lack of instrumentality. However, she has observed that women actively work to balance their conflicting feelings of aggression and anger, and their desires to maintain harmony within their relationship. In striving to maintain this balance, women thus choose self-silencing over their feared consequences of speaking up.

In summary, Silencing the Self theory as a model of depression in women suggests that the standards of behaviour, which are informed by culture, ethnicity, family, and situational context, are internalized as moral precepts for appropriate female behaviour and responsibilities within relationships. These influence the cognitive schemas of some women such that they silence certain aspects of themselves in favour of the relationship and of others. Particularly when women perceive that there is little choice in their situation, their self-silencing activities contribute to lower self-esteem, and greater self-negation, contributing towards a sense of the loss of one’s genuine self and resulting in a divided self that is outwardly compliant but inwardly angry. Consequently, this leads to vulnerability for depression (Jack, 1991). According to Thompson (1995) the STS theory “provides a description of particular relationship schema that may contribute to both relationship distress and depressive symptomatology for women” (p. 340).

Silencing the Self Scale

In order to measure the association between depression and self-silencing, Jack constructed the Silencing the Self Scale (STSS) comprising 31 items drawn to represent major themes heard in depressed women’s narratives (Jack & Dill, 1992). These items are intended to reflect the imperatives of the feminine role in cultivating and maintaining relationships and, thus, the standards that STS theory suggests are used to judge one’s self-worth and behaviours, as well

as the moral meaning to the individual of such rules or standards of behaviour. The extent to which the respondent endorses the items putatively affects her vulnerability to depression (Jack & Dill). For example, item # 4 “Considering my needs to be as important as those of the people I love is selfish” is intended to measure moral meaning attached to a behavioural precept such as “in order to maintain a relationship one must sacrifice one’s own needs in favour of others”. This reflects some of the content of depressed women’s stories heard by Jack (1991), such as losing relationships because one was too selfish. The item also taps into any negative self-assessment if such standards are not followed (Jack & Dill). Thus, the STSS items attempt to capture the dynamic suggested by the STS theory that “... images of relatedness and standards for self-evaluation are reflexive with social contexts” (Jack, 1999, p.242).

There are four rationally derived subscales which measure four different components of self-silencing and the dynamic of depression proposed by Jack (1991). They are each considered to be part of the pattern of depression in women (Jack, 1991). These subscales are:

1. *Externalized self-perception* (judging the self by external standards), which taps into standards used for negative self-judgment: e.g., “I tend to judge myself by how I think other people see me”.
2. *Care as self-sacrifice* (securing attachments by putting the needs of others before the self): e.g., “Doing things just for myself is selfish”.
3. *Silencing the self* (inhibiting one’s self-expression and action to avoid conflict, possible loss, and retaliation): e.g., “Instead of risking confrontations in close relationships, I would rather not rock the boat”.
4. *Divided self* (presenting an outer compliant self that does not express personal, authentic thoughts and feelings; the experience of inner division): e.g. “I feel I have to act

in a certain way to please my partner” (Jack & Dill, 1992, p. 98; Jack, 1999, p.229).

Jack states that the four subscales are intercorrelated such that strength or high score in one will tend to heighten the others (1998). The last item of the scale, “I never seem to measure up to the standards I set for myself” encourages an open-ended response if the answer is affirmative, by asking the respondent to list up to three examples of such failure. Jack suggests that this provides a direction for follow-up research (1991). It also appears to provide a qualitative aspect to the quantitative questionnaire, whereby a person is allowed to make an individual explanation or unique statement.

The assumptions underlying the STSS are that the ways in which people act in and interpret the world are influenced by socially constructed and gender-specific categories of thought that interact with the context of the life of the individual. Therefore, although it builds upon Beck’s (1983) emphasis on cognitive schema, it is not based on a cognitive deficit model (Jack & Dill, 1992). It is also different from the model of depression proposed by Blatt, Quinlan, Chevron, McDonald, and Zuroff (1982) that posits that stable personality traits interact with or match environmental episodes that occur in a domain held to be of value by an individual to create vulnerability for depression. Jack and Dill (1992) state that the measurement instruments associated with these theories, such as the Sociotropy-Autonomy Scale (Beck, Epstein, Harrison, & Emery, 1983) and the Depressive Experiences Questionnaire (Blatt, D’Afflitte, & Quinlan, 1976), appear to require a distinction between the interpersonal and achievement realms in the match needed between a stressor and the domain of value in an individual’s life which is then shown to predict depression (Jack & Dill, 1992). They state that this is an artificial distinction in that it does not reflect the reality that both of these domains are covered by gender-specific norms which direct appropriate female behaviour. The STSS was constructed to avoid this apparent

distinction.

Research on the Silencing the Self Theory and the Silencing the Self Scale

Jack and Dill (1992) found good construct validity for the STSS in that it discriminated among three groups of women from different social contexts. Their study looked at STSS and depression scores with female undergraduates, community women taking part in a study on pregnancy, health, and cocaine use, and women in a battered women's shelter. The STSS scores varied in the predicted direction with the shelter group scoring the highest, and the student scores being the lowest. This confirmed the prediction that women will tend to self-silence in relation to varied social/relational contexts and more so in highly conflicted relationships wherein self-silencing might be seen to serve a protective function. The BDI and STSS scores were found to be significantly positively correlated, ($r = .52, .51, \text{ and } .50$ respectively in the above three groups) which confirmed the dynamic of depression in women proposed by the theory.

In a study of 363 female college students, a principle component factor analysis confirmed the structural integrity of the STSS and generally supported the four rationally derived subscales (Stevens & Galvin, 1995). Research with both female and male samples found that men self-silence to a higher degree than do women (Duarte & Thompson, 1999; Gratch, Bassett, & Attra, 1995; Haemmerlie, Montgomery, & Winborn, 2001; Page, Stevens, & Galvin, 1996; Remen, Chambless, & Rodebaugh, 2002; Thompson, 1995).

Thompson's (1995) study with a community sample of cohabiting couples found that self-silencing scores were higher in male than female participants. However, Thompson concluded that the results supported the construct validity of STSS because the correlation between self-silencing and depression was significantly higher for women than men ($r = .63$ compared to $r = .24$), showing that the link between the two constructs is stronger in women. Furthermore, women's

silencing was significantly negatively correlated with their own self-reported marital adjustment scores ($r = -.53$) and also with their partners' self-reported marital adjustment scores ($r = -.48$), whereas men's self-silencing scores were not ($r = -.03$, and $-.01$, respectively). This indicates that women who self-silence more are unhappy themselves and also have partners who are unhappy in the relationships. Interestingly, although men's self-silencing scores were higher, these were not associated with their own, nor with their partner's reported relationship satisfaction scores. In addition, STSS scores accounted for more variance in depression for women than men (19% vs. 10%). Thus, Thompson suggested that her results seemed to provide support for Jack's (1991) contention that self-silencing that is undertaken by females to preserve their intimate relationship will instead have a negative effect.

Thompson (1995) also pondered whether self-silencing may serve different functions for women and men within their relationships due to the differing roles that are typically engaged in by males and females in heterosexual relationships. When women actively silence themselves they are also subduing anger expression (Jack, 1991). According to Gottman and Krokoff (1989), anger expression serves an important maintenance role in relationships when it helps to bring underlying difficult issues to the surface to be faced together and eventually resolved. Gottman (1994) described male silencing within relationships as stonewalling, a type of withdrawal that can take the form of silence, walking away, and generally ignoring the other person. However, Thompson did not investigate the possible variety of meanings and implications attached to self-silencing and whether any sex differences would consequently emerge. Limitations in this study included the relatively low depression scores with the means being 7.8 and 6.9 on BDI scores, respectively for females and males.

One study that looked at an ethnically diverse population also found self-silencing to be

higher in Asian Americans than in Caucasian- and Hispanic-Americans (Gratch, Bassett, & Attra, 1995). In addition, similar to previous research, the silencing scores were higher in males than females. As well, self-silencing was found to be significantly positively correlated with depression levels for all the participants, but with a stronger correlation among females than among males. The relationship was stronger in some groups than others, ranging from .40 for Caucasian women to .74 for African-American women, a significant difference. There were no significant ethnic group differences in the correlations between silencing and depression among the men. As well, comparisons between males and females of each group were not significant. The authors discussed reasons for silencing and asked whether there could be sex differences in addition to the substantial ethnic differences in the motivations behind self-silencing behaviours.

Research comparing Greek and American silencing behaviours also found that where sex differences occurred, men scored higher (Krourelakos, Baranchik, & Damato, 1999). The results of this study that looked at the two subscales, Care as Self-Sacrifice and Divided Self, found that both scales were sensitive to cultural and sex differences. Generally, Greeks scored higher than Americans on both subscales, while males overall scored higher than females overall on the Care subscale. Only Greek men scored higher than Greek women on the Divided Self subscale with no sex differences in that measure among the Americans. These authors suggested that cultural values as well as gender role meanings around self-silencing should be further investigated. Race has been shown to moderate the relationship between self-silencing and depression. Carr, Gilroy, and Sherman (1996) found that silencing in intimate relationships does not significantly predict depression in African American women as it does in Caucasian women. Like the above researchers, they also suggested that there may be different interpretations about silencing behaviours within relationships, as well as different definitions of intimacy and authenticity,

according to one's racial group. These conclusions appear to strengthen and lend support to the STS theory, in that Jack (1991) specifically stated that relationship behaviours and expectations are reflexive with the individual's social, situational, and cultural context.

Page, Stevens and Galvin (1996) examined the association between self-silencing, depression, and self-esteem in female and male undergraduates. Similar to the foregoing studies, they found that male self-silencing scores were significantly higher than female scores. Scores on the STSS and the BDI indicated that silencing and depression were significantly correlated for both sexes. In addition, global self-esteem was negatively associated with both self-silencing and depression scores for both sexes. However, multiple regression analyses found that self-esteem was a moderating factor in the above relationships. Silencing the self was significantly related to depression only at low self-esteem levels, whereas at moderate and high levels of self-esteem, silencing scores did not predict depression. Although this study found that STSS scores were significantly higher for males than females, no sex differences were found in the BDI scores or in self-esteem. Page et al. point out that these results differ from previous research which has generally found that women have higher depression and lower self-esteem than men (Hong, Bianca, Bianca, & Bollington, 1993). However, these contrary findings suggest a limitation of this study in its sample of undergraduates. As discussed previously, university student populations generally do not demonstrate the sex differential in depression prevalence to the same degree found in the general population. In addition to suggestions that the meanings of the self-silencing behaviours tapped into by the STSS items may vary depending on gender and on particular schemas related to relationship needs, the authors also concluded that their results challenge STS theory. They stated that their findings do not support a specifically female dynamic of self-silencing and depression. However, their study did support the STS theory at low levels of self-

esteem, even in this student population.

Jack describes self-silencing as a form of self-negation within one's intimate relationship that contributes to decreased sense of self-worth or esteem and consequently to depression (Jack & Dill, 1992). It is important to note that the dynamic of self-silencing and depression that STS predicts occurs in a situation of failed intimate relationships and/or expectations about such relationships and beliefs about one's part in these failures. This highlights another limitation to the Page et al. (1996) study; only 59 percent of the participants reported they were in a romantic relationship. As well, the mean scores on the BDI (Beck & Steer, 1993) for both sexes were in the minimal depression range (Page et al.). It is interesting to note that the STSS scores in this study were similar to those of the student group in Jack and Dill's (1992) study, although there were only females in that study. The lack of a significant association between high self-silencing and depression among those subjects with high self-esteem suggests that these individuals may be silencing for purposes that are self-serving such as to maintain power in the relationship (Page et al.). Thus, these participants could be acting according to "a schema of role in relationships governed by a need for control" (Page et al., p. 394) that does not result in depression for persons with high or average self-esteem. However, it seems that in order to validate or accurately challenge Jack's theory, researchers need to focus on the variables that are germane to the model proposed by Jack (1991), rather than study a population that is neither depressed nor characterized by other relevant variables such as being in an intimate relationship.

The consistent research findings that male STSS scores are higher than female scores does seem to be problematic for the theory. Linked with the findings of an absence of greater male depression than female depression, this has raised suggestions from some researchers that there may be sex differences in the meanings behind self-silencing behaviours that are tapped into by the

STSS (Duarte & Thompson, 1999; Gratch, et al., 1995; Page et al., 1996; Thompson, 1995). Duarte and Thompson (1999) explored possible explanations for these differences in a factor analysis of the STSS in a very large student sample. Similar to some of the previous studies, they found that men reported more silencing and less depression than did women. The results of the factor analysis generally confirmed the subscale structure of the STSS for both sexes. However, additional analyses found some differences. In particular, the subscales Divided Self and Care as Self-Sacrifice were positively correlated with one another for females, but not for males. This suggested to the authors that females may indeed experience the sense of loss of self (tapped into by the Divided Self subscale) when their own needs are subordinated to those of others, whereas males do not appear to suffer similar consequences when they put the needs of another ahead of their own. As they further observed, Jack suggested that self-silencing in women that arises out of a gendered social imperative creates a vulnerability for depression in women. However, she did not look at men, and by predicting a causal link between silencing behaviours and depression in women she indicated that the STS theory could at least partially explain gender differences in depression. In the light of the above research, it would be prudent to qualitatively study depressed men as well as women to ascertain the meanings behind silencing in both sexes and indeed to assess whether self-silencing is part of the dynamic of male depression (Duarte & Thompson). The major limitation to this factor analysis of the STSS was the sample which was composed only of university students.

Remen, Chambless, and Rodebaugh (2002) investigated the speculations concerning gender differences in the meanings behind self-silencing behaviours tapped into by the STSS. Derived from factor analytic methodology utilizing the STSS and the Eysenck Personality Inventory, their results strongly suggested that the meanings attached to self-silencing do differ

according to sex. They concluded that men seem to engage in silencing as part of a withdrawal pattern in their relationship motivated by a need for hiding parts of oneself from one's partner within the relationship. It has been suggested that this pattern functions as a means of controlling conversation or maintaining power within relationships (Heavey, Layne, & Christensen, 1993; Jack, 1999; Page et al., 1996; Thompson, 1995). These authors indicated that such silencing behaviour seems to be contrary to Jack's (1991) contention that self-silencing functions to minimize conflict and preserve harmony. In this case it appears that male self-silencing does little to build intimacy within the relationship.

The contextual aspect of the STS theory was tested in a study that examined the associations among self-silencing, depression, and the quality of intimate relationships (Thompson, Whiffen, & Aube, 2001). The last variable was operationalized as the perception of one's romantic partner as critical or intolerant. Self-silencing was found to be related to depression and to perceptions of the current partner as critical and intolerant for both sexes. Specifically among females, one of the four STSS subscales, the Divided Self, mediated the association between a critical partner and depression. The authors suggested, therefore, that "having a critical relationship partner fosters the tendency to present a compliant facade while feeling angry, which subsequently increases levels of depressive symptoms" (p. 512). Among the men, the subscale Externalized Self-Perception, mediated the association between a critical partner and depression. The authors stated that this association suggests that males with a critical partner may experience a higher level of the tendency to judge the self by external standards which then leads to higher self-criticism and consequently to depression. Despite the gender variations in the patterns of self-silencing, this study strongly indicated that self-silencing is related to relationship difficulties and depression for both sexes.

Self-silencing, anger, and depression were investigated in a study with a majority of female participants (Brody, Hagg, Kirk, & Solomon, 1999). By comparing a group of never-depressed individuals to one composed of people who had recovered from major depression, these researchers examined the link between anger and depression. Working from research by Goldman and Hagg (1995) that showed that depressed individuals feared and suppressed anger expression towards their spouses as well as others, Brody et al. examined possible links to the anger component of depression vulnerability proposed in the STS theory (Jack, 1991). They found that total STSS scores were positively related to the fear of anger expression and to anger suppression. In addition, those people who had previously experienced depression were more likely to endorse silencing the self attitudes than were those who had never been depressed.

In the anger experienced by depressed women, Jack (1991) noted that despite the tendency towards active self-silencing and anger suppression, rage and frustration would sometimes erupt, often inappropriately expressed or directed towards innocent others such as children. The consequences of such anger expression, including negating response from spouse and increased self-condemnation, would tend to further erase hopes for relationship improvement and provide additional impetus for continued self-silencing behaviours, in turn predicting depression vulnerability. The Brody et al. study (1999) appears to provide some empirical evidence for Jack's theoretical association between self-silencing, anger, and depression, although no comparison was done between male and female responses. Consequently, it did not verify whether this association is specifically a female phenomenon.

General Summary

According to Jack's Silencing the Self theory, women's tendency to silence themselves in relationships to preserve harmony and to adhere to the traditional female role of being nurturant

and self-sacrificing only serves to increase their risk of depression and negative moralistic self-judgement, and masks their anger at self and others. Research shows that self-silencing in women is associated with traditional gender role beliefs, greater depressive symptomatology and with low relationship satisfaction in themselves and in their partners. Paradoxically, although men have been found to self-silence more than women, the link between self-silencing and depression in men is less strong. As well, the link between self-silencing and relationship satisfaction does not appear to be significant in men. For both men and women who previously suffered from depression, self-silencing has been found to be associated with anger suppression. Furthermore, the association between self-silencing and depression appears to be strongest at low self-esteem level than at moderate or high levels. This is not surprising given that depressed individuals tend to have low self-esteem. The pattern of findings in the literature underscores the need to investigate the meaning of self-silencing in both men and women and determine how they relate to depression, relationship satisfaction and anger suppression/expression. Furthermore, the limitations of previous works that include failure to make gender comparisons, investigating only college or university students, and adopting low or minimal depression severity to define depression, have to be addressed in future research.

The Present Study

Rationale

The Silencing the Self theory (Jack, 1991) includes several variables that have been implicated in the literature to explain the sex differential in depression prevalence. These are gender socialization, individual history and social situation (Stoppard, 2000), cognitive schemas, and interpersonal behaviours (Bebbington, 1996; Nolen-Hoeksema, 1990; Picinelli & Wilkinson,

2000). Research has provided evidence of an association among self-silencing, anger suppression and depression (Brody et al. 1999), and between self-silencing and relationship difficulties (Thompson, 1995). However, it has not unequivocally supported the idea that silencing the self relates exclusively to a dynamic of depression in women (Thompson et al., 2001).

Many psychological theories, especially in the past, were derived from research which excluded female participants (Denmark & Fernandez, 1993). Attempts to redress that imbalance have been made that have in turn looked only at females. Some of these such as Gilligan's (1982) theory of female moral development have provided a different and more focused way of understanding the psychology of women. Jack (1991) built upon Gilligan's work and as well seems to have followed similar research methods which excluded males in her attempts to reach a more thorough understanding of depression in women. However, many researchers have argued that in order to fully understand sex differences in psychology, it is necessary to examine the relevant variables in men as well as women (Bebbington, 1996). Many agree that early psychological research almost always left women on the periphery (Denmark & Fernandez, 1993). These authors suggested that the most useful method of redress is to study behaviour that is mediated by the variable of female sex and not, at the same time, exclude the examination of male gender-role behaviour in that same domain. Bebbington advised that "the power of arguments that concern only one sex as an explanation of differences between sexes is less than those in which a variable is distributed across both sexes in a way that explains the sex difference" (p. 298). Therefore, in order to attempt to adequately address some of the dynamics of depression described for women in STS theory, and as well, some of the questions about sex differences that have arisen in the research based on STS, this study included both female and male participants.

It is notable that much of the research on STS has been conducted with students. This is

problematic because the student population has been shown to demonstrate fewer sex differences in many domains, particularly depression prevalence, than the general population (Nolen-Hoeksema, 1987). Jack's (1991) original research out of which the STS theory evolved was conducted with a clinical population of depressed women. Thus, the present study examined the self-silencing model with an out-patient population of individuals who may have expressed health concerns related to depressive symptomatology, as well as participants from the community, and from the college and university. The major recruitment effort in the university bypassed the most commonly used method of recruitment which is to select participants from the classes of first year university students in psychology which represents a restricted sampling pool. Rather, advertising for study volunteers was placed on the university community bulletin boards, and on-line in distant education courses to reach part-time mature students and non-student staff members.

In many of the studies, ideas are offered that attempt to explain the findings of higher silencing in men. It is noted that Jack (1991) used qualitative methods in arriving at the STS theory. Her analysis of the narratives of the women in her study formed the rational basis for the Silencing the Self Scale which was consequently used in quantitative studies to validate her model of depression in women. Suggestions arising from the extant research included using qualitative methods, to assess possible sex differences in the meanings individuals may attach to silencing behaviours indicated by high STSS levels (Duarte & Thompson, 1999; Gratch et al., 1995; Page et al., 1996). Thus, a qualitative approach was included in this study to address some of these issues. This qualitative component was an attempt to incorporate the feminist standpoint that informed the direction of Jack's (1991) research, that one must "listen carefully to depressed women in order to formulate new insights and concepts" (p.3). The intent of this study was to work from a similar standpoint by listening carefully to both women and men to discern

differences, if any, in their communication styles and their expressions of emotions within the parameters laid out in the STS theory.

One of these parameters is the concept of anger that is thought to be part of the divided-self wherein an individual presents an outwardly compliant self while hiding inner feelings of anger and resentment (Jack, 1991). One previously described study examined the concept of anger suppression in relation to self-silencing as part of an investigation of anger and depression (Brody, et al., 1999). Although there were both male and female participants in their sample, no gender comparisons were made. Therefore, the domain of anger in both females and males was examined in the present study.

Another important element of STS theory is that silencing occurs within one's intimate relationship (Jack, 1991). The theory predicts that when the relationship falters or fails to meet expectations, the feelings of failure, resentment, and anger that are part of, or have been strengthened by, the silencing pattern exhibited in the relationship combine to produce depression vulnerability for the woman. Thus, given the importance of relationship context to the dynamic of depression in STS theory, this study sought only participants who were currently in an intimate relationship (marriage or co-habitation arrangement) or had been within the preceding year.

Objectives

The two primary objectives of this study were to (a) investigate the relationships among self-silencing, anger suppression, anger expression, and depression and the differences between men and women, and (b) assess sex differences in the meaning of self-silencing among high self-silencers.

Participants in this study were female and male adults who were involved or recently had been involved in an intimate relationship. They were assessed for the severity of depression with the Beck Depression Inventory (BDI), different dimensions of self-silencing with the Silencing the Self Scale (STSS), with four subscales (Externalized Self-Perception, Care as Self-Sacrifice, Silencing the Self, The Divided Self), and anger with the two State-Trait Anger Expression Inventory-2 (STAXI-2) subscales of Anger Expression-Out (anger expression) and Anger Expression-In (anger suppression), AX-O and AX-I, respectively. Group differences in these different variables were investigated within a quantitative paradigm involving *t*-tests, bivariate correlational analyses, Fisher's *z*-tests, and multiple regression analyses. A qualitative approach with same-sex focus groups was employed to determine differences in subjective meanings of self-silencing between female and male high self-silencers drawn from the total sample.

Hypotheses

1. Females will score significantly higher than males on STSS, AX-I, and Divided-self STSS subscale.
2. There will be a positive association between BDI and STSS for both males and females, with the association being significantly stronger for females.
3. With respect to the four STSS subscales as they relate to depression among men and women, it was hypothesized that higher Divided-self scores will predict higher BDI in both males and females, but that the predictive utility would be significantly stronger in females.
4. With respect to the two anger scales (AX-I, AX-O) as they relate to depression among men and women, it was hypothesized that higher AX-I scores will predict higher BDI in

both males and females, but that the predictive utility will be significantly stronger in females.

METHOD

Participants

Participants were recruited from the general community, local hospitals, clinics, mental health agencies, Confederation College and Lakehead University. They had to meet the following requirements:

- a. Be in a relationship that is defined as currently or recently living with an intimate partner in a marriage or co-living arrangement. This ensured that all participants met the relationship factor that is germane to the STS theory. As the depression literature indicates that relationship disintegration and depression are sometimes correlated, it was not expected that all participants would still reside with their intimate partner at the time of the study (Prince & Jacobson, 1995). Thus, 'recently' was defined as within the past year.
- b. Be free of chronic physical or neuropsychological problems so that the psychological and relationship functioning being measured in this study was not confounded by any ongoing medical illness or condition.
- c. Be at least 18 years of age.

For the qualitative part of the study, sex-segregated focus groups were conducted to investigate for any sex-specific meaning of self-silencing. These groups consisted of individuals who were considered to be high self-silencers which were defined as those who scored in the top third of the distribution on the total STSS scores among all participants.

Measures

For the quantitative part of the study, a Research Questionnaire was developed with the following sections:

Demographic Information (see Section A: Appendix A). Demographic information on participant's age, sex, ethnicity, and place of birth was obtained on the first page of the Research Questionnaire. In addition, information was gathered regarding the duration of the current or most recent relationship, and about current and past medical and/or psychiatric conditions and treatments.

Beck Depression Inventory - II (BDI-II) (Beck, Steer, & Brown, 1996; see Section B: Appendix A). The BDI-II is a very widely used self-report measure of current depression severity. It has 21 items reflecting a variety of depression symptoms. Each item has four response options, ranging from no symptom (score of 0) to severe (score of 3). A total BDI-II score is obtained by summing the responses over the 21 items. The BDI-II has been extensively investigated and found to have excellent psychometric properties. A meta-analysis of research studies focusing on the psychometric properties of the BDI yielded a mean coefficient alpha of 0.86 for psychiatric patients and 0.81 for nonpsychiatric subjects (Beck, Steer, & Garbin, 1988). Further, Beck and colleagues found that test-retest reliability ranged from $r = .60$ to $r = .83$ for nonpsychiatric populations (Beck, Steer, & Garbin). In addition, convergent validity was established with the Hamilton Rating Scale for Depression with Pearson product-moment correlation coefficient ranging from $r = .75$ to $.80$ in nonpsychiatric samples, and it shows moderate discriminant validity with the Hamilton Rating Scale for Anxiety, $r = .47$ (Beck, Steer, & Garbin). The item content reflects DSM-IV criteria of behavioural, cognitive, and somatic-vegetative symptoms, such as

changes in appetite and sleep patterns, loss of energy, feelings of worthlessness, concentration difficulties, and agitation, among others. In the present study, Cronbach's Alpha was .92.

Silencing the Self Scale (STSS, Jack, 1991; see Section C: Appendix A). This self-report scale is composed of 31 statements that measure beliefs and behaviours about self-expression within one's intimate relationship. These were designed to represent themes of self-silencing in the service of attaining and maintaining intimacy and harmony in relationships that emerged from Jack's (1991) work with depressed women. Responses to the 31 items are rated on a 5-point scale from (1) *strongly disagree* to (5) *strongly agree*. Respondents are asked to circle the number that best describes their feelings about each statement regarding their relationship with their intimate partner. Examples of statements are: "I feel I have to act in a certain way to please my partner" and "I don't speak my feelings in an intimate relationship when I know they will cause disagreement". The ratings are summed across the 31 items to yield a global score that ranges from 31 to 155, taking into consideration the five items (items 1, 8, 11, 15, and 21) that must be reverse-scored (Jack & Dill, 1992). Higher scores reflect greater silencing of the self. Internal consistency for the global STSS has been adequately demonstrated with Cronbach's alpha ranging from .86 to .94 (Jack & Dill, 1992; Smolak & Munstertieger, 2002; Thompson, 1995). Construct validity was supported in results that showed STSS scores to vary in the predicted direction, according to life context, among three samples of women: women in a shelter for battered women, drug-using pregnant women in a health study, and undergraduate women. Test-retest reliability was also acceptable for these three original samples with $r = .88, .89, .93$ respectively (Jack & Dill, 1992). In the present study Cronbach's Alpha was found to be .92.

Four subscale scores can be obtained, namely Externalized Self-Perception (items 6, 7, 23, 27, 28, 31), Care as Self-Sacrifice (items 1, 3, 4, 9, 10, 11, 12, 22, 29), Silencing the Self (items

2, 8, 14, 15, 18, 20, 24, 26, 30), and The Divided Self (items 5, 13, 16, 17, 19, 21, 25) (Jack & Dill, 1992). Adequate internal consistency was reported with alphas in the satisfactory range (.74 to .90) for all except Care as Self-Sacrifice which was marginal (.65, .60, and .81 respectively) in Jack and Dill's original study (1992). In the present study, the Cronbach's Alphas for the above four subscales were found to be .77, .80, .80, and .85 respectively.

State-Trait Anger Expression Inventory-2, (STAXI-2; Spielberger, 1999; see Section D: Appendix A). This widely used questionnaire was designed to "provide concise measures of the experience, expression, and control of anger" (Spielberger, p. 1), according to the author's construct of anger which has two major components, state anger and trait anger. State anger refers to intensity of angry feelings an individual experiences at a particular moment. These subjective feelings or emotional conditions can vary in intensity from annoyance or mild irritation to intense fury and rage. Trait anger refers to individual differences in the disposition of persons to experience anger or annoyances and frustrations across a wide range of situations. There are six scales, and an Anger Expression Index. The first scale is State Anger and the second is Trait Anger. The remaining scales are Anger Expression-Out (AX-O), Anger Expression-In (AX-I), Anger Control-Out (AC-O), Anger Control-In (AC-I), and the Anger Expression Index (AX Index). In responding to the 57 STAXI-2 items, individuals rate themselves on a 4-point scale, ranging from (1) not at all, to (4) very much so, that assesses either the intensity of their angry feelings at a particular time or how frequently anger is experienced, expressed, suppressed, or controlled.

Alpha coefficients for each of the scales are provided by Spielberger (1999) in the STAXI-2 manual. The values for Cronbach's alpha for the Anger Expression scales range from

.94 for the Anger Control-In scale with a sample of normal adults, to .55 for the Anger Expression-Out scale with a sample of adults 30 years and older (Spielberger, 1999).

This study used only two of the six scales. Anger Expression-Out (AX-O) which measures the frequency that angry feelings are expressed in verbally or physically aggressive behaviour, is made up of items 1, 3, 5, 7, 9, 11, 13, and 15. Anger Expression-In (AX-I), which measures how often angry feelings are experienced but not expressed (suppressed) consists of items 2, 4, 6, 8, 10, 12, 14, and 16. Thus, each scale comprises 8 items, with the range of scores for each scale being 8 - 32. In the present study, Cronbach's Alphas for the two scales, AX-O and AX-I, were found to be .84 and .78 respectively.

Material - Focus Group Questions

For the qualitative part of the study, a facilitator's guide (see Appendix J) was developed to add structure to the implementation of the focus group interviews. The focus group questions were developed to investigate the meanings that individual study participants ascribed to their self-silencing responses, and also to determine if a sex difference existed within those meanings. This portion of the study was planned in line with further research ideas put forward by some of the extent silencing the self researchers. Several authors encouraged a qualitative approach in order to examine the reasons for and meanings behind the high self-silencing scores typically found in men in many studies (Duarte & Thompson, 1999; Gratch et al., 1995; Page et al., 1996). Many ideas were put forward, but it seemed that a direct route of obtaining the information was to simply ask both men and women what they meant by their responses to the STSS items. Thus, the focus groups discussion format was organized into six categories according to the STS theory and scale, and to the above research suggestions.

1. Externalized Self-Perception

The silencing the self model postulates that some women will silence themselves so that they behave according to externalized standards of appropriate behaviour within intimate relationships. This generally refers to cultural, societal, and familial dictates regarding how to behave as a woman in one's marriage or close relationship. Jack (1991) created the items comprising the STSS subscale, Externalized Self-Perception, to capture the extent to which the individual judges the self by external standards. Thus, to address the first category of the focus groups two items from the Externalized Self-Perception subscale were utilized for the discussion topics. The first topic was item number 23 in the STSS: "When I make decisions, other people's thoughts and opinions influence me more than my own thoughts and opinions" (Jack, 1991, p. 218). A second item included in the Externalized Self-Perception subscale, number 6 in the full scale, was selected for discussion if time permitted: "I tend to judge myself by how I think other people see me" (Jack, p. 216).

2. Care as Self-Sacrifice

External standards and role expectations describe a stereotype of selflessness in the role of wife and mother to many women. According to Jack (1999), this stereotype suggests that in caring for others, one must always put the needs of others first, at times hoping for reciprocation, but most often selflessly. The items in the Care as Self-Sacrifice subscale were designed to tap into this concept. The second category for the group discussions focused around two items from the Care as Self-Sacrifice subscale. The first item selected as the discussion topic was number 3 in the total scale: "Caring means putting the other person's needs in front of my own" (Jack, 1991, p. 216). The second item in this subscale chosen to be used, depending on time constraints, was number 10 in the STSS full scale: "Caring means choosing to do what the other person wants, even when I want to do something different" (Jack, 1991, p. 217).

3. *Self-Silencing*

Jack (1991, 1999) contended that women who define care in their relationships as self-sacrifice, and who judge themselves according to external unattainable standards, end up denying whole parts of themselves in order to attain and maintain a relationship. In order to avoid conflict and being alone or abandoned, they mistakenly follow essentially self-defeating relationship standards. "If women cannot exercise power without (in their minds) causing hurt, they may choose to silence themselves for what feel like moral reasons" (Jack, 1991, p. 157). The focus of the third group discussion category was Silencing the Self subscale items, chosen to discern how men and women interpreted this in the context of their own relationships. The first topic was item number 2 in the full scale: "I don't speak my feelings in an intimate relationship when I know they will cause disagreement" (Jack, 1991, p. 217). The second item chosen as a discussion topic under this category, was number 20: "When it looks as though certain of my needs can't be met in a relationship, I usually realize they weren't very important anyway" (Jack, p. 217).

4. *Divided Self*

Expressing one's feelings, wishes, and thoughts in relationship is part of creating a relational identity (Jack, 1999). To silence these parts of the self thereby removing essential aspects of self from one's relationship is viewed as contributing to a lowering of self-esteem and a sense of loss of self. This can result in the phenomenon of an outwardly compliant self that masks an inner self which grows angry and hostile (Jack & Dill, 1992). The Divided Self subscale attempts to measure this. One of the items from this subscale, item number 16 in the full scale, formed the first focus topic of the fourth discussion category, the notion of the divided self: "Often I look happy enough on the outside, but inwardly I feel angry and rebellious" (Jack, 1991, p.217). The second discussion topic in this category utilized a second item from the Divided Self

subscale which addresses the idea of loss of self, item number 19: “When I am in a close relationship I lose my sense of who I am” (Jack, p. 217).

5. Anger Suppression

The fifth category for the focus groups attempted to address the concept of anger suppression contained within the silencing the self theory. The discussion questions were chosen to allow for exploration of the hypothesized pathway from self-silencing to anger suppression to depression in women (Jack, 1991). The focus discussion topic was item number 24 in the full scale that specifically targeted anger suppression: “I rarely express my anger at those close to me” (Jack, p. 217). The questions asked of the group participants after the presentation of the above item, were designed to investigate some of the consequences that could arise from suppressing one’s anger within an intimate relationship Jack (1991): “Does this describe you? If so, does this help maintain your relationship or keep it running smoothly? Or does it make things worse? How about your own feelings about yourself. Does not expressing your anger make you feel better or worse about yourself?”

6. Beliefs Related to Stereotypical Gender Roles

The sixth category for the focus groups was selected to reflect some of the ideas about stereotypical gender beliefs that have been put forward to account for women’s and men’s relationship behaviour. The intention was to solicit participants’ ideas and discussions of their own experiences related to these ideas. The statements presented for discussion to the women’s groups attempted to capture the idea of the importance of cultural, ethnic, and family influences on a woman’s beliefs about appropriate female behaviour within her intimate relationship (Gratch et al., 1995; Jack, 1991). Thus, the first discussion statement for the women-only groups taps into the cultural imperative of caring that has been ascribed to females and which Jack described as

being part of the standard of female goodness by which some women judge their own performance in their relationships (Gilligan, 1982; Jack, 1991). “According to some of the beliefs in our society and culture, the female in an intimate relationship has the responsibility of maintaining that relationship by putting the needs of others ahead of her own, and the role of the female is to be selfless and responsible for the caring in one’s marriage or intimate relationship. Please discuss. In what ways are you influenced in your beliefs of what this female role is within relationship by your own family and ethnic background?”

The second topic in this category taps into some of the possible explanations that have been hypothesized for men’s high self-silencing scores on the STSS. One interpretation is that silencing by men is a form of stonewalling, enacted by withdrawal from couples’ interaction, walking away, changing the subject, or making minimal conversational input, and which can effectively sabotage couple communication (Gottman & Krokoff, 1989). Another suggests that males use silencing as a form of avoidance of self-disclosure in order to maintain power in their intimate relationship (Page et al., 1996). Therefore, the following statements put forward for discussion to the men’s groups were chosen to reflect some of these explanations for men’s tendency to self-silence in intimate relationships, such as silencing to keep control or power in the relationship (Gottman, 1994; Jack, 1999; Thompson, 1995). “According to some beliefs in our society and culture, the male in an intimate relationship is more likely not to express his true feelings in order to maintain the image of the strong silent man. This allows him to therefore keep control in his marriage or relationship. Please discuss. Does this describe the way you express or do not express you emotions and thoughts within your relationship? Does it describe your reasons for not expressing your true feelings? If not, what would you say your reasons are for not sharing your true feelings?”.

Procedure

Recruitment

Participants of both sexes were recruited from several health care sources, including local physicians and psychologists, mental health programmes in local hospitals and community mental health agencies, the local branch of the Canadian Mental Health Association (CMHA), and the Lakehead University Health Centre. In addition to the above, participants were also recruited from the Lakehead University students, faculty and staff, Confederation College, and from the general community in Thunder Bay. Recruitment strategies included contact with mental health professionals through letter (see Appendix B) and research poster (see Appendix C). Research posters were posted around the university, general community, hospitals, mental health agencies, and the branch office of the CMHA. Advertisements of the research recruitment poster were also featured on the local community channel of Shaw Cable television, the Lakehead University Community Bulletin, and the Chronicle Journal newspaper (see Appendix D). In all the recruitment efforts, interested individuals were asked to contact the researcher and a contact telephone number and e-mail address were provided.

Quantitative Research Procedure

When individuals responded to the recruitment efforts and initiated contact, the researcher offered them the following details of the study:

- (a) The objective was described as: “We are investigating how people’s psychological functioning and perception of themselves within their intimate relationship relate to each other.”
- (b) The procedure of the study was explained to them. Essentially, they were informed that should they agree to participate, a research questionnaire would be mailed to them to

complete and return in a stamped, self-addressed envelope. They were further told that a subgroup of people who are willing may be invited to a second stage of the study where the researcher will meet with them in confidential small groups to discuss further their responses. They were informed that respondents will have the opportunity to indicate on the research questionnaire whether or not they are willing to be considered for the second stage, and that details will be provided in the research questionnaire to allow them to make an informed decision.

- (c) The callers were given assurance of confidentiality of their responses to the questionnaire, freedom to withdraw from the study at any time without penalty, storage of the data for 7 years after which it will be destroyed, and opportunity to get feedback on the results of the study. They were also informed that when they return their research questionnaires, they would be entered into three \$50 random prize draws.
- (d) The callers were given the opportunity to ask questions before they made a decision.

Callers who continued to show an interest in the study after the details had been provided to them had the research packet mailed to them. This contained a cover letter (see Appendix E), consent form (see Appendix F), Research Questionnaire (see Appendix A), details about the second stage of the study (see Appendix E), and a stamped self-addressed return envelope. They were asked to return the materials within a week or less.

Individuals who completed the Research Questionnaire and who indicated a willingness to participate in the second stage of the study had their scores on the STSS examined. Those who were considered to be high self-silencers (defined as the top third of the distribution of the STSS global scores in the entire sample) were contacted by telephone (see Appendix G) and scheduled for attending a focus group. Those who were willing to participate but did not meet the criteria

were sent a thank-you letter (see Appendix H). Debriefing information and a listing of mental health resources in the community (see Appendix I) was appended to the last two pages of the Research Questionnaire which could be torn off and kept for the personal use of the research participants.

Qualitative Procedure for the Focus Groups

Eight women and five men were selected for the focus groups as they were deemed to be high self-silencers, defined as having scored within the top third of the STSS distribution of scores for the entire sample in the study. Two female focus groups consisting of four women each, and one male focus group consisting of two men were conducted separately. The remaining three men were unable to make the group meetings so they were interviewed individually following the same protocol as that used in the focus groups.

All focus groups were facilitated and guided by the researcher (see Appendix J). As described by Wilkinson (2003), the researcher generally acts as a facilitator for the group, “keeping the discussion flowing, and encouraging people to participate” (p. 185). Wilkinson further emphasized that ideally, the researcher should have interviewing skills and “some experience of running group discussions” (p. 188). The researcher for the present study met both the above requirements.

An open-ended semi-structured format was followed. Open-ended questions within the design of a semi-structured format were employed to allow participants to digress from the formally presented discussion topics, thereby providing a less rigid and more spontaneous interview situation (Adler & Clark, 1999). This method helps to create an environment in which participants can expand the content and boundaries of the group topics as they articulate the meanings behind their responses to the set of pre-formulated guideline questions without feeling

that there are prohibitions on speaking freely (Banister, Burman, Parker, Taylor, & Tindall, 1994). The qualitative format was designed using a “top-down” approach that began from the foundation of the theoretical framework of the STSS and then built upon the research literature (Wilkinson, 2003, p.196). Thus, the format consisted of six questions or topics presented for discussion related to possible meanings that lay behind STSS item endorsement and their silencing behaviours in their relationships. Each session lasted no longer than 90 minutes.

Prior to the commencement of the focus groups, participants were provided with an information sheet (see Appendix K). After time was allowed for reading this and asking any questions that arose, participants were given two consent forms to sign, a general one (see Appendix L), and a specific one for permission for audio-taping (see Appendix M) so that their responses could be transcribed and analysed. All focus group participants were entered into three \$50 random prize draws. The researcher who has training experience in therapy and the project supervisor who is an experienced registered clinical psychologist, were available for psychological intervention should the need have arisen. However, no one in the focus groups appeared to be distressed as a result of the study, possibly because they could choose to disclose nothing or leave at any time they wished, which none did.

RESULTS

Sample

Seventy-nine individuals who met the research criteria agreed to take part in the study. Of these, 78 were included in the final sample. One potential participant was excluded because she suffered from a chronic medical condition (an exclusionary criterion), specifically Fibromyalgia. The remaining 78 participants ranged from 20 to 65 years old, had a mean age of 37 years ($SD = 11.42$ years), and consisted of 22 males (age $M = 39.09$ years, $SD = 12.67$ years) and 56 females

(age $M = 36.34$ years, $SD = 11.09$ years). A t -test showed that there was no sex difference in age, $t(76) = .957, p = .341$.

Of the 78 participants, 22 (28.21%) reported that they were receiving treatment for psychological or psychiatric illnesses. The majority of the 78 participants (74) reported that they were of White ethnicity, three individuals stated that they were of Asian ethnicity, and one person refused to answer the question related to ethnicity for privacy concerns. Seventy-seven participants reported being married or co-habiting for periods ranging from less than one month to 504 months (42 years). The mean length of relationship was 110.58 months ($SD = 117.04$), or 9.2 years. Only one participant reported being separated from his partner, and that separation had occurred within the past year.

Overview of Analyses

Pooled and within sex bivariate correlational analyses were performed on all variables in the study to look for inter-relationships. The bivariate correlations were compared across the sexes and where appropriate, Fisher's z -transformation for comparisons of independent r 's (Cohen, Cohen, West, & Aiken, 2003) were performed to look for any significant differences between the females and males in the pattern of correlations among the variables.

To investigate for sex differences on the variables, separate t -tests with Sex as the group, were performed on all the variables. Of specific interest were STSS, AX-I, and Divided-self, all of which have been postulated in the STS theory (Jack & Dill, 1991) as being associated with female depression.

To determine how the four STSS subscales predict depression for men and for women, multiple regression analyses were conducted with the four STSS subscales and Sex as the predictor variables and BDI as the criterion variable. Finally, in order to determine how the two

anger scales (AX-I, AX-O) predict depression in men and women, multiple regression analyses were done with AX-I, AX-O, and Sex as the predictor variables and BDI as the criterion variable.

Pre-Analysis Issues

Missing values on any questionnaire item were handled by substituting the group mean value for that item (Tabachnick & Fidell, 2001, p. 60). Group mean values were generated by the DESCRIPTIVES procedure of the Statistical Package for the Social Sciences (SPSS).

Using the guideline of a z-score greater than ± 3.29 standard deviations (Tabachnick & Fidell, 2001) to identify univariate outliers, no outliers were found on any of the variables. The variables were examined separately for multivariate outliers using SPSS REGRESSION. None were identified through the Mahalanobis distance at $p < .001$ (Tabachnick & Fidell, 2001). No influential data points were identified using a standard of Cook's distance > 1 (Stevens, 2002).

Multiple regression assumes: (i) normality, (ii) linearity, and (iii) homoscedasticity of residuals. These assumptions were assessed by examining residuals scatterplots through SPSS REGRESSION. The residuals scatterplots for the regression analyses did not show marked deviations, thereby suggesting that the assumptions of normality, linearity, and homoscedasticity had been met. Multicollinearity and singularity were assessed using the tolerance statistic. Multicollinearity and singularity can be identified through the very low tolerances of between .01 and .0001 (Tabachnick & Fidell, 2001). Tolerance levels were examined in the multiple regression analyses and no multicollinearity or singularity was found.

Quantitative Analyses

Correlations

In order to ascertain the relationships among the variables in the study, a bivariate correlational analysis among all the variables was conducted for the pooled sample (see Table 1).

As none of the variables showed a correlation higher than .90, there was no need to delete any of the variables from the study due to potential problems associated with multicollinearity (Tabachnick & Fidell, 2001, p. 84).

The relationships among the variables in the entire sample were examined (see Table 1). Significant Pearson r correlations were found between the BDI and STSS ($r = .47, p < .01$), AX-O ($r = .36, p < .001$), AX-I ($r = .58, p < .001$), STSS Externalized Self-Perception ($r = .55, p < .001$), STSS Silencing the Self ($r = .32, p < .001$), and STSS Divided-Self ($r = .46, p < .001$). Thus the BDI was found to be significantly and positively associated with all the other variables except the STSS subscale, Care as Self-Sacrifice. In the pooled sample, it was also found that the STSS full scale score was significantly associated with AX-I ($r = .58, p < .001$), but not with AX-O.

Intercorrelations among all the study variables were calculated separately for males and females (see Table 2). A detailed examination showed that for both males and females, there was no significant relationship between AX-O and any of the four STSS subscales (Externalized Self-Perception, Care as Self-Sacrifice, Silencing the Self, Divided Self) or the full STSS. Neither was there a significant correlation between the Care as Self-Sacrifice and Silencing the Self subscales.

Within the females, there were significant positive correlations between these pairs of variables whereas within the males, the correlations were not significant: BDI with STSS ($r = .56, p < .01$), BDI with three STSS subscales (Externalized Self-Perception [$r = .62, p < .01$], Care as Self-Sacrifice [$r = .29, p < .05$], Silencing the Self [$r = .41, p < .01$]), Care as Self-Sacrifice with both Externalized Self-Perception ($r = .49, p < .01$) and with Divided Self ($r = .39, p < .01$), AX-O with AX-I ($r = .43, p < .01$), and AX-I with Care as Self-Sacrifice ($r = .29, p < .05$).

For the remaining pairs of variables correlations were significant within both male and female groups. To determine whether there was a sex difference in the strength of each of these

bivariate correlations, Fisher's z -transformations for comparison of independent r 's (Cohen, Cohen, West, & Aiken, 2003) were performed. The effect size and power of the analyses were also calculated. Table 3 summarizes the analyses for these bivariate correlations. As can be seen, the relationship between STSS and AX-I was significantly stronger among males ($r = .80$) than females ($r = .51$). Similarly, the relationship between AX-I and Silencing the Self subscale was significantly stronger among males ($r = .72$) than among females ($r = .30$). No other sex differences in the bivariate correlations were significant.

Descriptives

Descriptive statistics were calculated for each of the variables in the total sample and in the male and female subgroups (see Table 4). Separate t -tests were carried out to determine whether males and females differed significantly from each other on the variables. As indicated in Table 4, females were found to score significantly higher than males on the BDI, whereas males were found to score significantly higher than females on the Care as Self-Sacrifice subscale. No other results were significant.

Multiple Regressions

A multiple regression was conducted on BDI as the criterion variable with the predictor variables entered in the following order: Sex, and the four STSS subscales (Externalized Self-Perception, Care as Self-Sacrifice, Self-Silencing, and Divided Self) in Step 1, and the 2-way interactions between Sex and the remaining four variables in Step 2. Step 1 results yielded main effects whereas Step 2 looked at interactions.

Results showed that at Step 1, there was a significant omnibus main effect [$\Delta R^2 = .37$, $\Delta F(5, 72) = 8.60, p < .001$]. Sex was a significant predictor of BDI [$r = .22, \beta = .21, t = 2.13, p < .05$] with females having a higher BDI score ($M = 12.93, SD = 10.19$) than males ($M = 8.27, SD$

= 6.07). As well, Externalized self-perception was found to predict BDI ($r = .55$, $\beta = .43$, $t = 3.48$, $p < .001$) where higher Externalized self-perception was associated with higher BDI scores. Results in Step 2 showed that there was no significant omnibus interaction effect.

A second multiple regression was conducted on BDI as the criterion variable with the predictor variables entered in the following order: Sex, AX-I, and AX-O in Step 1, and the 2-way interactions between Sex and the remaining two predictor variables in Step 2.

Results showed that at Step 1, there was a significant omnibus main effect [$\Delta R^2 = .45$, $\Delta F(3, 74) = 20.24$, $p < .001$]. Sex was a significant predictor of BDI ($r = .22$, $\beta = .18$, $t = 2.13$, $p < .05$) with females having a higher BDI score ($M = 12.93$, $SD = 10.19$) than males ($M = 8.27$, $SD = 6.07$). As well, AX-I was found to predict BDI ($r = .62$, $\beta = .56$, $t = 6.18$, $p < .001$) where higher AX-I was associated with higher BDI scores. Finally, AX-O was found to be a significant predictor ($r = .36$, $\beta = .19$, $t = 2.08$, $p < .05$) where higher AX-O was associated with higher BDI scores.

Results in Step 2 showed that there was a significant omnibus interaction effect [$\Delta R^2 = .05$, $\Delta F(2, 72) = 3.31$, $p < .05$]. The significant predictor was Sex by AX-I ($r = .49$, $\beta = .77$, $t = 2.45$, $p < .05$). Within the male subjects, the correlation between AX-I and BDI was $r = .53$, $p < .05$. For females, the correlation between AX-I and BDI was $r = .68$, $p < .001$.

Qualitative Analyses

Focus Groups

The Focus Groups participants were high self-silencers, who were defined as those scoring within the top third in the distribution of STSS scores within the total sample ($N = 78$). An examination showed that the STSS scores for the total sample ranged from 44 to 149 (range = 105). The cut-off score to delineate the upper third of the distribution was 92. Within this upper

third, there were 18 females and 8 males. Of these individuals, eight females and five males were willing and able to participate in the qualitative part of the study. Consequently, two focus groups of four women each, and one focus group of two men were successfully arranged. The remaining three men who were unable to attend the male focus group were interviewed individually. Two men were interviewed in the same office following exactly the protocol that was used for the groups that met in that space. The one man who was unable to travel to the study site from his home several hundred miles north of the city, agreed to participate in the interview by telephone. Similar instructions and explanations about possible participation in this part of the study were provided to him over the phone as for other prospective participants so that he had all the information they had been given in order to consent to participate further. The difference for this individual was that we also spoke about the arrangements for the phone interview. He had a home office, where he could be assured of privacy during the interview process and where he had access to a FAX machine. Arrangements were made to phone him one half hour ahead of the scheduled interview time, so that the Information Sheet (see Appendix K), and two consent forms (see Appendices L and M) could be faxed to him with sufficient time for him to read everything, ask questions, and fax the signed copies of consent back if he agreed to continue at this stage.

For ease of reference, the eight females and five males who participated in the qualitative part of the research will be referred to as “focus group participants”. Demographic characteristics on them are presented in Table 5. Participants were given fictitious names which facilitated data analysis and the ease of reading the study findings, while protecting their anonymity.

Each of the qualitative focus interviews was conducted by the same facilitator, the principal researcher. The interviews were all conducted within a three-week time period. Due to distance and time challenges, three males who had agreed to participate, were interviewed singly.

All interviews were conducted using the Facilitator's guide for focus groups (see Appendix J), and at the same location except for the one interview that was conducted via telephone.

Nevertheless, all interviews conformed to the facilitator's guide. All participants read the Information Sheet (see Appendix K), had the opportunity to ask questions, decline to participate, or to leave at any time. They all signed the consent form to participate (see Appendix L), and the consent form for audiotaping (see Appendix M). All interviews were consequently audiotaped, and then transcribed. The analyses were done from the transcriptions of the interviews. The findings are presented thematically in accordance with the topic statements followed in the facilitator's focus group guide.

Approach to Data Analysis

"In general, data analysis means a search for patterns in data" (Neuman, 2000, p. 426).

Many qualitative studies use an inductive approach in data analysis in which these patterns, or themes and categories emerge out of the data, rather than from pre-existing hypotheses and theories (Auerbach & Silverstein, 2003). This is known as a 'bottom-up approach' within which one of the more commonly utilized methods is grounded theory (Wilkinson, 2003, p.196).

However, the content analysis this study used worked from a 'top-down' approach that "requires prior familiarity with the literature on the topic under investigation in order to derive the categories" (Wilkinson, p. 196). As explained by Stoppard and McMullen (2003), qualitative research contributes knowledge about the meanings people hold of the topic under study within the contexts of their own lives. In this study, the data were analyzed to find the meanings that were behind the participants' responses to the quantitative measure of self-silencing, particularly looking for sex differences, if any. The details that participants provided in the focus groups provided information that "is stripped away as unnecessary detail" (Stoppard & McMullen, p. 4)

in the conventional quantitative approach from which this study initially proceeded. The Silencing the Self Scale generated from the silencing the self theory (Jack, 1991) provided the original categories within which the data collected through the focus groups were first examined. The actual qualitative data comprised audio tapes and transcripts from each focus group and focus interview. First each transcript was read over initially to get a general flavour of the content, following one recommended approach “to read with an open mind while looking for motifs” (Adler & Clark, p. 265), then read over a second time with more focused attention.

The third reading was for the purpose of coding the responses. Coding refers to the process of assigning the data to categories, words or labels that help to organize information about the different cases (Adler & Clark, 1999). This step is usually guided by the research question, and is a form of “mechanical data reduction and analytic categorization of data into themes” (Neuman, 2000, p. 421). The approach used at this stage was that of analytic comparison, using the “method of agreement and method of difference” (Neuman, 2000, p. 428). Hence, the data were examined under the original categories set out within the parameters of the silencing the self theory. These were represented by the six focus group categories, namely Externalized Self Perception, Care as Self Sacrifice, Silencing the Self, Divided Self, Anger Suppression, and Beliefs Related to Stereotypical Gender Roles. In order to code the responses, examination for areas of content that were common across individuals (method of agreement), and that were different (method of difference) was undertaken. This was achieved by identifying the ways in which participants agreed or disagreed with the specific topic statements presented in each of the above six categories. Agreement or disagreement could be complete or qualified. For example, disagreements could be posed as conditional (“It depends”) or transitional (“I used to do that, but no longer.”).

The next step involved the organization of the data according to the frequency of participant responses in the above areas of agreements and differences. Within these, commonly held issues or further themes were identified and discussed.

Finally, all analyses were conducted using cut and paste and other basic word processing computer functions to organize the qualitative responses under each of the six categories, in the spirit of Adler and Clark (1999), who emphatically state:

We believe that much good qualitative analysis can be done without the use of anything more sophisticated than a word processor - and are inclined to point out that much has been achieved with nothing more sophisticated than pen and paper (p. 437).

Validity

The primary method of validation of the qualitative analyses for this study relies upon the use of triangulation. Triangulation refers to research that uses a combination of methods to study the same phenomenon (Bryman, 2001). Greater clarity, illumination, and validity can be derived through the process of collecting data from different sources and with different methods (Bannister, Burman, Parker, Taylor, & Tindall, 1994). Thus, triangulation can use one methodology to cross-check or validate the results of another research strategy method (Bryman, 2001). The present study used the qualitative data to cross-check and elucidate the quantitative findings. Inversely, the quantitative results can be seen as a source of validation of the qualitative results. The use of quantitative and qualitative approaches as complimentary methods offer a breadth of information and interpretations that neither can achieve alone. "Using an appropriate combination of methods increases our confidence that it is not some peculiarity of source of method that has produced the findings" (Bannister et al. p. 146). One of the ways to assess quality of work is to note the commitment to the methodology. This "can tested by the degree of

engagement demonstrated” throughout the research (Smith, 2003, p. 233). Thus, the fact that this study was planned from the onset to employ both methodologies, is another factor that can be said to strengthen the validity of the findings.

Organization of Findings

The findings are presented according to the topics discussed in the focus groups within the six main categories that have been maintained here. Because the original intent of this part of the study was to identify possible sex differences in the meanings of self-silencing, particular attention has been paid to the sex of each speaker, sometimes by noting the number of males or females who spoke on each theme, or simply through quoting the man or woman directly using the fictitious names which were created to be gender specific. Presentation of the qualitative data within each category concludes with a summary.

Qualitative Findings

Category 1: Externalized Self-Perception

Topic 1: The influence of the thoughts and opinions of others on one's decision making.

Participants were asked to comment on the meaning to them of one item read verbatim from the externalized self-perception subscale, which was as follows: “When I make decisions, other people’s thoughts and opinions influence me more than my own thoughts and opinions.” “Does this describe you at all? In what way? In what way does it not?” The themes or issues raised by the participants are as follows.

The influence of other's thoughts and opinions is stronger than one's own. Three women and two men explained their unequivocal agreement with the above discussion topic item. Carol

stated that she was raised in the old-fashioned way, to consider husband and children first, and not to upset the balance:

I've always thought about how it would impact on everybody else because if I upset the balance, then I don't, - then I have to deal with the aftermath and I was raised not to upset the balance.

Fay reported that she does consider the feelings of others more than her own whenever the outcome of the decision will affect them. Eda admitted to doing the same, even though it sometimes created problems later for her, leading to regret:

...just in making decisions I tend to put other people's feelings before mine and sometimes it does cause problems because then I start to regret that.

Among the men who agreed with this item, Ian stated that he generally lets his wife's opinions take precedence over his own except perhaps in very particular areas such as finance where he has special expertise. Joe stated that in his relationship he does this "just to make her [his wife] happy", explaining:

...a lot of times I just kind of go along and let her make the decisions and I don't give, you know, a lot of input and I kind of keep quiet about, you know, what I feel.

However, in his work he described asserting his own opinions more, stating that he might push his own thoughts and feelings "a little more to the forefront".

The influence of the opinions of others upon one's decisions depends on the situation.

Two men and one woman explained that it depended on the situation, and whether the issues were big or important ones, or small concerns within the relationship. Les stated that for small issues he tries to be a people pleaser, whereas "when it is important you are in it for yourself."

Thus, Les does not allow the opinions of others to influence him over his own when he faces a big decision, and one in which the outcome is really important to him. He admitted though, that he

does worry about his wife's feelings when he feels that he must make decisions based on his own opinions over hers. Mac agreed that he does allow others' opinions to supercede his own only for small issues in order to be socially acceptable. Similarly to Les, Mac will not allow the opinions of others to influence him more than his own when something is really important to him:

... so I don't step on any toes I'll tend to, you know, people please, but at the same time if it really has to do with me like, you know, I can honestly say that I am a selfish person and when it comes to things that I want I will tend to run over whoever is in my way to get it.

One woman, Holly, brought up timing as one consideration for her partial agreement with the item, saying:

I make a lot of the decisions in the family and sometimes I make them a little too hastily without thinking about, say, my husband's feelings so that sometimes backfires against me, but it depends on the situation.

Do not usually allow other's opinions to influence them over their own. Two women stated that they would not usually allow other people's opinions to influence them over their own. Amy stated that although she will listen and consider the opinions of others, particularly for "bigger decisions", she will not usually concede to them. Interestingly, her approach is the opposite to that described by Les above. As she explained:

...for some things, for little things, I just - I won't back down. But when it comes to bigger decisions I will - I will, I guess just respect his opinion enough to consider it in my own decision making process...

Doris agreed that she does the same as Amy. For most issues she values her own opinions over those of others. Although she will "actually ask" people when it is a big decision, her opinions still tend to take precedence.

Change. One man, Ken, admitted that he had always considered other's opinions over his own in his first marriage when he was younger. He spoke about growing up with abuse where he spent a lot of time listening and not being heard, and thus became more sensitive to what others were thinking than to what he himself thought. He reported that he has changed through counselling for depression. He stated that it had not been easy, and sometimes his first reaction is still to consider others' opinions before his own.

One woman, Barb, also spoke about changing through the influence of counselling, admitting that she used to let others influence her decisions more than was good for herself. Now she tries not to worry about the effects of her decisions on others.

Topic 2. Judging oneself by the perceptions of others.

Because time permitted during the first focus group session, a second item was presented for discussion to the participants in that group and consequently for all the others that followed. This item also comprised part of the Externalized Self-Perception subscale: "I tend to judge myself by how I think other people see me." Participants were asked to discuss the statement with reference to their own experiences. Following are the themes identified in the focus group discussions of the above topic.

Judge self according to perception of how others view oneself. Six women and three men agreed with the second discussion item presented in this category. Among the women, some were unequivocal like Barb who admitted that the statement described her to a 'T', Carol, who stated that "what others think really impacts, always has." and Holly, who stated very emphatically:

That's my biggest, biggest downfall. I've always been like that. I think about it all the time....

Yeah. That's how I perceive myself - is how other people perceive me. Like in everything I do.

Only one of the men, Joe, unequivocally agreed with the item, saying:

Oh, most definitely. Yeah, I'm the - in a lot of cases I'll try to do something because I think that it will make people feel better towards me.

Three women added further explanations or qualifiers to their declared agreement with the item. For example, two of them admitted that they did not like it. Amy stated: "I always do get past it, but it is the initial reaction that I have a hard time with", and Doris shared that even though it describes her, "I try not to let it affect me, but I just - I have a hard time with it." Eda suggested that she thinks her tendency to see what others think of her as being very important is related to her young age:

Like you need to have the right people look at you highly so it becomes important younger, but as you get older, you know, when you're established it's not so important. Maybe.

Further on in the discussion, Eda added that "being in a depressed mood" is a time when she worries more about what others are thinking about her.

Two men also added qualifiers to their agreement with the item. Ian stated that this had been more of a problem for him in the past, when he was too insecure to stand up for himself and wanted people to think he was a nice guy, but he admitted:

I don't think I do that as much but I still - I have to watch myself because it is - I do tend to be guided by what people think of me.

Les thought about this item in terms of professional issues such as the status of the university one attends. He admitted that what others think of him in relation to such status markers suggested to him that perhaps he "was not as good as them".

Do not judge selves by how others may see them. One woman and two men did not judge themselves by how others may see them. Gwen stated that she no longer cares, "I'm just me now."

Ken disclosed that at the work place he found that he could not please everybody, and realized that he wouldn't survive if he was concerned about what others thought of him. Mac interpreted this item to refer to outward appearance, and stated that he just didn't care how others see him, admitting to: "rips in my jeans and I've got a hat on every day, you know, my wife's been bugging me for a haircut already."

Change. Three women and three men spoke about how they had changed over time. For example, Gwen declared:

When I was younger and trying to make my way and I tried to mold myself into whatever everybody else wanted me to be.... I didn't find like I really developed a personality, a true personality, until I was older.

Holly agreed saying that she is still changing as she goes into her thirties:

Like in the sense that I don't feel so scattered and floating through everything and just not knowing who I was out of all the situations going around, just starting now to focus in on who I am.

Of the men, Mac suggested that perhaps he may have tended to judge himself that way when he was younger. Ian and Ken both credited therapy or counselling, and time as factors that have helped them to change how much they allowed how others see them to influence their own self evaluation. Ken disclosed that his childhood history, which contained abuse, led to many years of letting others influence his judgments about himself. He further stated it took many years to bring about his changes.

Summary. This first category included two items that were taken from the STSS subscale, Externalized Self-Perception, that taps into standards used for negative self-judgements (Jack & Dill, 1992). Jack (1999) stated that depression vulnerability is heightened when individuals judge themselves according to their perceptions of cultural and "moral standards about how one should

interact as a 'good' woman or man" (p. 224). She believed that "gender inequality affects the standards women and men use to evaluate the self" (p. 223). She further suggested, that inequality is internalized by females such that they simply integrate an acceptance of inequality into their understanding of how to behave and communicate within intimate relationships and the standards they use to judge themselves in those relationships.

Although both men and women used external standards to judge themselves, it appears there may be subtle gender differences. The males appeared to do so in a more passive way in that they let their wives make the decisions, whereas the women spoke about actively making decisions while considering the opinions and thoughts of others ahead of their own. Despite that, there were two women who were quite definite in following their own opinions most times, and two men who admitted following their own opinions over their partners for big or important decisions. Two men and one woman described having changed through therapy where they now try not to allow the opinions of others to influence their self judgements. They disclosed that their previous tendencies in that regard were associated with the problems, such as depression, that took them to therapy.

Both sexes spoke about changing over time as well, in that they tried to meet the expectations of others when they were younger, but had become more self-assured as they matured. This attitude was affirmed by one of the younger women who admitted that the opinions of others were still important to her because of her youth. She further identified that the influence of others' opinions on her tended to increase when she was in a depressed mood, although it had created problems leading to feelings of regret.

There were many more women than men who definitely judged themselves by how they thought others saw them, even while admitting they were unhappy with this tendency. Men

specifically identified contexts relating to professional or work issues in addition to the context of their relationships, whereas women did not speak to any other contexts than their relationships. This tends to confirm Jack's (1999) observations that men's depression vulnerability, more so than women's, relates more to concerns about work competence than relational issues.

Category 2: Care as Self-Sacrifice

Topic 1: Caring means putting the others' needs first. The second category examined the meanings participants attached to their responses to two items taken from the STSS subscale, Care as self-sacrifice. The first topic of discussion took place around the item "Caring means putting the other person's needs in front of my own". It was read verbatim with the following instructions: "Please discuss whether this statement applies to your beliefs and actions in your relationship. How important do you think this way of caring is to you in your relationship?" The themes or issues raised by the participants are as follows.

Caring in one's relationship means putting the needs of others ahead of one's own. Five women and two men agreed with the above item about caring. Carol stated that because she was raised in an alcoholic environment, she grew up not recognizing that she had any needs and taking on all problems as hers. Thus, she "went to an extreme in caring", putting others' needs in front of her own. Amy also shared that she grew up in an alcoholic family where her parents put their own needs first. She agreed that caring does mean putting the other person's needs in front of her own because it shows respect and is important in a relationship. However, she was cautious about fully endorsing this definition of caring, due to the possible implications when it was not reciprocated:

Sometimes I have to not think that at all because my needs never come first in the relationship. So I have to, like, convince myself, sort of, that caring doesn't mean putting the other person's needs in

front of my own otherwise he would put my needs in front of his and since he doesn't, that can't mean anything.

Holly raised the idea that this was female nature and socialization, as an explanation for her endorsement of the item:

I think a lot of that has to do with, I guess, just probably how you were raised not to be biased, but it's sort of like that female instinct to take care of everybody and they're the last ones on the list and everybody comes first and you forget yourself....And that's a totally, I think, true statement for women in a relationship.

Gwen and Fay both agreed with this idea, although Fay, similar to Amy above, added the notion of reciprocity with the expectation of give and take in her relationship:

... a lot of time, you know, you have to put someone else's needs in front of yours so that, in return, you are going to, you know, get your needs met or whatever.

Ian agreed that this was his way of showing that he cared, considering it an important approach to a relationship. Joe admitted that throughout his marriage, his wife's and his children's needs have always been more important than his own. He also considered that it was part of the responsibility of being in a close relationship.

Caring by putting others' needs ahead of one's own depends on situation. In discussing the topic statement, two of the men explained that it depended on the situation. Les described that there were many times when he interpreted caring as putting his wife's needs ahead of his own. Yet there were also times when he had to consider his needs ahead of hers. His example of the latter was his decision to leave their home town so he could attend university far away. This was a difficult decision to make because his wife did not want to leave her family, friends, and job, but he thought his long range needs outweighed her needs in that instance. Mac agreed with Les,

saying that there are times when he puts his wife's and children's needs ahead of his own, but there are other times when he does not. As with Les, his example included his decision to return to school as a mature student without fully considering the needs and wishes of his wife.

However, he stated that he plans "to return the favour, you know, if she wants to go to school for whatever, that's fine". This statement echoed the idea of reciprocation being an important factor related to meeting needs within one's relationship that was identified by some of the women.

Change. Again, there was a third theme of change, voiced in particular by one male participant. Ken admitted that when he was younger he used to put the other person's needs ahead of his, but that it didn't work, leading to resentment on his part. He considered that he had changed because of therapy, and over time had learned to assert his own needs. He noted that "...the more you assert yourself in certain situations to make sure your needs are met, the easier it is to meet other people's needs."

Topic 2: Caring means deferring to the needs of others.

A second item was presented for discussion to the focus groups within this category of Care as Self Sacrifice. Thus, item number 10 in the STSS full scale, "Caring means choosing to do what the other person wants, even when I want to do something different" was read verbatim to participants with instructions to discuss the topic with regard to their own relationship beliefs and behaviours. Following are the themes identified in the focus group discussions of the above topic.

Caring means choosing to do what the other person wants to do. There were only two people, both men, who agreed with this meaning of caring within a relationship. Joe stated that it fits with his expectation of his role as husband and father, to do what others want first:

...like it's part of my role as being the husband, the father, and everything is to make my family's life enjoyable, pleasurable. So doing things, you know, doing things like that where even if I'm not

really excited about doing them and would rather do something else, you know, if it makes them happy then, you know, - that's a real positive - that's a real positive thing. It ends up making me feel happy too.

Mac also admitted to choosing to do what the other person wants over what he would prefer "in order to have time, quality time, together". However, he admitted that he feels angry when he finds that he has done that more often than he really wanted to and realizing that he was not stating his own needs.

Compromise. This was the second most agreed upon theme with three women and one man providing further explanations. Gwen spoke about compromise, the expectations of give and take in her relationship:

So this is our compromise in my life; if you want to do this today, that's fine, I'll do that, but tomorrow we have to do what I want to do.

Fay agreed that compromise works well in her relationship and avoids arguments:

... sometimes I'll say, no, I don't feel like doing anything, you do this with your friends and I'll just do, you know, whatever with my friends, maybe another time. That's fine.

Eda stated that she did not agree that caring means choosing to do what the other wanted. She reasoned that she would be miserable when she complied in favour of her partner, who would sense her mood, and a fight would ensue between them. She agreed that she and her partner try to compromise by taking turns. However, if she finds that she has compromised more than he has, she will decide not to do something to even things up. Thus, it seems that she also was alluding to the idea of reciprocity.

Les questioned whether compromise really did mean that one cared, and if that was a good thing, wondering "If you always do that, then you're not being true to yourself." His

example of a compromise that worked well for him, similar to Fay's example above, concerned his wife:

She like, she wanted to go to the zoo for the longest time. I had no interest in going to the zoo, so in the end I sent her with my little brother.

Choosing to do what the other wants as a way of caring depends on context. The idea that caring is relative to context and specificity, was reflected in the responses of one woman. Amy's decision on what to do depends on whether she feels conciliatory towards her husband. If she is angry with him she will not do what he wants when she wishes to do something different. She further stated that it also depends on whether it is even worth fighting over, "... I just decided it's not worth fighting over. Maybe I just don't care."

Change. The main theme that arose within the topic of deferring to the needs of others as a form of caring in one's relationship was that of change. Four women and one man explained how and why the idea of caring within their intimate relationships had changed for them. Doris stated that she used to comply with her husband's wishes, but she no longer does so because he did not reciprocate:

At first it started out being, well, I'm the good wife because I do what he wants to do and now I'm thinking well, I'm not such a good wife anymore, because, well, I don't know, because I still do care about him, but it's just that I'm thinking it would be nice to do what I want to do...

Barb also admitted to changing, saying that she was brought up to think compromise was "simply the way it was and did not necessarily mean that you cared". She stated that she has changed through counselling and now finds that she has been called selfish for doing what she wants to do. Carol also talked about being raised to believe that women had to figure out the needs of the

other person and fulfill them in order to be caring. However, she admitted that this way of caring has not been reciprocated:

... what I think you need, I'll find it, I'll spend hours and days figuring out how to meet your needs, but you have no clue what I want, so if you don't realize you're hurting my feelings or you're being inconsiderate then obviously you don't care.

Holly expressed some frustration that her husband does not voice his wishes and lets her go ahead with decisions, only to later complain if he doesn't agree. She said that she has learned over time how to go about making the decisions in her relationship. Ken emphatically stated, "I'm sure there was some - a point, where someone else's happiness was my definition of mine, but not anymore."

Summary

Two items related to notions of caring within relationships were presented so that participants could discuss the meanings that they attached to each topic statement about caring. Five women and two men both agreed with the first item that to care meant putting the other's needs ahead of their own. The men both seemed to simply accept this as an important part of a relationship, whereas the women sought to explain why they deferred to the needs of others. These included alcoholism in family of origin, female nature and socialization, the nature of compromise and the expectation of reciprocity. Like the men, four of the above women also considered it was an important aspect of being in a relationship. Two of the other men who conditionally agreed with this notion of caring, noted that it depended on the situation. Here they also alluded to the idea of compromise and reciprocity spoken to by some of the women. One man described that he had changed over time. With therapy, he learned gradually to assert his own needs, noting that when he silenced his own needs in the past it had led to his resentment.

The second topic in this category referred to the idea of caring in one's intimate relationship by doing what the other person wanted instead of following one's own preference. Here, the women, more than the men, stated that they had changed in that they no longer agreed with this definition of caring in their own relationships. Several cited non-reciprocation as the reason for change. Doris made the statement that she was no longer the "good wife", while Barb noted that she had been called selfish by others for doing what she wants. These examples illustrate Jack's (1991) theories about the effect on women of societal pressures and internalized expectations of relationship behaviour. The women spoke to the unhappiness created within them when their efforts to please others were not reciprocated and also to the sense of failing to live up to external standards when they changed. One man suggested that he may have believed in the above definition of caring in the past. Unlike the women who had changed, he did not express any self-doubts, but instead seemed confident in disagreeing with the notion of sacrificing his needs in order to please others at this stage in his life.

Three women and one man agreed that they compromised about activities in their relationships, seeing this as an essential part of a harmonious relationship. One woman's interpretation of meanings about compromise factored in the specifics of the situation, and particularly her mood toward her husband at that time. This is the same woman who was quite cautious in defining caring as putting the other's needs ahead of her own, because her partner did not do the same for her and she did not want to think that meant that he did not care. Two men explained that the above definition of caring fit their own role expectations within their marriages. For one man, it allowed him to meet the goal of spending quality time with his partner. This same man did admit, though, that he feels angry if he notices that his own needs have been silenced too often. Thus, several participants, both male and female spoke to the idea of reciprocity and

fairness. They reflected on whether they had compromised too much, and the numerous effects this had on their emotions and behaviour within their relationship. These included ceasing to do what the other wanted, becoming angry, doubting that compromise was an aspect of mutual caring, learning to care more for themselves over the other, actively trying to even things up, and thinking of alternate solutions as a form of compromise. Both men and women appeared to believe that gender role expectations influenced their own caring behaviour in their relationship. Yet, as illustrated above, the themes that emerged suggest that the consequences of their caring behaviours appeared to differ somewhat between the sexes.

Category 3: Silencing the Self.

Topic: Silencing feelings in intimate relationship to avoid disagreements. The third topic for the focus groups was based on one item taken from the STSS Silencing the Self subscale. Jack and Dill (1992) described this scale as tapping into behaviour and beliefs related to “inhibiting one’s self-expression and action to avoid conflict and possible loss of relationship” (p. 98). Participants were asked to respond to the item “I don’t speak my feelings in an intimate relationship when I know they will cause disagreements”, with respect to whether it described them in their relationship. The themes or issues raised by the participants are as follows.

Silence feelings in one’s relationship to avoid disagreements. Both men and women admitted to silencing their own feelings in order to avoid confrontations, however, for somewhat different reasons. Three women admitted that they tend not to speak their feelings due to their own bad temper. Amy admitted:

This very much describes me....I have a very bad temper and I like to avoid confrontation basically.... so much easier for me to not start the argument, and go in my room and cry to release tension rather than bothering to try and talk to him about it, because I just don’t want to go there.

Carol stated that she has a lot of rage within her and a really bad temper. Because of the way her anger affects what she tries to express, her experience has been that others become infuriated with her and she is left to deal with the aftermath. Thus, she keeps her feelings to herself. Fay also admitted to having “a really short fuse”, so she doesn’t usually speak, because she “might just yell” and regret it later. She stated that if those issues did not “pass away” and continued to bother her, then she may talk about them later.

All of the five men stated that they did not speak their feelings when they knew there would be a disagreement. Every one of them said this was to avoid conflict because they did not like arguments. As Ian said “I don’t like getting into confrontation and especially - and especially with somebody who is that close to me.” Joe stated that he will vent his anger in another way, such as going out for a walk, rather than risk telling his feelings to his wife knowing she will get angry, explaining “...it’ll start an argument and I’m not big on confrontation.” Les stated again, that unless it was a really big life issue, he would not speak his feelings if they would cause disagreement because he did not like, and wished to avoid conflict.

Simply don’t talk about feelings. Doris admitted that she and her partner do not talk about their feelings at all, and rarely talk about anything more significant than television shows. Ken revealed that it was a struggle for him to discuss intimate issues compared to superficial conversations in his relationship. Holly also stated that she and her partner do not talk about intimate things.:

But that is, I think, a huge weakness in our relationship is that we have just learnt not to talk about things and to just carry on and just, you know, survive each day of, you know, making it work and not getting into any kind of agreement or disagreement or discussion or anything like that.

Pick the right time to speak one's feelings. Eda stated that she held in her feelings because she was “afraid of losing him [her partner] or turning him away”, but her self-silencing has caused problems because she would ruminate and her partner could sense it. She mentioned that she is trying to learn to express her feelings but tries to pick the right time, so it does not “ruin the whole night”. Gwen agreed that timing was important in deciding when to express her feelings:

So, it's like picking your battle and picking your time and maybe when the time is better and they are in a receptive mood then we'll discuss it.

Change. Again, the theme of having changed over time and through counselling emerged. Barb stated that she used to have a bad temper and has just started speaking her feelings in this relationship. She noted that, through counselling and anger management, she is learning to slow down and not “blow up” as she used to do in a previous relationship. Gwen admitted that she would not express her feelings when she was younger; “In my twenties I wanted to be perfect”. In contrast, she now tries to pick the appropriate time to discuss whatever is bothering her:

Why we're still together for twenty-six years is we believed enough in each other to work it out. If it was really cold and tense for five, six months, fine, just put your time in and things will change.

Holly agreed that time changes things, and said that she learned to look to herself for her own happiness, and not blame her partner. “You learn how to get through it with that person if that is the person you want to be with.”

Mac recalled that he used to speak his feelings all the time, stating:

I found it would get me into trouble because I would call it as I see it. I would state it outright not thinking of what I'm saying, how this person is going to take it.

He also spoke about having to learn to do things differently over the years:

So I really had to hold back my feelings sometimes because I can speak them but then I find that yeah, it will cause a conflict and I don't like conflict.

Summary

All the participants agreed that they silenced their feelings in their intimate relationships to avoid disagreements. A number of women admitted that their own bad temper might lead to confrontations were they to speak their feelings in a forthright way. In contrast, none of the men cited this reason. Instead, the men spoke specifically about simply not liking conflict or confrontations, and choosing to do other things rather than risk their partner becoming angry. One man, Mac admitted that his outspokenness had previously resulted in conflict and that he has since learned to silence himself as a result. Three women spoke about changing. Barb learned how to curb her anger, slow down, and appropriately express her feelings now in her present relationship. Gwen has changed over the years, so that now she will disclose her feelings but only at an appropriate time. Holly also agreed that the years have changed her such that she seems to look to herself more than to her partner for her own happiness. One of the younger women, admitted to not speaking her feelings in order to keep her relationship. She also reported trying to change her tendency to self-silence. Similar to Gwen, she is also trying to pick the right time to express her feelings. Two women and one man admitted to simply not disclosing at all their significant feelings within their relationships.

Category 4: Divided Self

Topic 1: Outwardly happy while inwardly feeling angry and rebellious.

The fourth focus category used as discussion topics two items taken from the STSS subscale, Divided Self. This subscale taps into “the experience of presenting an outer compliant self to live up to the feminine role imperatives while the inner self grows angry and hostile” (Jack

& Dill, 1992, p. 98). Participants were instructed to discuss their interpretation of the first item “Often I look happy enough on the outside, but inwardly I feel angry and rebellious”. They were asked for their interpretation of this statement and how accurately it described them in their relationship. The themes or issues raised by the participants are as follows.

Act outwardly happy while inwardly feeling angry and rebellious. There were three women and one man who readily agreed that they feel angry and rebellious inwardly. Doris stated that she feels that:

I get to the point where its - I just - I feel like I can't - I can't be angry right? So I have to look happy but that makes me feel more angry and then I start to feel resentful because I have to look happy...

She also tries to think of ways that she can get back at her partner because inwardly she definitely feels angry and rebellious. Holly also admitted that she used to hold grudges deep inside against the person who made her angry, and that inwardly she felt angry and rebellious. She described this as harmful in her relationship because “it puts the wall up against being able to let in, you know, something good”, and then it carries through to other parts of their relationship. Eda also agreed with the item, describing that she often looks happy on the outside but inwardly feels angry, and that it brews up inside her and feels awful.

Joe stated that people say he always looks happy, because his work is in customer service and he is paid to look happy. However, he admitted that in his personal relationships, he may look happy even when lots of things may be upsetting or bothering him. He does not speak his negative feelings because:

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50

the fear of course that if you let all that stuff out that people are going to be upset, so that especially the people that are closest to you are going to be hurt by what you have to say. By all of these, you know, negative, negative emotions.

Two other men agreed that they often looked happy enough on the outside, but what they experienced on the inside was slightly different from rebellion and anger. Ian admitted that he would feel angry but directed this at himself for failing to speak out. Ken stated that he did not feel angry, rather more disappointed and discouraged. However, both these men spoke as well, of having changed, admitting that in their first marriages, they often felt angry and rebellious while pretending to look happy. Ian said, in describing his first marriage at the age of nineteen, "I put all of her needs in front of mine, I didn't say what I was thinking...". Neither man admitted to rebellious feelings within his current relationship.

Public persona versus private feelings. An unexpected finding here was that the focus group participants interpreted the above item to apply to public settings versus one's personal life. A majority of the participants, five women and two men, took it to refer to the act of putting on a public face and keeping one's feelings private, especially when negative, about one's relationship. These women and men seemed to agree that they did not show their personal feelings related to their relationships out in public. As Barb stated:

... I was taught by my mother, by the family rules, whatever, that once you leave the house that's it. You put on your mask, you go to work, you don't take your feelings.

Carol shared her mother's mantra "Never let that them know how you feel." Amy repeated "Never talk about what goes on at home out in public". Gwen also interpreted the item to mean not taking anything private outside the home:

The rule in our house has always been any argument just stays in the house. You don't take it outside and you don't display it or take it out on other people.

She stated that she believes that she has "a public face and a private face". Fay seemed to agree, explaining that she would not look mad around other people after an argument with her partner, "because you want the look of a happy household". Among the men, Les and Mac both stated that they interpreted the item to mean putting on a happy public persona even after having just had a fight in their relationship and "you put on your happy face for everyone else".

Do not hide negative feelings within one's intimate relationship. The two men above, Les and Mac, both admitted that they have a hard time concealing their feelings with their partners. As Mac stated, "If I'm upset everyone is going to know about it whether I want them to or not." He added though that he generally feels happy on the inside and on the outside. Three women also spoke about not hiding their feelings, with two declaring that they wear their feelings on their sleeves. Amy described slamming doors, stomping around and generally looking mad. Carol said that she uses words to express her feelings, using sarcasm to be mean, although she admitted that it was very ineffective, ("over the long term it wasn't the right way to do it"), and explained that it was a survival technique for her in a violent first marriage.

Topic 2: Loss of self in one's close relationship

A second item from the Divided Self subscale was presented for comments to the focus group participants. "When I'm in a close relationship I lose my sense of who I am." Jack (1991) believed that the silencing of one's negative feelings with one's intimate partner removed essential aspects of the self from the intimate relationship. She contended that this resulted in a sense of loss of self for the women in her study. The above item attempts to tap into this idea

within the category of the divided self. Following are the themes identified in the focus group discussions of the above topic.

Loss of self in one's close relationship. All thirteen of the participants agreed with the above item, defining the sense of loss of self as change of self. They went on to describe the different aspects of, and explanations for, the changes they experienced in their sense of self within their relationships. However, within the commonly agreed-upon interpretation of loss of self as change, different themes emerged in their meanings.

Loss of self due to assumption of gender roles in relationship. A major theme was the loss of self due to assuming gender roles in the relationship. Three men and three women specifically mentioned losing themselves in their roles. Ian identified a tendency to sublimate himself to the other person, which he connected to his idea that caring is putting the other person ahead of himself. In addition he spoke about the sense of losing himself among the roles he assumed:

And so it is almost like there are times that I almost feel that - that there is a me somewhere and then there's 'Ian the father', and 'Ian the husband', and 'Ian the worker'.

Further on he described himself as "...that which makes my partner happy." Joe also admitted to getting caught up in his roles as husband and father; "It's like you define yourself in terms of the people who are important in your life...". Mac said that he realized early in his marriage that he did not recognize himself anymore. So, he intentionally started to do the things again that specifically interested him. However, he admitted; "you need to sort of adjust and compromise, especially when you have kids.... and you have to look at it; this is the way it is."

Holly spoke of changing from being "fun and sociable" to becoming the responsible one in her relationship, describing it like a parent child relationship:

I really lost myself in my whole twenties because I was such a bitchy, naggy person. And, you know, and now going into my thirties, and going into the second part of our relationship, that I got rid of that, and we are starting to sort of come together because I didn't like the person I had become.

Holly explained that it took her and her partner years to know themselves in their relationship.

Carol also attributed some of her sense of loss of self to being a mother:

... and then of course you have children and then you totally lose your sense of self because you have to, you have to take care of your children and all the other stuff....

Doris described the role of being a wife as quite negative for her:

I can't - I can't relax the way that I would choose to and I can't do the things that I would choose to. So yeah, I've changed. A lot.

Loss of sense of self to maintain the relationship. The second theme identified in the discussions was change to maintain the relationship. Interestingly, there was a gender division in this theme. Four women, two in each women's focus group, specifically attributed their change or loss of self to their need or desire to maintain the relationship. Amy admitted that she had changed a lot in order to keep the relationship together because she just wanted to be settled down. Gwen described how she moulded herself to try to look perfect and kind of turned herself into who her husband wanted her to be just so that he would stay with her. Her partner was the dominant personality and she felt overshadowed when they were younger. Eda was not sure that she had lost her sense of self, but rather hid it in order to please him, and fell into the behaviour of:

...just trying to be a good little girl because his family, they're very - I don't know how to explain it - his mother does all the cooking, cleaning, whatever....

She thus described trying to fit into a model of being a wife that was portrayed in her partner's family. Carol attributed her loss of self to the adaptations she had to make as a young woman in her first marriage to a man from a culture that was quite different from her own culture.

Change or loss of sense of self within relationship viewed as positive. Positive evaluation of the change they had experienced within their relationships was the third theme identified in the comments of two women and one man. Amy admitted that change is her nature, "I don't see it as a bad thing; it's just the way I am." Fay explained, "So I don't feel like I've lost myself in this relationship, I've just changed and I'm aware of it and I like it." She saw the change in her as a type of maturation. Les noted that change in him was happening already in his relatively new marriage:

...so I am finding that my entire life has been turned around because of this relationship and I don't - that's not a bad thing....like who I was doesn't matter anymore so who I am now is who I am and that's the base line, you know, and you just have to stop comparing yourself to what was and compare yourself to what is.

Summary

Within this category of the Divided Self, both women and men put forward an alternative meaning for the first discussion topic of appearing outwardly happy while inwardly feeling angry. These five women and two men interpreted that it meant presenting a public happy face so that one did not disclose to the outside world any negative feelings related to the personal realm of relationships, family, and home. There were no obvious gender differences in this interpretation.

Three women completely agreed with the topic item, with one even describing her rebellious ideas. All of the women who admitted to acting outwardly happy while feeling inwardly angry and rebellious stated that this was not good for them or for their relationship. The one man

who seemed to agree with the item appeared to simply accept that he had the inner angry feelings and that they should not be expressed in order not to upset those close to him. The two men who partially agreed, in that their outer happy behaviour did not match their inner emotions, denied that they felt inwardly angry and rebellious. Rather, one noted that he felt anger towards himself for failing to speak out, and the other man reported feeling inner discouragement. However, both these men admitted that they had felt angry and rebellious inwardly in their first marriages. Notably, they both have attended therapy for depression.

Two men and three women did not hide their negative emotions from their intimate partners, although two of the women described alternative methods of expressing their anger, such as slamming doors, or using sarcasm. The men did not admit to any indirect methods of displaying their anger.

With respect to the second topic of loss of self in one's intimate relationship, all thirteen participants interpreted the sense of loss of self to mean change to the self. Three men and three women saw that they had lost themselves as a result of fulfilling certain social roles associated with specific expectations. They described the sense of losing themselves in their roles as father, mother, husband, and wife. The only sex differences were that the women seemed to be more negative and unhappy than the men about their loss of self to their roles in their relationships, whereas the men appeared to be more accepting of this change in their sense of self.

However, only women admitted that they had changed themselves within their relationship in order to maintain or keep the relationship. None of the men mentioned this as motivation. This directly reflects Jack's (1991) theory that women silence themselves and change or lose their sense of self in intimate relationships in order to attain and then maintain the relationship. Another unexpected meaning that some of the participants attached to this statement was that it was a

positive change for them, seen as either part of the way they were, or a natural maturing outcome of being in a relationship.

Category 5: Anger Suppression within Relationship

Topic: Rarely express anger at those close to oneself

The fifth topic statement is another item taken from the Divided self subscale of the STSS: “I rarely express my anger at those close to me”. It directly taps into the anger suppression component of the hypothesized pathway from self-silencing to anger suppression to depression in women (Jack, 1991). In the instructions to discuss the item above, participants were asked to consider whether the statement described them, and if so, whether it helped to maintain and keep their relationship running smoothly, or whether it made things worse. In addition they were asked, “How about your own feelings about yourself - does not expressing your anger make you feel better or worse about yourself?” The last question was designed to evoke comments related to Jack’s (1991) contention that anger suppression leads to resentment, despair, and depression in women. The themes or issues raised by the participants are as follows.

Repress anger. All the participants agreed with the statement, with four women and all five of the men commenting on the consequences. Carol agreed that she repressed her anger for years in order “to keep the peace and to keep things smooth”. She believed that this repression was a protective strategy necessary in a marriage that was sometimes violent. However, she reflected that it was hurtful to her in that she suffered physical ailments that she linked to the repressed anger, and she also thinks that it kept her and those around her, like her children, from really knowing her. Gwen admitted that she rarely expresses her anger because “my husband doesn’t know how to handle my anger so he gets angrier”. Thus, it doesn’t help for her to express her anger. Eda described how she often does not express her anger because she feels unsure of

herself, thinking perhaps she may be “in the wrong”. However, she identified that she tends “to become a little sad and distant” which her partner may pick up on and investigate. She thought that through the encouragement of her partner, she was learning to speak out her feelings, even her anger, and this made her feel better. Doris stated that she rarely expressed her anger, finding it difficult to do so “productively”. She believed that repressing her anger helped keep her relationship running smoothly only in the short-term, making things worse over the long-term, and it made her feel worse about herself.

Mac stated that he does not openly express his anger, tending instead, to repress his feelings. He described growing up with the model provided by his father who inconsistently expressed his anger:

...my dad never expressed anger or was very - it was explosive at times, you know, there was nothing and then, pow-wow - holy crap! Where did that come from? And I guess that's the way I learned the way anger was.

Ken rarely expresses anger at those close to him, tending to “stew about it”. If it still bothers him much later, then he will return to talk it out. That gives him time to work out a less blaming or defensive way to discuss the situation. This makes him feel better, especially compared to the way repressing his anger affected him when he was younger, when it would build up to feelings of resentment within him. Ian disclosed that he almost never expresses his anger at those close to him mainly because he has such an aversion to conflict. He also described growing up with a father who “hid behind a newspaper” when he got angry, so that he never learned an acceptable way to express anger. He admitted that he and his wife are both “very anger averse”. However, lately they have realized that although they thought this kept things harmonious, probably it caused more problems because they still felt the anger even though they were not expressing it.

Alternate methods used to express anger. Four women and three men described other ways they expressed their anger than speaking it directly to their partner. Barb attends a support group regularly where she is able to talk about her frustrations. Afterwards she is able to later talk about things with her partner without screaming in anger, which happened frequently in past relationships. She finds that this method has helped to avoid fights, and does make her feel better about herself. Mac also mentioned the value of attending men's groups where he learned methods to get his anger out in the group among other men. However, he admitted that the method was not easily transferred back to the home and family situation.

Holly spoke about her temper and her realization that she had to change her ways of expressing her anger:

I mean so I just saw his face and I thought, oh, I must look like a raging idiot right now. And you start to think, you know, why am I doing this to the person that I am supposed to love? You really have to question why you are doing it.... it doesn't get you anywhere.

She described how they both have tried to change. She has learned to wait until she calms down and he has learned to not shut down and to try to talk more so that she does not feel like she is "hitting a brick wall". Fay also said that due to her volatile temper, she has learned to "hold something back unless I really need to talk about it." This has helped her relationship because her quick temper made things worse in the past.

Amy said that she writes letters to her husband about her anger and the situation. She admitted that she does not care if he even reads the letters, nor does she really want to talk about it afterward. She feels better by having simply expressed her anger through this method.

Joe admitted that he tends to redirect his anger, such as getting really angry at the results of a football game, rather than telling his wife that he is angry with something she has done. She

may even notice this and comment on it, asking him what is bothering him, but he still avoids directly expressing his anger. He does not like confrontation, stating:

...if I can successfully manage to keep from getting into an argument with my wife and she's happy and everything is going okay, then, you know, I think that makes me feel better about myself.

Les described closing up and not speaking when he is angry, which he interprets as his method of expressing anger because his wife notices immediately. Despite this, he does not think this helps maintain or is good for his marriage. However, he believes that retreating into his shell when angry helps him resolve issues, providing "time to cool off".

Summary. All of the eight women and five men agreed that they repressed their anger. At least four of the women, but only one man, specifically talked about doing so to keep harmony or "things running smoothly". Two of these women admitted that was not good in the long term. One described how it was hurtful to both herself and to her children who did not get to know her real self, and the other saying that it made her feel worse. Two men talked about the influence of the model provided by their fathers, in which one avoided expressing anger and repressed one's feelings instead. Both men were unable to express their anger consistently and positively within their own relationships. One of them admitted that this repression may cause more problems for his wife and for him. There were no obvious sex differences in the reasons given by the participants who used alternate methods to express anger within intimate relationships. Nor were there real differences in the consequences of their actions. One man chose a stereotypical manner to express his anger, that being at the football results on television, and this helped keep things happy in his marriage from his point of view. One man and one woman talked about the positive influence of group support and learning. Both women and men spoke of the value of waiting to cool off or calm down, ways they accomplished this, and how it has benefited their relationships.

Category Six: Beliefs related to stereotypical gender roles

The sixth discussion topic of the focus groups was designed to elicit ideas and meanings held by participants related to stereotypical gender role beliefs about relationship behaviours that are putatively encouraged and followed within the culture. The female and male focus groups were presented with different topic statements to discuss related within this category.

Topic for female focus groups: Cultural, Ethnic and Family influences for Women.

The first discussion topic statement taps into the cultural imperative of caring that has been ascribed for females (Gilligan, 1982; Jack, 1991) and which Jack has described as being part of the standard of female goodness by which some women judge their own performance in their relationships. Thus, the women were asked to comment on the following statements related to women and the female role. "According to some of the beliefs in our society and culture, the female in an intimate relationship has the responsibility of maintaining that relationship by putting the needs of others ahead of her own, and the role of the female is to be selfless and responsible for the caring in one's marriage or intimate relationship." The discussion was initiated by presenting the next question to the participants after the above statement was read aloud, "In what ways are you influenced in your beliefs of what this female role is within relationship by your own family and ethnic background?" Following are the major themes or issues made by all the women in the groups regarding their ideas about the above statement, the stereotypical female role, and the influence on them of their own family and ethnic backgrounds.

Following family, ethnic, and cultural imperatives for females. Gwen was raised very traditionally, in a Swedish immigrant farm family, where "there is women's work and there is men's work". She admitted that this value very much guided her relationship with her husband such that twenty-six years later in her marriage that division remains.

Doris noted that she seems to be following her European immigrant grandmother's model of self-sacrifice in marriage and her idea that "life is hard...just grin and bear it", even though her parents' take care of each other in their egalitarian marriage. However, she admitted that she was not happy with what had happened thus far in her own marriage which was part of the reason she and her husband were attending couple counselling.

Eda described her mother as an independent feminist who is an ambitious professional. Thus there were many times when she was young that she and her father cooked their own meals. In fact, Eda admitted that she liked the example of her grandmother "who was a very domestic woman, meals on the table, breakfast, lunch, dinner". Now she noted that she wants to do stereotypical woman's work. However, she is not totally self-sacrificing because she realizes "it is another job", and will ask her partner to share the load. Both these two younger women seemed to be following a model of female relationship expectations provided by grandparents. Eda seems to have intentionally chosen to do so, perhaps as a form of rebellion against the model provided by her mother, whereas Doris appears to have slipped into her grandmother's model of relationship. However, unlike Gwen, for whom this seems to have worked in her long-standing marriage, both younger women reported trying to make changes to attain greater satisfaction in their relationships. They were not happy with the notion of female self-sacrifice in marriage, particularly without appropriate reciprocity from their partners.

Influenced by and then challenging cultural, ethnic, and family imperatives. Fay described her mother "who came straight from Viet Nam" and has strong beliefs that the wife should assume a very traditional woman's role in the home. Thus, when she started out in her own relationship, Fay was very much influenced by that family and cultural model, trying to do everything as well as working outside the home. However, she realized that compromises needed

to be made in order to equalize their relationship, and she was able to ask for more help from her partner even though, “it did take a long time to voice that just because that’s what I was taught.” Fay originally accepted the ethnic and family imperative for female relationship behaviour that she grew up with. Unlike the above two young women, Fay had no other model to choose to emulate. However, she described how she soon had to change within her own relationship because she noticed the inequalities. Thus, although it was difficult for her to find the voice to do so, she challenged the family and ethnic imperatives and worked to change her role behaviour in her relationship.

Challenging and adapting to cultural, ethnic, and family imperative. Barb said that her mother was a full time professional who always earned more than her father, but “put away part of her money so they made the same amount of money” although she still controlled the household finances. Barb has somewhat followed her mother’s example in that she is the one who pays the bills in her relationship and assumes the more dominant role. Amy grew up a tomboy, playing football on the high school team and wanted to reverse the traditional gender roles. However, she realized that going against cultural expectations was not very practical in a relationship:

You fit yourself in the best that you can because it is so hard and it is so energy consuming to fight the system and I did that when I was a kid and a teenager and even up till just recently and ...it’s just so damn hard. It’s not worth it. It is so much easier to just give in.

Thus, she agreed that in her behaviour in her intimate relationship, she is influenced to a great degree by the traditional values of her grandparents. Carol agreed that it was “hard to buck” the system. She elaborated on the double standard, where she has always earned less at her job than her husband earns as a labourer, and in addition to that, she always assumed the bulk of the

household and childcare responsibilities. She expressed little hope for change in the future, in particular for her daughters.

Reversing cultural and family role expectations. Holly described her mother as a very strong woman who adhered to gender role expectations, especially for her children. For example, Holly as a child did chores like setting the table, washing dishes, while her brother took out garbage and shoveled snow. However, in her own relationship she admitted that the roles were reversed in that her husband did all “the so-called feminine work... cleaning, dishes, laundry, and stuff like that” while she has taught herself to do the maintenance and renovation type jobs. Thus, Holly acted according to gender role expectations as a child but not as an adult in her relationship. She disclosed that she and her partner still have disagreements on “role playing” issues, but “it is flipped”.

Summary

It appears that all the women admitted to being influenced by cultural imperatives of the female role within intimate relationships. One woman only reported that these have worked for her in her long marriage. Only one woman (Carol) made reference to the economic consequences of trying to challenge the system, which has been put forward as one important reason for self-silencing in women (Jack, 1999). The same woman also spoke to the realities of the double work shift for women. These seemed to be some of her reasons for following the cultural imperatives, and in fact, she stated that she held little hope for change for her daughters. A few women spoke to the costs of fighting the traditional system.

Interestingly, some of the younger women seemed to follow the more traditional gender role expectations for women in relationship than did their mothers. This, however, did not guarantee their sense of satisfaction with themselves, their communication in their relationships,

nor with the relationship overall. The mere fact of being raised in very traditional ways did not guarantee that the woman unquestioningly followed the model, as Fay's and Holly's experiences illustrated. As well, being raised according to non-traditional or feminist values also did not guarantee that a daughter would follow that model, as in Eda's story. Although all the women acknowledged the influence of cultural, ethnic, and family imperatives for female role expectations within relationships, many seemed to find ways to challenge these expectations. Of those who did not actively challenge the role expectations, most were finding ways to adapt them so they were working towards being less self-sacrificing and more satisfied in their intimate relationships.

Topic for the male focus groups: Cultural and family influences and beliefs for men

The men were asked to discuss the sixth focus topic, "According to some beliefs in our society and culture, the male in an intimate relationship is more likely not to express his true feelings in order to maintain the image of the strong silent man. This allows him to therefore keep control in his marriage or relationship." This statement was worded to capture some of the reasons hypothesized by other researchers for men's high self-silencing scores in their studies (Thompson, 1995; Gratch, Bassett, & Attra, 1995; Koutrelakos, Baranchik, & Damato, 1999). One interpretation of silencing by men is that it is a form of sabotaging the couple communications, or stonewalling, that can be enacted by withdrawing from couples' interactions, walking away, changing the subject, or making minimal conversational input (Gottman & Krokoff, 1989). Another suggests that men use silencing as a form of avoidance of self-disclosure in order to maintain power in their intimate relationships (Page, Stevens, & Galvin, 1996). To guide the discussion, the men were asked whether the above statements described the way they do or do not express their emotions and thoughts within their own relationships. The themes or issues that arose in the male focus groups related to the above topic are as follows.

Belief in the stereotypical image of the strong, silent man for others not themselves. One major theme arising from the discussions, is that four of the men agreed with the stereotypical image of the strong silent man or a close version of it, but only with regard to other men, particularly their fathers. Joe described his father in discussing the image of the strong silent man although his father was more silent and quiet than strong; "A picture of my dad is, you know, sitting at the kitchen table reading the newspaper, I mean, he never said a word." He added:

I don't think I can use silence as a control - as a control thing the way that my father did, because like I said, with my dad it was, maybe it wasn't his silence that was the control but it was the difference between his silence and his, you know, when he felt strongly about something and.... he was very direct and very, very, focused in it.

Les said he disagreed with the image of the strong, silent man but he also talked about his father in reflecting upon that image:

My father would never physically abuse me or anything but if it was - you got a bad mark on your report card you wait till your father gets home - that was - my father was not the strong silent man, he, you know, he struck the heart of his children ... so I never say that image of the strong silent man because he was a strong violent man.

Ken stated that he thought that many men fit into the stereotype of the "strong silent man" because they think it is normal, that it is what is expected of a man. He has been in men's groups where men who have generally been the silent types, start to talk:

They're really excited about it; right? It gets it off their chest. To get it out there and find out there are other people like that. That it is alright.

Mac's father also fit the image of the "strong silent man". When his mother would say "wait till your dad gets home", Mac knew he was in trouble, but he does not think that describes him. In fact, he disclosed that in his marriage:

The roles are reversed. "Wait until your mother hears about this." My wife is better at handling the kids than I am.

Keeping control or maintaining power not the reason for self-silencing. Interestingly, all the men insisted that keeping control in the relationship was not their reason for silencing their emotions. Ian indicated he never really "bought into the strong silent type thing". He believes that his silence is:

the opposite of keeping control in a relationship. It's more just, I think, it's maintaining somebody else's perception in line with what I think they want.

Later he elaborated:

It's allowing the person I think is in control of our relationship to maintain the relationship. Or at least to maintain the relationship with me.

Joe admitted that he sometimes felt that he had no control, and that he did not think that his tendency to keep his emotions and other feelings to himself was a way of controlling things at all.

In discussing the idea of control further, Les admitted that he did not see his tendency to keep silent as a way to maintain control. Rather, he believed that his silence is a consequence of not understanding the feelings that his wife wants to discuss with him:

I end up just saying I don't know, I just am and that's not an acceptable answer so it ends up, as you said, - just makes her fume more and there really is nothing I can do. Like I have nothing to say on the topic so I just keep my mouth shut. I don't do it to be controlling. I just do it because that's the best I have to offer.

Ken admits that he has silenced himself often within his relationship, but he considers that may have been a tendency of his generation. He believes that the current generation are much more aware of their own needs than was his generation:

...if they ever get married you can bet the person that they are marrying knows what they need because they are going to make it pretty clear of what they need and that was, for my generation, for men especially, unspoken.

He described his silence as a way of trying to be perfect, of controlling himself within the relationship rather than the relationship itself. He believes that is what drove him to depression, and said that he has learned over the years; "I wasn't the strong silent man. I was just the silent man. And I couldn't keep it up."

Revised opinion that silencing sometimes used as control. Mac was the only man to admit after some contemplation during the group discussion, that perhaps, he could see his silencing as a form of control, despite his earlier declaration that he did not fit the image of the strong silent man at all. He admitted that there have been times when he probably used silence with his wife as a form of control because he has "the information she wants". Therefore, upon reflection, he interpreted control in terms of information or communication needed by the other person, especially in situations when he knows his silence makes his wife angrier. Thus, he could identify another way of describing the function of his silencing, as he looked at it more closely.

Summary

The men in this study did not agree that their self-silencing was a method of maintaining control or power within their relationships. One man did cautiously admit that there were perhaps times when he might construe his silencing behaviours with his wife as a form of withholding information that she may wish to have, but he did not appear to do this intentionally. In fact, he

seemed to indicate that otherwise he thought that his wife was the one with control in his marriage. Despite the above, most of the men believed in the stereotypical image of the strong, silent man for other men, but did not think that it fit them. Many of them described their fathers as examples of that image, and some believed that the model provided by the father influenced their tendencies to self-silence. However, they seemed to be confident that this was not a mechanism for control or power for them within their intimate relationships. Many of them spoke of the negative consequences of self-silencing for them in present or past relationships.

DISCUSSION

Study Objectives

The overall rationale for this study was to examine the silencing the self theory with regard to its ability to account for the higher prevalence rates of depression among females. The study objectives were to (a) investigate the relationships among self-silencing, anger suppression, anger expression, and depression and the differences between women and men, and (b) assess sex differences in the meanings of self-silencing among high self-silencers. Participants included community, college and university women and men who were in, or had recently been involved in, intimate relationships such as marriage or a common-law arrangement. To address the first objective, participants were assessed for severity of depression level with the BDI, for different dimensions of self-silencing with the STSS and its four subscales, and anger with the two STAXI-2 subscales of AX-I (anger suppression) and AX-O (anger expression). Group differences were investigated utilizing quantitative methodology. For the second objective, a qualitative approach was employed to look at the meanings behind self silencing scores with same-sex focus groups. Focus group participants were high self-silencers drawn from the total sample.

Findings

Silencing the self theory predicts that self-silencing within intimate relationships for women leads to a sense of loss of self, and also to behavior that is outwardly compliant while inwardly feeling angry and resentful that then leads to depression. The first hypothesis which stated that females would score significantly higher than males on the STSS full scale, STSS Divided Self subscale, and the AX-I was not supported. No sex differences were observed on any of those measures. This suggested that women and men were equally self-silencing in relationships, were not significantly different in their tendency to present an outwardly compliant self that masks inner anger, and were equally likely to suppress their anger. Despite being contrary to STS theory, these results also fail to replicate previous research with the STSS that found that male self-silencing scores were significantly higher than women's scores (Duarte & Thompson, 1999; Gratch, et al., 1995; Page & Stevens, 1996; Remen et al. 2002; Thompson, 1995).

Females did demonstrate greater levels of depressive symptomatology than men as shown in the significantly higher BDI scores in women. This is consistent with previous research findings of higher depression levels in women (Benazzi, 2000; Bracke, 2000; Duarte & Thompson, 1999; Gratch et al., 1995; Gutierrez-Lobos et al., 2000; Kornstein et al., 2000). The second hypothesis which predicted a positive association between the BDI and STSS for both males and females, with the association being significantly stronger for females, was supported. Results showed that depression level was positively correlated with self-silencing full scale scores for women, but the correlation for men was non-significant. This replicates early STSS research (Thompson, 1995).

The third hypothesis that higher Divided Self subscale scores would predict higher depression symptomatology levels in both females and males was not supported. Thus, the contention made by the STS model that presenting an outer compliant self that is incongruent

with an angry hostile inner self would predict depression particularly among women was not supported. The one STSS subscale that did predict depression, but with no significant sex difference, was Externalized Self-Perception that tapped into the tendency to judge one's self by external standards.

The fourth hypothesis which predicted that higher AX-I scores would predict depression in both men and women, and that the predictive utility would be significantly stronger in women was supported. Results showed that higher anger suppression levels predicted higher depression symptomatology in both females and males. However, the relationship of anger suppression to depression level was significantly stronger in females than in males.

The qualitative portion of this study was planned in response to suggestions by several authors who encouraged a qualitative approach in order to examine the reasons for and meanings behind the high self-silencing scores typically found in men in many studies (Duarte & Thompson, 1999; Gratch et al., 1995; Page et al., 1996). The decision was made to simply ask men what they meant by their responses to the STSS items. This portion of the study also attempted to follow the spirit of Jack's (1991) original qualitative methodology in which she stated that she listened carefully to the stories of depressed women in order to eventually formulate her silencing the self theory of depression in women. Thus, the approach followed was to listen carefully to both women and men in same-sex focus groups, in order to discern any differences in their meanings of self-silencing within the parameters of the Silencing the Self Scale and according to the predictions of the silencing the self model.

The first category for the groups used two items from the STSS subscale, Externalized Self-Perception, to guide the discussion. This subscale was designed to examine the extent to which the individual judges the self by external standards. Jack (1999) found that the depressed

women in her study judged themselves negatively according to a model of goodness that incorporated norms of the “good wife” and “good mother”, and which promoted an unrealistic and self-defeating standard of selfless relationship behaviour (p. 224). The STS model states that some women silence themselves in following the above types of external standards for females in their belief that this is necessary to attain and maintain their intimate relationship (Jack, 1991).

The qualitative results showed that the women and men in this study both judged themselves according to external standards. However, more women than men did so, although they were not happy with this tendency. Women seemed to demonstrate the influence of external standards in their descriptions of being actively concerned about the welfare and opinions of others. The men seemed to be more passive in the ways they described considering the opinions of others over their own. In line with Jack’s theory, women talked about the expectations of others, how they were raised, and feeling responsible for causing problems through not thinking of others before themselves. This seems to tap into the standard of selfless relationship behaviour for females. Men did not speak to this issue in the same way at all. Rather, they described allowing or “letting” their partner make the decisions. This is quite different from the sense of personal responsibility conveyed by some of the women that dictated they should act in prescribed ways within their intimate relationships. The other way in which men demonstrated some difference from women is that they referred to work or professional contexts as well as their marriages when discussing the opinions and judgements of others. By contrast, women talked only about their intimate relationships. This may reflect that depression vulnerability relates to perceived areas of competence and importance that may differ by sex (Carter et al., 2000; Kornstein et al., 2000; Mahalik & Cournoyer, 2000). These contextual differences are supported in the correlational

results that found a significant association between depression symptom level (BDI) and Externalized Self-Perception in women but not in men.

Some of the participants described life experiences that seemed to provide evidence for the notion that judging oneself by unrealistic external standards can lead to depression or is a part of depression. However, there did not seem to be strong gender differences in this regard; both men and women described learning through therapy how to decrease the influence of external standards upon their own sense of worth. These results are supported by the multiple regression analysis that found that Externalized Self-Perception predicts BDI in both males and females with no significant sex differences. The other idea brought forward by both males and females was that of being less influenced by external standards over time as they matured and became more self-confident. The quantitative finding that there is no significant difference between men and women in the means of the Externalized Self-Perception subscale (see Table 4) is echoed by the findings here. Although the women were slightly more influenced than men by external standards, particularly in an active way in their relationships, the overall sex differences, when they occurred, were very subtle.

According to Jack (1999), external standards suggest to many women a way of caring for others in their relationship roles of wife and mother. Silencing the self theory describes this way of caring as a form of self-sacrifice in which the woman believes that she must always put the needs of others first even though she may sometimes hope for reciprocation. The second category of group discussion focused around two items from the Care as Self-Sacrifice subscale. This measure was designed to tap into the concept that caring within a relationship requires selfless beliefs such as one's own needs ought to come last in a relationship.

Both men and women agreed that caring within their relationships meant deferring to the needs of others, but this seemed to have greater consequences for women than men. This was seen in the explanations they provided for their behaviour. Women cited, among other reasons, female socialization. One woman even described herself as no longer being “the good wife”, while another noticed that others called her selfish. There did not seem to be similar parallel explanations or consequences put forward by men. Rather, some of their responses suggested a sense of simple satisfaction and acceptance, with little expectation for reciprocation. Women, with greater frequency and intensity than men, admitted to changing their relationship behaviour because of the anger, doubts, and disappointment they had experienced when their care for others was not reciprocated in their relationship. These results tend to support Jack’s (1991) theory that external standards for appropriate female relationship behaviour dictate a style of care that is self-sacrificing. This is reflected in the significant positive association between the Care as Self-Sacrifice and Externalized Self-Perception subscales in women but not in men (see Table 2). It could be that for men care as self-sacrifice is viewed more as source of pride in making one’s family happy rather than real sacrifice, as we saw in Joe’s and Ian’s responses. Perhaps men do indeed notice more when they defer to others in their relationships, and consequently they will score higher than women in the Care as Self-Sacrifice measure as seen in the results herein (see Table 4), and in other studies (Thompson, Whiffen, & Aube, 2001). However, because this is not the usual behaviour dictated for males, they may regard it with less of a sense of anger or real sacrifice than women seem to do. Therefore, for men, this type of care within close relationships is not associated with lower mood, whereas for women it is. This conclusion is supported by the findings of a significant correlation between BDI and Care as Self-Sacrifice in women but not in men (see Table 2). These results also tend to support previous research findings that suggest that

although men may score higher on Care as Self-Sacrifice subscale, their perceptions are not the same as for women (Duarte & Thompson, 1999; Koutrelakos, Baranchik, & Damato, 1999).

The silencing the self model posits that in order to follow self-sacrificing relationship behaviour which one judges according to unrealistic external relationship standards, some women will inhibit or deny essential parts of themselves within their relationship (Jack, 1991, 1999). In order to avoid conflict and being alone or abandoned, they mistakenly follow these essentially self-defeating relationship standards. “If women cannot exercise power without (in their minds) causing hurt, they may choose to silence themselves for what feel like moral reasons” (Jack, 1991, p. 157). The Silencing the Self subscale taps into the notion of silencing or “inhibiting one’s self-expression to avoid conflict and possible loss of relationship” (Jack & Dill, 1992, p. 98). The topic of the third focus group discussion category was an item chosen from the Silencing the Self subscale. This enabled participants to explain their interpretation of the topic in the context of their own relationships.

Both men and women in this study admitted to silencing themselves to avoid conflict within their relationships. Interestingly, the strongest sex difference was that women related their silencing to keeping down their own strong anger feelings that they ascribed to a “bad temper”. None of the men identified any similar anger management challenges. One woman made the observation that the silencing by both herself and her partner was a weakness in their relationship. Another’s silencing was expressed with a certain amount of resignation (Doris who was in couple therapy with her partner). The observations by these women support research that shows that women frequently take on the responsibility within their relationships for conflict and emotional resolution in the interest of relationship health and satisfaction for both partners (Gottman & Korkoff, 1989). Two women also admitted that their silencing, in an effort to appear perfect,

functioned to maintain the relationship (Eda and Gwen). Thus, there appeared to be an evaluation process taking place among the females that was not evident among the males. This difference may explain the finding of a positive significant relationship between depression symptomatology (BDI) and the Silencing the Self subscale in women but not in men. Despite there being no explicit evidence for a moral aspect to women's evaluation of their silencing, there does seem to be a connection to a lowering of mood among women. None of the men made similar comments, even though they all explicitly identified goals of conflict avoidance and keeping arguments out of their relationships, admitting that they did not like confrontation. Despite the above differences, overall there appeared to be mainly similarities between the men and women. This impression is supported by the quantitative results that found no significant difference between females and males in the Self-Silencing subscale scores.

The silencing the self model described how inhibiting essential aspects of one's self within one's intimate relationship is associated with lower self-esteem and a sense of loss of authentic self (Jack, 1991). Jack discussed the importance of expressing one's feelings, wishes, and thoughts in the creation of one's relational identity (1999). Thus, the consequences of denying this aspect of one's identity can result in the phenomenon of an outwardly compliant self that hides an inner self which grows angry and hostile (Jack & Dill, 1992). The Divided Self subscale taps into this phenomenon. One of the items from this subscale formed the first focus topic of the fourth discussion category, the idea of the divided self. The second discussion topic utilized a second item from the subscale which addresses the idea of loss of self within intimate relationship.

Results from the focus groups showed that both women and men had two interpretations of the concept of a Divided Self. The first interpretation involved hiding one's negative feelings about one's personal relationship when in a public situation. In that regard, both women and men

agreed that they had a public persona and a private persona where their personal feelings concerning their relationships were not displayed easily. This could be described as a form of public silencing rather than silencing within one's relationship. The second interpretation involved behaving in a happy manner that is incongruent with one's negative feelings within an intimate relationship. In this regard, women seemed to admit engaging in that behaviour more so than men and readily offered examples as evidence. However, the men were more tentative or equivocal in admitting to engaging in such behaviour. Two men claimed that they no longer behaved in a manner that hid their inner feelings in their current relationships although they admitted to having done so in their first marriages. One expressed his inner feelings as a kind of anger, but directed at himself, and the other described his feelings more as discouragement than anger. Thus, the sex differences in responses to this topic item were very subtle.

All of the participants referred to the changes they had experienced within their relationships when addressing the topic of loss of self. Both men and women ascribed their loss of self to the assumption of gender roles (father, husband, mother, wife) within the relationship. However, in support of the silencing the self theory, only women described the act of hiding or changing the self specifically for the purpose of attaining or maintaining their relationship. The second unexpected interpretation or response within this category of the divided self was that of two women and one man who viewed the changes they experienced to the self within their relationships as positive. Thus, they did not seem to feel a sense of loss, but rather a sense of gain.

The overall sense of agreement heard between women's and men's discussions of the items in the fourth category reflecting the Divided Self tends to support the quantitative results. There was no significant difference found between male and female scores on the Divided Self subscale. This state of outward compliance and inner anger brought about by active self-silencing

is posited as leading to depression (Jack, 1991,1999). In support of this, depression levels as measured by the BDI were found to be significantly positively associated with the Divided Self subscale for both sexes. However, Jack (1991, 1999) considered the divided self phenomenon to be a core aspect and unique component of depression in women (Jack, 1991). These results suggest that the link between depression and the divided self might not be restricted to women. Despite this, the qualitative data indicate that the issues that Jack has raised as inherent in relationships for women apply to the sample of women in the present study as well. One of these is the notion of loss of self or changing or hiding the self in order to attain or maintain the relationship. It could be that for the women in the focus groups, some of this loss of self is deemed to be 'worth it' or part of the positive aspect of change that surfaced as a theme in these discussions. This may explain why this concept did not emerge as a component of depression primarily for women in this study.

The other observation is the immediate identification of feelings of inner anger and resentment among some of the women. According to the STS model, the suppression of anger in women arises in response to gender inequities. Thus, in order to stay in their relationship for safety and economic reasons, some women implicitly uphold the power imbalance, reinforcing the traditional gender hierarchy. When satisfaction and reciprocation are not achieved within the relationship, much resentment and anger can arise within the woman (Jack, 1991, p. 141). This theme was repeated by the women in the preceding three categories, whereas it was not as salient in the men's conversations. Another related theme heard in women's but not men's responses was that they hid or changed part of the self in order to attain or stay in their relationship. The significant correlation found between the subscales Care as Self-Sacrifice and Divided Self in

women but not in men validates the above qualitative findings and lends support to the STS model.

Jack (1991) posited that the recognition of one's anger within an intimate relationship may increase clarity about one's situation. This clarity could imply that one ought to act and move forward to address the relationship factors that are contributing to that anger. However, because such action may "threaten the established order of her life" many women will continue to censor and suppress their anger (Jack, p. 140). The fifth focus discussion category attempted to address the concept of anger suppression included in the silencing the self theory as part of the hypothesized pathway from self-silencing to depression among women. The focus question was an item that specifically targeted the suppression of anger, taken from the Divided Self subscale.

All the group participants admitted to repressing their anger within their relationship. Both women and men agreed that this helped maintain harmony in the short term but questioned the long term consequences for themselves and their relationships. As well, both sexes spoke about finding alternate methods of expressing their anger, such as attending support groups, writing letters to one's spouse, redirecting anger to sports, or waiting to cool off and calm down. Thus, there did not seem to be noticeable differences between women and men. This impression is supported by the lack of significant sex differences in the AX-I scores and the correlations between AX-I and BDI. That repressed anger is part of depression presentation for all, is supported in the significant correlations between BDI and AX-I scores for both males and females. Suppressed anger is shown to be significantly associated with self-silencing for both sexes (see Table 2), but significantly more so in men's silencing than in women's. It is curious that this sex difference was not reflected in the above focus discussion. One explanation may rest in a previous discussion within the third category that reflected the Silencing the Self subscale. In that

category of self-silencing, women disclosed a higher level of anger expression that included anger management challenges. However, men did not admit to problems with anger outbursts in their intimate relationships. It appears that at least some of the time, women in relationships are vulnerable to inappropriate or uncontrollable displays of anger despite their general tendency to inhibit their emotions. Jack (1991, 2003) described this tendency as an unwanted consequence of self-silencing within one's intimate relationship. Thus, the fact that sudden anger displays are more a part of women's silencing than men's could explain the contrary findings between the quantitative and qualitative results in this category where anger suppression was found to more consistently be a part of male self-silencing than female silencing. This is also in line with previous research that found that increased depression levels in men are associated with their tendencies to withdraw, suppress anger and fake compliance in their relationships (Thompson et al., 2001).

Beliefs related to stereotypical gender roles was the title of the sixth category for the focus groups. The gender-specific topic statements presented to the women's groups and the men's groups were selected to capture some of the ideas that have been posited to account for and describe men's and women's relationship behaviours. The intention was to solicit participants' ideas related to these topics with regard to their own relationship experiences.

The statements presented for discussion to the women's groups tried to capture the idea of the importance of cultural, ethnic, and family influences on a woman's beliefs about appropriate female behaviour within their intimate relationship (Gratch et al., 1995; Jack, 1991). Thus, the goal for the women's discussions was to find out what they thought about the cultural imperative of caring that has been ascribed to females and which Jack described as being part of the standard of female goodness by which some women judge their own performance in their relationships (Gilligan, 1982; Jack, 1991). The following statements were read out to their groups: "According

to some of the beliefs in our society and culture, the female in an intimate relationship has the responsibility of maintaining that relationship by putting the needs of others ahead of her own, and the role of the female is to be selfless and responsible for the caring in one's marriage or intimate relationship. Please discuss. In what ways are you influenced in your beliefs of what this female role is within relationship by your own family and ethnic background?"

The women in the focus groups spoke eloquently about the cultural standards and family and ethnic influences on their behaviour in their relationships. Their comments showed some support for Jack's (1991) theory about these effects on women's beliefs about relationships. One woman only (Carol) referred to gender inequalities, specifically regarding economic power. Of all the women in the focus groups, she may be most like the women whom Jack (1991) interviewed in her original study. Carol had dealt with violence in her first marriage. She silenced herself in the relationship eventually becoming angry when she realized she had lost her sense of self to a degree that she thought that not even her children really knew her. She was also one of the women whose comments suggested a sense of despair and resentment.

Although the women in this study recognized ethnic family and cultural influences, they did not uncritically follow these. Although some adapted to the pressures with some regret, noting the cost of fighting these influences, others adapted to them fairly happily. Some women challenged them and even adapted them to fit with their own relationship needs. Thus, many of the women were working towards being less self-silencing or at least less self-sacrificing, and some were actively challenging the stereotypical role expectations within their own relationships.

The topic statement for the men's groups was chosen to reflect some of the explanations put forward for men's tendency to self-silence in intimate relationships, such as silencing to keep control or power in the relationship (Gottman, 1994; Jack, 1999; Thompson, 1995), or silencing

as a form of avoidance of self-disclosure in order to maintain power (Page et al., 1996). These were posited in attempts to explain men's high self-silencing scores on the STSS in previous research. To reflect the above ideas, the following statements put forward for discussion to the men's groups: "According to some beliefs in our society and culture, the male in an intimate relationship is more likely not to express his true feelings in order to maintain the image of the strong silent man. This allows him to therefore keep control in his marriage or relationship. Please discuss. Does this describe the way you express or do not express you emotions and thoughts within your relationship? Does it describe your reasons for not expressing your true feelings? If not, what would you say your reasons are for not sharing your true feelings?"

The results of the men's discussions did not support the hypothesis suggested by others that men self-silence in order to maintain control and power in their relationships (Jack, 1999; Page et al., 1996; Thompson, 1995). One man agreed after some discussion and thought that he sometimes self-silenced to withhold information from his wife. Despite the fact that all these men did not regard their silencing as a control mechanism, they did seem to acknowledge that it was not always helpful in their relationship. Although there was not a strong sense that they silenced as an active withdrawal or avoidance technique, it is noted that they had all admitted earlier when discussing a previous category (# 3. Silencing the Self), that they silenced to avoid conflicts with their partner. This could possibly be construed as the type of avoidance behaviour in men that other research has described as withdrawal from marital conflict (Gottman & Krokoff, 1989). These researchers found that such withdrawal is dysfunctional in marriages over the long term. The comments of one of the men in this study perhaps illustrates this potential. Ken described his self-silencing as controlling himself in the relationship rather than the relationship itself which was alluded to in an earlier discussion category, when he admitted repressing his anger when he was

younger. He noted that this drove him to depression; in a poignant moment during the discussion, he described having become “the silent man”. Of the men in this study, Ken most closely seems to fit the STS model of depression. This tends to challenge the original purpose of the theory which was to provide an explanation for the preponderance of female depression. One of the other men in the study exemplified another theory that has been advanced for male silencing of emotions. This proposes that men do not acknowledge nor recognize many of their internal emotional states due in part to male socialization (Lynch & Kilmartin, 1999). Les, disclosed that he struggled to talk with his wife about feelings that she implied he should be experiencing but that he could not even identify. It seemed to him that his silencing was not a choice; he simply had no words to fit the context and was at a loss to engage in communication with his wife at such times.

Strengths and Limitations

The major limitation of this study is the small sample size and the disproportionately few men in comparison to the number of women. This occurred despite particular attempts made to recruit participants from sites such as the local paper mills where there is a preponderance of men in the working populations. The small sample size might have resulted in the statistical significance tests having low power to detect any effects that might have existed, particularly with regard to sex differences.

Another limitation in the present study relates to assessment of depression. The severity of depression was measured with the BDI-II, a self-report instrument. Although this scale has been widely used with ample evidence of its excellent psychometric properties (Beck et al., 1996), it is not a replacement for a diagnostic assessment of clinical depression. Nevertheless, some of the participants in the study were receiving treatment for depression suggesting that they were clinically depressed. One might argue that Jack’s model does not explicitly specify that it pertains

only to clinical depression. Even so, it would be informative to validate the model on nonclinical samples with high depression severity versus clinically depressed samples to determine the extent of its generalizability.

Although all the measures used have acceptable validity and reliability, some could be viewed as unnecessarily restrictive or insensitive to the issues central to the STS model. Jacks (2003) criticized the use of the STAXI as an appropriate measure for capturing the domain of women's anger germane to her theory. However, the qualitative approach in the present study addresses this possible criticism by obtaining a more in-depth picture of the domains of the self-silencing model and including the anger suppression and expression components.

The volunteers for the focus groups were self-selected and represented a subset of the higher self-silencers. The attempt to recruit discussion group volunteers from a population of self-silencers could be seen as ironic, because if an individual is a self-silencer, it may be difficult for that person to come forward to participate in a discussion group simply due to a natural inclination toward silencing. This possibility may have limited the number of potential focus group participants.

There was a substantial difference between male and female focus groups, in that the males did not actually participate in focus groups in the same way that the women participated. Unfortunately, among the men there was only one 'group' of two, and three individual 'groups'. All the women were able to participate in one of the two female-only groups of four women each, whereas it was impossible to arrange for a mutually agreeable time for the men to meet. This was in part due to time restraints, being the month of December, and distance challenges found in this northwestern area of Ontario. These constraints also affected the number of people who were able to participate at all in the qualitative section of the study. It is possible that the dynamics may have

been different if the men had all met together similar to the women. It is difficult to say whether substantive differences would have resulted. Despite this reality, the fact is that people were speaking to their own lived experience. For example, one could say that there was a different dynamic in the situation where there were two men together in that they did bounce ideas of one another. The dynamic in the other three situations with the men took place with this interviewer (a mature female graduate student, who is quite a bit older than the average graduate student), which certainly may have affected the results as there was not another man in the room with whom they could discuss the themes. In actuality the information gleaned from the three individual focus interviews appeared to be just as substantive if not more, than was obtained in the 'group' of two men.

Strengths of this study were that community and out-patient populations were recruited, and thus the sample did not need to solely select from a narrow age-range of generally non-depressed student population. The same methodology was employed to examine the study variables in both males and females. Almost every participant was currently living with his or her romantic partner. Thus, the context of Jack's silencing the self theory of women in relationship was honoured. The methodology of combined quantitative and qualitative research procedures was followed from the onset of the study in response to suggestions for further research from the extent STS literature. This lent interest and depth to the research findings. Another strength was that the research was driven by a current theory concerning the origins of depression in women, extending this to men and examining its possible relevance in explaining depression in men based on current research findings with depression and the silencing the self theory.

Summary and Conclusions

Overall the results support the consistent findings in the literature showing the greater preponderance of depression among women. The claims of the Silencing the Self theory to account for this preponderance are not supported. However, there are subtle sex differences that have emerged which are in line with some aspects of the theory. Women were seen to be more active in their silencing to attain and maintain harmony within their relationships than men. This is in line with the literature that speaks to the greater importance of relationships in the lives of women than men (Bracke, 2000; Kornstein et al., 2000). However, the consequences of silencing within one's intimate relationship advanced by the STS model (self-silencing, anger suppression, divided self, then depression) were not upheld as unique to women. Only the STSS subscale Externalized Self-Perception predicted depression in both sexes with no significant sex difference. However, this cannot be concluded to cause depression. The results here are correlational only. As well, it is generally accepted that depressed individuals often are more influenced in a negative manner by external standards and frequently make implicitly negative self-judgements (Abramson et al., 1989; Beck, 1983; Beck et al., 1980). Thus, in the present study, this could be a factor that contributes to depression or it could be a component or result of the depression in the participants. The qualitative findings strongly suggest that self-silencing in men is not for the purpose of control or maintaining power in favour of the man within the relationship. However, they do provide some support for the idea that silencing in men is an avoidance or withdrawal behaviour that may have unintended detrimental consequences for the relationship and for the individual man. Overall this study does not support the silencing the self theory as a gender specific or uniquely female pathway to depression for women, at least not for the population of women studied here.

The gender analysis that drove Jack's theory about depression in women is not necessarily disproven in the present study. Rather, as explained above, the findings seem to suggest that the silencing the self model might be applicable, to some degree, to depressive experiences in men as well. One of the ways in which a similar gender analysis could be applied to the male experience as to the female experience was the effect on both women and men of their family of origin. This emerged in the qualitative data. Jack (1991) noted the negative influence on their current relationships of women's tendencies to follow their own mother's relationship behaviour especially when that model was one based on stereotypical gender inequities. However, in the present study, the influence of stereotypical role-modeling by one's same-sex parent, was observed in the men's stories as well as the women's. The men described their experiences of living with the model of relationship behaviour shown by their fathers and the extent to which this influenced their own relationship behaviour. Therefore the detrimental effects of stereotypical gender specific role models did not seem to apply to women only. This echoes research that shows that men as well as women experience strain, psychological distress, and relationship conflict due to the influence of gender-role expectations (Good et al., 1995; Mahalik & Cournoyer, 2000).

In addition, both men and women referred to the long term effects on them of family of origin issues such as living with alcoholic parents, violence, and abuse. This is in line with research has shown that these are factors that increase the vulnerability to depression for both males and females (Piccinelli & Wilkinson, 2000). As well, a few participants (Doris, Fay, Gwen) referred to the ethnic and cultural aspects of the stereotypical gender role relationship behaviour that was demonstrated within their own families of origin. They were able to incorporate these influences into their behaviours in their own intimate relationships, or at other times they adapted their

expectations of gender-specific relationship behaviours for themselves and their partners. Thus, the silencing the self theory of depression may not be exclusive to females, at least for the general population. This is not to say that certain populations of women, such as those who live in violent relationships or with great economic disadvantage would not fit with the STS model of depression.

Recommendations

The findings have highlighted the process of change within the lives of individuals, whereas Jack's theory seems to focus on a static system in which women find themselves in a depressed state that results from a fixed position of self-silencing. Although gender issues have frequently been studied within specific contexts and situations, the themes of change that emerged in this study highlight the need to examine developmental and life span issues that take into consideration the changes that may occur parallel with the stages of life or even the stages of one's relationship (Heppner, 1995). This could possibly be accomplished through longitudinal research that follows a large population of both females and males over a period of many years. This could also address the limitations inherent in correlational analyses where no causal conclusions can be inferred.

The present study did not focus on the impact of ethnic or racial influences on putative sex differences in self-silencing. The study sample was predominantly white with a very small number of one other racial ethnic minority represented (3 participants identified themselves as Asian ethnicity). Nevertheless, one of the female focus group participants (Fay) was a member of the above ethnic minority, and she referred to the influence of her Vietnamese mother's gender-role behaviour on her own relationship experience. Previous silencing the self theory researchers have examined ethnic group and racial influences in women (Carr et al., 1996) and between the sexes

(Gratch et al., 1995; Koutrelakos et al., 1999) in self-silencing behaviours. These authors suggested that cultural values as well as gender role meanings around self-silencing should be further investigated. They also suggested that there may be different interpretations about silencing behaviours within relationships, as well as different definitions of intimacy and authenticity, according to one's racial and ethnic group and one's gender. However, these studies all used quantitative methodologies. In order to further investigate the claims of the STS theory that relationship behaviours and expectations are impacted by the individual's social, situational, and cultural context, future research could make use of qualitative methodology in cross-cultural research. An approach similar to that used in the present study (focus group interviews) could be followed to examine the cultural aspects of Jack's STS theory, looking at reasons for self-silencing in men and women of different cultures and races.

Future studies could consider using focus groups that include both male and female clinically depressed participants within the same group. This is in line with some of the literature reviewed earlier that commented on research that examines sex differences in psychological domains by looking at one sex only (Bebbington, 1996; Denmark & Fernandez, 1993). Although this study examined the silencing the self theory in males and females it examined them separately within their focus groups. It could be construed that any differences found in the qualitative portion of the present study were a result of this separation with the groups being limited to all female or all male. It would be interesting to listen to women and men together in focus groups addressing the topics contained within the silencing the self theory as they did in this study in sex-specific groups. This may address any of the doubts that arise when looking at qualitative methods that divide the sexes or include only one sex.

Another suggestion is that future research that uses qualitative methodology to examine self-silencing within relationships consider including both partners in a relationship within the same study. There were many instances in the discussions where focus group participants referred to their partner. Upon close examination, this could raise one's curiosity concerning the actual relationship dynamics referred to by the participant. The inclusion of both partners would possibly provide a more complete picture of the relationship dynamics in which the self-silencing occurred and could also examine the effects upon the relationship from the perspectives of both partners. Research support for this idea can be found in the literature that looks at psychological distress and silencing within relationships and the related interpersonal relationship dynamics (Coyne, 1985; Goldman, 1994; Good et al., 1995; Gottman, 1994; Jack, 1991; Heavy et al., 1993; Lynch & Kilmartin, 1999).

Another of the ongoing issues in depression research is the preponderance of sample populations that have not been diagnosed as depressed via structured clinical interviews. This was also true in the present study even though some of the participants were receiving treatment for depression. Future research could examine the silencing the self theory comparing nonclinical samples with high depression severity versus clinically depressed samples to determine the extent of its generalizability. It would also be informative to look for differences in qualitative findings in any future research comparing the two above populations with regard to depression and self-silencing.

Finally, it is noted that research in more remote areas such as the north-western part of Ontario, an area that contains no large cities or dense population centres, can be challenging with regard to obtaining large sample sizes. This seems to be particularly salient in efforts to recruit equal numbers of male and female community participants, especially when seeking clinical

subjects. The combination of qualitative methodology with the more commonly used quantitative methods may be a useful way to address this challenge. That is, the richness of the material derived from the combined methodologies can be seen as a valuable extension to the usual methodology and a fruitful way to compensate for the limitation of restricted samples.

REFERENCES

- Abramson, L. Y., Metalsky, G. I., & Alloy, L. B. (1989). Hopelessness: a theory-based subtype of depression. *Psychological Review*, *96*, 358-372.
- Adler, E. S., & Clark, R. (1999). *How it's done: An invitation to social research*. Belmont, CA.: Wadsworth Publishing Company.
- Auerbach, C. & Silverstein, L.B. (2003). *Qualitative data: An introduction to coding and analysis*. New York: New York University Press.
- Banister, P., Burman, E., Parker, I., Taylor, M., & Tindall, C. (1994). *Qualitative methods in psychology: A research guide*. Buckingham: Open University Press.
- Barefoot, Mortensen, Helms, Avlund, & Schroll. (2001). A longitudinal study of gender differences in depressive symptoms from age 50 to 80. *Psychology and Aging*, *16*, 342-345.
- Barnett, R. C., Marshall, N. L., Raudenbush, S.W., & Brennan, R. T. (1993). Gender and the relationship between job experiences and psychological distress: A study of dual-earner couples. *Journal of Personality and Social Psychology*, *64*, 794-806.
- Bassoff, E. S., & Glass, G. V. (1982). The relationship between sex roles and mental health: A meta-analysis of twenty-six studies. *The Counseling Psychologist*, *10*, 105-112.
- Bebbington, P. (1996). The origins of sex differences in depressive disorder: bridging the gap. *International Review of Psychiatry*, *8*, 295-332.
- Beck, A. T. (1983). Cognitive therapy of depression: New perspectives. In P. J. Clayton & J. E. Barrett (Eds.) *Treatment of depression: Old controversies and new approaches* (pp. 265-290). New York: Raven.

- Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1980). *Cognitive therapy of depression*. London: John Wiley & Sons.
- Beck, A. T., Steer, R. A., & Brown, G. R. (1996). *Beck depression inventory: Manual*. San Antonio: The Psychological Corporation, Harcourt Brace Jonavich, Inc.
- Beck, A. T., Steer, R. A., & Garbin, M. G. (1988). Psychometric properties of the Beck depression inventory: Twenty-five years of evaluation. *Clinical Psychology Review, 8*, 77-100.
- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry, 4*, 561-571.
- Beckham, E. E., Leber, W., & Youll, L. (1995). The diagnostic classification of depression. In E. E. Beckham & W. R. Leber (Eds.), *Handbook of Depression* (2nd ed., pp. 36-60). New York: The Guilford Press.
- Benazzi, F. (2000). Female vs. male outpatient depression: a 448-case study in private practice. *Prog. Neuro-Psychopharmacological & Biological Psychiatry, 24*, 475-481.
- Blatt, S. J., D'Aflitti, J. P., & Quinlan, D. M. (1976). Experiences of depression in normal young adults. *Journal of Abnormal Psychology, 85*, 383-389.
- Blatt, S. J., Quinlan, D. M., Chevron, E. S., McDonald, C., & Zuroff, D. (1982). Dependency and self-criticism: Psychological dimensions of depression. *Journal of Consulting and Clinical Psychology, 50*, 113-124.
- Bowlby, J. (1980). *Attachment and loss, vol. 3, Loss, sadness, and depression*. New York: Basic Books.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books.

- Bracke, P. (2000). The three-year persistence of depressive symptoms in men and women. *Social Science and Medicine*, *51*, 51-64.
- Brems, Christiane. (1995). Women and depression: A comprehensive analysis. In E. E. Beckham & W. R. Leber (Eds.), *Handbook of Depression* (2nd ed., pp. 539-566). New York: The Guilford Press.
- Brody, C. L., Hagga, D. A. F., Kirk, L., & Solomon, A. (1999). Experiences of anger in people who have recovered from depression and never-depressed people. *The Journal of Nervous and Mental Disease*, *187*, 400-405.
- Brown, G. W., & Harris, T. O. (1978). *The social origins of depression: A study of psychiatric disorders in women*. New York: Free Press.
- Bryman, A. (2001). *Social research methods*. New York: Oxford University Press.
- Carr, J. G., Gilroy, F. D., & Sherman, M. F. (1996). Silencing the self and depression among women: The moderating role of race. *Psychology of Women Quarterly*, *20*, 375-392.
- Carter, J. D., Joyce, P. R., Mulder, R. T., Luty, S. E., & McKenzie, J. (2000). Gender differences in the presentation of depressed outpatients: a comparison of descriptive variables. *Journal of Affective Disorders*, *61*, 59-67.
- Clark, D. C. (1995). Epidemiology, assessment, and management of suicide in depressed patients. In E. E. Beckham, & W. R. Leber (Eds.), *Handbook of depression* (2nd ed., pp. 526-538). New York: The Guilford Press.
- Cohen, J., Cohen, P., West, S., & Aiken, L. (2003). *Applied multiple regression/correlation analysis for the social sciences* (3rd ed.). London: Lawrence Erlbaum Associates.
- Coyne, J. C. (1976). Depression and the response of others. *Journal of Abnormal Psychology*, *85*, 186-193.

- Coyne, J. C. (1985). Studying depressed persons' interactions with strangers and spouses. *Journal of Abnormal Psychology, 94*, 231-232.
- Culbertson, F. (1997). Depression and gender: an international review. *American Psychologist, 52*, 25-31.
- Denmark, F. L., & Fernandez, L. C. (1993). Historical development of the psychology of women. In F. L. Denmark & M. A. Paludi (Eds.), *Psychology of women: a handbook of issues and theories* (pp. 1-22). Westport, Connecticut: Greenwood Press.
- Duarte, L. M., & Thompson, J. M. (1999). Sex differences in self-silencing. *Psychological Reports, 85*, 145-161.
- Ernst, C., & Angst, J. (1992). The Zurich study, XIII, sex differences in depression. Evidence from longitudinal epidemiological data. *European Archives of Psychiatry and Neurological Sciences, 241*, 222-230.
- Frank, E., Carpenter, L. L., & Kupfer, D. J. (1988). Sex differences in recurrent depression: Are there any that are significant? *American Journal of Psychiatry, 145*, 41-45.
- Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA.: Harvard University Press.
- Gilligan, C. (1990). Joining the resistance: Psychology, politics, girls, and women. *Michigan Quarterly Review, 29*, 501-536.
- Goldman, L., & Hagga, D. (1995). Depression and the experience and expression of anger in marital and other relationships. *Journal of Nervous and Mental Disease, 183*, 505-509.
- Good, G., Robertson, J., O'Neil, J., Fitzgerald, L., Stevens, M., DeBord, K., Bartels, K., & Braverman, D. (1995). Male gender role conflict: Psychometric issues and relations to psychological distress. *Journal of Counseling Psychology, 42*, 3-10.

- Gottman, J. (1994). *Why marriages succeed or fail*. New York: Simon & Schuster.
- Gottman, J. & Krokoff, L. (1989). Marital interaction and satisfaction: A longitudinal view. *Journal of Consulting and Clinical Psychology, 57*, 47-52.
- Gove, W. R. & Tudor, J. F. (1973). Adult sex roles and mental illness. *American Journal of Sociology, 78*, 812-835.
- Gratch, L. V., Bassett, M. E. & Attra, S. L. (1995). The relationship of gender and ethnicity to self-silencing and depression among college students. *Psychology of Women Quarterly, 19*, 509-515.
- Gutierrez-Lobos, K., Wlofl, G., Scherer, M., Anderer, P., & Schmidl-Mohl, B. (2000). The gender gap in depression reconsidered: the influence of marital and employment status on the female/male ratio of treated incidence rates. *Soc Psychiatr Psychiatrial Epidemiology, 35*, 202-210.
- Haemmerlie, F. M., Montgomery, R. L., & Winborn, K. A. (2001). Silencing the self in college settings and adjustment. *Psychological Reports, 88*, 587-594.
- Heavey, C. L., Layne, C., & Christensen, A. (1993). Gender and conflict structure in marital interaction: A replication and extension. *Journal of Consulting and Clinical Psychology, 61*, 16-27.
- Heppner, P. P. (1995). On gender role conflict in men - future directions and implications for counseling: Comment on Good et al. (1995) and Cournoyer and Mahalik (1995). *Journal of Counseling Psychology, 42*, 20-23.
- Hong, S., Bianca, M. A., Bianca, M. R., & Bollington, J. (1993). Self-esteem: The effects of life-satisfaction, sex, and age. *Psychological Reports, 72*, 95-101.
- Jack, D. C. (1991). *Silencing the self: Women and depression*. New York: HarperCollins.

- Jack, D. C., & Dill, D. (1992). The silencing the self scale: Schemas of intimacy associated with depression in women. *Psychology of Women Quarterly, 16*, 97-106.
- Jack, D. C. (1999). Silencing the self: Inner dialogues and outer realities. In T. Joiner & J. C. Coyne (Eds.), *The interactional nature of depression: Advances in interpersonal approaches* (pp. 221-246). Washington D.C.: American Psychological Association.
- Jack, D. C. (2003). The anger of hope and the anger of despair: How anger relates to women's depression. In J. Stoppard & L. McMullen (Eds.), *Situating sadness: Women and depression in social context* (pp. 62-87). New York: New York University Press.
- Judd, L. (1997). The clinical course of unipolar major depressive disorders. *Archives of General Psychiatry, 54*, 989-991.
- Kaplan, A. G. (1986). The "self-in-relation": Implications for depression in women. *Psychotherapy, 23*, 234-232.
- Katz, R., Shaw, B., Vallis, T. M., & Kaiser, A. (1995). The assessment of severity and symptom patterns in depression. In E. E. Beckham & W. R. Leber (Eds.) *Handbook of Depression* (2nd ed., pp. 61-85). New York: The Guilford Press.
- Kessler, R. C., McGonagle, K. A., Swartz, M. et al. (1993). Sex and depression in the National Comorbidity Survey, I: lifetime prevalence, chronicity and recurrence. *Journal of Affective Disorders, 29*, 85-96.
- Kessler, R. C., McGonagle, K. A., & Zhao, S. (1994). Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: Results from the National Comorbidity Survey. *Archives of General Psychiatry, 51*, 8-19.

- Kornstein, S. G., Schatzberg, A. F., Thase, M. E., Yomkers, K. A., McCullough, J. P., Keitner, G. I., et al. (2000) Gender differences in chronic major and double depression. *Journal of Affective Disorders, 60*, 1-11.
- Koutrelakos, J. & Baranchik, A. (1996) Silencing the Self: Applying Jack's schemas to issues of norm discrepancies and double standards for gender. *Psychological Reports, 78*, 655-656.
- Koutrelakos, J., Baranchik, A. J., & Damato, N. (1999). Cultural and sex differences in rating the self and an hypothetical well-adjusted person on Jack's Divided Self and Care as Self-Sacrifice subscales. *Psychological Reports, 84*, 67-83.
- Lerner, H. G. (1985). *The Dance of Anger*. New York: Harper & Row.
- Lynch, J. & Kilmartin, C. (1999). *The Pain Behind the Mask: Overcoming Masculine Depression*. Binghamton, NY: The Hayworth Press.
- Mahalik, J. R., & Cournoyer, R. J. (2000). Identifying gender role conflict messages that distinguish mildly depressed from nondepressed men. *Psychology of Men and Masculinity, 1*(2), 109-115.
- Maier, W., Lightermann, D., Minges, J. et al. (1992). The risk of minor depression in families of probands with major depression: sex differences and familiarity. *European Archives of Psychiatry and Clinical Neuroscience, 242*, 89-92.
- Miller, J. B. (1986). *Toward a new psychology of women*. 2nd ed. Boston: Beacon Press.
- Montgomery, S. A. (2001). Understanding depression: A long-term recurring disorder (Academic Highlights). *Journal of Clinical Psychiatry, 62*, 379-392.
- Murphy, J. (1995). What happens to depressed men? *Harvard Review of Psychiatry, 3*, 47-49.

- Murphy, J. M., Laird, N. M., Monson, R. R., Sobol, A. M., & Leighton, A. H. (2000). A 40-year perspective on the prevalence of depression. *Archives of General Psychiatry*, *57*, 209-215.
- Neuman, W. L. (2000). *Social research methods: Qualitative and quantitative approaches* (4th ed.). Boston: Allyn and Bacon.
- Nolen-Hoeksema, S. (1987). Sex differences in unipolar depression: evidence and theory. *Psychological Bulletin*, *101*, 259-282.
- Nolen-Hoeksema, 1990. *Sex Differences in Depression*. Stanford, CA: Stanford University Press.
- Nolen-Hoeksema, S. (1991). Responses to depression and their effects on the duration of depressive episodes. *Journal of Abnormal Psychology*, *100*, 569-582.
- Nolen-Hoeksema, S., Morrow, J., & Fredrickson, B. (1993). Response styles and the duration of episodes of depressed mood. *Journal of Abnormal Psychology*, *102*, 20-28.
- Nolen-Hoeksema, S., Parker, L., & Larson, J. (1994). Ruminative coping with depressed mood following loss. *Journal of Personality and Social Psychology*, *67*, 92-104.
- Nolen-Hoeksema, S., Larson, J., & Grayson, C. (1999). Explaining the gender difference in depressive symptoms. *Journal of Personality and Social Psychology*, *77*, 1061-1072.
- Page, J. R., Stevens, H. B., & Galvin, S. L. (1996) Relationship between depression , self-esteem, and self-silencing behavior. *Journal of Social and Clinical Psychology*, *15*, 381-396.
- Perugi, G., Masetti, L., Simonini, E., Piagentini, F., Cassano, G. B., & Akiskal, H. S. (1990). Gender-mediated clinical features of depressive illness. The importance of temperamental differences. *British Journal of Psychiatry*, *157*, 435-441.
- Piccinelli, M. & Wilkinson, G. (2000). Gender differences in depression. *British Journal of Psychiatry*, *177*, 486-492.

- Prescott, C. A., Aggen, S. H., & Kendler, K. S. (2000). Sex-specific genetic influences on the comorbidity of alcoholism and major depression in a population-based sample of US twins. *Archives of General Psychiatry*, 57, 803-811.
- Prince, S. E., & Jacobson, N. S. (1995). Couple and family therapy for depression. In E. E. Beckham & W. R. Leber (Eds.) *Handbook of Depression* (2nd ed., pp. 404-424). New York: The Guilford Press.
- Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385-401.
- Remen, A. L., Chamberless, D. L., & Rodebaugh, T. L. (2002). Gender differences in the construct validity of the Silencing the Self Scale. *Psychology of Women Quarterly*, 26, 151-159.
- Rollins, J. H. (1996) *Women's minds, women's bodies: The psychology of women in a biosocial context*. Upper Saddle River, New Jersey: Prentice Hall.
- Rutz, W. (1999). Improvement of care for people suffering from depression: the need for comprehensive education. *International Clinical Psychopharmacology*, 14 (Suppl. 3), S27-S33.
- Silverstein, B. (1999). Gender differences in the prevalence of clinical depression: the role played by depression associated with somatic symptoms. *American Journal of Psychiatry*, 156, 480-482.
- Spielberger, C. D. (1999). *State-Trait Anger Expression Inventory-2*. Lutz, Florida: Psychological Assessment Resources, Inc.
- Stevens, H. B., & Galvin, S. L. (1995). Structural findings regarding the Silencing the Self Scale. *Psychological Reports*, 77, 11 - 17.

- Stevens, J. (2002). *Applied multivariate statistics for the social sciences*. Hillsdale, N.J.: Lawrence Erlbaum Associates.
- Stoppard, J. M. (2000) *Understanding depression: Feminist social constructionist approaches*. London: Routledge.
- Stoppard, J. M., & McMullen, L.M. (2003). Introduction. In J. M. Stoppard & L.M. McMullen (Eds.), *Situating sadness: women and depression in social context*. (pp. 1-16). New York: New York U. Press.
- Tabachnick, B. G. & Fidell, L. S. (2001). *Using multivariate statistics (4th ed.)*. New York: Harper Collins College Publishers.
- Thompson, J. (1995) Silencing the self: Depressive symptomatology and close relationships. *Psychology of Women Quarterly*, 19, 337-353.
- Thompson, J., Whiffen, V., & Aube, J. (2001). Does self-silencing link perceptions of care from parents and partners with depressive symptoms? *Journal of Social and Personal Relationships*, 18, 503-516.
- Walinder, J. & Rutz, W. (2001). Male depression and suicide. *International Clinical Psychopharmacology*, 16, (2), S21-S24.
- Wilkinson, S. (2003). Focus groups. In J. A. Smith (Ed.), *Qualitative psychology: Practical guide to research methods*. (pp. 184-204). London: Sage Publications Ltd.
- Witte, T., & Sherman, M. (2002). Silencing the self and feminist identity development. *Psychological Reports*, 90, 1075-1083.
- Young, M. A., Scheftner, W. A., Fawcett, J., & Klerman, G. L. (1990). Gender differences in the clinical features of unipolar major depressive disorder. *Journal of Nervous and Mental Disease*, 178, 200-203.

Table 1

Pooled bivariate correlations (N = 78)

Measure	1	2	3	4	5	6	7	8
1. BDI	--							
2. STSS	.47**	--						
3. AX-O	.36**	-0.1	--					
4. AX-I	.62**	.58**	.28*	--				
5. Externalized Self-Perception	.55**	.74**	0.13	.61**	--			
6. Care as Self-Sacrifice	0.17	.65**	0	.23*	.38**	--		
7. Silencing the Self subscale	.32**	.83**	-.26*	.43**	.41**	.35**	--	
8. Divided Self	.46**	.83**	0	.55**	.61**	.28*	.64**	--

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

Note. BDI = Beck Depression Inventory, STSS = Silencing the Self Scale, AX-O = Anger Expression-Out, AX-I = Anger Expression-In.

Table 2

Within Sex Bivariate Correlations

Measure	1	2	3	4	5	6	7	8
1. BDI	--	.56**	.34**	.68**	.62**	.29*	.41**	.46**
2. STSS	0.36	--	0	.51**	.73**	.70**	.79**	.85**
3. AX-O	.43*	-0.22	--	.43**	0.22	0.02	-0.24	0.05
4. AX-I	.53*	.80**	0	--	.55**	.29*	.30*	.48**
5. Externalized Self-Perception	0.32	.79**	-0.14	.77**	--	.49**	.33*	.58**
6. Care as Self-Sacrifice	0.04	.46**	0	0.16	0.11	--	0.33	.39**
7. Silencing the Self subscale	0.2	.92**	-0.28	.72**	.66**	0.33	--	.64**
8. Divided Self	.53*	.81**	-0.16	.72**	.67**	0.03	.68**	--

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

Note. Correlations for female participants ($n = 56$) are presented above the diagonal, and the correlations for male participants ($n = 22$) are presented below the diagonal. BDI = Beck

Depression Inventory, STSS = Silencing the Self Scale, AX-O = Anger Expression-Out, AX-I = Anger Expression-In.

Table 3:
Summary of the results of the Fisher's z-tests to assess sex differences in correlations

Variables	Female Correlation	Male Correlation	Fisher's z	Effect Size	Power
BDI / Divided-Self	.46**	.53*	-0.35	0.09	0.07
BDI / AX-I	.68**	.53**	0.37	0.24	0.16
BDI / AX-O	.34**	.43*	-0.4	0.41	0.1
STSS / AX-I	.51**	.80**	-2.00*	0.54	0.51
STSS / Externalized Self-Perception	.73**	.79**	-0.53	0.14	0.14
STSS / Care as Self-Sacrifice	.70**	.46**	1.38	0.37	0.28
STSS / Silencing the Self subscale	.79**	.92**	-1.94	0.52	0.49
STSS / Divided Self	.85**	.81**	0.48	0.13	0.07
AX-I / Externalized Self-Perception	.55**	.77**	-1.5	0.4	0.32
AX-I / Silencing the Self subscale	.30*	.72**	-2.24*	0.6	0.61
AX-I / Divided Self	.48**	.72**	-1.44	0.39	0.3
Externalized Self-Perception / Silencing the Self subscale	.33**	.66**	-1.68	0.45	0.34
Externalized Self-Perception / Divided Self	.58**	.67**	-0.56	0.15	0.09
Divided Self / Silencing the Self subscale	.64**	.68**	-0.27	0.07	0.76

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

Note. BDI = Beck Depression Inventory, STSS = Silencing the Self Scale full scale score, AX-I = Anger-Expression-In, AX-O = Anger Expression Out.

Table 4

Pooled and within-sex mean (standard deviation) statistics, and results of t-tests for the quantitative variables

Variable	Pooled sample (<i>n</i> = 78)	Males (<i>n</i> = 22)	Females (<i>n</i> = 56)	<i>t</i> -test (<i>df</i> = 76)	<i>p</i>
BDI	11.62(9.42)	8.27 (6.07)	12.93 (10.19)	-2	0
STSS	83.76 (21.73)	87.86 (21.07)	82.14 (21.96)	1.05	0.3
AX-O	17.69 (5.32)	16.95 (5.50)	17.98 (5.27)	-0.77	0.45
AX-I	17.90 (5.33)	17.55 (6.11)	18.04 (5.06)	-0.36	0.72
Externalized Self-perception	18.08 (5.56)	17.73 (5.31)	18.21(5.69)	-0.35	0.73
Care as Self-Sacrifice	25.36 (6.80)	28.23 (5.85)	24.23 (6.86)	2.41	0
Silencing the Self	23.04 (8.79)	25.14 (9.20)	22.21(8.57)	1.33	0.19
Divided Self	17.28 (7.16)	16.77 (7.06)	17.48 (7.26)	-0.39	0.7

Note. BDI = Beck Depression Inventory, STSS = Silencing the Self sull scale score,

AX-O = Anger Expression-Out, AX-I = Anger Expression-In.

Table 5
Demographic Characteristics of Focus Group Participants

Name	Sex ^a	Age	Marital Status ^b	Relationship Duration	STSS	BDI	Current Treatment	Past Treatment
Amy	F	24	C-L	2 yrs. 8 mths	93	12	No	No
Barb	F	34	C-L	5.5 mths	103	25	Yes: Bipolar	Yes: Depression
Carol	F	48	M	15 yrs.	106	23	Yes: Depression.	Yes: Depression
Doris	F	23	M	13 mths	95	34	Yes: Depression	Yes: Depression
Eda	F	26	C-L	< 1 yr.	105	14	No	Yes: Depression
Fay	F	23	C-L	2 yrs. 8 mths.	93	21	No	No
Gwen	F	52	M	26 yrs.	99	15	Yes: Depression	No
Holly	F	30	C-L	10 yrs. 11 mths	94	9	Yes: Depression	No
Ian	M	51	M	7 yrs.	122	10	Yes: Depression	Yes: Depression
Joe	M	44	M	18 yrs. 2 mths.	94	16	No	No.
Ken	M	42	M	8 yrs.	92	5	No	Yes. Depression
Les	M	23	M	< 1 yr.	93	12	No.	No.
Mac	M	32	M	9 yrs.	111	11	Yes. ADHD.	Yes. Depression, ADHD.

^aSex: F = Female, M = Male, ^bMarital Status: M= Married, CL = Common-law

Note. BDI = Beck Depression Inventory, STSS = Silencing the Self Scale.

APPENDIX A: Research Questionnaire

RESEARCH QUESTIONNAIRE

Section A: This section asks for your demographic information. This is for statistical purposes so that we may know the composition of the people in the project.

1. Age: _____ 2. Sex: Male / Female (please circle)
3. Marital Status (please tick off one):
___ Married: Indicate # of years or months: _____
Sex of spouse: Male / Female (circle one)
___ Common-law: Indicate # of years or months: _____
Sex of partner: Male / Female (circle one)
___ Not living with romantic partner: # of months since separation: _____
4. Ethnicity, check one:
___ Aboriginal ___ White ___ Black ___ Asian/Pacific Islander
___ Other, please specify.
5. Place of birth (city, country): _____
6. Place of permanent residence: _____
7. Are you currently receiving treatment for any psychological/psychiatric or major or chronic medical illnesses? YES / NO (Circle one).

If you answered "YES" to question 7, please note type and reason for treatment:

Treatment (e.g. type of medication, dose level)	Reason for treatment/medication
_____	_____
_____	_____
_____	_____

8. Were you ever treated in the past for any psychological/psychiatric or major or chronic medical illnesses? YES / NO

If you answered "YES" to question 8, please note type of illnesses and when the illnesses occurred (please estimate if you cannot recall exactly):

Section B: This portion consists of 21 groups of statements that refer to your mood. Please read each group of statements carefully, and then pick out the *one statement* in each group that best describes the way you have been feeling during the *past two weeks, including today*. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 or Item 18.

1. Sadness

- 0. I do not feel sad.
- 1. I feel sad much of the time.
- 2. I am sad all the time.
- 3. I am so sad or unhappy that I can't stand it.

2. Pessimism

- 0. I am not discouraged about my future.
- 1. I feel more discouraged about my future than I used to be.
- 2. I do not expect things to work out for me.
- 3. I feel my future is hopeless and will only get worse.

3. Past Failure

- 0. I do not feel like a failure.
- 1. I have failed more than I should have.
- 2. As I look back, I see a lot of failures.
- 3. I feel I am a total failure as a person.

4. Loss of Pleasure

- 0. I get as much pleasure as I ever did from the things I enjoy.
- 1. I don't enjoy things as much as I used to.
- 2. I get very little pleasure from the things I used to enjoy.
- 3. I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

- 0. I don't feel particularly guilty.
- 1. I feel guilty over many things I have done or should have done.
- 2. I feel quite guilty most of the time.
- 3. I feel guilty all of the time.

6. Punishment Feelings

- 0. I don't feel I am being punished.
- 1. I feel I may be punished.
- 2. I expect to be punished.
- 3. I feel I am being punished.

7. Self-Dislike

- 0. I feel the same about myself as ever.
- 1. I have lost confidence in myself.
- 2. I am disappointed in myself.
- 3. I dislike myself.

8. Self-Criticalness

- 0. I don't criticize or blame myself more than usual.
- 1. I am more critical of myself than I used to be.
- 2. I criticize myself for all of my faults.
- 3. I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- 0. I don't have any thoughts of killing myself.
- 1. I have thoughts of killing myself, but I would not carry them out.
- 2. I would like to kill myself.
- 3. I would kill myself if I had the chance.

10. Crying

- 0. I don't cry any more than I used to.
- 1. I cry more than I used to.
- 2. I cry over every little thing.
- 3. I feel like crying, but I can't.

11. Agitation

- 0. I am no more restless or wound up than usual.
- 1. I feel more restless or wound up than usual.
- 2. I am so restless or agitated that it's hard to stay still.
- 3. I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

0. I have not lost interest in other people or activities.
1. I am less interested in other people or things than before.
2. I have lost most of my interest in other people or things.
3. It's hard to get interested in anything.

13. Indecisiveness

0. I make decisions about as well as ever.
1. I find it more difficult to make decisions than usual.
2. I have much greater difficulty in making decisions than I used to.
3. I have trouble making any decisions.

14. Worthlessness

0. I do not feel I am worthless
1. I don't consider myself as worthwhile and useful as I used to.
2. I feel more worthless as compared to other people.
3. I feel utterly worthless.

15. Loss of Energy

0. I have as much energy as ever.
1. I have less energy than I used to have.
2. I don't have enough energy to do very much.
3. I don't have enough energy to do anything.

16. Changes in Sleeping Patterns

0. I have not experienced any changes in my sleeping pattern

-
- 1a. I sleep somewhat more than usual.
 - 1b. I sleep somewhat less than usual.

-
- 2a. I sleep a lot more than usual.
 - 2b. I sleep a lot less than usual.

-
- 3a. I sleep most of the day.
 - 3b. I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

0. I am no more irritable than usual.
1. I am more irritable than usual.
2. I am much more irritable than usual.
3. I am irritable all the time.

18. Changes in Appetite

0. I have not experienced any change in my appetite.

-
- 1a. My appetite is somewhat less than usual.
 - 1b. My appetite is somewhat greater than usual.

-
- 2a. My appetite is much less than before.
 - 2b. My appetite is much greater than usual.

-
- 3a. I have no appetite at all.
 - 3b. I crave food all the time.

19. Concentration Difficulty

0. I can concentrate as well as ever.
1. I can't concentrate as well as usual.
2. It's hard to keep my mind on anything.
3. I find I can't concentrate on anything.

20. Tiredness or Fatigue

0. I am no more tired or fatigued than usual.
1. I get more tired or fatigued more easily than usual.
2. I am too tired or fatigued to do a lot of the things I used to do.
3. I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex.

0. I have not noticed any recent change in my interest in sex.
 1. I am less interested in sex than I used to be.
 2. I am much less interested in sex now.
 3. I have lost interest in sex completely.
-

Section C:

Please circle the number that best describes how you feel about each of the statements listed below.

Strongly Disagree 1	Somewhat Disagree 2	Neither Agree nor Disagree 3	Somewhat Agree 4	Strongly Agree 5
1. I think it is best to put myself first because no one else will look out for me.				
2. I don't speak my feelings in an intimate relationship when I know they will cause disagreement.				
3. Caring means putting the other person's needs in front of my own.				
4. Considering my needs to be as important as those of the people I love is selfish.				
5. I find it is harder to be myself when I am in a close relationship than when I am on my own.				
6. I tend to judge myself by how I think other people see me.				
7. I feel dissatisfied with myself because I should be able to do all the things people are supposed to be able to do these days.				
8. When my partner's needs and feelings conflict with my own, I always state mine clearly.				
9. In a close relationship, my responsibility is to make the other person happy.				
10. Caring means choosing to do what the other person wants, even when I want to do something different.				
11. In order to feel good about myself, I need to feel independent and self-sufficient.				
12. One of the worst things I can do is to be selfish.				
13. I feel I have to act in a certain way to please my partner.				
14. Instead of risking confrontations in close relationships, I would rather not rock the boat.				
15. I speak my feelings with my partner, even when it leads to problems or disagreements.				

16. Often I look happy enough on the outside, but inwardly I feel angry and rebellious.	1	2	3	4	5
17. In order for my partner to love me, I cannot reveal certain things about myself to him/her.	1	2	3	4	5
18. When my partner's needs or opinions conflict with mine, rather than asserting my own point of view I usually end up agreeing with him/her.	1	2	3	4	5
19. When I am in a close relationship I lose my sense of who I am.	1	2	3	4	5
20. When it looks as though certain of my needs can't be met in a relationship, I usually realize that they weren't very important anyway.	1	2	3	4	5
21. My partner loves and appreciates me for who I am.	1	2	3	4	5
22. Doing things just for myself is selfish.	1	2	3	4	5
23. When I make decisions, other people's thoughts and opinions influence me more than my own thoughts and opinions.	1	2	3	4	5
24. I rarely express my anger at those close to me.	1	2	3	4	5
25. I feel that my partner does not know my real self.	1	2	3	4	5
26. I think it's better to keep my feelings to myself when they do conflict with my partner's.	1	2	3	4	5
27. I often feel responsible for other people's feelings.	1	2	3	4	5
28. I find it hard to know what I think and feel because I spend a lot of time thinking about how other people are feeling.	1	2	3	4	5
29. In a close relationship I don't usually care what we do, as long as the other person is happy.	1	2	3	4	5
30. I try to bury my feelings when I think they will cause trouble in my close relationship(s).	1	2	3	4	5
31. I never seem to measure up to the standards I set for myself.	1	2	3	4	5

If you answered the last question with a 4 or 5, please list up to three of the standards you feel you don't measure up to:

1. _____
2. _____
3. _____

Section D:

Everyone feels angry or furious from time to time, but people differ in the ways that they react when they are angry. A number of statements are listed below which people use to describe their reactions when they feel *angry* or *furious*. Read each statement and then circle the appropriate response to indicate *how often* you *generally* react or behave in the manner described when you are feeling angry or furious. There are no right or wrong answers. Do not spend too much time on any one statement.

Circle 1 for <u>Not at all</u>	Circle 2 for <u>Somewhat</u>	Circle 3 for <u>Moderately so.</u>	Circle 4 for <u>Very much so.</u>
--------------------------------	------------------------------	------------------------------------	-----------------------------------

How I Generally React or Behave When Angry or Furious

1. I express my anger.	1	2	3	4
2. I keep things in.	1	2	3	4
3. If someone annoys me, I'm apt to tell him or her how I feel.	1	2	3	4
4. I pout or sulk.	1	2	3	4
5. I lose my temper.	1	2	3	4
6. I withdraw from people.	1	2	3	4
7. I make sarcastic remarks to others.	1	2	3	4
8. I boil inside, but I don't show it.	1	2	3	4
9. I do things like slam doors.	1	2	3	4
10. I tend to harbour grudges that I don't tell anyone about.	1	2	3	4
11. I argue with others.	1	2	3	4
12. I am secretly quite critical of others.	1	2	3	4
13. I strike out at whatever infuriates me.	1	2	3	4
14. I am angrier than I am willing to admit.	1	2	3	4
15. I say nasty things.	1	2	3	4
16. I'm irritated a great deal more than people are aware of.	1	2	3	4

APPENDIX B: Recruitment Letter to Mental Health Professionals

Department of Psychology
Lakehead University
Thunder Bay.
Date: _____.

Dear _____:

My name is Brooke Carfagnini. I am a student in the Masters Programme, Clinical Psychology/ Women's Studies specialization. I am presently recruiting participants for my research project entitled "Perceptions Within Intimate Relationships". It examines people's psychological functioning and their perception of themselves within their intimate relationship. This project is being supervised by Dr. Josephine Tan, associate professor of Psychology at Lakehead University and a practising clinical psychologist registered in Ontario. This research project has been approved by the Ethics Committee at Lakehead University (see enclosed ethics approval). I am writing to request your assistance in recruitment efforts. *All it involves is posting or leaving in your reception area the enclosed recruitment poster.* I am hoping this may encourage some of your clients to read it and decide to enquire for further information out of interest in this study.

I am particularly interested in involving participants who may be seeking health care for concerns relating to depression or low mood. These individuals must also currently be married or cohabiting, or have only recently ended their relationship. The main exclusionary criterion is that individuals do not have chronic medical problems.

One of the objectives of this study is to compare males and females who are low and high in depression levels, on their communication and emotional experiences within their relationships. Participation involves filling out a questionnaire package and then mailing the package back to me in a stamped, addressed envelope. Those who indicate interest in going further in the study might be contacted for a confidential same-sex focus group to discuss meanings behind self-silencing behaviours (such as suppressing anger feelings or not expressing one's own feelings or wishes) within one's intimate relationship.

There is no risk or harm to the participants as a result of completing the research questionnaire or being part of a group discussion. However, Dr. Tan and I will be available so that participants may approach us with any concerns, or for further information.

I thank you very much for your assistance with this research project. If you have any questions, please feel free to contact me at 343-8978 or 344-8834.

Sincerely,

Brooke Carfagnini, HBA (Psychology)
MA student in Clinical Psychology/Women's Studies Specialization

APPENDIX C: Recruitment Poster

LOOKING FOR RESEARCH VOLUNTEERS FOR A PSYCHOLOGY STUDY

The Dept of Psychology, Lakehead University is looking for research participants for a study that is examining how people's psychological functioning and perception of themselves within their intimate relationship relate to each other. You need to be at least 18, currently or recently married, or currently or recently have been living with an intimate partner.

This study involves completing a Research Questionnaire (20 -30 minutes) that can be completed at home and then mailed back to the researcher. If they agree to be contacted further, a small group of respondents might be invited to attend a confidential same-sex group discussion on a topic about communication in intimate relationships.

All responses are kept confidential. All participation is voluntary.

All respondents to the Research Questionnaire will be entered into three \$50 prize draws. All individuals who attend the group discussion will be entered into an additional three \$50 random prize draws.

For more information call BROOKE at 343-8978 or e-mail specialstudy@hotmail.com

343-8978 specialstudy@hotmail.com	343-8978 specialstudy@hotmail.com	343-8978 specialstudy@hotmail.com	343-8978 specialstudy@hotmail.com	343-8978 specialstudy@hotmail.com	343-8978 specialstudy@hotmail.com	343-8978 specialstudy@hotmail.com	343-8978 specialstudy@hotmail.com	343-8978 specialstudy@hotmail.com	343-8978 specialstudy@hotmail.com	343-8978 specialstudy@hotmail.com
--	--	--	--	--	--	--	--	--	--	--

APPENDIX D: Advertisement of the Research Recruitment Poster

Recruitment advertisement for community bulletins and newspapers

Volunteers are being sought for a research project being conducted by the Psychology Department at Lakehead University. This study investigates how people's psychological functioning and perception of themselves within their intimate relationship relate to each other. To be eligible, participants should be currently or recently have been living with an intimate partner or spouse. All participants must be at least 18 years of age. Participants will be entered into three random prize draws of \$50 each.

For more information, please contact 343-8978 or e-mail: specialstudy@hotmail.com.

APPENDIX E: Cover Letter to Participants (enclosed with the Research Packet).

Research Questionnaire

This study, *Perceptions Within Intimate Relationships*, investigates how people's psychological functioning and perception of themselves within their intimate relationship relate to each other. As a participant in the study you are asked to complete a six page questionnaire. You are asked for background information to help us understand the demographics of our respondents. In addition, you are requested to answer questions on your psychological functioning, your feelings, thoughts, and behaviours. Please complete the pages in chronological order. This should take approximately 30-45 minutes of your time. Please return all the completed forms in the enclosed stamped addressed envelope within a week or less.

Your participation is completely voluntary. Please note that there is no risk or benefit to you for completing the questionnaire. Your responses will be kept confidential and identified only by a number code. The questionnaires will be kept in secure confidential storage in Dr. Josephine Tan's (the project supervisor) lab at Lakehead University for a period of 7 years. After that, they will be destroyed. When you return your questionnaire to us, we will enter you into three (3) \$50 random prize draws. If you wish to have a summary of the study, we will be very pleased to send a copy of the results to you when the study is completed in the winter of 2005.

Some of the respondents will be invited to attend a Part 2 to this study, but only if they indicate permission for us to contact them. We are looking for a number of men and women to share with us their views on communication within intimate relationships. These groups will be sex-segregated, that is, the groups will consist of men only or women only. Each discussion group will be for only 1 session lasting about 90 minutes and will be scheduled for a day and time when people can attend. All views offered and discussions are voluntary, and fully confidential. Those who participate in the group discussions will be entered into an additional three (3) \$50 random prize draws.

If you have any questions, please contact me (Brooke) at 343-8978, or my supervisor, Dr. Tan at Lakehead University at 346-7751. As well, we ask that you please keep this form for your own information. Thank You, and we look forward to receiving your completed questionnaire at your earliest convenience.

Brooke Carfagnini, HBA (Psychology)
Masters student in Clinical Psychology
with Women's Studies Specialization
343-8978

Josephine Tan, PhD, C. Psych.
Associate Professor
Clinical Psychology
343-7751

APPENDIX F: Consent Form (included in the Research Packet).

CONSENT FORM

1. The name of this project is *Perceptions Within Intimate Relationships*. It investigates how people's psychological functioning and perception of themselves within their intimate relationship relate to each other. Participation in this study involves filling out a Research Questionnaire. It should take approximately 20-30 minutes to complete. There is no risk or benefit for filling out the questionnaire.
2. All responses in this study will be kept confidential, and will be identified only by a numerical code. Participation is voluntary, which means respondents are free to drop out of the study whenever they want. Questionnaires will be kept in secure confidential storage at Dr. Josephine Tan's lab for 7 years at Lakehead University after which time they will be destroyed. A summary of the results of the study will be sent out to respondents who wish to know the outcome of the study. All respondents will be entered into three (3) \$50 random prize draws.

By signing below, I indicate that I have read and understood the information set out in this form, that I freely consent to participate in this study, and that I am 18 years or older.

Name of Participant: _____

Signature of Participant: _____ Today's Date: _____

-
-
- A. How may we contact you if you are a winner in our random prize draws?

Telephone #: _____

email address: _____

- B. Do you wish to obtain a summary of the results of this study when it is completed? Results should be ready by the winter of 2005. YES / NO

If YES, please give us your postal address: _____

- C. **We are very interested in getting some people together for Stage 2 of this project where they can give us their views on communicating in intimate relationships.** These will be held in a same-sex group format with discretion and confidentiality in mind.

Would you be interested in being contacted for this? YES / NO

If yes, please give us a tel # and/or email address where we can contact you soon after you return your questionnaire: _____

APPENDIX G: Outline of the Information to Potential Focus Group Participants

Hello (Name) _____:

My name is Brooke Carfagnini; I am calling about the Lakehead University Psychology department research study on *Perceptions Within Intimate Relationships*.

(Check to ensure this is a good time to talk.)

First of all; thank you so much for taking the time to complete the research questionnaire and mail it back. I really appreciate this. We are now proceeding with the stage two part of this study. You indicated that you are willing to volunteer to participate in the second part of this Lakehead University Psychology research study on the relationship between psychological functioning and perception of oneself within one's intimate relationship. I'd like to provide a bit of information about this second stage of the study and see if you have any questions, and to see when would be the best day and time for you to be part of a discussion group.

Based upon the responses that you provided in the research questionnaire, we would like to invite you to stage 2 because you met the selection criteria for our groups. These criteria include currently or very recently being in an intimate relationship (preferably a co-living arrangement), and being in the higher scoring range of those people answering Part C in the research questionnaire. This indicates that in general, your relationship style tends at times towards silencing some of your own thoughts, emotions, or wishes.

The purpose of the discussion or focus groups is to obtain the viewpoints of men and women who show a tendency to silence themselves in relationships and see what their communication styles mean for themselves. The groups will be run with men only or women only. There will be 3-8 people in a group. Each group will be facilitated by me and will be held in a relaxed, private, and confidential setting within the university. It will last for about 90 minutes. We will identify people only by their first names and we hope to get everybody's consent to be audiotaped. The audiotape will be transcribed. In the transcription, people will be identified only by a numerical code. We will be working from the data contained in the transcription, not from the audiotape. The tape will be kept in secure confidential storage for 7 years in Dr. Tan's lab and then destroyed. You can choose to say as much or as little as you wish in the discussion group. However, all your comments and opinions are valuable to us and therefore extremely important to this study. It is also important to recognize that we must respect other people's confidentiality as well as know that our own will be respected in the study process. We will discuss this further before beginning the actual focus group discussion. Your participation is voluntary, you can leave whenever you want. There is no risk or benefit to you for taking part in the group. All group participants will be entered into three (3) \$50 random prize draws. We will mail out a summary of results of the study to anyone who wishes a copy when the study has been completed and analyzed in the winter of 2005.

Do you have any questions or concerns that you would like to discuss at this time?

So, can we arrange the date and time for you to attend a focus group and give you all the details at this time? (These details relate to the location of the focus group meeting, and directions for reaching it.)

Do you have an email address where I may send this information for confirmation and as a reminder? Is it okay to send this? May I call you at this number two days before the focus group meeting to remind you? Please take down my name and phone number in case you need to contact me about any further details around the focus groups.

Thank you so much for your assistance with this research project.

J. Brooke Carfagnini, HBA.
Masters student in Clinical Psychology
with Women's Studies Specialization.
Lakehead University.
807- 343-8978

Supervisor: Josephine Tan, PhD, C. Psych.
Associate Professor
Clinical Psychologist
Lakehead University
807- 346-7751.

APPENDIX H: Thank You Letter to Those Who Were Not Selected for the Focus Groups

Date:

Name:

Address:

Address:

Dear Name of Participant,

Recently, you completed a Research Questionnaire for our Psychology project called "Perceptions Within Intimate Relationships". We have received your questionnaire and would like to express our very sincere thanks for taking part. Your responses will be kept confidential. You will also be entered into three (3) \$50 prize draws that will take place in the summer of this year. You will be notified if you are a winner. We will also send out a summary of the results of the study if you have requested it. The results should be ready in the winter of 2005.

You also indicated in your Consent Form that you are interested in being part of the second stage of this study where there will be group discussions on communication in intimate relationships. We had a strong response from our Research Questionnaire participants. Consequently, we are unable to accommodate everyone, and regret having to inform you that we will not be able to schedule you into a group. However, your answers to the Research Questionnaire will help us to understand how people express themselves in relationships.

Thank you very much for your involvement in our project. Without volunteers like yourself, advancement in research would not be possible. If you have any questions, please do not hesitate to contact us.

Brooke Carfagnini, HBA (Psychology)
Masters Student in Clinical Psychology
with Women's Studies Specialization
343-8978

Josephine Tan, PhD, C.Psych.
Associate Professor
Clinical Psychologist
343-7751

**APPENDIX I: Debriefing Information and Mental Health Resources List
(to be inserted after the Questionnaire in the Research Packet)**

Debriefing

Please do not read this page if you are not yet done with the questionnaire. If you wish to change any of your answers or you need to complete some sections in the questionnaire, please go back now and do that. If you have fully completed filling out your questionnaire and it is ready to be sent out to us, then please read this Debriefing page.

This Debriefing will provide you with more detailed information about this project. We were not able to do that at the beginning because we did not wish to influence your answers. That is why we had to make sure that you are now completely done with the questionnaire before you continue on with the Debriefing.

This project, as you already know, looks at perceptions within intimate relationships. We want to know whether men and women differ in the way they communicate and the way they perceive themselves in relationships. One of the communications strategies we are examining is the degree to which people express their thoughts and feelings to their partners, and how they perceive themselves when they either express or fail to express themselves. Finally, we were also curious whether the degree of psychological distress (or lack of) in a person would affect his/her communication strategies and perception of the self in the relationship.

This is why we are very interested in getting several people together for a second part in this study where we want to hear from them why they communicate in the way that they do. This is where the discussion groups come in. The groups will help us to contextualize our findings from the Research Questionnaire. We will be able to know the meanings behind different communication strategies. Of course, the responses from the groups will be kept confidential and nothing can be traced back to anyone. We will be using codes rather than names in our data collection.

We do not know really what we will find. However, the results from both stages of this study will enable us to understand what makes men and women communicate better in intimate relationships, and what hinders them. The results will have implications for helping couples improve their communication styles.

At this point, if you choose to be involved in the second part of this project when you had initially decided not to, please feel free to go back to the Consent Form and make the change.

Thank you very much for your help in this project. We look forward to receiving your questionnaire.

This marks the end of the Research Questionnaire. Thank you very much for participating in this part of the project. Please return the whole package in the envelope provided as soon as possible. Once the material is received, your name will go into the three draws for the \$50 prizes.

If you are interested in participating in the second part of the study which is the discussion group, please refer back to the consent form at the front of this package and give us the necessary information for us to contact you.

Once again, Thank You!

Therapy / Counselling Resources Available in Thunder Bay (please keep for your files)

If you or anyone you know would like to access mental health services, below are some resources that do not require a physician's referral:

- Lakehead University Health and Counselling Centre: 343-8361 (only for LU students)
- Family Services Thunder Bay: 684-1880
- Catholic Family Development Centre (345-7323)
- Lutheran Community Care Centre (346-7597)
- Private practitioners listed in the yellow pages of your telephone directory under Marriage, Family, & Individual Counsellors; Psychologists & Psychological Associates; Psychotherapy; and Stress Management & Counselling.
- Employee Assistance Programme (available in many companies - please speak to Human Resources of the company for information)
- Emergency services are available at Thunder Bay Regional Hospital
- Thunder Bay Crisis Response (24 hours): 346-8282
- Canadian Mental Health Association: 345-5564 (for information on resources in the community)

Please keep this page for your own information.

APPENDIX J: Facilitator's Guide for Focus Groups (Stage Two of the Study)

Focus Group Research Facilitator's Guide

Welcome and Introduction

- Introduce myself.
- Thank you for attending. I appreciate your being here today.
- Explain the purpose again of the focus group. I am exploring the meanings that individuals have for their own communication styles and expression or suppression of their emotions, particularly any negative emotions such as anger, within their intimate relationships.
- Hand out the consent for audiotaping forms.
- Inform that the proceedings will be taped, but that all information will be kept confidential. Everyone will identify themselves only by their first names. No individuals will be identified in the final summation of the material. I will be looking for themes that may emerge from the overall discussion; these are what will be reported on in the final research results. I am hoping that each of you will be comfortable in being candid and open. There are absolutely no right or wrong answers. Please feel comfortable about speaking up if you have a different view, or if your situation is not being addressed.
- Some of the material covered may be quite personal in nature, so it is essential that each person also promise to honour the confidentiality of everything that is discussed here today. This means that disclosures and discussions in this session is not shared with anyone outside of the group. Explain again that participation is voluntary; if anyone feels uncomfortable with these guidelines, they are free to leave without any penalty at this time, before the formal session and taping begins.
- Explain again that my supervisor, Dr. Tan, is a professor at Lakehead University and also a clinical psychologist registered in Ontario. Remind everyone that should any of the material that is discussed today give rise to personal issues that may be of concern to them, there are many mental health care facilities available in the city. As well, I will be happy to talk to individuals afterward about these and give suggestions for referral to these health sources.
- Ask if anyone has questions now before the audio taping begins. This will take about one hour. Turn on the recorder.
- Roundtable Introductions: please tell us your first name and one of your interests or favourite hobbies (It is hoped that this will begin the discussion on a neutral tone and help to relax participants).

Focus Questions

(To be written out on a flip chart so all may refer to each question or focus statement during the discussion)

One of the main purposes on this study is to examine the reasons why people may keep silent about their own feelings, wishes, needs, and opinions in their intimate relationship. Please discuss your understanding of the following statements.

1. "When I make decisions, other people's thoughts and opinions influence me more than my own thoughts and opinions." (Jack, 1991, p. 218).

Does this describe you at all? In what way? In what way does it not?

If time permits: "I tend to judge myself by how I think other people see me" (Jack, p. 216).

2. "Caring means putting the other person's needs in front of my own" (Jack, p. 216).

Please discuss whether this statement applies to your beliefs and actions in your relationship. How important do you think this way of caring is to you in your relationship?

Second item, if time permits: "Caring means choosing to do what the other person wants, even when I want to do something different." (Jack, p. 217).

3. "I don't speak my feelings in an intimate relationship when I know they will cause disagreement" (Jack, p. 216).

Please discuss; does this describe you in your relationship? If yes, please elaborate. If no, please explain.

Second item if time permits: "When it looks as though certain of my needs can't be met in a relationship, I usually realize they weren't very important anyway" (Jack, p. 217).

4. "Often I look happy enough on the outside, but inwardly I feel angry and rebellious" (Jack, p. 217).

Please discuss. What is your interpretation of the above statement? How accurately does it describe you in your relationship?

A second item if time allows: "When I am in a close relationship I lose my sense of who I am" (Jack, p. 217).

5. "I rarely express my anger at those close to me" (Jack, p. 218).

Please discuss. Does this describe you? If so, does this help maintain your relationship or keep it running smoothly? Or does it make things worse? How about your own feelings about yourself - does not expressing your anger make you feel better or worse about yourself?

6 (a). *For the focus group with women only:*

According to some of the beliefs in our society and culture, the female in an intimate relationship has the responsibility of maintaining that relationship by putting the needs of others ahead of her own, and the role of the female is to be selfless and responsible for the caring in one's marriage or intimate relationship.

Please discuss. In what ways are you influenced in your beliefs of what this female role is within relationship by your own family and ethnic background?

6 (b). *For the focus groups with men only:*

According to some beliefs in our society and culture, the male in an intimate relationship is more likely not to express his true feelings in order to maintain the image of the strong silent man. This allows him to therefore keep control in his marriage or relationship.

Please discuss. Does this describe the way you express or do not express you emotions and thoughts within your relationship? Does it describe your reasons for not expressing your true feelings? If not, what would you say your reasons are for not sharing your true feelings?

Conclusion

Do you have any further comments or ideas about the topics we have discussed here today?
Are there any comments relating to the whole study?

Facilitator thanks participants and turns off tape recorder.

APPENDIX K: Information Sheet for Focus Group Participants

INFORMATION SHEET FOR FOCUS GROUP PARTICIPANTS

You are here to participate in this focus group, which is the second part of this Lakehead University Psychology research study on *Perceptions Within Intimate Relationships*. The purpose of these focus groups is - to ascertain whether there are any common factors or patterns that may lay behind certain communication styles and emotions that are sometimes experienced within relationships.

You completed the research package that comprised the first part of the study. Based upon your responses in that questionnaire, you have been selected for this stage two because you meet the selection criteria for our focus groups. These criteria include currently or very recently being in an intimate relationship (preferably a co-living arrangement), and being in the higher scoring range of those people answering Part C in the research questionnaire. This indicates that in general, you have endorsed or agreed with a number of the questionnaire items that dealt with certain communication behaviours within your relationship. This suggests that your relationship communication style tends at times towards silencing some of your own thoughts, emotions, or wishes.

The purpose of the focus groups is to discuss with other participants and the facilitator, in this relaxed confidential setting within the university, the possible meanings that may lay behind your responses to the above mentioned questionnaire. Your focus group has no more than eight people, and also includes me who will be the facilitator. This discussion meeting will take approximately 90 minutes. I, Brooke Carfagnini, the principal researcher for this study, will guide the process as the facilitator. We will follow a semi-structured format that will use approximately six previously formulated questions or topics to guide the discussion. As a token of our appreciation, each participant will be entered into 3 draws of \$50 each. These draws will take place after all the focus groups have met.

Your participation in this part of the project is completely voluntary and confidential. It is your choice if, and when, to make comments during the discussion group session. You may choose not to participate at all. However, all your comments and opinions are valuable to us and therefore extremely important to this study. It is also important to recognize that we must respect each other participant's confidentiality as well as know that our own will be respected in the study process.

The discussion session will be audio-taped. This enables us to collect all information without missing anything because your focus group session comments are very valuable to the research. The information obtained from these focus groups audio-tapes will only be heard by the researchers, then it will be transcribed, coded, analyzed, and securely stored at Lakehead University for seven years. The data will be destroyed after that time period. No individual will be identified in the results. We would be very happy to send you a summary of the report when the study has been completed, if you so request.

CONSENT FORM
to participate in a focus group discussion on:

Communication Styles and Emotions in Intimate Relationships

I agree to participate in **The Focus Group Discussions study on Perceptions Within Intimate Relationships** being conducted by Brooke Carfagnini and Dr. Josephine Tan of the Department of Psychology at Lakehead University.

By signing below:

- I acknowledge that I have made this decision based on the information I have received during the phone conversation when this focus group session was arranged, and in the Information Sheet provided with this consent form, and that I have had the opportunity to receive any additional details I want about the study.
- I realize that as a participant in this part of the study, I will be asked to take part in a 90 minute discussion group, and that I may choose to participate (or not) to the extent of my own personal comfort level. This means that I may decline to answer questions or to join into the discussion at any time in the group.
- I understand that I may withdraw this consent at any time by asking that the discussion be stopped as it pertains to my participation and that this will have no negative implications for me whatsoever.
- I understand that there is no direct benefit to myself for participating in this study. While there are no risks associated with participating in the focus group, I understand that some issues in the discussion may be uncomfortable for me and I have the right to decline answering any of the questions.
- I understand that as a participant in this focus groups portion of the study, I will be entered into 3 random draws of \$50 each.
- I understand that all information I provide will be held in confidence, and kept in secure storage in the Psychology Department at Lakehead University for a period of seven (7) years after which time it will be destroyed. I also understand that I will not be identified by name in the thesis, report or publication.
- I acknowledge that I am at least 18 years of age.

Participant's Name: _____

Participant's Signature: _____

Date: _____

***If you wish to receive a summary of the results upon the completion of the study, please write down your mailing address below:**

APPENDIX M: Consent Form For Focus Group Audiotaping

Focus Group: Perceptions Within Intimate Relationships
Consent Form to be Audio-taped

We are requesting your permission to audio-tape this discussion session. Your comments are valuable to us. We do not want to miss anything that is said during the session. We will be transcribing the tapes, enabling us to review them and analyze the data more fully. The tapes will only be heard by the researchers, and along with the transcriptions, will then be securely stored at Lakehead University for seven years, after which time the data will be destroyed. No individual will be identified in the results.

I believe that the reasons for audio-taping the discussion group have been explained to my satisfaction. By signing below, I am consenting to the audio-taping. I am aware that I may withdraw my consent to be audio-taped at any time.

Participant's Name: (please print) _____

Participant's Signature: _____

Date: _____