THE SILENCING THE SELF SCALE

Schemas of Intimacy Associated With
Depression in Women

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The Silencing the Self Scale (STSS), derived from a longitudinal study of clinically depressed women, measures specific schemas about how to make and maintain intimacy hypothesized to be associated with depression in women. To assess its psychometric properties, the STSS was administered with the Beck Depression Inventory (BDI) to three samples of women: college students (n = 63), residents in battered women’s shelters (n = 140), and mothers (n = 270) (of 4-month-old infants) who abused cocaine during pregnancy. The STSS had a high degree of internal consistency and test–retest reliability and was significantly correlated with the BDI in all three samples.

The present study was designed to determine the psychometric properties of the Silencing the Self Scale (STSS) and to assess its usefulness as an instrument to investigate gender-specific schemas hypothesized to be associated with depression in women. The scale is based on a model of female

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depression (Jack, 1991) derived from a longitudinal study of clinically depressed women. This model suggests that cognitive schemas about how to create and maintain safe, intimate relationships lead women to silence certain feelings, thoughts, and actions. This self-silencing contributes to a fall in self-esteem and feelings of a “loss of self” as a woman experiences, over time, the self-negation required to bring herself into line with schemas directing feminine social behavior.

The scale consists of four rationally derived subscales that measure key dimensions hypothesized to reflect the proposed dynamic of depression.

1. Externalized self-perception (judging the self by external standards).
2. Care as self-sacrifice (securing attachments by putting the needs of others before the self).
3. Silencing the self (inhibiting one’s self-expression and action to avoid conflict and possible loss of relationship).
4. The divided self (the experience of presenting an outer compliant self to live up to feminine role imperatives while the inner self grows angry and hostile).

The first subscale taps standards used for negative self-judgment, the second and third measure schemas governing interpersonal behavior, and the fourth reflects the phenomenology of depression.

Researchers link social inequality with higher rates of depression in women (Belle, 1982; McGrath, Keita, Strickland, & Russo, 1990); STSS scale items reflect how social/gender inequality is structured in thought to affect everyday interactions. For example, gender inequality in the traditional female role dictates that a man’s needs are more important than the woman’s and is exemplified by scale items such as “Caring means choosing to do what the other person wants, even when I want to do something different.”

Traditional femininity in the STSS does not include static personality traits or qualities but specific cognitive schemas, derived from the culture, that guide a woman’s social behaviors and her self-assessment. Sentences in the STSS do not overtly refer to the feminine role but only to its imperatives: how a woman should act to cultivate and maintain relationships. These imperatives also carry moral meaning with respect to the self’s worth or behaviors (Gilligan, 1982). Thus, item 4, “Considering my needs to be as important as those of the people I love is selfish,” attempts to measure not only gender inequality but also the moral meaning a woman attaches to her submissive actions in relationship and the negative self-assessments that result when this standard is violated (e.g., thoughts such as “I lost the relationship because I was too selfish”).

Although the STSS follows Beck’s (1983) emphasis on cognitive schemas, it is not based on a cognitive deficit model (Beck, Rush, Shaw, & Emery, 1979) or on a characterological/personality model (Blatt, Quinlan, Chevron, McDonald, & Zuroff, 1982) that posits stable, universal aspects of
personality and their interaction with episodic stressors in the environment. Rather, the STSS follows assumptions of phenomenological psychology (Mead, 1956), also elaborated by the social construction of reality theory (Berger & Luckmann, 1967): The categories of thought that people bring to actively interpret their worlds, guide their behavior, and assess the self are socially constructed and are reflexive with social institutions and contexts. Gender-specific aspects of socialization practices and of material social power are reflected in these social categories of thought.

Blatt et al.’s (1982) psychodynamic perspective and Beck’s (1983) cognitive/personality model also emphasized the interpersonal domain and its relevance to depression. These theorists also argued that the interaction of aspects of personality (or schemas) with negative life events in the domain of value (interpersonal or achievement) will predict the occurrence of depressive symptoms. Contemporary research in cognitive aspects of depressive vulnerability utilizes instruments such as the Depressive Experiences Questionnaire (DEQ) (Blatt, D’Afflitti, & Quinlan, 1976) or the Sociotropy-Autonomy Scale (SAS) (Beck, Epstein, Harrison, & Emery, 1983). Both of these instruments require a measure of life events to describe the match between a stressor and the individual’s domain of value. Because norms directing feminine social behavior span both the achievement and interpersonal realms, the STSS avoids the seemingly artificial distinction between these realms required by other instruments.

According to the model proposed here, social situations and specific relationships that demand interpersonal behaviors measured by the STSS interact with a woman’s own endorsement of these schemas to affect her vulnerability to depression. Thus, the STSS should significantly correlate with depression scores within a sample of women who share similar social/relational contexts. The degree of endorsement of the STSS should differ significantly across groups of women whose social/relational contexts differ demonstrably. Although the STSS measures normative beliefs considered socially desirable rather than reflecting the level of psychological stress or functioning, higher scores should not necessarily indicate poorer functioning but should reflect greater pressure to fulfill the norms of the “good woman.” The pressure may derive from internal longstanding socialization (parental models) or from external situational factors (social context, including specific relationships).

METHOD

Item Development

Items were developed to reflect beliefs that appeared to guide the self-evaluation and behavior of 12 clinically depressed women during a longitudinal study (Jack, 1991). Sentences in the scale presented themes that
occurred in all the depressed women’s interviews; respondents rated their agreement on a 5-point scale, ranging from strongly disagree to strongly agree.

Forty-one items were reviewed and approved by nine clinical psychologists who volunteered to assess their face validity and comprehensibility. Items were also reviewed for clarity and comprehensibility using volunteer samples of female undergraduate introductory psychology students at a large racially diverse urban university in the Northeast and of female undergraduates presenting for treatment of depression at Western Washington University counseling center. Because the items appeared successfully to describe the hypothesized pattern of endorsement of schemas about the self in relationship with depression in women, no changes were made.

The scale was subsequently formally examined for reliability and internal consistency using three female samples: university students, new mothers who used drugs during pregnancy, and residents at battered women’s shelters. Ten items were subsequently dropped, either because they did not vary with the rest of the items or because they were skewed in terms of their distribution.

In the final 31-item questionnaire, 5 sentences are reversed to control for acquiescence in response set (items 1, 8, 11, 15, and 21), with a possible range of scores from 31 to 155. Representative items from the STSS and the four schemas they represent are shown in the Appendix.

Samples

Undergraduate Females
Sixty-three women in an introductory psychology course at a state university in the Northwest volunteered to complete the STSS and the Beck Depression Inventory (BDI) (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) during class time and returned complete data. Fifty-three (84% of the original sample) returned complete retest data 2 weeks later. Mean age was 19.1 years, and 98% of the women were single. Two percent were divorced, and none of the women had children. Undergraduate respondents were predominately white and middle class, reflecting the composition of the university at large, which reported 5.7% ethnic minorities during 1987–1988.

Shelter Group
One hundred forty women from three battered women’s shelters in the Northwest volunteered to complete the STSS, the BDI, and a severity of abuse measure in response to staff requests during the first 3 days of their stays. Analysis of variance indicated that neither the means of the BDI nor of the STSS significantly differed among the three shelters (Shelter 1, \( n = 43, M = 101.56 \); Shelter 2, \( n = 36, M = 97.89 \); Shelter 3, \( n = 61, M = 100.30 \)), \( F(2, 137) = 0.19, \text{ns} \), so the three groups were considered as one population in reliability analyses.
The three shelters drew women from diverse areas: a large city, a rural county, and a university town. The mean age of the women in the sample was 31.2 and they had an average of 12.5 years of education. Relationship status was 34% married, 20% divorced, 17% separated, 1% coupled, and 28% single (with boyfriends). The median length of their current abusive relationship was 4.2 years; mean length was 6.5 years. Seventy-four percent of the women had children; mean number of children per woman was 1.6.

Racial composition was 83.5% white, 7.2% Native American, 5% black, 2.2% Hispanic, and 0.7% Asian American. The majority (59%) were unemployed and economically dependent on their partner or on welfare. Listed occupations included 51.7% homemakers, 22.4% service occupations, 8.4% healthcare, and 0.7% professional, with the remainder listing "other."

Pregnancy and Health Study II (P&HSII)
A group of 270 Caucasian women in this study were also part of the National Institute on Drug Abuse (NIDA) funded "Cocaine: Pregnancy Use and Infant Development" study, examining the effects of cocaine use on infant development. Women who voluntarily self-reported drug use during pregnancy were recruited from three Seattle area hospitals. Approximately 40% of the sample self-reported cocaine use; 60% were group matched with the cocaine sample on alcohol, cigarette, and marijuana use. None of the women used heroin, methadone, amphetamines, or other street drugs. Data for the scale construction study were obtained at the 4-month postpartum follow-up interviews.

Mean age of the women in the sample was 24.5, and they had an average of 11.7 years of education. Relationship status was 37% married, 6% divorced, 5% separated, 17% coupled, and 35% single.

Measure of Depressive Symptomatology

The BDI was selected to measure depressive symptomatology for several reasons: (a) it measures severity of depression along a continuum from health to illness, (b) it can be self-administered, and (c) it has been well validated in research with varied populations (Baumgart & Oliver, 1981).

RESULTS

Internal Consistency

Internal consistency of total STSS and subscales was examined separately for three samples: (a) undergraduate females, (b) P&HSII sample, and (c) residents at battered women's shelters. Table 1 presents descriptive statistics and internal consistency coefficients (coefficient alpha) for STSS total
Table 1
Descriptive statistics, internal consistency, and test–retest reliability of Silencing the Self Scale (STSS) total and subscale scores for three groups of women

<table>
<thead>
<tr>
<th>STSS</th>
<th>Scores</th>
<th>Internal Consistency</th>
<th>Test–Retest Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Undergraduate sample (females)</td>
<td>63</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Externalized self-perception</td>
<td>18.2</td>
<td>4.6</td>
<td></td>
</tr>
<tr>
<td>2. Care as self-sacrifice</td>
<td>24.5</td>
<td>5.3</td>
<td></td>
</tr>
<tr>
<td>3. Silencing the self</td>
<td>20.6</td>
<td>5.9</td>
<td></td>
</tr>
<tr>
<td>4. Divided self</td>
<td>15.1</td>
<td>4.8</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>78.4</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Pregnancy and Health Study II Sample</td>
<td>270</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Externalized self-perception</td>
<td>17.2</td>
<td>5.4</td>
<td></td>
</tr>
<tr>
<td>2. Care as self-sacrifice</td>
<td>25.7</td>
<td>5.4</td>
<td></td>
</tr>
<tr>
<td>3. Silencing the self</td>
<td>22.4</td>
<td>7.1</td>
<td></td>
</tr>
<tr>
<td>4. Divided self</td>
<td>16.5</td>
<td>6.7</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>81.8</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Shelter Sample</td>
<td>140</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Externalized self-perception</td>
<td>20.3</td>
<td>6.2</td>
<td></td>
</tr>
<tr>
<td>2. Care as self-sacrifice</td>
<td>25.5</td>
<td>7.8</td>
<td></td>
</tr>
<tr>
<td>3. Silencing the self</td>
<td>28.7</td>
<td>9.9</td>
<td></td>
</tr>
<tr>
<td>4. Divided self</td>
<td>25.4</td>
<td>6.8</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>99.9</td>
<td>27</td>
<td></td>
</tr>
</tbody>
</table>

^ r value, n = 53. ^ Spearman-Brown coefficient of equivalence, unequal length.

and subscale scores in specific samples. Internal consistency (alpha) for the total STSS scores ranges from .86 to .94. Alphas on subscales are satisfactory, except for subscale 2 (care as self-sacrifice), which is marginal and should be used separately with caution. Item–total correlations are generally acceptable (ranging .77 to – .01).^1

Test–Retest Reliability

Table 1 shows test–retest statistics (r) for undergraduate STSS total scores, and Spearman-Brown coefficient of equivalence for the P&HSII and the battered women samples. Reliability of the STSS in all three samples is excellent.

Construct Validity

An index of the validity of the STSS was provided by its use as a measure in testing two hypotheses relevant to the construct under investigation: (1)
the STSS would significantly correlate with depression scores (BDI) within groups of women in different social/relation contexts and (2) mean STSS scores would significantly differ in the expected direction across groups of women whose social contexts varied in the demand for behaviors measured by the STSS, with the STSS scores and BDI scores covarying. STSS scores should be lowest in university women because of their freedom from social role demands and from long-term committed relationships. STSS scores should be highest in battered women because of high-conflict, unsatisfactory relational contexts that expect submissive behaviors. STSS scores of the P&HSSII sample should fall between those of the other two groups because of normative demands of motherhood combined with norms for feminine behaviors within intimate heterosexual relationships.

1. Relation to BDI scores. Female students' BDI scores ($M = 7$, $SD = 5$) correlated significantly ($r = .52$, $p < .0001$) with their STSS scores ($M = 78$, $SD = 15$), the P&HSSII group BDI scores ($M = 12$, $SD = 8$) correlated ($r = .51$, $p < .0001$) with their STSS scores ($M = 82$, $SD = 19$), and the battered women's BDI scores ($M = 21$, $SD = 11$) correlated significantly ($r = .50$, $p < .0001$) with their STSS scores ($M = 100$, $SD = 26$). In sum, the STSS correlates significantly with level of depression in these nondepressed, mildly depressed, and moderately depressed women.

2. Relation to social context. The STSS varied significantly in the expected direction across the three female populations within different naturally occurring social contexts. Analysis of variance indicates significant differences among STSS means (students: $n = 63$, $M = 78$; P&HSSII: $n = 266$, $M = 82$; battered women: $n = 140$, $M = 100$; $F[2, 466] = 43.20$, $p < .0001$) and among BDI means (students: $n = 63$, $M = 7$; P&HSSII: $n = 268$, $M = 12$; battered women: $n = 140$, $M = 21$; $F[2, 468] = 68.26$, $p < .0001$).

Subscale Intercorrelations
The four STSS subscales represent theoretically distinct concepts and are internally consistent. They are, however, highly intercorrelated. Table 2 presents subscale intercorrelations and correlations with STSS total scores and BDI scores in the two largest samples. Each subscale is positively correlated with STSS totals and BDI scores.

DISCUSSION

Psychometric properties of the STSS indicate its reliability and internal consistency. Hypothesized subscales are useful for research and clinical purposes. Initial construct validity was demonstrated by relationships predicted by theory underlying the scale: (1) the STSS correlated significantly with a depression measure (BDI) within different populations of women and (2) significant differences in STSS means varied in the expected direction across three groups of women.

Data supporting the scale's construct validity are primarily correlational
Table 2

Intercorrelations between Silencing the Self Scale (STSS) subscales and their correlations with STSS totals and Beck Depression Inventory (BDI) scores in two groups of women

<table>
<thead>
<tr>
<th>Subscales</th>
<th>STSS</th>
<th>BDI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Pregnancy and Health Study II sample</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>.81***</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>.31</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>.58</td>
<td>.35</td>
</tr>
<tr>
<td>4</td>
<td>.62</td>
<td>.09</td>
</tr>
<tr>
<td>Shelter sample</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>.53</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>.65</td>
<td>.62</td>
</tr>
<tr>
<td>4</td>
<td>.70</td>
<td>.48</td>
</tr>
</tbody>
</table>

Note: Subscales 1–4 contain six, nine, nine, and seven items, respectively. *** p = .0001.

and do not allow for causal statements regarding STSS variance with social context. Prospective studies are necessary to explore the relationships among social context, variation in STSS scores, and depression. For example, prospective studies could explore whether a woman’s endorsement of the STSS and her depression level covary as she observes herself within specific contexts (poverty, drug use, battering) and as she assigns social meanings to those contexts and her behaviors within them.

In addition, future studies with the STSS in samples of clinically diagnosed women and men are necessary to further establish construct validity. Although the STSS has been designed to reflect the world views and experiences of women, it is unclear as yet how men would respond to STSS items and how endorsing these schemas would relate to level of depression. Empirical comparison of the STSS with the SAS and the DEQ would also be useful for exploring the underlying theory regarding the importance of socially constructed beliefs about women’s “goodness” in relationship to their vulnerability to depression.

Results so far justify the scale’s use in further research exploring gender differences in depression and the relation of socially constructed thoughts used to guide behavior and to evaluate the self and the social world. Race, gender, and ethnicity need to be considered as variables in further research using the scale.

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NOTES

1. Items 1 and 11 are not multiple indicators of the hypothesized constructs underlying the scale. (Item 1: “I think it is best to put myself first because no one else will look out for me.” Item 11: In order to feel good about myself, I need to feel independent and self-sufficient.”) They were intended as reversed statements in subscale 2 (care as self-sacrifice) but item-total correlations are zero or negative in the P&HSSI and battered women’s sample. More research with these items is necessary to understand their relationship to the scale in different populations.

2. Ranges of scores on the BDI valid in both psychiatric and unselected university populations are 0–9, nondepressed; 10–15, mildly depressed; 16–23, moderately depressed; and 24+, severely depressed (Baumgart & Oliver, 1981).

3. Preliminary data on a sample of 46 college men showed that although men strongly endorse the STSS (M = 86, SD = 15), their scores did not correlate significantly with level of depression measured by the BDI (r = .15, p = .38).

REFERENCES


APPENDIX

THE SILENCING THE SELF SCALE (REPRESENTATIVE ITEMS)

Subscale 1: Externalized Self-Perception (Items 6, 7, 23, 27, 28, 31)

6. I tend to judge myself by how I think other people see me.
31. I never seem to measure up to the standards I set for myself. (The STSS then instructs, "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:"

Subscale 2. Care as Self-Sacrifice (Items 1, 3, 4, 9, 10, 11, 12, 22, 29)

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.

Subscale 3. Silencing the Self (Items 2, 8, 14, 15, 18, 20, 24, 26, 30)

2. I don’t speak my feelings in an intimate relationship when I know they will cause disagreement.
8. When my partner’s needs and feelings conflict with my own, I always state mine clearly. (Reverse)

Subscale 4. Divided Self (Items 5, 13, 16, 17, 19, 21, 25)

5. I find it is harder to be myself when I am in a close relationship than when I am on my own.
16. Often I look happy enough on the outside, but inwardly I feel angry and rebellious.
21. My partner loves and appreciates me for who I am. (Reverse)