

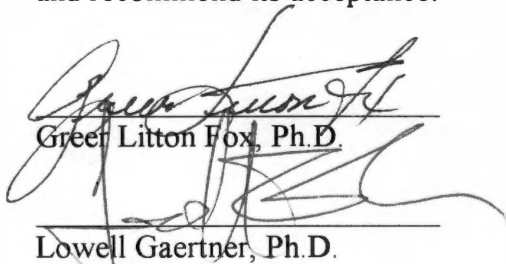
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I am submitting herewith a dissertation written by Melinda Schuessler Harper entitled "Keeping Quiet: Self-silencing and its association with relational and individual functioning among adolescent romantic couples." I have examined the final paper copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Psychology.

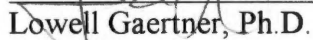


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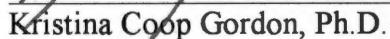
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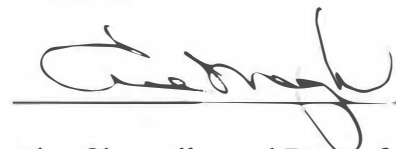


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Vice Chancellor and Dean of
Graduate Studies

**Keeping Quiet: Self-silencing and its association with relational and
individual functioning among adolescent romantic couples**

A Dissertation

Presented for the

Doctor of Philosophy

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Melinda Schuessler Harper

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DEDICATION

This dissertation is dedicated to three important and influential people in my life:

To my husband, Ryan, who grounds me with his unconditional love and acceptance

and

**To my parents, Ronald and Sunny, who taught me that discipline and perseverance only
work with love and humility**

ACKNOWLEDGEMENTS

While it is often assumed that a dissertation is considered primarily to be a study of theories and hypotheses, I have learned on this journey it is in fact comprised of things far beyond facts and figures. This project more accurately reflects the encouragement, guidance, and love of so many significant people in my life. I would like to individually extend my heartfelt thanks and gratitude to the following:

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To my friend, Leah, for sharing your statistical knowledge and your friendship with me. You helped make the transition to Yale so easy and fun, and I have enjoyed sharing this internship experience with you.

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ABSTRACT

The purpose of this study was to examine the association between self-silencing and aspects of relational and individual functioning among adolescent couple members involved in romantic relationships. Two hundred and eleven adolescent couples dating for a minimum of four weeks completed questionnaires assessing relationship satisfaction, self-silencing behaviors, sexual behaviors, global communication, and experiences of depressive symptomatology. Adolescent couples also participated in a videotaped conflictual interaction and rated perceptions of themselves and their partner on dimensions of frustration, conceding, sarcasm, and discomfort.

Data analyses addressed the effect of self-silencing on aspects of relational and individual functioning for both actor (the person doing the self-silencing) and partner. Results indicated that self-silencing couple members reported earlier age of transition to first sexual intercourse and greater discomfort refusing sexual activity from his or her partner. Self-silencing couple members also reported conceding to their partner during a conflictual discussion and poor global communication within the relationship overall. Self-silencing couple members also reported greater experiences of depressive symptomatology. This relationship was not stronger among adolescent girls compared to adolescent boys.

Partners of self-silencing couple members reported feelings of frustration and discomfort when interacting with the self-silencing member. Reports of self-silencing by one couple member were not associated with his or her partner's reports of depressive symptoms, global communication, or sexual behaviors.

Significant actor and partner effects were not found for the association between relationship satisfaction and self-silencing, but correlational analyses by gender did reveal a significant negative correlation among adolescent girls. Self-silencing girls reported poor relationship satisfaction overall.

Self-silencing, or the inhibition of self-expression, appears to play a role in shaping adolescent romantic relationships. The results of this study provide evidence that self-silencing affects multiple aspects of intimate relationships, including communication patterns, sexual activity, and ultimately the quality of relational and individual functioning. Implications of these findings and suggestions for future research are explored.

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CHAPTER I

INTRODUCTION

In the past decade, there has been a recent development and expansion of the empirical literature on adolescent romantic relationships. Initially, the focus was on identifying problematic behaviors, such as sexual activity, in an effort to prevent or eliminate deviant behaviors. Little attention was given to understanding adolescent romantic relationships as a normative context of development. In an attempt to change the direction of this burgeoning field, researchers argued that it was necessary to understand the context in which these behaviors developed, rather than focusing primarily on the negative consequences of the behaviors (Welsh, Rostosky, & Kawaguchi, 2000). The desire to understand the *context* of adolescent romantic relationships fueled the advancement of developmental theories regarding romantic relationships (Furman & Wehner, 1994; Collins, Hennighausen, Schmit, & Sroufe, 1997) and validated the intuitive belief that adolescent romantic relationships play a figurative role in adolescence (Furman & Buhrmester, 1992; Feiring, 1996).

The ability to develop intimate romantic relationships is considered one of the primary developmental tasks of adolescence (Sullivan, 1953). During this life phase, adolescents are struggling to form their identity and romantic relationships are an important context for developing their self-definition by integrating intimacy and personal identification. Adolescent romantic relationships are a new arena in which interpersonal skills such as developing intimacy and managing conflict with a romantic partner are learned. This is obviously not an easy process; in fact, finding and keeping a

romantic partner is very stressful and frightening because of the numerous challenges associated with mastering this unfamiliar domain (Larson, Clore, & Wood, 1999; Larson & Asmussen, 1991). There is a tremendous demand to succeed at this task. Having a romantic partner can be the key to gaining status and popularity among peers (Skinner & Nass, 1966) and is portrayed by the media and society in general as a normative and necessary step towards achieving the stereotypical ideal American family. Adolescent romantic relationships are associated with stress and high expectations, and this combination in adolescence, perhaps more than any other time in life, may lead to the manifestation of behaviors designed to sustain the relationship at all costs. One of these behaviors may be self-silencing. This phenomenon is expected to be especially salient in adolescents' romantic relationships because adolescents are in a context that is new, stressful, and highly desired.

The purpose of this study is to continue the examination of adolescent romantic relationships by focusing on the behaviors adolescents use to negotiate and manage the intricacies of these relationships. This study will focus on the behavior of self-silencing, a mechanism designed to maintain the relationship. Relationship maintenance and longevity is important, considering adolescent romantic relationships facilitate the development of one's identity (Erikson, 1968; Sullivan, 1953) and build skills that may be essential for similar relationships in adulthood (Furman & Wehner, 1997). Theories of adolescent identity development will first be presented as evidence for the importance of engaging and sustaining involvement in adolescent romantic relationships. In addition, theories of how adolescent romantic relationships and behaviors develop will be reviewed to understand the etiology and pervasiveness of relationship strategies. Next,

the theoretical and empirical literature on self-silencing will be presented to highlight the significant role of this behavior in maintaining intimate relationships and the paucity in empirical literature on this behavior within the adolescent romantic context. The current study will address this gap by focusing on this behavior and its association with relational and individual functioning in an adolescent dating sample.

Developmental Theories of Adolescent Identity Development

Early theories of identity development emphasized the necessity of sequential separation from pivotal figures throughout life stages in order to develop a coherent and separate sense of self. The disconnections from the mother in early childhood (Mahler, 1975), from family during adolescence (Erikson, 1968) and from mentors in adulthood (Levinson, 1978) were theorized to be instrumental in facilitating the development of self-confidence, self-reliance, and independence. Erikson (1968) believed that true intimacy could only be established after the complete integration of one's identity. Other researchers emphasize the mutual importance of autonomy and relatedness within relationships as influential in facilitating healthy ego development (Allen, Hauser, Bell, & O'Conner, 1994; Grotevant & Cooper, 1985; 1986). Adolescents' self-reports of autonomy and connectedness in their interactions with their parents have been associated with a number of positive outcomes, including higher levels of self-esteem, assertiveness, less difficulty separating from home, and dating competency (Kenny, 1987; Moore, 1987). The dual emphasis of both autonomy *and* connectedness is particularly central to the socialization and gender-identity development of women. The task of female development therefore is not to become independent of primary relationships but to

adjust one's personal thoughts and feelings within the context of the relationship itself (Gilligan, 1982; Miller, 1986; Surrey, 1991).

Many theorists recognized the healthy developmental function of participating in adolescent peer and romantic relationships for identity development. Erikson (1968) valued psychosocial reciprocity in helping the young adolescent formulate his or her identity. The powerful influence of peer pressure demonstrates the willingness of adolescents to superficially incorporate values and behaviors of others in an attempt to quickly define their identities without assessing their accuracy to their personal beliefs. Falling in love was viewed by Erikson not so much as a means of gratifying sexual urges but as an attempt to examine one's own malleable identity through the eyes of an intimate partner. The ephemeral nature of adolescent romantic relationships allows for definition and revision of one's identity until eventually an integrated self emerges, and subsequently the capacity for intimacy.

Sullivan questioned whether a "unique individual self" independent of others actually exists (Sullivan, 1950). He believed that effective and meaningful peer relationships were essential prerequisites for healthy and psychosocial development. During adolescence, Sullivan believed that adolescents experience a push towards intimacy with a new object following the established relationship with a same-sex peer, or "chum," (Sullivan, 1953). The drive for sexual satisfaction, as well as the need for personal security, coincides with this growing desire for intimacy with another. As a result of these tensions, adolescence is a stage marked by awkward attempts at initiating romances and sexual activity. The importance of establishing a relationship becomes all

the more relevant as the adolescent struggles to meet these new demands of negotiating and managing intimate relationships.

Carol Gilligan (Gilligan, Lyons, & Hanmer, 1990) postulated that adolescent females' development of morality and sense of self progressed through sequential stages that tested the limits of their psychological functioning. She outlined three developmental stages that creates a crisis among adolescent girls and related the outcome of these stages to the rise in incidence rates in depression. In Stage 1, young girls (ages 7 to 10) vocally proclaim their observations with no inhibitions. At age 11, girls enter into Stage 2, which is characterized by the recognition of interpersonal and social cues identifying when and where it is appropriate for women to acquiescence or not. Girls in this stage are known as "Whistle Blowers" and continue to actively defend their opinions rather than quietly slip into compliance with male authority. By adolescence however, independence is questioned and adolescent girls realize the paradox before them: "by virtue of being adolescent, they are expected to separate from their families and become autonomous; however, by virtue of being female, their need for connection has not abated" (Muuss, 1996, p. 204). The conflict over desiring an authentic relationship in which to freely express their opinions and their fear of the possible loss of the relationship, is hypothesized to result in a loss of voice among girls (Brown & Gilligan, 1982).

There is recent empirical evidence to support Gilligan's theory that as girls progress through the stages of adolescence, priority shifts from an individual perspective to one that is relationally focused. Using the measures designed to assess "authentic" relationships and self-concepts, Hopkins (1999) found that self-identity among girls

became more strongly related to involvement in and characteristics of authentic relationships with others as they progressed from childhood to early and late adolescence.

In summary, developmental theorists share a belief that adolescent peer and romantic relationships serve a necessary function in forming adolescents' self-definition. Given that the majority of adolescents' positive and negative emotions are associated with romantic relationships (Larson, Clore, & Wood, 1999), it is not surprising that the struggle to initiate and maintain romantic relationships shares a predominate part in the formation of adolescents' identity. Adolescents explore and test behaviors that facilitate the development and maintenance of these relationships. The ability to negotiate these intimate relationships using certain behaviors rests on the individual's past relational experiences with primary caregivers.

Attachment Theory and Adolescent Romantic Relationships

In 1969, John Bowlby posited the theory that certain instinctive psychological processes existed within humans that focused on the accessibility and responsiveness of a primary caregiver, known as the attachment figure. Known as the *attachment behavioral system*, these processes provided the rationale for understanding the development of emotional bonds between humans and how humans deal with attachment, separation, and loss. In his observational studies of infants, young children, and their mothers, Bowlby (1969/1982, 1973, 1980) observed emotional and behavioral reactions that had important implications for the development of the child's internal representations of the self and others. Bowlby (1969/1982) hypothesized that a young child with a consistently available and sensitive caregiver would develop a secure "working model" of himself and other attachment figures. If the primary caregiver is generally inconsistent in his or her

accessibility and sensitivity to the child or constantly unavailable for the child's needs, the child develops an insecure understanding of the self and other caregivers.

Based on the observations of infant-caregiver interactions, Bowlby's theory was operationalized into three distinct types of infant-caregiver relationships: *secure*, *anxious/ambivalent*, and *avoidant* (Ainsworth, Blehar, Waters, & Wall, 1978). The delineation of these types was based primarily on observational differences in the caregiver's availability and responsiveness to the child. For example, infants whose mothers were inconsistent in their responsiveness and intrusive at times upon the infant were observed crying more, exploring less, and appeared generally anxious. Infants whose mothers were consistent and predictable in their responsiveness appeared to be readily comforted if distressed and motivated to explore in the presence of the mother. Mothers who were generally rejecting of their child had infants who appeared detached and withdrawn. Infants' attachment styles within the first year of life were predictive of a variety of emotional and social competencies at later stages of life (for review, see Weinfield, Sroufe, Egeland, & Carlson, 1999).

Hazan and Shaver (1987) extended the attachment literature by conceptualizing adult romantic relationships using Ainsworth's, et al. (1978) three typologies of attachment. Not only did they find similar prevalence rates of adult attachment styles comparable to rates commonly found among infants, their results also suggested that the experiences of the love relationship as well as the working models of the self and relationships in general were significantly different, depending on the attachment style of the respondent. For example, secure individuals characterized their love experience with trust and happiness and viewed themselves and others in positive terms. Individuals

classified as anxious/ambivalent described their love experience as emotionally unstable and often filled with jealousy and fear of closeness. In addition, individuals who were anxious viewed themselves and others in negative terms, including reporting feelings of self-doubt and underappreciation.

Bartholomew and Horowitz (1991) expanded the traditional three-style typology by proposing a new model of attachment styles in adulthood based on the internal working models of the self and others. Dichotomizing the respondents' models of the self and others as either positive or negative, Bartholomew and Horowitz (1991) revised the existing typologies of attachment as *secure*, *preoccupied*, *fearful-avoidant*, and *dismissive-avoidant*. Secure individuals are those with positive views of themselves and others. Preoccupied individuals view others in positive ways but have negative views of themselves. Individuals who are dismissive/avoidant share positive views of themselves but negative views of others. Fearful/avoidant individuals are those that have negative models of both themselves and others. Bartholomew & Horowitz's (1991) analyses confirmed the proposed configurations of attachment styles, which more clearly identify attachment typologies based on individuals' internal models of the self and others.

The preliminary investigations mentioned above, and others (Collins, 1996; Collins & Read, 1990; Feeney & Noller, 1990), suggest a trans-generational link between early infant-caregiver interactions and adult romantic relationships. Contemporary models of adolescent romantic relationships take a developmental continuity perspective in suggesting that the qualities of early parent-child relationships are internalized and the internal representations of those early relationships impact adolescents' current romantic relationships. Specifically, these internalized representations of the parent-child dyad can

influence how adolescents interact with their dating partners, as well as how adolescents interpret their dating partners' behaviors and their own behaviors and intentions (e.g., Collins & Sroufe, 2000; Furman & Wehner, 1994; 1997).

Furman & Wehner (1994, 1997) propose in their behavioral systems conceptualization of romantic relationships that romantic couple members play multiple figural roles, including serving as an attachment figure, caregiver, affiliation, and sexual partner. Couple members bring into the relationship certain "views" of particular relationships and how the self and another functions in that relationship. These "views" shape and determine how individuals will behave in intimate relationships. Similar to working models suggested by attachment theorists, these views have been shaped from past interactions with others in significant interpersonal relationships and pervade throughout the behavioral systems. Although there are obvious similarities between this particular model and basic attachment theory, there is a fundamental difference in the amount of emphasis placed on the continuity of attachment styles across time. Furman and Wehner (1994, 1997) recognize that attachment differences can exist among the social, intimate relationships and they place more emphasis on the specificity of views within certain relationships. For example, the parent-child relationship is most likely to affect the romantic expectations held about a partner as an attachment figure whereas peer experiences, such as friendships, can develop an altogether different understanding of how affiliative relationships work. As a result, an adolescent can be securely attached to their parents and yet, based on different experiences with different attachment figures, he or she can be insecurely attached within their friendships.

Collins and Sroufe (2000) suggest that the behaviors exhibited by adolescents in romantic relationships are rooted in previous and current relationships that promote the capacity for intimacy. Beginning with the parent-child interaction, the child forms expectations of interpersonal relationships that are carried through successive developmental periods, starting with same-sex peer relationships and subsequently shifting to relationships romantic in nature. Thus, the adolescent's ability to initiate and maintain intimate relationships is a manifestation of their earlier experiences of relationships, beginning with the primary caregiver (Collins, Hennighausen, Schmit, & Sroufe, 1997).

There is empirical evidence demonstrating the transgenerational link between aspects of the parent-child relationship and other developmentally salient relationships in adolescence and adulthood. Using the Adult Attachment Interview (AAI; George, Kaplan, & Main, 1985), researchers have shown linkages between early working relationships with primary caregivers and subsequent adolescent-parent and adult-adult interactions (Kobak, Ferenz-Gillies, Everhart, & Seabrook, 1994; Cohn, Silver, Cown, Cown, & Pearson, 1992). Longitudinal evidence suggests that early internal working models of relationships with caregivers can predict attachment style, security status, and state of mind well into adulthood (Allen & Hauser, 1996; Roisman, Padron, Sroufe, & Egeland, 2002). In addition, there is modest evidence demonstrating that early relationships provide a template for behavior in future romantic relationships (Owens, Crowell, Pan, & Treboux, 1995). Roisman, Madsen, Hennighausen, Sroufe, & Collins (2001) linked adolescents' representations of their relationships with their parents to

romantic relationships in adulthood, such that AAI classifications at age 19 were related to dyadic behaviors with romantic partners at ages 20 and 21.

In summary, it appears that representations of past experiences carry forward such that working models of relationships with parents as a child shape relationships and influence dyadic behavior with intimate partners later in life.

Silencing the Self

The Silencing the Self theory was the result of a longitudinal, qualitative examination of internalized social factors among clinically depressed adult women (Jack, 1991). Jack interviewed twelve women, ranging in age from 19-55, who suffered from symptoms of severe and chronic depression. All the women associated their depression with interpersonal difficulties in a marriage to their husband or a relationship with a significant partner. The conversations revealed these women repeatedly engaged in self-sabotaging behaviors in order to preserve their intimate relationships. One of these self-destructive behaviors was persistent self-silencing. The constant repression of their individual beliefs and opinions from their partners resulted in depression, low self-esteem, and the loss of “voice.” This “loss of voice” coincided with the loss of one’s unique sense of self, the manipulation of their identity into someone they perceived as socially and culturally acceptable (i.e., a deferential wife), and the lack of trust in their personal opinion as accurate.

Why were these women engaging in these potentially self-destructive ways for the purpose of sustaining the relationship? One explanation for the inhibition or expression of one’s opinion within an intimate relationship is the anticipated response from the social environment. Women are at a much greater risk for negative economic,

physical, or relational penalties in response to the expression of anger or demands compared to men (Christensen & Heavey, 1990; Jacobson & Gottman, 1998). Based on the phenomenological experience of women and relying on the social construction of reality theory (Berger & Luckmann, 1967), Jack (1991) posited that established social factors become interpreted and incorporated within women's understanding of themselves and the world. For example, the recognition of the inherent message of women's inferiority in society (Fredrickson & Roberts, 1997) coupled with the validation of that belief based on the observation of a mother's deference to the father is comprehended and internalized as how the world operates (Jack, 1999). Moreover, given that women's personal identity is theorized to be relationally based (Gilligan, 1982; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991), the maintenance of the relationship is a figural part of women's self-definition. The self-sacrifice of voice becomes a necessary preservation tool that is constantly employed, regardless of the cost to the individual. Thus, Jack (1991) concluded that "compliance in a relationship is one way a woman attempts to guarantee that her partner will be 'accessible and potentially response' in times of need" (p. 40).

Self-silencing is not necessarily a behavior all women, and men, may exhibit. Individuals with certain characteristics however may be more likely to engage in this type of relational maintenance strategy, such as those who may have had experiences with rejection or insecure attachments. Downey and her colleagues posit that early interactions of rejection by caregivers, such as parental neglect and exposure to family violence (Downey, Bonica, & Rincon, 1999; Downey, Khouri, & Feldman, 1997; Feldman & Downey, 1994), result in a heightened anticipatory anxiety and expectation of

further rejection by significant others in future interpersonal relationships. The resulting hypervigilance to rejection leads to the misinterpretation of negative or ambiguous signals from significant others and an overreaction to otherwise benign situations. For example, rejection-sensitive individuals may become hostile during situations that elicit anxiety or expectations of rejection (Ayduk, Downey, Testa, Yen, & Shoda, 1999). In the context of a romantic relationship, those who are sensitive to possible rejection by their romantic partner may engage in certain strategic responses in an attempt to maintain a relationship they perceive as fragile (Harper & Dickson, 2003). Rejection-sensitive individuals may display compliant behaviors, such as tolerating violence or suppressing a differing opinion, in an attempt to thwart the perceived impending rejection (Downey, Freitas, Michaelis, Khouri, 1998; Downey, Bonica, & Rincon, 1999; Purdie & Downey, 2000). Unfortunately, these relationship-maintenance behaviors may prove to be ineffective and can possibly sabotage an already unstable relationship (Downey, Freitas, Michaelis, & Khouri, 1998). In an examination of middle and late adolescents involved in a romantic relationship, adolescents who were identified as rejection-sensitive reported engaging in significantly more self-silencing behaviors compared to adolescents who were less sensitive to rejection. In addition, self-silencing partially mediated the relationship between rejection sensitivity and depression among middle and late adolescents involved in a romantic relationship (Harper & Dickson, 2003).

As stated earlier, theoretical and empirical evidence also suggest that past attachments with primary caregivers can significantly influence present and future intimate relationships (Bowlby, 1980; Collins & Sroufe, 2000; Furman & Wehner, 1994; Roisman, et al., 2001; 2002). Individuals characterized as having fearful and avoidant

attachment styles reported higher levels of self-silencing within their romantic relationships compared to individuals identified as having a secure and dismissing attachment styles (Austin, 2002).

Gender and Self-silencing

Silencing the Self theory was formulated primarily to identify self-silencing as an integral component of women's experiences of depression (Jack, 1991, 1999). At the core of this theory was the knowledge that women formulate certain views about relationships based on their experiences of developing as a female, particularly those which emphasize interrelatedness and selflessness in relationships (Cross & Madson, 1997; Gilligan, 1982). This theory was not intended to include a male perspective and thus did not address the presence of or rationale for why similar self-silencing behaviors may be exhibited by men.

Men, in fact, are also social beings and struggle with how to handle the intricacies of an intimate relationship. Baumeister and Sommer (1997) proposed men are equally as invested as women in social relationships, but within different spheres. Among women, small, close relationships tend to be the primary sphere, whereas men tend to invest in a larger sphere of social relationships beyond just a small network of close peers. While the distinctive behaviors exhibited by men may be designed to set them apart from others and cause them to be perceived as less driven by a "need to belong" (Baumeister & Leary, 1995) it may be that these male behaviors are also driven by a need to belong and are a means by which men can connect themselves with others (Baumeister & Sommer, 1997).

Many studies have examined men's reports of self-silencing behaviors and found gender differences in self-silencing; in fact, adolescent and adult males tend to score higher than females (Duarte & Thompson, 1999; Gratch, Bassett, & Attra, 1995; Harper, Welsh, Grello, & Dickson, 2002; Page, Stevens, & Galvin, 1996; Thompson, 1995) while others have found no gender differences at all (Spratt, Sherman, & Gilroy, 1998). Not only do these findings run counter to the theory behind self-silencing, these inconsistencies suggest a possible weakness in the validity of the scale. Remen, Chambless, & Rodebaugh (2002) assessed the construct validity of the Silencing the Self scale using a college sample and found acceptable reliability for the overall Silencing the Self Scale as well as the Silencing the Self subscale for both men and women. Stevens & Galvin (1995) performed factor analysis and also confirmed the four subscales that comprise the Silencing the Self scale (Divided Self, Care as Self-Sacrifice, Externalized Self-Perception, and Silencing the Self). Culp (1998) suggests that the Silencing the Self subscale rather than the entire Silencing the Self scale best measures self-silencing behaviors. Duarte & Thompson (1995) confirmed that the Silencing the Self subscale was the same for men and women.

It is not clear as to why males continue to report higher self-silencing behaviors than females in intimate relationships. Perhaps males and females interpret self-silencing in meaningfully different ways (Duarte & Thompson, 1999; Jack, 1999; Harper, Welsh, Grello, & Dickson, 2002; Page, Stevens, & Galvin, 1996). There is evidence for a tendency among men to withdraw during relationship conflicts (Gottman, 1994; Heavey, Layne & Christensen, 1993) and self-silencing behaviors may be indicative of the desire to avoid intimacy, conflict, situations that limit independence, or situations where the

outcome of discussion is likely destructive (Remen, Chambless, & Rodebaugh, 2002; Ward, Bergner, & Kahn, 2003). In an examination of gender differences in the avoidance of self-disclosure, Rosenfeld (1979) found that men tended to avoid self-disclosure in an attempt to maintain an element of control over their relationships, compared to women who avoided self-disclosure in order to prevent personal hurt or relational conflict. Thus, self-silencing may be a power strategy among males to regain control of the situation and/or relationship. In addition, self-silencing among males may be related to the topic at hand. Christensen and Heavy (1990) found the demand/withdraw pattern to differ among wives and husbands depending on which partner's issue was being discussed. It may be that men may choose to self-silence on topics they do not consider relevant or important.

Self-silencing and Relational Functioning

As social creatures by nature, virtually all humans possess the inherent desire to connect with others and be understood by them (Baumeister & Leary, 1995; Swann, Rentfrow, & Guinn, 2002). Thus, the desire to establish and maintain intimate relationships is a positive aspiration. Descutner & Thelen (1991) point out that intimacy is pertinent in one's mental health and psychosocial adjustment and inadequate experiences of intimacy have been associated with a number of negative outcomes, including depression, loneliness, emotional isolation, ineffective adaptation to stress, and poor physical health (Lowenthal & Haven, 1968; Waltz, 1986). For married adults, there are many positive rewards, including greater subjective well-being compared to never-married individuals (Glenn & Weaver, 1979; Gove, Style, & Hughes, 1990), the fulfillment of basic and universal human needs (Glenn & Weaver, 1979; Henderson, 1977; Rook, 1984), companionship, and freedom from loneliness (Glenn, 1975). In

addition, morbidity and mortality are reliably lower among married versus unmarried individuals across a variety of acute and chronic conditions, including cancer, heart attacks, and surgery (Chandra, Szklo, Goldberg, & Tonascia, 1983; Goodwin, Hunt, Key, & Samet, 1987; Gordon & Rosenthal, 1995; House, Landis, & Umberson, 1988). Among adolescents, having a romantic partner may be the key to status and popularity among peers (Skinner & Nass, 1966). In addition, as discussed earlier, romantic relationships serve an important developmental role in identity development in adolescents. Given the importance of intimate relationships for psychological and physical well-being, the manner in which any threat to the longevity of the relationship is handled is vital to the outcome of the relationships.

Caryl Rusbult and colleagues proposed that the use of accommodation serves a positive relational purpose (Rusbult, Verette, Whitney, Slovik, & Lipkus, 1991). Accommodation refers to the level of willingness an individual has to inhibit destructive impulses and react constructively in response to a partner's destructive act. For example, if a husband yells at his wife, does the wife respond in a similar fashion by yelling back (i.e., destructive) or does she respond by calmly discussing the problem and actively search for a compromise (i.e., constructive)? Rusbult, et al. (1991) found that accommodation in adult dating relationships was associated with greater relationship satisfaction, stronger relationship commitment, and greater ability to take a partner's perspective. Moreover, couple functioning was highest when both partners mutually engage in similar levels of accommodating behaviors. Accommodation was not associated with global or social self-esteem, suggesting that individuals in this study did not associate this behavior with the view of their personal self.

Van Lange and his colleagues examined a similar construct to accommodation, the willingness to sacrifice (Van Lange, Rusbult, Drigotas, Arriaga, Witcher, & Cox, 1997). Willingness to sacrifice was defined as “the propensity to forego immediate self-interest to promote the well-being of the partner or relationship,” (Van Lange, et al., 1997). Willingness to sacrifice differs from the behavior of accommodation in that there is no clear attempt to compromise, although it may be implicitly appear that way. Sacrificial behaviors within the relationship were defined as either “active,” which are behaviors enacted that might otherwise be undesirable, or “passive”, which are behaviors forfeited that in other circumstances would be desirable. In their examination of adult dating couples, willingness to sacrifice was associated with strong commitment, high satisfaction, limited number of adequate alternatives, and high investment in the relationship. Willingness to sacrifice was also associated with what Van Lange and his colleagues defined as “superior couple functioning,” which was based on the level of dyadic adjustment.

Analysis of the research literature suggests that there are times in which the desire to willingly compromise individual interests for the sake of a relationship is associated with adaptive outcomes (e.g., Rusbult, 1991; Van Lange, et al., 1997) and other times in which it is associated with detrimental outcomes (Jack, 1991). There may be a continuum where moderate compromising and sacrificing is beneficial, but excess and pervasive self-sacrificing may be harmful. While the idea that suppressing one’s personal voice in the service of relationship maintenance is not in and of itself detrimental, the degree to which this desire is expressed may have unanticipated consequences on the relationship and on the individual’s psychological functioning.

The behavior of self-silencing within an intimate relationship serves a relational purpose. The feature of consciously and consistently choosing to suppress one's voice and thus sacrificing the individual's sense of self in order to preserve a relationship is central to the theory behind self-silencing (Jack, 1991). This behavior differs from the behavior of accommodation because accommodation includes not only the inhibition of potential destructive reactions directed towards the partner, but also a constructive reaction to the conflict at hand (Rusbult, et al., 1991). Similarly, self-silencing is also a restrained response; however, there is no constructive response that follows. In addition, self-silencing and other examples of relational compromising (i.e., accommodation, willingness to sacrifice) differ in that self-silencing behaviors appear to be a *constant, persistent* way of interacting with an intimate partner (Jack, 1991; Jack & Dill, 1992). For example, an item on the Silencing the Self Subscale reflects this pervasive way of interaction: "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," (Jack, 1991; Jack & Dill, 1992). While the act of self-silencing may on the surface appear to be constructive in one particular situation, it is more likely that the persistent enactment of self-silencing is in fact a destructive response either individually (i.e., inhibited self, passivity) or to the relationship (i.e., withdrawal). There has been limited research on the association between self-silencing and relationship satisfaction. In an examination of married couples, Thompson (1995) found that self-silencing behaviors among wives was negatively correlated with their marital adjustment and depression and with their husbands' marital adjustment and depression. Moreover, women who perceived their partner as critical or intolerant were more likely to self-silence and present a compliant

façade while feeling angry, which was significantly associated with high levels of depression (Thompson, Whiffen, & Aube, 2001). Among men, self-silencing was also associated with the perceptions of their romantic partners as being critical and intolerant (Thompson, et al., 2001). Self-silencing also mediated the relationship between marital dissatisfaction and depression among women (Uebelacker, Courtnage, & Whisman, 2003), and was negatively associated with relationship satisfaction in college men and women (Remen, 2000).

Self-silencing and Individual Functioning

While there is some evidence demonstrating the association of selflessly deferring to a partner with positive rewards (Rusbult, et al., 1991), there is further evidence suggesting this desire to maintain relationships can be associated with negative outcomes for the individual. Jack (1991) proposed that individuals whose sense of self is relationally based and who initiate and maintain relationships in self-sacrificing ways are particularly vulnerable to depression. The individual consistently presents a suppressed self out of fear of losing the intimate partner, which ironically diminishes the possibility of achieving genuine intimacy. This enduring loss of voice contributes to the decline of individual functioning.

Research has found the enactment of self-silencing behaviors to be associated with a decline in intellectual, physical and psychological functioning. For example, self-silencing behaviors among male and female college students transitioning to college were associated with poorer adjustment to the college environment (Haemmerlie, Montgomery, & Winborn, 2001). High levels of self-silencing were associated with interpersonal, familial, and academic difficulties as well as problems involving career and

goal decisions. In an unrelated study, self-silencing was significantly associated with levels of achievement motivation among male and female college students, (Spratt, Sherman, & Gilroy, 1998). Specifically, high self-silencers had low levels of motivation for success and low avoidance of failure.

The inhibition of self-expression has also been found to affect individuals' ability to care for their physical health. DeMarco, Johnsen, Fukuda, & Deffenbaugh (2001) found that women suffering from HIV/AIDS overwhelmingly self-silenced, placing their children or dependents' needs before their own health. Women who reported few self-silencing behaviors experienced a more positive adjustment to cancer compared to women who reported high levels of self-silencing in their relationships (Kayser, Sormanti, & Strainchamps, 1999). Among college-aged women, self-silencing was found to be a significant predictor of disturbed eating symptomatology (Affleck, 2000; Farinon, 2000; Geller, Cockell, Goldner, & Flett, 2000) and continued involvement in violent relationships (Craver, 2000; Woods, 1999).

From a relational standpoint, depression is theorized to result over the possible loss in intimate connection with others (Bowlby, 1969). As stated earlier, self-silencing serves a relational purpose by prolonging the longevity of the relationship and thwarting relationship termination. The unfortunate cost may be the individual's psychological functioning. Several studies have documented the association between self-silencing and depressive symptomatology among adult women and men (Ali, 2000; Cracco, 2000; Culp, 1998; Duarte & Thompson, 1999; Jack, 1991; Marshall, 1996; Miller, 1997; Spinazzola, 1999; Thompson, 1995; Thompson, Whiffen, & Aube, 2001) while others

found that self-silencing was not predictive of depression among both men and women (Remen, 2000).

Among adolescents, there has been limited research on the relationship between self-silencing and individual functioning. What little evidence there is suggests that self-inhibition in relationships is associated with a decline in functioning. Zaitsoff, Geller, & Srikameswaran (2002) examined the relationship between self-silencing and eating disorder symptomatology among 235 adolescent girls. They found that adolescents with higher levels of eating disorder symptomatology also reported greater levels of anger inhibition and self-silencing behaviors in interpersonal interactions. Self-silencing behaviors have also been linked with body image concerns (McConnell, 2001) and ability to adjust to hormonal changes in puberty among adolescent girls (Golden, 1998).

Self-silencing and Adolescent Romantic Relationships

Very few researchers have examined self-silencing within the context of adolescent romantic relationships. Wisdom (2001) examined the association between self-silencing behaviors, power in peer relationships, peer relationship quality, and depressive symptoms in adolescent girls. In her sample of 84 adolescent girls, self-silencing behaviors were associated with depressive symptoms such that high levels of self-silencing were associated with greater levels of depression. The quality of the peer relationships, which included romantic partners, was not associated with either self-silencing behaviors or depressive symptoms.

In one of the few studies examining self-silencing among both adolescent boys and girls specifically within the context of adolescents' romantic relationships, Harper, Welsh, Grello & Dickson (2002) found that self-silencing was predictive of depressive

symptomatology among adolescent girls involved in a romantic relationship. This association was not found among adolescent boys. Interestingly, adolescent boys in this sample reported engaging in significantly more self-silencing behaviors in a romantic relationship than girls, yet it was not associated with poor individual functioning. In another study, Harper & Dickson (2003) also found self-silencing to be significantly related to reports of depressive experiences among both adolescent males and females who were involved in a committed, romantic relationship.

While there is evidence that demonstrates the presence of self-silencing behaviors within adolescent romantic relationships (Harper & Dickson, 2003; Harper, Welsh, Grello, & Dickson, 2002; Wisdom, 2001), the association between self-silencing and relationship satisfaction among adolescents has not yet been explored. Specifically, are self-silencing behaviors associated with relationship satisfaction in adolescent romantic relationships?

Adolescence and Perceptions of an Interaction

Many contemporary developmental theories focus on constructs that assess the meanings people attribute to their behaviors. For example, in their developmental model of adolescent romantic relationships, Furman and Wehner (1994) theorized that couples members' generalized "views" of romantic relationships influence their perceptions and behaviors within the romantic relationship. Specifically, the expectations or preconceptions of how romantic relationships operate affect the interpretation of events within the relationship and the behaviors enacted in the relationship. Thus, the characteristics of a person or the behaviors one exhibits within an interaction may be associated with how that individual perceives him or herself during that situation. For

example, adolescents' immediate perceptions of themselves during a videotaped conflictual interaction with their parent were influenced by their attachment-related representations of their parents (Feeney & Cassidy, 2003). Similarly, adult romantic attachment representations have been found to shape perceptions of adult social interactions (Pietromonaco, & Barrett, 1997). Bradford, Feeney, & Campbell (2002) found attachment characteristics, such as relationship anxiety and avoidance, were related to how couple members perceived the quality of their self-disclosure and their interactions. For example, partners of highly anxious individuals perceived the interaction as dissatisfying, negative in tone, and low in amount and intimacy of disclosure on the part of the individual.

The behaviors displayed during a conflictual interaction have also been shown to influence self-perceptions. Lochman & Dodge (1998) found aggressiveness during a dyadic interaction among early adolescent boys was related to self-perceptions, such that aggressive boys underrated their own aggressiveness.

It can be expected then that the behaviors exhibited within an interaction can influence one's evaluation of an interaction. Examining the enactment of a behavior, like self-silencing, during a conflictual discussion may shed light on how the couple members experience the interaction and what factors contribute to the enactment of this behavior (Uebelacker, Courtnage, & Whisman, 2003). To interact with someone who does not share personal thoughts and feelings is likely an annoying and trying experience. Studies suggest that the interactional styles of couples with a depressed spouse may cause nondepressed spouses to feel dysphoric, hostile, rejecting, and less supportive of their depressed partners (Gotlib & Robinson, 1982). Although spouses may want to support

and reassure their depressed partners, they are also burdened by their depressed partners' interaction styles.

Similarly, self-silencing in a conflictual conversation may be associated with negative behaviors and feelings, such as perceptions of sarcasm and frustration during the discussion. The partner of a self-silencing couple member may perceive him or herself as being very sarcastic and feeling frustrated during the interaction in reaction to the quiet presentation of the couple member. Self-silencing may also be associated with other perceptions, such as level of discomfort and giving in, during the interaction. For example, self-silencing couple members may report experiencing extreme feelings of being uncomfortable with their partner or conceding to their partner during the interaction.

In addition, the ability to communicate effectively in interpersonal relationships is fundamental to relationship outcomes. Couples' communication has been linked to several indices of relational functioning, including relationship satisfaction (Markman, 1979, 1981; Noller & Feeney, 1998), parenting quality (Lindahl, Clements, & Markman, 1997; Katz & Woodin, 2002), and individual functioning, such as psychological and physiological reactivity (Denton, Burleson, Hobbs, Von Stein, & Rodriguez, 2001; Gottman & Levenson, 1992; Levenson & Gottman, 1984; Uebelacker, Courtnage, & Whisman, 2003). Self-disclosure is critical in interpersonal communication and makes an important contribution to the nature of any relationship. For example, researchers have found self-disclosure to influence attributions made about the motives of couple members and the development of the relationship (Harvey & Omarzu, 1997). Self-disclosure is pertinent to the formation of relationships and facilitates intimacy and

satisfaction within the relationship (Finkenauer & Hazam, 2000; Prager, 1989; Vittengl & Holt, 2000).

Individuals who self-silence have difficulty with self-disclosure to their partners, particularly if the disclosure is likely to “rock the boat” (Jack, 1991; Jack & Dill, 1992). It can be suspected then that self-silencing individuals would report limited ability to communicate with their romantic partner and poor overall global communicative functioning within their relationship.

Adolescence and Sexual Activity

Contrary to previous literature (Donovan & Jessor, 1985; Jessor & Jessor, 1975), recent research suggests that sexual activity within a romantic relationship is not inherently detrimental to adolescents’ individual functioning (Grello, Welsh, Harper, & Dickson, in press). In fact, engaging in sexual behaviors is considered to be a normative and healthy developmental step in the formation of adolescent identity (Erikson, 1968; Sullivan, 1953). Approximately 65% of adolescents experience their first sexual intercourse in a romantic relationship (Grello, Dickson, Welsh, & Wintersteen, 2000). Sexual activity in a romantic relationship has been associated with relationship longevity (Rostosky, Galliher, Welsh, & Kawaguchi, 2000).

Despite the positive aspects of physical intimacy, involvement in sexual activity continues to be a risky and challenging endeavor. In the 2001 Youth Risk Behavior Survey, more than two fifths (46%) of U.S. high school students reported engaging in sexual intercourse (Grunbaum, Kann, Kinchen, Williams, Ross, Lowry, & Kobe, 2002). While this is a decline from prior surveys (e.g., 53% of high school students who participated in the 1993 survey; Kann, Warren, Harris, Collins, Douglas, & Collins,

1995), adolescents still engage in risky sexual behaviors. One risk includes sexual intercourse at an early age. One third (34%) of 9th-grade students had initiated sexual intercourse, and early intercourse was associated with lower condom and contraceptive use, increasing the risk of pregnancy and exposure to sexually transmitted diseases (Manlove & Terry, 2000; Millstein & Litt, 1990). Approximately two fifths (42%) of students who engaged in sexual intercourse during the previous 3 months did not use condoms at last intercourse (Grunbaum, et al., 2002). Moreover, the majority of sexually active females have unprotected sex with a single partner (Hale & Trumbetta, 1996; Lollis, Johnson, Antoni, & Hinkle, 1996).

The ramifications of unprotected sexual intercourse are well-documented. Consequences include sexually transmitted diseases and unplanned pregnancies. Female adolescents aged 15–19 years have the highest rates of chlamydia and gonorrhea of any age group, increasing their vulnerability to HIV (Berman & Hein, 1999; Laga, Manoka, Kivuvu, Malele, Tuliza, & Nzila, 1993). Annually, approximately eight million individuals under the age of 25 report having a sexually transmitted disease other than HIV in the U.S. (Centers for Disease Control and Prevention, 1998) and nearly half a million adolescents girls (ages 15-19) gave birth in 2000 (a rate of 48.7 per 1,000; Moore, Manlove, Terry-Humen, Williams, Papillo, & Scarpa, 2001).

It is likely that the precursors to sexual risk taking are in place before adolescents become sexually active. Individuals enter adolescence with a set of personality dispositions and behavioral proclivities that influence their subsequent behavior. Thus, it may be possible to identify antecedents to adolescent sexual risk taking. Investigators have begun to identify these factors that contribute to sexual risk-taking behavior,

including impulsiveness (Kahn, Kapolowitz, Goodman, & Emans, 2002), self-regulation difficulties (Raffaelli & Crockett, 2003), parental and peer influences (Raffaelli & Crockett, 2003), and biological factors such as puberty (see Crockett, Raffaelli, & Moilanen, 2003, for review). An additional factor may be self-silencing.

Adolescents who have difficulty expressing their own opinion may have problems managing sexual pressure from their romantic partners. Refusing involvement in sexual activity may be associated with the termination of the relationship. These self-silencing adolescents may be particularly vulnerable to engaging in more sexual activity, or more risky sexual behaviors, than they are personally comfortable with in order to maintain the relationship. In an examination of college women, Bruner (1997) hypothesized that self-silencing would be associated with safer sex behaviors, such that high self-silencers would engage in lower levels of condom use. Her results suggested that women who endorsed low levels of self-silencing behaviors were significantly more likely to intend to use condoms compared to women who reported higher levels of self-silencing. While the association between self-silencing and condom use was modest, Bruner (1997) argued that self-silencing specific to sexual activity needed to be further explored to elucidate more clearly how self-silencing impacts decisions regarding safer sex.

Self-silencing is likely to be associated with aspects of sexual activity among adolescents. Specifically, self-silencing may be related risk-taking sexual behaviors, including use of contraception and involvement in sexual intercourse at an early age.

The Present Study

The purpose of this study is to examine the associations between self-silencing, individual functioning, and aspects of adolescent romantic relationship functioning

including communication, sexual behaviors, and relationship satisfaction. Self-silencing is defined as the inhibition of an individual's personal voice or opinions in fear of the expression leading to relationship termination. Self-silencing therefore is a relationship maintenance mechanism. This study examines how relational and individual functioning varies as a function of the level of self-silencing within an adolescent romantic dyad.

Hypotheses

- 1) Self-silencing will be related to relationship satisfaction among adolescent romantic couples. Specifically, it is hypothesized that overall relationship satisfaction will be influenced by the presence of self-silencing behaviors, such that higher levels of self-silencing will be associated with lower relationship satisfaction. This association is expected only among females and not with males.
- 2) Self-silencing will be related to adolescent couples' self-perceptions during an interaction and the couples' overall communication. Specifically, self-silencing will be related to perceptions of sarcasm, conceding, discomfort, and frustration during a conflict interaction. Self-silencing couple members are expected to report feeling discomfort and conceding to their partner during the interaction. Partners of self-silencing couple members are expected to report feelings of frustration and discomfort as well as behaviors of sarcasm toward the self-silencing couple member during the interaction. Self-silencing couple members are also expected to report lower global communication levels compared to couple members who do not self-silence or exhibit low levels of self-silencing.
- 3) Self-silencing will be related to sexual activity within adolescent couples.

Self-silencing couple members will report greater discomfort refusing sexual activity, and more pressure sexually from his or her partner. In addition, self-silencing will be related to contraception use such that individuals who self-silence will report less frequent use of contraception during sexual intercourse with their partner. Moreover, the age at first sexual intercourse will be associated with self-silencing. Self-silencing couple members will report an earlier transition to sexual intercourse.

4) Self-silencing will be related to couple members' indices of psychological functioning. Specifically, individuals who self-silence will report greater levels of depressive symptomatology compared to individuals who do not self-silence. This relationship will be stronger for females than for males.

CHAPTER II

METHOD

Participants

The data for this project came from the Study of Tennessee Adolescent Romantic Relationships (STARR; Welsh, 1999), an NICHD funded project (Grant No. RO1 HD39931). Couples were recruited from participants from a previous study on adolescent dating behaviors of 2201 who attended seventeen East Tennessee High Schools. The selected high schools represented rural, suburban, and urban demography as well as ethnic and socioeconomic diversity.

Individuals from the original high school sample who indicated interest in participating in future research were telephoned and provided with information about the study. Adolescents meeting the age criteria and who had been dating for at least one month and their parents were mailed informed consents outlining the procedure and were contacted the following week regarding participation.

In this sample, two hundred and eleven target adolescents and their romantic partners participated in this study. The mean age of the participants in the study at the time of data collection was 17 years of age, with a range from 14 to 21 years of age. At the time of data collection, couples in the study had been dating for an average of 44.54 weeks (approximately 11 months) with a range of 4 weeks to 260 weeks (approximately 5 years).

Procedure

Couples came to our laboratory for a total of three hours of data collection. Data collection was scheduled at the couple's convenience and was completed in one session. Our laboratory is comprised of three separate rooms within a suite so that couple members had sufficient privacy from our staff while completing the video-recording task and from each other during the video-recall and questionnaire portions of the study. Couple members were offered food and beverages during the session to facilitate attentiveness and cooperation. Couples completed the video recall procedure described below and a series of questionnaires during their session. Couple members were paid \$60 per couple for their participation.

In addition, each couple member provided the name of a close same-sex friend. These friends completed a series of questionnaires assessing aspects of their friendship with the couple member, such as how their friendship has changed as a result of this romantic relationship, and their perceptions of the couple member. Friends were compensated with \$10 for their time and participation.

Throughout the course of their participation, birthday cards and a bi-annual newsletter were sent to each couple member in order to reduce the amount of attrition. Enclosed with the birthday cards and newsletter were instructions for contacting our office in the event the couple member had moved and/or changed phone numbers. Couple members were contacted for a follow-up survey one year after their participation date in order to obtain longitudinal data on their individual and relational development and on the status of their romantic relationship.

Measures

Demographic Questionnaire. A demographic questionnaire was used to obtain background information on the couples for statistical control and to provide a description of the sample. Questions addressed sex, age, length of relationship, and education level. A copy of this questionnaire is included in Appendix A.

Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977). The CES-D is a commonly used standardized instrument of depressive symptomatology. The scale consists of 20 items, (e.g. "I had crying spells"). Respondents select the symptoms they experienced during the past week using a four point scale (0 = less than 1 day, 1 = 1-2 days, 2 = 3-4 days, 3 = 5 or more days). Scores are summed and range from 0 to 60, with higher scores indicating more severe depressive symptomatology. Specifically, scores ranging from 0 to 15 reflect depressive levels found in the general population, scores ranging from 16-38 are considered "at risk" and scores above 39 resemble patients in a clinical population (Radloff, 1977). The internal reliability was acceptable for this sample (males: $\alpha = 0.88$; females: $\alpha = 0.88$). A copy of this scale is included in Appendix B.

Couples' Communication Scale (CCS; Grello & Harper, 2001). The Couples' Communication Scale, developed for the STARR project (Welsh, 1999), assesses the level of communication within the romantic relationship. The scale is comprised of 15 items that range from topics of sexual activity (e.g., "I tell my partner honestly when I am not interested in engaging in sexual activity,") to misunderstandings and criticisms (e.g., "I correct my partner when he/she misunderstands me.") Respondents rate how strongly

they agree with each statement on a five-point scale (1= Strongly Disagree; 5 = Strongly Agree). The internal reliability was acceptable for this sample (male: $\alpha = 0.71$; females: $\alpha = 0.70$). A copy of this scale is included in Appendix C.

Interaction Task and Digital Video-Recall System (Welsh & Dickson, under review). In the interaction task, couples were recorded for approximately twenty-three minutes having three conversations about issues designed to elicit engaging conversation from adolescent couples. In the first conversation, couples were asked to plan a party together. They were instructed to spend five minutes discussing where the party was to be held, what type of food and beverages were to be offered, what events will occur at the party, who was invited, and whether or not adults would either be at the party or have knowledge of its occurrence. This topic was designed as a preparation task to allow adolescents to become comfortable talking together in front of a camera. For the second and third conversations, couples were asked to discuss one of the issues selected by each couple member from the Modified Issues Checklist. Revised from the Partner's Issues Checklist (Capaldi & Wilson, 1992), the Modified Issues Checklist contains a list of twenty-one issues that dating couples commonly disagree about. For each discussion, a computer program provided couples with automated instructions regarding the order in which each couple member's issue was to be discussed and the length of time for each conversation. Each of the two issues was discussed for eight minutes and forty seconds.

Immediately following the recorded conversations, each couple member separately viewed their discussion using the digital video-recall system. Participants first rated their own behavior during the two conversations and then watched the

conversations a second time to rate their partners' behavior. Each participant was shown the recorded conversations of each issue in twenty, 20-second segments, allowing sixty seconds for each couple to be engaged in the conversation before coding of each conversation began. Thus, each participant rated themselves and their partners' behavior for a total of 40, twenty-second segments. The recording paused automatically after each segment to allow participants to rate either their behavior or their partners' behavior on seven different dimensions, which included the degree to which the individual being rated was connected, conflictual, sarcastic, persuasive, giving in, uncomfortable, or frustrated. Using a 5-point rating scale, where 0 = Not At All and 4 = Very Much, couple members responded to the statements "I was feeling *CONNECTED* (or close) to my partner and "I was being *CONFLICTUAL* (or challenging) to my partner," etc. To avoid error associated with experimenter data entry, the computer immediately recorded data. After participants chose their answers to the final behavioral dimension, the next 20-second segment was automatically played. A copy of the rating form is included in Appendix D.

Modified Issues Checklist. The Modified Issues Checklist, revised from the Partner's Issues Checklist (Capaldi & Wilson, 1992), is a list of 21 issues that many dating couples disagree about. These issues range from topics regarding dating behaviors (e.g. "My partner doesn't call or show up when he says he will"), parents (e.g. "My parents do not like us being together or feel we spend too much time together"), and values (e.g. "We have very different thoughts about religion, politics, or other important issues"). A copy of this form is included in Appendix E.

Sexual Behaviors Questionnaire (SBQ). Developed for the STARR project (Welsh, 1999) the Sexual Behaviors Questionnaire is a 45-item instrument that assesses the level of sexual activity within the romantic relationship. The items range from identifying the number of times the respondent has engaged in certain sexual behaviors within the past month (e.g., “In the last month, how many times have you kissed your girlfriend/boyfriend?”) to communicating about sex (e.g., “How comfortable are you refusing sexual activity (kissing, touching, intercourse) with your current girlfriend/boyfriend?”). For this study, couple members reported the age at which they first engaged in sexual intercourse, the frequency of contraception use, how comfortable they were refusing sexual activity from their partner, and how often their partners pressured them into going further sexually than they wanted to. A copy of items used from this questionnaire is included in Appendix F.

Silencing the Self Scale (STSS; Jack & Dill, 1992). The STSS consists of 31 statements that assess the beliefs and behaviors involved in initiating and maintaining intimate relationships. Respondents rate how strongly they agree with each statement on a five-point scale (1 = Strongly Disagree; 5 = Strongly Agree). Global scores range from 0 to 115, with higher scores indicating stronger beliefs and behaviors of self-silencing. In addition to the global score, there are four subscales that assess dimensions hypothesized to reflect aspects of depression: Externalized Self-Perception, Care as Self-Sacrifice, Silencing the Self, and the Divided Self. In the present study, only the Silencing the Self subscale was used to assess the extent to which adolescents’ inhibit self-expression in order to avoid conflict or possible dissolution of an intimate relationship, (e.g., “I don’t speak my feelings in an intimate relationship when I know they will cause

disagreement.”). Respondents were asked to respond to statements regarding relationships in terms of their current dating relationship. Scores on this 9-item subscale ranged from 0-45. The internal reliability was acceptable for this sample (males: $\alpha = 0.77$; females: $\alpha = 0.77$). A copy of this subscale is included in Appendix G.

The Measure of Relationship Experiences (Levesque, 1993). This 113-item instrument assesses the romantic experience of adolescents in satisfying love relationships across several dimensions, including relationship satisfaction, possessiveness, tolerance, and togetherness. The index measures a respondent’s relationship by focusing on what he/she gives and receives from the relationship on each of the twelve dimensions. Respondents were asked on a six-point scale how strongly they agree with each statement (1 = Strongly Disagree; 5 = Strongly Agree). For the purpose of this study, only the relationship satisfaction dimension was included in the analysis. The internal reliability was acceptable for this sample (males: $\alpha = 0.85$; females: $\alpha = 0.84$). A copy of these items for the relationship satisfaction dimension is included in Appendix H.

CHAPTER III

RESULTS

Overview

Individuals involved in any interpersonal relationship are not independent entities; rather, dyadic relationships are a blend of two seemingly unique individuals' thoughts, feelings, and behaviors. As such, relational data reflects not only characteristics about the individual who provides the data, but also the characteristics of the individual's partner. For example, how satisfied a wife is about her marriage may be due to not only qualities about her husband, such as how supportive or honest he is, but also qualities about the dyadic relationship the marriage, and the couple themselves, have created in and of itself. Not only are individuals of similar backgrounds drawn together (Felmlee, Sprecher, & Bassin, 1990; Kenny, 1995), the couple is exposed to similar influences within the context they have mutually created. As such, their responses are likely to be related, and thus, non-independent.

Kenny & Kashy (1991) define *interdependence* as "the score of one person on a given variable is correlated with the score of that persons' partner on the same variable." (p. 277). If interdependence is ignored and the individual is treated as the unit of analysis, then the assumption of independence will likely be violated and the statistical results will likely be deceptive (Kenny, 1988; Kenny & Judd, 1986; Kenny & Kashy, 1991). Specifically, some tests may be too conservative (Type II errors) while in other cases the test may be too liberal (Type I errors). If the data is not independent, then the dyad must be treated as the unit of statistical analysis.

Before hypothesis testing began, it was first necessary to assess the degree of independence in the data to determine if standard data analytic techniques could be used or if alternative procedures involving the dyad as the unit of analysis were warranted (Kenny, 1988; 1995; 1996a; 1996b; 1988; Kenny & Judd, 1986; Kenny & Kashy, 1991; Kashy & Kenny, 2000). A statistical test of independence was performed using the recommendations of Kenny and Kashy (1991). Specifically, the partners' scores on certain variables were analyzed to test for significant correlations. The specific correlations between partners for each variable are presented in Table 1 (see Appendix I). Kenny and Kashy (1991) recommend using a very liberal test of significance ($p < .20$) in order to avoid making a false assumption of independence.

As expected, preliminary correlational analyses revealed that the variables were significantly correlated ($p < .20$), indicating that the data was not independent (see table 1 in Appendix I). The correlations for the variables indicated that couple members have similar scores on items related to their relationships (such as measures of satisfaction and communication) and on items related to the individual (such as self-silencing behaviors and depressive symptomatology). These findings are consistent with other research, which suggest that individuals tend to date those who are similar to them (Kenny, 1995). Given the non-independence of the data, the dyad was used as the unit in subsequent analyses.

Due to the interdependence of the data, alternative statistical analyses as suggested by Kenny and colleagues (Kashy & Kenny, 2000; Kashy & Snyder, 1995; Kenny, 1988; 1995; 1996a; 1996b; 1998; Kenny & Judd, 1996; Kenny & Kashy, 1991) were performed, treating the dyad as the unit of analysis rather than the person. The

primary predictive variable, self-silencing, was identified as a *mixed variable* in which variation exists both within the couple and between couples. Another common example would be relationship satisfaction; a wife's marital satisfaction may differ from her husband's satisfaction, and some couples may be low on marital satisfaction whereas others may be high. Given the presence of mixed variables, *pooled regression analyses* (also known as the "actor-partner interdependence model") were indicated as the relevant statistical method for analyzing interdependent data with a much reduced probability of Type I and Type II errors than analyses that treat the data as independent (Kashy & Snyder, 1995; Kashy & Kenny, 2000; Kenny, 1996a). Pooled regression equations involve two regression analyses for each statistical test – a *within analysis* that assesses the relationship within dyads, and a *between analysis* that assesses the relationship between different couples. The resulting regression coefficients are then used in a statistical formula to calculate two new regression coefficients – *actor* and *partner*. Actor coefficients provide an indication of the extent to which the predictor variable for Partner A accounts for variance in the outcome variable for Partner A (Paths *a* and *d* in Figure 1). The partner coefficient provides an indication of the extent to which the predictor variable for Partner A accounts for variance in the outcome variable for Partner B (Paths *b* and *c* in Figure 1). As an example, looking at the relationship between self-silencing and depression, the actor effect indicates how the girlfriend's self-silencing affects her own depressive symptomatology. The partner effect indicates how the girlfriend's self-silencing affects her boyfriend's reports of depressive symptoms. The presence of both actor and partner effects indicates that self-silencing has an effect on the "actual" quality of the relationship, as defined by *both* couple members, and not just the individual's

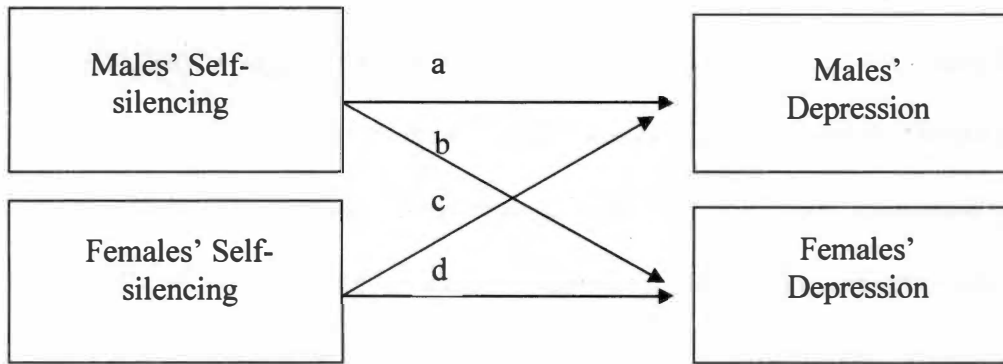


Figure 1: A general model of the effects of self-silencing on depression

perception of the relationship, which may be biased (i.e., idealization, self-deception, mood-congruent cognition).

The presentation of the data analyses begins with a brief general overview of population characteristics and then proceeds in the order of the hypotheses. The actor and partner effects estimated in this model are unstandardized regression coefficients. Therefore, each coefficient represents the amount of change in the dependent variable given a one-point change in the predictor variable.

General Population Characteristics

The mean age of the participants in the study at the time of data collection was 17 years of age, with a range from 14 to 21 years of age. The majority of the sample identified themselves as Caucasian (90.5 %), with the rest of the sample identifying themselves as African-American (6.2%), Asian (1.2%), Hispanic (0.7%), Native American (0.5%), and “Other” (0.7%). Approximately half of the sample identified their neighborhoods as suburban (46.7%), with the rest of the sample identifying their neighborhoods as rural (20.6%) and urban (31.8%). At the time of data collection,

couples in the study had been dating for an average of 44.54 weeks (approximately 11 months) with a range of 4 weeks to 260 weeks (approximately 5 years).

A paired-samples t-tests was conducted to determine if there was a gender difference in the number of weeks dating reported by each couple member. Results revealed there was no significant difference between males and females on the reported length of the relationship (*males*: $M = 44.2$, *females*: $M = 43.7$; $t = .60$, $p > .05$). The reported length of relationships was averaged across couple members and the mean was entered into each subsequent analysis in order to control for the length of the romantic relationship.

Hypothesis 1

Overall relationship satisfaction will be influenced by the presence of self-silencing behaviors, such that self-silencing couple members will report lower relationship satisfaction. This association will be found only among females and not with males.

The first question addressed in the analyses was the association between self-silencing and relationship satisfaction. To test this hypothesis, pooled regression analyses (Kashy & Kenny, 2000; Kashy & Snyder, 1995; Kenny, 1996a) were used to examine the concurrent relation between self-silencing and relationship satisfaction, controlling for the length of the relationship. Results indicated that reports of self-silencing did not significantly predict the individual's own satisfaction (*actor* $t = -1.35$, $p > .05$) nor the partner's satisfaction of the relationship (*partner* $t = -.44$, $p > .05$).

The second question in Hypothesis 1 assumes the association between relationship satisfaction and self-silencing would be different depending on gender.

Correlational analyses revealed no significant association between self-silencing and relationship satisfaction among adolescent males ($r = .03, p > .05$). There was however a significant negative relation between reports of self-silencing and relationship satisfaction among adolescent females ($r = -.15, p < .05$). Among females, higher levels of self-silencing behaviors were associated with a decline in relationship satisfaction. To test whether these two correlations significantly differed from each other, and to determine which relationship was stronger, the Pearson-Filon test with the Steiger modification was performed (Kashy & Snyder, 1995). Results indicated a nonsignificant trend that the correlations between self-silencing and relationship satisfaction for both males and females differed from each other ($z = 1.94, p = .057$). In other words, while statistically nonsignificant, there was a trend suggesting that the association between self-silencing and relationship satisfaction was stronger for females than for males.

Hypothesis 2a

Self-silencing will be related to perceptions of a conflict interaction between couple members. Self-silencing couple members will report feelings of discomfort and conceding to their partner during the interaction. Partners of self-silencing couple members will report feelings of frustration and discomfort as well as behaviors of sarcasm toward the self-silencing couple member during the interaction.

Results indicated a significant relationship between self-silencing and perceptions of giving in during the interaction. Specifically, self-silencing had a significant positive actor effect on perceptions of giving in ($actor\ t = 3.01, p < .01$), indicating that self-silencing individuals reported conceding more to their partner during the interaction. Results also indicated that self-silencing had a significant positive partner effect on the

partner's feelings of being uncomfortable during the interaction (*partner* $t = 2.22, p < .05$), indicating that partners of self-silencing individuals reported more feelings of being uncomfortable during the conflict interaction. Significant partner effects were also found for frustration, such that partners of self-silencing individuals reported increasing feelings of frustration during the interaction (*partner* $t = 2.56, p > .05$).

Analyses addressing the association between self-silencing and perceptions of sarcasm did not show any significant actor or partner effects among the variables (both t 's ≤ 1.49 , see Table 2 in Appendix I).

Hypothesis 2b

Self-silencing couple members will report lower global communication levels compared to couple members who do not self-silence or exhibit low levels of self-silencing.

The question addressed in this analysis was the association between self-silencing and overall communication within the relationship. Pooled regression analyses (Kashy & Kenny, 2000; Kashy & Snyder, 1995) were used to examine the concurrent relation between self-silencing and reports of global communication. Results indicated that self-silencing was significantly related to the individual's overall communication within the relationship but not significantly related to the partner's global communication, controlling for the length of the relationship. Specifically, self-silencing individuals reported more limited ability to communicate with his or her partner overall in the relationship (*actor* $t = -6.24, p < .01$). The data is presented in Table 2 (see Appendix I).

Hypothesis 3

Self-silencing will be related to sexual activity within adolescent couples.

Self-silencing couple members will report greater discomfort refusing sexual activity from his or her partner and more sexual pressure from his or her partner. Self-silencing couple members will also report less use of contraception and earlier transition to first sexual intercourse.

When controlling for the length of the relationship, self-silencing had a significant negative effect on one's ability to refuse to engage in sexual activity with his or her partner (*actor* $t = -2.21, p < .01$), indicating that self-silencing individuals reported feeling more uncomfortable refusing sexual activity with their current partners. There was no significant partner effect such that an individual's self-silencing was not related to the partner's ability to refuse sexual activity from the individual (*partner* $t = .36, p > .05$). In addition, no significant actor and partner effects were found for the association between self-silencing and the frequency of sexual pressure from one's partner (*actor* $t = .27, p > .05$; *partner* $t = -.44, p > .05$).

Regarding age of first sexual intercourse, results indicated a significant actor effect such that individuals who reported greater levels of self-silencing also reported earlier ages at first sexual intercourse (*actor* $t = -2.46, p < .001$). There were no significant partner effects for the relation between self-silencing and age at first sexual intercourse (*partner* $t = -.616, p > .05$).

Analyses also examined the association between self-silencing and contraception use in the relationship. Results indicated no significant actor or partner effects for the relationship between self-silencing and frequency of contraception use in the relationship

(actor $t = -1.46, p > .05$; partner $t = -.65, p > .05$). Although nonsignificant, there was a modest trend to suggest that individuals who self-silence tend to use contraception less frequently during sexual intercourse with their partner.

The data presented above are presented in Table 3 (see Appendix I).

Hypothesis 4

Self-silencing will be related to couple members' indices of psychological functioning. Specifically, couple members who self-silence will report greater levels of depressive symptomatology. This association will be stronger for females than for males.

The question addressed in this analysis was the association between self-silencing and depressive symptomatology. Pooled regression analyses (Kashy & Kenny, 2000) were used to examine the concurrent relation between self-silencing and reports of depressive symptoms. Results indicated that self-silencing was significantly related to the individual's own experiences of depressive symptoms but not significantly related to the partner's depressive symptomatology, controlling for the length of the relationship. Specifically, individuals who reported engaging in greater numbers of self-silencing behaviors reported higher levels of depressive symptoms (actor $t = 2.98, p < .01$). Correlational analyses revealed that males' self-silencing was significantly related to males' reports of depressive symptomatology ($r = .25, p < .001$). Female's self-silencing was also significantly related to females' experiences of depressive symptoms ($r = .33, p < .001$). To test whether these two correlations significantly differed from each other, and to determine which relationship was stronger, the Pearson-Filon test with the Steiger modification was performed (Kashy & Snyder, 1995). Results indicated that the correlations between self-silencing and depressive symptoms for both males and females

did not significantly differ from each other ($z = -0.91, p > .05$). In other words, the association between self-silencing and depressive symptomatology was not stronger for females than for males.

CHAPTER IV

DISCUSSION

In the past decade, self-silencing has been studied extensively among adults and their relationships. Only recently have researchers begun to address self-silencing among adolescents and in their relationships. Yet the study of romantic relationships, and factors associated with the quality and longevity in dating and married couples, has a well-established literature. A merging of these separate research areas allows for better understanding of both adolescent romantic relationships and self-silencing. Until now, only a few studies have addressed self-silencing in adolescent romantic relationships; thus, the current study expands research in this area and offers new hypotheses for future research. The findings provide additional information to the limited literature that has examined self-silencing among individuals and adult romantic relationships.

The purpose of this study was to examine the presence of self-silencing behaviors within adolescent romantic relationships and their relation to shaping the quality and aspects of these intimate relationships. In general, the findings of this study provide evidence for the theoretical claim that self-silencing plays an important role in both relational and individual functioning within the context of adolescent romantic relationships, particularly in the areas of communication, sexual activity, relational satisfaction, and experiences of depressive symptoms. More importantly, these results emphasize the value of identifying and understanding specific behaviors within adolescent romantic relationships that are linked with potentially harmful outcomes. In addition, the exploratory analyses used and the results found in this study suggest that

one couple member's enactment of self-silencing behaviors influences not only aspects of his/her individual and relational functioning, but aspects of the *partner's* as well.

Self-silencing and Sexual Behaviors

We proposed that self-silencing would be associated with one's ability to refuse sexual activity and manage sexual pressure from his/her partner. In addition, it was hypothesized that self-silencing would be related to contraception use and age at first sexual intercourse. Results of these analyses provided support that self-silencing is related to multiple aspects of sexual activity.

Self-silencing was associated with age at first sexual intercourse, such that self-silencing couple members reported an earlier age of transition to intercourse. The significant relation between age at first sexual intercourse and self-silencing suggests that individuals who are unable to voice an opposing opinion may be particularly vulnerable to engaging in behaviors that place them at risk. Given that self-silencing was also negatively associated with how comfortable an individual was refusing sexual activity from his/her partner, it is conceivable that a self-silencing member who experiences discomfort when refusing sexual advances from his/her partner also may struggle with negotiating the initial transition into intercourse. These persons are particularly vulnerable to sexual advances from others, and given their difficulty to express opposition, are likely to comply with sexual requests rather than face potentially damaging consequences to their relationship (e.g., termination of relationship). These findings are consistent with other research suggesting that self-silencing individuals have difficulty managing sexual advances and sexual activity. Bozzano (1999) found that self-silencing was associated with sexual harassment such that high self-silencers were more

likely to endorse avoidance methods of reaction when harassed while low self-silencers utilized confrontational methods.

Although contraception was not significantly related to self-silencing in our sample, there was a trend indicating that self-silencers reported using contraception less frequently during sexual intercourse. The lack of a statistically significant link may be attributed to the small sample of those who reported engaging in sexual intercourse with their partner; thus, less statistical power in the analyses. While nonsignificant, this trend is consistent with previous research examining the link between self-silencing and intended use of contraception. Bruner (1997) found that women low on self-silencing reported significantly more intentions to use condoms with their intimate partners compared to women high on self-silencing.

Self-silencing and Couples' Interactions

Self-silencing was hypothesized to be associated with couples' interactions in a conflictual conversation. As predicted, self-silencing adolescents experienced themselves as more conceding to their partner during the conflict interaction than low self-silencing participants. In addition, self-silencing was associated with global communication such that self-silencing adolescents reported poorer communication overall in their relationship. These findings are consistent with the theory and research behind self-silencing which endorses the notion that individuals who self-silence are prone to suppressing their own opinion and essentially acquiescing to their partner (Jack, 1991). The persistent inhibition of self-expression is attributed to feeling unable to voice an opposing opinion and contributes to poor communicative ability overall.

Support was also found for the hypothesis that partners of self-silencing adolescents would report feelings of frustration and discomfort during the conflict interaction. For partners, it appears that interacting with a self-silencing couple member who inhibits his/her self-expression during a heated discussion may possibly elicit negative affect and irritability. These adolescents' interactions may perhaps be just the beginning of potentially destructive interactional patterns found in the adult literature on the relation between depressed individuals and their spouses' behaviors and attitudes. Similar to self-silencing, individuals who suffer from depression appear withdrawn and nonverbal during interactions (Gottman & Krokoff, 1989). Data suggests that, particularly for couples with a depressed wife, there is a reduced exchange of affection, especially physical affection, more pervasive marital problems, and more destructive and less constructive tactics for resolving conflict (Coyne, Thompson, & Palmer, 2002). Couples in which there is a depressed spouse show heightened hostility and tension in their interactions (Kahn, Coyne, & Margolin, 1985). The expressed emotion (EE) literature indicates that the spouses of depressed persons are negative in their attitudes toward patients (Hooley, 1986; Vaughn & Leff, 1976). Such displays of negative attitudes have been found to be highly prevalent and predictive of relapse among recovering depressed patients (Hooley, Orley, & Teasdale, 1986; Vaughn & Leff, 1976). Similarly, it is conceivable that partners of self-silencers who perceive themselves as frustrated may demonstrate these feelings to the self-silencing member, which inadvertently perpetuates the self-silencing behaviors of that individual.

Self-silencing and Depressive Symptoms

We proposed that self-silencing would be related to an adolescent's experiences of depressive symptoms, and that this relationship would be stronger for females than for males. Consistent with previous research using adults (Duarte & Thompson, 1999; Page, et al., 1996; Thompson, 1995), self-silencing accounted for a statistically significant increment in depression variance among adolescents involved in a romantic relationship. Findings did not support the hypothesis that this relationship would be stronger for females than for males.

The lack of support for gender differences in self-silencing and depressive symptomatology is not surprising. Research that has addressed gender differences in self-silencing and depression have found mixed results. Three studies found no relationship between these two variables for males (Harper, Welsh, Grello, & Dickson, 2002; Hart & Thompson, 1996; Jack & Dill, 1992), whereas in other studies, there was a significant association between self-silencing and depressive symptoms for both males and females (Duarte & Thompson, 1999; Thompson, 1995). Consistent with several other investigations (Gratch, et al., 1995; Page, et al., 1996; Remen, 2000), correlations between these two variables in this study were in the moderate range for both genders, which may explain the absence of significant gender differences. In addition, methodological issues, such as the type of sample population, may explain the absence and/or presence of a significant association between self-silencing and depressive symptoms, particularly among males. Previous studies that found no association between self-silencing and depressive symptoms among males sampled individuals not necessarily involved in romantic, committed relationships (Harper, Welsh, Grello, & Dickson, 2002;

Jack & Dill, 1992). These individuals may be markedly different from those who choose to participate in a study specifically designed to address the context of romantic relationships. It may be that for males, involvement in a romantic, committed relationships may be more emotionally evocative for them and they may be more willing to acknowledge symptomatic experiences associated with being a part of an intimate relationship. Similar to this study, studies finding an association between self-silencing and depressive experiences, particularly among males, sampled couples involved a committed relationship (Thompson, 1995).

In general, these findings suggest that the enactment of self-silencing behaviors is linked to indices of psychological functioning (in this case, depressive experiences). Consistent with the theory behind self-silencing (Jack, 1991; 1999b), the inhibition of self-expression requires a significant amount of mental effort and tolerance to restrain self-disclosure. This mental exertion is taxing, and the psychological toll is likely to be expressed in other nonverbal ways, such as psychiatric symptoms. Symptoms were thought to be indicative of repressed memories and their associated emotions (Freud & Breuer, 1895/1955). Self-inhibition has also been linked to disease and mortality, such that individuals who repress demonstrate higher cancer rates (Kissen, 1966), elevated blood pressure levels (Davies, 1970; McClelland, 1979), and more physical disease in general (Blackburn, 1965) than do more expressive individuals. Derogatis, Abeloff, and Melisaratos (1979) found that women who lived the longest after diagnosis of breast cancer were those who were most openly angry and depressed.

Self-silencing and Relationship Satisfaction

Findings in this study supported the hypothesis that self-silencing would be related to relationship satisfaction only among adolescent girls. The results of this analysis are not surprising, given the inconsistent findings of previous studies. Remen (2000) found that self-silencing significantly predicted relationship satisfaction for both college men and women, while Thompson (1995) found relationship satisfaction was associated with self-silencing among only women. Self-silencing among men was not related to either their own nor their partner's relationship satisfaction (Thompson, 1995).

The gender difference in the association between relationship satisfaction and self-silencing can be explained in multiple ways. As stated earlier, perhaps men and women interpret self-silencing in significantly different ways. Another possible explanation may be due to the centrality of relationships to females' sense of self. Given that self-silencing involves the loss of an authentic connection with a partner due to hiding one's "true" self, this loss with their partner is likely to have a greater impact on women's relationship satisfaction.

The gender-related roles males and females play in heterosexual relationships may also explain the gender difference. Gottman and Krokoff (1989) found that expressions of anger from wives towards their husbands were positively predictive of long-term relationship satisfaction. Gottman and Krokoff (1989) suggest that females' ability to initiate and confront males during disagreements is an integral part of heterosexual relationships. Self-silencing among females may prevent them from engaging in conflict resolution necessary for healthy, intimate relationships, and ultimately affect the quality of these relationships.

Due to the correlational design of this study, it is impossible to make claims about the direction of self-silencing effects on relationship satisfaction. It may be that adolescent girls' enactment of self-silencing behaviors in romantic relationships decreases relationship satisfaction. At the same time, another plausible interpretation is that adolescent girls in unsatisfying relationships may tend to self-silence more with their partners. The presence of a significant link between relational satisfaction and self-silencing behaviors does suggest however that self-silencing for adolescent girls is a conscious behavior in romantic relationships and is connected with the quality of those relationships.

For adolescent males however, given that the theoretical use of self-silencing behaviors is to maintain the longevity of the relationship, it may be that self-silencing *per se* does not play much of a role in relationship satisfaction, just the endurance of the relationship. Thus, self-silencing may be serving its purpose primarily as a relationship-maintenance tool, rather than influencing the quality of the relationship. This initially appears to run counter to findings by Gottman, Coan, Carrere, & Swanson (1998) that suggests husbands who accept their wives' influence have stable and satisfying marriages. As stated earlier, however, self-silencing among males may have different meanings than for females, such that it may not necessarily imply acceptance of their partner's influence as is theoretically proposed for women. In other words, self-silencing among males may be a play for control and power rather than acceptance, and thus would likely be unrelated to the quality of the relationship.

Implications

The most consistent finding from this study is that self-silencing was associated with multiple aspects of relational and individual functioning for both adolescent males and females. This study extends previous research on self-silencing in romantic relationships as few previous studies have explored self-silencing in adolescent samples, and studies with adult samples have found mixed results. Identifying the relational mechanisms associated with poorer individual and relational functioning in adolescents can aid not only parents who observe the evolution of their teenager into an intimate, social being, but also clinicians as well. Self-silencing is a subtle behavior and may easily be overlooked given its hidden nature, and as such may not be considered to be a significant factor affecting individual and relational functioning. Indeed, self-silencing may be a sign of greater problems within the actual relationship. These problematic areas include poor communication, sexual risk-taking, and difficulty refusing sexual activity from one's partner. Choosing to suppress an opinion on one occasion or another may not be inherently detrimental, but individuals who self-silence on a regular basis and those partners who respond poorly to his/her partner's seemingly lack of awareness or self-expression may be hiding larger issues within the relationship.

It is particularly interesting that self-silencing was related to relational quality only among adolescent females but was linked with individual psychological functioning for both adolescent males and females. The lack of an association between self-silencing and relationship satisfaction and the presence of a relation between self-silencing and depressive symptomatology suggests that the inhibition of self-expression is not problematic on a relational level for males, but is detrimental on an individual one.

Theoretically, self-silencing is a mechanism employed to sustain an intimate relationship, and one's satisfaction with the relationship may rest primarily on the fact that the relationship is ongoing, or may be related to yet undefined variables. For example, Thompson (1995) found men's depressive symptomatology was predicted more by demographic variables, such as employment status and number of children in the household. However, the constant self-suppression in an effort to maintain the relationship is related to deficits in an individual's psychological functioning. As theoretically proposed (Jack, 1991; 1999b), the intense cognitive effort required to self-monitor and self-inhibit can be emotionally draining and can contribute to feelings of hopelessness, loss of a sense of self, and experiences of depression.

Consistent with previous research, self-silencing was also found to be a conscious behavior endorsed by males. While initially Jack's (1991) theory addressed only females, empirical literature has consistently found men to report engaging in self-silencing behaviors in intimate relationships, and at times, significantly more self-silencing behaviors than women (Duarte & Thompson, 1999; Gratch, Bassett, & Attra, 1995; Harper, Welsh, Grello, & Dickson, 2002; Page, Stevens, & Galvin, 1996; Thompson, 1995). This study was no exception. One explanation may be related to gender socialization, given that social norms require men to be inexpressive (Balswick, 1988). In addition, men tend to be less inclined to initiate problem-solving discussions than women (e.g., Kelley, 1978). Self-silencing may also be indicative of boys' inability to communicate effectively to their romantic partner. These results are consistent with previous findings that males tend to have more difficulty establishing relationships

through emotional self-disclosure and instead prefer to engage in shared activities to establish intimacy (Kiraly, 2000).

Another possible explanation of the gender difference in self-silencing may be related to conflict resolution. Avoidance of self-disclosure may be one way to maintain or regain control of a potentially conflictual situation (Rosenfeld, 1979). Boys may assume that communicating opposition may be the catalyst for a distressing and time-consuming argument. When faced with the opportunity to disagree or not, boys may simply just not care about the topic at hand and choose to remain silent to avoid any discussion at all. When completing the Silencing the Self instrument, what may appear to be self-silencing may actually be indifference for boys. Self-silencing might appear to be an attempt at conflict resolution. Self-silencing in boys may be the beginning of a developmental pathway that leads to what John Gottman has identified as “stonewalling.” He found that men are prone to withdrawing from conflict through various tactics, including silence or walking away (Gottman, 1994). This study’s finding that adolescent boys frequently suppress their thoughts in the context of their romantic relationship in order to maintain harmony in their relationships may be the beginning of this developmental trajectory identified in adult men.

Clinicians need to be aware of the link between self-silencing and depression among adolescents involved in romantic relationships. When working with adolescent clients, for some, these romantic relationships represent their entire world, and quite possibly, their sole identity (Kegan, 1982). For individuals such as this, self-silencing may appear to be the only way to maintain this important intimate relationship. Choosing to avoid a conflict that could have potentially destructive results on the relationship

allows adolescents to continue the relationship. Unfortunately, the inability to express feelings freely, without fear of termination, may present a barrier to gaining the true intimacy these teenagers desire. If the goal is to achieve intimacy, engaging in this strategy is actually ineffective and more harmful to the individual. Clinicians can work with adolescents to help them develop more adaptive ways of interacting in a romantic relationship.

Limitations and Future Directions

The first limitation of this study to consider is its correlational design, which makes it impossible to draw firm conclusions about causal relations. What these findings do demonstrate is that self-silencing is not only associated with individual functioning, but more importantly it is also associated with multiple aspects of relational functioning among adolescents.

- A second limitation involves the sample of couples. All of the couples in this study were adolescent-aged dating couples. Additionally, because of the geographically setting of the study, the participants tended to be quite similar with regards to race. Having such a homogenous group of couples does not allow for generalizability of the findings to other ages, races, types of couples, or social classes. Research that looks at how self-silencing may exert its influence among non-traditional couples, such as homosexual relationships, would provide a more meaningful picture of self-silencing among romantic couples.

The unnatural lab environment of the study also served to limit the generalizability of the findings. Although the study purposefully used multiple assessment strategies to measure aspects of relational behaviors (i.e. self-report

questionnaires, narratives, and interactions), being in a laboratory setting likely influenced the couples' natural behavior. Knowing that researchers would review the questionnaires and videotapes, individuals may have chosen to describe themselves or their relationship more positively, or the presence of video equipment may have encouraged couples to behave differently toward each other in the interaction. Gottman and his colleagues have also used similar videotaped interactions and reported that couples typically forgot about the camera after a few minutes (Gottman & Krokoff, 1989; Gottman & Levenson, 1992). While this may be true, it is still likely that a forced interaction in a lab setting will produce interaction styles and behaviors somewhat different from those generated in a spontaneous discussion in a private setting. It is possible that, for some, this may be the first time these couples have discussed topics of potential conflict. Moreover, data in this study are indicative of what individuals *describe* their behaviors, feelings, and thoughts to be and may not be consistent with what others might observe or may be influenced by social desirability. Thus, research conducted in more naturalistic settings would also further understanding of self-silencing among romantic partners.

In this particular study, self-silencing was studied primarily for its relation to individual and relational functioning. Other factors such as environmental, situational, and individual traits that encourage self-silencing were not addressed in this study. There has been limited research attempting to identify specific factors that contribute to the enactment of self-silencing behaviors. These include being sensitive to rejection (Harper & Dickson, 2003), attachment styles (Austin, 2002; Thompson & Hart, 1996), or possibly the content of the interaction. For example, the enactment of self-silencing behaviors

may differ depending on whose topic it is or the content of the topic. Christensen and Heavy (1990) found the demand/withdraw pattern to differ among wives and husbands depending on which partner's issue was being discussed. On the basis of observer ratings and each spouse's self-report, husbands and wives were equally likely to demand or withdraw during a discussion of the issue identified by the husband; however, when discussing an issue identified by the wife, wife-demand/husband-withdraw interaction was significantly more likely to occur than husband-demand/wife-withdraw interaction. In other words, there was no difference in the amount of withdrawal or demanding during discussion of the issue identified by the husband, but husbands were more withdrawing and wives were more demanding during discussion of the issue identified by the wife (Christensen & Heavey, 1990). Moreover, self-silencing behaviors may be dependent upon the specific content of the issue. For example, one may observe more self-silencing behaviors during a discussion with relational relevance (i.e., current involvement with ex-partners) compared to a discussion with a more personal, non-relational focus (i.e., politics). Self-silencing couple members are likely to inhibit their self-expression during topics of discussion perceived as pertinent to the status and longevity of the relationship rather than during topics that are perceived as not being directly related and/or potentially damaging to the quality of the relationship. Further research on the relation between self-silencing and the specific experiences that make self-silencing more likely to occur would greatly improve our understanding of self-silencing in adolescent romantic relationships.

In addition, it is theoretically assumed that the enactment of self-silencing behaviors is designed to sustain the longevity of an intimate relationship. To date, research has not addressed the validity of this theoretical claim. Future research can

address this theoretical proposition using a longitudinally-designed study to compare the longevity of couples with a member who self-silences compared to couples where members do not self-silence. It is likely that self-silencing does play a role in relationship longevity, as preliminary research suggests that minimizing or ignoring conflict while maintaining a façade extends relationship stability up to at least one year, but that this behavior over time is likely to lead to disillusionment and ultimately termination of the relationship (Shulman & Levrin, 2004).

In addition, given that self-silencing is theorized to be a pervasive, constant behavior, it would be helpful to investigate if a couple member who self-silences in one intimate relationship continues to self-silence in other intimate relationships. For example, an individual who self-silences with a romantic partner can be expected to self-silence among other intimate relationships of importance, such as peer or parent relationships. Preliminary research suggests that adolescents' communication skills and behaviors are consistent across interactions with mothers, friends, and romantic partners and that adolescents' interactions with their romantic partners are similar to their interactions with peers (Berger, Furman, & Shainline, 2004). Given that behaviors and views from past relationships cohere across time (Collins & Sroufe, 2000; Roisman, et al., 2001; 2002), it is likely that an individual who self-silences with one romantic partner may continue to self-silence in future romantic endeavors.

Conclusion

Self-silencing, or the inhibition of self-expression, appears to play a role in shaping adolescent romantic relationships. The results of this study provide evidence that self-silencing affects multiple aspects of intimate relationships, including communication

patterns, sexual activity, and ultimately the quality of relational and individual functioning. The fact that these variables were associated with declines in several areas of functioning demonstrates the influential effect of self-silencing on adolescent romantic relationships. This research thus adds to the limited number of studies of self-silencing in both adolescent and adult relationships and shows that self-silencing, however subtle, continues to send a powerful message.

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APPENDICES

APPENDIX A

Demographic Questionnaire

1. Gender:
2. Age:
3. Date of Birth: (MM/DD/YY) _____
4. Which one category best describes your racial background?
5. Religious Affiliation:
6. How important is religion to you?
7. In the past 12 months, how often did you attend religious services?
8. My faith involves all of my life.
9. My faith sometimes restricts my actions.
10. Are you currently enrolled in school?
11. What grade are you currently in?
12. Which high school do/did you attend?
13. Are you currently employed?
14. How many hours per week do you work during the school year?
15. How far in school do you plan to go?
16. How would you describe where you live?
17. How long have you lived at your current residence?
18. What is your parents' marital status with each other?
19. If divorced or separated, how long have they been separated?
20. If divorced or separated, with whom do you live?
21. If divorced, has your father remarried?

22. How long ago did he remarry?
23. If divorced, has your mother remarried?
24. How long ago did she remarry?
25. How far in school did your father go?
26. How far in school did your mother go?
27. Your grade point average (GPA) is approximately:
28. How old were you when you went out on your first date?
29. How long have you been dating your CURRENT PARTNER?
(please indicate the number of weeks) _____
30. How much longer do you think your relationship with your CURRENT PARTNER will last?
31. Do your friends like your CURRENT PARTNER?
32. Do your parents like your CURRENT PARTNER?
33. In the LAST YEAR, how many dating relationships, including your current one, have you had?
34. How long ago did your most PREVIOUS dating relationship end?
(please indicate the number of weeks) _____
35. Have you ever taken a public or written pledge to remain a virgin until marriage?
If yes, when did you pledge most recently? (month/year) _____
If yes, where did you make the pledge?
36. Do you consider yourself a virgin?
37. How old were you when you first started shaving?

APPENDIX B

Center for Epidemiologic Studies Depression Scale

INSTRUCTIONS FOR QUESTIONS: Below is a list of the ways you might have felt or behaved. Please indicate how often you have felt or behaved this way during the past week.

Never (0) 1-2 Days (1) 3-4 Days (2) 5-7 Days (3)

During the past week:

1. I was bothered by things that usually don't bother me.
2. I did not feel like eating; my appetite was poor.
3. I felt that I could not shake off the blues even with the help of my family and friends.
4. I felt that I was just as good as other people.
5. I had trouble keeping my mind on what I was doing.
6. I felt depressed.
7. I felt that everything I did was an effort.
8. I felt hopeful about the future.
9. I thought my life had been a failure.
10. I felt fearful.
11. My sleep was restless.
12. I was happy.
13. I talked less than usual.
14. I felt lonely.
15. People were unfriendly.
16. I enjoyed life.

17. I had crying spells.
18. I felt sad.
19. I felt that people disliked me.
20. I could not get "going."

APPENDIX C

Couples' Communication Scale

Please select the number that best describes you for each of the following scales:

Strongly Disagree

Strongly Agree

1

2

3

4

5

6

-
1. I openly tell my partner when I feel ignored by him or her.
 2. I strongly express an opposing opinion when my partner and I disagree.
 3. I usually do not say anything when my partner interrupts me.
 4. I freely discuss sex with my partner.
 5. My partner and I never discuss contraception.
 6. I tell my partner honestly when I am not interested in engaging in sexual activity.
 7. I communicate to my partner when I want to try something new sexually.
 8. If I cheat on my partner, I tell him or her about it.
 9. I tell my partner my sexual fantasies.
 10. I express my feelings to my partner when I am upset with him or her.
 11. I tell my partner when he/she has hurt my feelings.
 12. I rarely share intimate secrets with my partner.
 13. I correct my partner when he/she misunderstands me.
 14. I usually defend myself when my partner criticizes me.
 15. I tell my partner that I love him or her.

APPENDIX D

Video Recall Questions for Interaction Task

1. I was being sarcastic.

0	1	2	3	4
Not at all Sarcastic			Very Sarcastic	

2. I was giving in to my partner.

0	1	2	3	4
Not at all giving in			Giving in a lot	

3. I was feeling uncomfortable.

0	1	2	3	4
Not at all Uncomfortable			Very Uncomfortable	

4. I was feeling frustrated.

0	1	2	3	4
Not at all Frustrated			Very Frustrated	

APPENDIX E

Modified Issues Checklist

Listed below are some issues that many dating couples disagree about. Please select one issue from the page **OR** write one in the space provided that relates to you and your partner. You will be asked to discuss this issue for seven minutes while your conversation is recorded. At the bottom, write the number of the issue you choose to discuss with your partner along with two alternate issues.

1. We never have enough money or time to do fun things on dates.
2. Sometimes I wish my partner and I could spend more time talking together.
3. My partner doesn't call or show up when she says she will.
4. My partner and I disagree over how much time we should spend with each other.
5. Sometimes my partner doesn't seem to trust me enough or sometimes I do not trust my partner enough.
6. Sometimes my partner doesn't understand me or sometimes I do not understand my partner.
7. My partner and I disagree over how much affection we should show in public.
8. My partner and I disagree over how committed we are to each other.
9. My partner and I disagree about how much time we should spend with our friends.
10. I don't like my partner's friends or my partner doesn't like mine.
11. My friends do not like my partner or my partner's friends do not like me.
12. My partner sometimes puts me down in front of others.
13. I don't always approve of how my partner dresses/acts around the opposite sex.
14. My partner has a hard time dealing with my ex-boyfriend/girlfriend.
15. My partner smokes, drinks, or does drugs more than I would like.
16. We have very different thoughts about religion, politics or other important issues.
17. My partner and I disagree about sex, sexual behaviors, or contraception.
18. My partner expects me to be interested in his/her hobbies.
19. My parents do not like us being together or feel we spend too much time together.
20. My parents do not like my partner or my partner's parents do not like me.
21. Adults at my school or church do not approve of my relationship with my partner.

Other

22. Other issue we disagree about

_____.

Main Issue I'd like to discuss: _____

First Alternate Issue: _____

Second Alternate Issue: _____

APPENDIX F

Items from the Sexual Behaviors Questionnaire

1. How often has your CURRENT GIRLFRIEND pressured you into going further sexually than you wanted to?

1) Never 2) Seldom 3) Sometimes 4) Usually 5) Always

2. How comfortable are you refusing sexual activity (kissing, touching, intercourse) with your CURRENT GIRLFRIEND?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

Extremely

Very

Uncomfortable

Comfortable

3. How old were you when you had sexual intercourse for the first time?

9.....10.....11.....12.....13.....14.....15.....16.....17.....18

4. When the two of you have sexual intercourse, how often do you or your CURRENT GIRLFRIEND use some form of contraception?

1) Never/Almost never 2) Occasionally 3) About half the time 4) Often

5) Always/Almost always 6) We've never had sex

APPENDIX G

Silencing the Self Subscale

Directions: Please circle the number that best describes how you feel about each of the statements listed below. For questions regarding relationships, please answer in terms of your *current* dating relationship. Notice responses range from strongly disagree to strongly agree.

(1) Strongly Disagree (2) (3) Neither Disagree or Agree (4) (5) Strongly Agree

1. I don't speak my feelings in an intimate relationship when I know they will cause disagreement.
2. When my partner's needs and feelings conflict with my own, I always state mine clearly.
3. Instead of risking confrontations in close relationships, I would rather not rock the boat.
4. I speak my feelings with my partner, even when it leads to problems or disagreements.
5. When my partner's needs or opinions conflict with mine, rather than asserting my own view I usually end up agreeing with him/her.
6. 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.
7. I rarely express my anger at those close to me.
8. I think it's better to keep my feelings to myself when they do conflict with my partner's.
9. I try to bury my feelings when I think they will cause trouble in my close relationship(s).

APPENDIX H

Items from the Relationship Experience Scale

On a scale of 1 (*strongly disagree*) to 6 (*strongly agree*) please rate the following statements as they relate to your current romantic partner.

Relationship Satisfaction

1. In general, I am satisfied with our relationship.
2. Compared to other people's relationships ours is pretty good.
3. I often wish I hadn't gotten into this relationship.*
4. Our relationship has met my best expectations.
5. Our relationship is just about the best relationship I could have hoped to have with any body.

* *reverse coded*

APPENDIX I

Tables

Table 1

Correlations between Males and Females on Each Independent and Dependent Variable

<i>Variable</i>	<i>Correlation</i>	<i>Level of Significance</i>
Self-silencing behaviors	.24	.000
Depressive symptoms	.24	.000
Relationship satisfaction	.42	.000
Global communication	.24	.002
Number of weeks dating	.97	.000

Table 2

Summary of actor and partner effects of self-silencing for perceptions of an interaction and global communication

<i>DV</i>	<i>Actor</i>	<i>t</i>	<i>Partner</i>	<i>t</i>	<i>df</i>
Conceding	0.02	3.01**	0.01	1.51	400
Discomfort	0.01	1.54	0.02	2.22*	404
Frustration	0.01	1.68	0.02	2.56*	404
Sarcasm	0.01	1.49	0.01	1.33	402
Global communication	-0.51	-6.24**	-0.13	-1.62	331

Note. Values in table are unstandardized regression coefficients.

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

Table 3

Summary of actor and partner effects of self-silencing for sexual activity and behaviors

<i>DV</i>	<i>Actor</i>	<i>t</i>	<i>Partner</i>	<i>t</i>	<i>df</i>
Refuse sexual activity	-0.05	-2.21*	0.01	0.36	388
Sexual pressure	0.001	0.27	-0.003	-0.44	414
Contraception	-0.03	-1.46	-0.01	-0.65	153
Age at first sex	-0.05	-2.46*	-0.01	-0.62	193

Note. Values in table are unstandardized regression coefficients.

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

VITA

Melinda Schuessler Harper was born on September 15, 1978 in Goldsboro, North Carolina. She attended Eastern Wayne Elementary and Eastern Wayne Junior High before graduating from Eastern Wayne High School in June 1996. She pursued her Bachelor of Arts degree in psychology at the University of North Carolina at Chapel Hill and worked as a research assistant in a number of research laboratories, including the Behavioral-Neuroscience Laboratory with Dr. Michela Gallagher, the Children's Memory Laboratory with Dr. Peter Ornstein, and the Marital Studies Laboratory with Dr. Donald Baucom. After graduating in May 1999, she was accepted into the Ph.D. program for clinical psychology at the University of Tennessee. During her career there, she helped design and conduct three research projects: the "Forgiveness and Family Functioning" project with Dr. Kristina Coop Gordon, the "Study of Tennessee Adolescent Romantic Relationships" (STARR) with Dr. Deborah Welsh, and the "Survey of College Students' Romantic and Nonromantic Relationships" with Catherine Grello.

Melinda is currently completing her clinical psychology internship in the Department of Psychiatry at Yale University School of Medicine. After internship, she will continue with Yale University in a postdoctoral position.

