Surviving Loudly: Understanding Psychological Distress in Black Women Who Self-Silence

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Introduction

Review

Background:
- Black women experience higher rates of depression and psychological distress than other groups, including Black men (Catabay et al., 2019)
- Traditional mental health research often excludes Black women's unique experiences (Clarke-Jeffers et al., 2024).

Key Factors:
- Cultural & Social Pressures: The "Strong Black Woman" stereotype promotes emotional toughness and independence (Catabay et al., 2019). Leads to self-silencing—hiding emotional struggles and avoiding seeking help (Scott et al., 2023).
- Role of Racism: Self-silencing is often a response to racism and fear of judgment or stereotyping (Scott et al., 2023).

Impact of Social Support:
- Protective factor: Social support from friends/family can reduce depression symptoms in those who self-silence (Scott et al., 2023).
- Without support: Self-silencing has harmful effects on mental health.

Clinical Gaps:
- Mental health symptoms in Black women may present physically (e.g., fatigue, insomnia) and through self-criticism, not just hopelessness (Clarke-Jeffers et al., 2024).
- Clinicians may misinterpret or overlook these signs due to research biases.

Conclusion:
- Self-silencing is a serious and under-recognized mental health risk among Black women (NIMH).
- Addressing this requires: Culturally responsive care, More inclusive research, and Efforts to reduce stigma and increase trust

Research Questions & Hypothesis

R1: Do Black women who avoid expressing disagreement in relationships (self-silencing questionnaire) report higher feelings of hopelessness or worthlessness (depression)?
- **H1:** We believe that black women who avoid expressing disagreements in relationships report high levels of feeling worthless or hopelessness or worthlessness (depression).

R2: Does perceived social support mediate the relationship between self-silencing and depression among Black women? (I.e., When Black women who frequently self-silence also engage in social support, their depressive symptoms may be reduced.)
- **H2:** We believe that social support will help mediate the relationship between self-silencing and depression among black women because relying on other black women can help make them feel less lonely, and more likely to open up and share what is bothering them.

Methods

Participants
- N= 400 Black/African American women between the ages of 18 and 83 years old. Mage = 42.64, SDage = 15.92.

Procedure
- Recruited as participants online through websites, mailing lists, apps, and message boards, through professors at the University of North Texas, and through physical flyers.
- Completed online survey questionnaire hosted by Qualtrics.

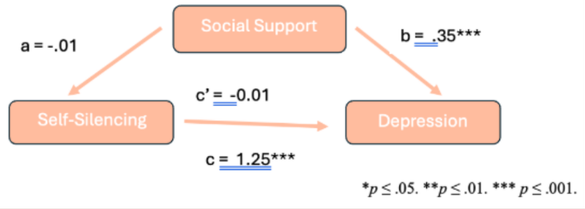
Measures:
- **The Depression, Anxiety, and Stress Scale** (DASS-21; Lovibond & Lovibond, 1995) is a 21-item self-report questionnaire used to measure psychological distress. It has three subscales: depression (Ex. Item: "I felt down-hearted and blue"), anxiety (Ex. Item: "I felt scared without any good reason"), and stress (Ex. Item: "I found it difficult to relax"). Participants rate how much each item applied to them over the past week on a scale from 0 ('Did not apply to me at all') to 3 ('Applied to me very much or most of the time'), with higher average scores indicating greater distress.
- **The Silencing the Self Scale** (STSS; 31 items; Jack et al, 1991) is a 31-item scale that measures the extent to which women suppress their feelings, thoughts, and behaviors to maintain close relationships. It includes four subscales: externalized self-perception (Ex. Item: "I tend to judge myself by how I think other people see me"), care as self-sacrifice (Ex. Item: "I think it is best to put myself first because no one else will look out for me"), silencing the self (Ex. Item: "I don't speak my feelings in an intimate relationship when I know they will cause disagreement"), and divided self (Ex. Item: "I find it harder to be myself when I am in a close relationship than when I am on my own"). Participants rate how much each item applied to them on a scale from 1 ('Strongly Disagree') to 5 ('Strongly Agree').
- **The Multidimensional Scale of Perceived Social Support** (12 items; Zimet et al., 1988) is divided into three 4-item subscales assessing how much help and support participants believe they are generally receiving from three primary sources: family (Ex. Item: "My family really tries to help me"), friends (Ex. Item: "My friends whom I can enjoy my joys and sorrows"), and significant others. Participants rate how much each item applied to them on a scale from 1 ('Very Strongly Disagree') to 7 ('Very Strongly Agree'). Not every participant in the study had a significant other (almost half were single), so we focused on the 8-items capturing perceptions of support from family and friends. To score the scale, we calculated the average of the item responses, with higher scores representing greater perceptions of support from family and friends.

Data Analytic Plan
- All data were analyzed using the IBM Statistical Package for Social Sciences (SPSS; IBM, 2021) and Process Macro (Hayes, 2017). Prior to data analysis, we checked to make sure that all participants included in the dataset are eligible and answered affirmatively to our attention check items. Then, we assessed our data for missingness, normality, and outliers.
- Ran a bivariate correlation to test Hypothesis 1.
- Model 4 of Process Macro (Hayes, 2025) to conduct a parallel mediation to test Hypothesis 2

Results

Figure 1

Parallel Multiple Mediator Model Diagram



A mediation analysis was conducted using Hayes' PROCESS macro (Model 4) to examine whether perceived social support (COPE_TOT) mediates the relationship between self-silencing (SS_TOTAL) and depressive symptoms (DEP_TOTA) among a sample of 370 participants. The total effect of self-silencing on depression was significant, b= 1.25, SE = 0.13, t(368) = 9.49, p < .001, 95% CI [0.99, 1.50]. This indicates that greater self-silencing is associated with higher depressive symptoms. The path from self-silencing to perceived social support was not significant, a = −0.01, SE = 0.01, t(368) = −1.50, p = .14, 95% CI [-0.02, 0.00], suggesting that higher self-silencing did not predict lower levels of perceived support. However, the path from perceived social support to depression was significant, b = 1.25, SE = 0.35, t(367) = 3.60, p < .001, 95% CI [0.56, 1.93], indicating that lower perceived support is associated with greater depression. The indirect effect of self-silencing on depression via social support was not significant, b = −0.01, Boot SE = 0.0081, 95% Boot CI [-0.0275, 0.0054], as the confidence interval includes zero. This indicates that perceived social support does not significantly mediate the relationship between self-silencing and depression in this sample.

Table 1

Parallel Multiple Mediator Model: Using Social Support to decrease Self-Silencing and outcomes of Depression

		Consequent					
		M_1 (Social Support)			Y (Depression)		
Antecedent		Coeff.	*SE*	*p*	Coeff.	*SE*	*p*
X (Self-Silencing)	a_1	-.01	.01	.136	.35	.04	< .001
M_1 (Social Support)		-	-	-	1.25	.35	< .001
Constant	i_{M1}	3.29	.12	< .001	.92	1.4	.513

Discussion

Summary: In examining if social support mediates the relationship between self-silencing and depression, the results indicated that black women who self silence tend to feel more depressive symptoms. When exploring the mediating effect of social support, we saw no significance. This suggests that the link between self-silencing and depression is not explained by the feeling of less social support. In summary, self-silencing wasn't clearly linked to feeling less supported, even though feeling unsupported was linked to more depression.

Explanations: The findings of a null hypothesis were surprising and we discussed possible explanations:
- **How people perceive and receive social support:** Received social support only strongly predicts perceived support and well-being when it matches actual need; the timing and relevance of support (relative to actual need) are key factors in its positive impact on perceived support and mental well-being (Melrose et al., 2015).
- **Racial Differences:** Black participants often report receiving more emotional or communal support from family (like reassurance or shared activities), while White participants tend to report high levels of informational or advice-based support (such as guidance and planning) from friends (Szkody et al., 2021).
- **Quality of Support:** Support from family and significant others reduces perceived stress, which in turn significantly decreases depressive symptoms; however, support doesn't directly buffer depression unless one's stress is reduced first (Acoba, 2024).

Limitations:
- **Data collection:** the use of online self-report questionnaires leads to subjective data which can be susceptible to social desirability bias or inaccurate recall.
- **Sample Bias:** this sample focused specifically on African-American women's reports and may be hard to generalize to different populations
- Lack of Control: it is challenging to isolate from or control potential extraneous variables that could influence real-world settings
- **Study Design:** this is a cross-sectional design where it is difficult to establish causality and hard to study temporal relationships

Future Directions:
- Future studies can work to combat these limitations by comparing across racial populations, utilizing more objective forms of data collection, and incorporating a longitudinal design.

References & Acknowledgments

We acknowledge the Be Welll Lab of The University of North Texas for our study data.