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Abstract

Self-silencing (or the suppression of expressing one's thoughts, feelings, and needs) can have a negative impact on the mental health of women, from depression to disordered eating behaviors. The authors examined the relationship between self-silencing and disordered eating as well as intuitive eating. The authors also explored whether emotional awareness would moderate these relationships because conflicts over expressiveness are associated with emotional problems and eating disorders. The sample comprised 140 college women (52% White; 36% Black) under the age of 24 from a midwestern urban university. Their results revealed that emotional awareness moderated the relationships between self-silencing and disordered eating and intuitive eating. Specifically, when there were lower levels of emotional awareness, self-silencing with disordered eating and intuitive eating were unrelated; however, with higher levels of emotional awareness together with more self-silencing, participants presented with more disordered eating and less intuitive eating. The findings highlight the importance of supporting women's emotional awareness in conjunction with their expressiveness of thoughts, feelings, and needs to increase intuitive eating and decrease disordered eating.

Keywords

self-silencing, emotional intelligence, eating disorders, intuitive eating, eating behavior, repression, expressed emotions

Gilligan (1982, 1993) pioneered the examination of female development through the study of "voice," referring to individuals' expressions of thoughts and feelings. The suppression of voice, or self-silencing, has been related to mental health problems, including depression (Jack, 1991), interpersonal difficulties (Thompson, 1995), drive for thinness, and other characteristics of disordered eating (Geller, Cockell, & Goldner, 2000; Morrison & Sheahan, 2009; Piran & Cormier, 2005; Smolak & Munstertieger, 2002). Our study examines the relationship between self-silencing and eating behaviors, including both disturbed and adaptive eating patterns, with a sample of college students. Because little is known about what other variables may influence this relationship, we explored the impact of emotional awareness as a potential moderator. We focused specifically on emotional awareness because it is associated with self-regulation (Taylor & Bagby, 2000).

Spinazzola (2002) suggested that the process of self-silencing begins in adolescence, a time when body image and social pressures become prevalent. By silencing their voice, young women may begin to ignore or suppress physiological or hunger cues that are inconsistent with societal ideas of thinness. Morrison and Sheahan (2009) found that self-silencing mediated the relationship between the internalization of a thin-body ideal and disordered eating behaviors in a sample of college and community women in Ireland. Additionally, self-silencing has been related to displacement

theory, which suggests that unspoken thoughts and feelings may be redirected inwardly (Schupak-Neuberg & Nemeroff, 1993). From this perspective, disordered eating can be viewed as an alternative coping strategy in which food is used to self-regulate or self-soothe.

Although self-silencing has been associated with disordered eating, its relationship with healthy eating has not to our knowledge been explored. Tylka and Wilcox (2006) proposed that adaptive eating is more than the absence of disordered eating behaviors, and they called for further research to understand what promotes and predicts intuitive eating styles. Tylka (2006) defined intuitive eating as a healthy, hunger-based approach to eating, which emphasizes individuals' awareness and insight into internal states. Tylka and Wilcox's model of intuitive eating consists of several components, including unconditional permission to eat without restrictions on food choices, eating for physical reasons, and reliance on hunger cues. Intuitive eaters display awareness and acceptance of cues, trusting their inner system to regulate food consumption. Hence, food

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consumption meets a physical need rather than serves as an unhealthy coping strategy for emotional problems. Studying the impact of body objectification, Moradi and Huang (2008) found that greater body objectification and body surveillance resulted in lower internal bodily awareness and problems understanding physiological sensations, lending some support for a relationship between bodily (and potentially emotional awareness) and intuitive eating behaviors.

Although the relationship between self-silencing and disordered eating behaviors has been supported by theory and empirical research (e.g., Smolak & Munstertieger, 2002; Spinazzola, 2002), other variables may affect this relationship. One potential moderating variable between self-silencing and eating patterns may be one aspect of emotional intelligence, emotional awareness. Emotional intelligence is defined as the ability to perceive, appraise, and express emotions (Mayer & Salovey, 1997). The construct includes an understanding and analysis of emotional information that can be used for self-regulation and growth (Taylor & Bagby, 2000). Inhibition of emotion may arise from conflict, wherein some individuals may want to express themselves but feel uncomfortable doing so, and others may express emotions and then regret doing so (Emmons & Colby, 1995). Researchers have found that conflicts over expressive behaviors are associated with emotional problems (Emmons & Colby, 1995) and with eating disorders (Sim & Zeman, 2005).

In a study on emotional regulation and eating disorders in adolescent girls, Sim and Zeman (2005) found that a lack of emotional awareness accounted for an additional 14% of the variance in bulimic symptoms above and beyond body dissatisfaction. The authors concluded that the inability to label or identify emotional states may increase the risk for developing disordered eating behaviors. In a later study, Sim and Zeman (2006) examined general disordered eating attitudes and behaviors in adolescent girls to examine negative emotions, emotional awareness, body dissatisfaction, and coping strategies as predictors. Although the results revealed that the first set of predictors (age, body mass index, and body dissatisfaction) accounted for most of the variance in disordered eating scores, emotional awareness explained most of the variance in the second set of predictors that included negative emotionality, emotional awareness, and coping. In addition, the researchers compared participants scoring at the high and low extremes on a measure of risk for disordered eating. Girls at high risk for disordered eating reported more negative affect, more difficulty identifying emotions, and less positive coping skills than did the girls at the low extreme. The effect sizes for these differences were moderate to large. Furthermore, in a more recent study of college women, Myers and Crowther (2008, p. 173) found that interoceptive awareness, defined as "awareness of both physical and emotional states," mediated the relationship between self-objectification and disordered eating.

Although disordered eating has been negatively related to low emotional awareness (Sim & Zeman, 2006), intuitive

eating has not been empirically associated with higher emotional awareness per se. However, it is associated with other aspects of positive psychology, such as well-being and psychological hardiness. Specifically, Tylka and Wilcox (2006) found that intuitive eating was linked with well-being, including proactive coping, positive affect, and self-esteem. These findings suggest that awareness of emotions may affect self-expression and moderate the effect that self-silencing has on eating behaviors.

The purposes of the present study were to examine self-silencing and the relationship between self-silencing and eating behaviors and to explore how levels of emotional awareness may influence these relationships. Two research questions guided our study: (a) Does emotional awareness moderate the relationship between self-silencing and disordered eating? and (b) Does emotional awareness moderate the relationship between self-silencing and intuitive eating?

Method

Participants

Participants were 140 women younger than 24 years, recruited from a large, public university in the U.S. Midwest. Within this sample, 73 (52%) identified as White American, 50 (36%) as African American, 6 (4%) as Asian American, 6 (4%) as Hispanic, and 5 (4%) as "other." The age of the participants ranged between 18 and 24 years ($M = 20.8$, $SD = 1.9$). The sample comprised 24 (17%) first-year students, 23 (16%) sophomores, 53 (38%) juniors, 21 (15%) seniors, and 20 (14%) graduate students.

Measures

Silencing the Self Scale. The Silencing the Self Scale (STSS) is a 29-item self-report measure that was used by Jack and Dill (1992) to assess the construct of voice. The scale utilizes a 5-point Likert-type scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Higher total scores indicate greater levels of self-silencing, or less voice. The full scale and its subscales have shown evidence of construct validity with strong relationships with elevated depression (Jack & Dill, 1992), decreased self-care, and low social support (Besser, Flett, & Davis, 2003). The STSS total score has been shown to have good internal consistency, with Cronbach's α s ranging from .87 with a sample of undergraduate women (Besser et al., 2003) to .93 with a sample of battered women (Jack & Dill, 1992). In the present study, α was .89.

The Intuitive Eating Scale. The Intuitive Eating Scale (IES) is a 21-item self-report measure that assesses intuitive eating (Tylka, 2006). The IES utilizes a Likert-type scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*), such that higher total scores indicate greater levels of intuitive eating. Validity for the IES has been supported by higher levels of intuitive eating being associated with less body dissatisfaction,

fewer symptoms of disordered eating, and lower pressure for thinness (Tylka, 2006). Tylka (2006) reported a Cronbach's α of .85 and 3-week test-retest reliability of $r = .90$. α for our sample was .84.

Eating Attitudes Test. The Eating Attitudes Test-26 (EAT-26) was used to measure self-reported behaviors and thoughts associated with disordered eating, with items such as "I avoid eating when I am hungry" (Garner, Olmsted, Bohr, & Garfinkel, 1982). This shortened form was based on the original EAT scale created by Garner and Garfinkel (1979). The EAT-26 uses a 6-point Likert-type scale, ranging from 1 (*never*) to 6 (*always*). Garner et al. (1982) recommended that items marked as *never*, *rarely*, or *sometimes* be considered intermediate and given no points, whereas items marked as *often*, *very often*, or *always* be given 1, 2, and 3 points, respectively. Thus, the total scores range between 0 and 78 points.

Although the EAT and EAT-26 were originally designed to test *Diagnostic and Statistical Manual of Mental Disorders (DSM)*-diagnosable eating disorders, Kashubeck-West, Mintz, and Saunders (2001) concluded that the EAT-26 can be used as a broader measure of disordered eating in a nonclinical sample, making it one of the most frequently used screening tools with a nonclinical population. As a continuous measure, scores over 20 indicate concerns regarding body weight, shape, or food (Mintz & O'Halloran, 2000). Mintz and O'Halloran found evidence for the validity for the EAT-26 by showing that the scale differentiated between individuals with and without eating disorders or disturbances with a high accuracy rate (90%). Internal reliability has ranged from .79 to .94 (Kashubeck-West et al., 2001). Cronbach's α for our sample was .82.

Emotional awareness. The 11-item Clarity of Feeling subscale of the 30-item Trait Meta-Mood Scale (TMMS; Salovey, Mayer, Goldman, Turvey, & Palfai, 1995) is a self-report measure that uses a Likert-type scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*), to assess emotional awareness. The Clarity subscale most strongly relates to awareness and acceptance of emotional states (e.g., "I usually know my feelings about a matter"; Salovey et al., 1995). Higher total scores indicate greater levels of emotional awareness.

Evidence of convergent and discriminant validity have also been obtained. For example, the Clarity subscale was negatively associated with depression (Salovey et al., 1995) and with destructive responses to interpersonal conflict (Fitness & Curtis, 2005). Clarity was also found to positively relate to self-control (Fitness & Curtis, 2005). Cronbach's α for the Clarity subscale has been reported as .88 for a sample of undergraduate students (Salovey et al., 1995). In the present sample, α was .88.

Procedures

Participants were recruited by the primary author and mainly from classrooms. Faculty members in the Schools of

Table 1. Means, Standards Deviations, and Intercorrelations of Test Variables Among Total Sample

Variable	M	SD	1	2	3	4
1. STSS	71.35	17.36	—			
2. IES	3.33	0.68	-.28**	—		
3. EAT	10.81	10.59	.23**	-.58**	—	
4. Clarity	39.93	7.99	-.58**	.19*	-.12	—

Note. Clarity = Emotional Awareness subscale of Trait Meta-Mood Scale; EAT = Eating Attitudes Test; IES = Intuitive Eating Scale; STSS = Silencing of Self Scale.

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

Education and College of Arts and Sciences were contacted, and entry into classes with primarily women was arranged when possible. Additionally, student events/organizations and common areas were targeted to increase the diversity of the sample. The paper-and-pencil survey took approximately 15 min to complete. Ten \$20 gift cards were raffled as an incentive for participation.

Results

We tested for possible differences among ethnic and racial groups on all study variables. No significant differences were found. Thus, the different ethnic and racial groups were combined for the following analysis. Descriptive statistics and correlations among all study measures are presented in Table 1. Self-silencing was significantly correlated with eating behaviors, showing a negative association with intuitive eating and a positive one with disordered eating. Emotional awareness was negatively related to self-silencing and positively associated with intuitive eating. The correlation between emotional awareness and disordered eating was not significant.

We examined whether the interaction of self-silencing and emotional awareness would account for variance in disordered eating above and beyond what was independently explained by self-silencing and emotional awareness. Hierarchical regression was used to test this model. In the first step, self-silencing was entered. Emotional awareness was entered in the second step, and the interaction of self-silencing and emotional awareness was entered in the third step. We found that the interaction of self-silencing and emotional awareness significantly added to the model at Step 3, $F(3, 136) = 4.44$, $R^2 = .09$, $\Delta R^2 = .04$, $\Delta F(1, 136) = 5.56$, $p = .02$. Thus, the interaction of self-silencing and emotional awareness did help explain variance in disordered eating behaviors above and beyond both self-silencing and emotional awareness alone (see Table 2).

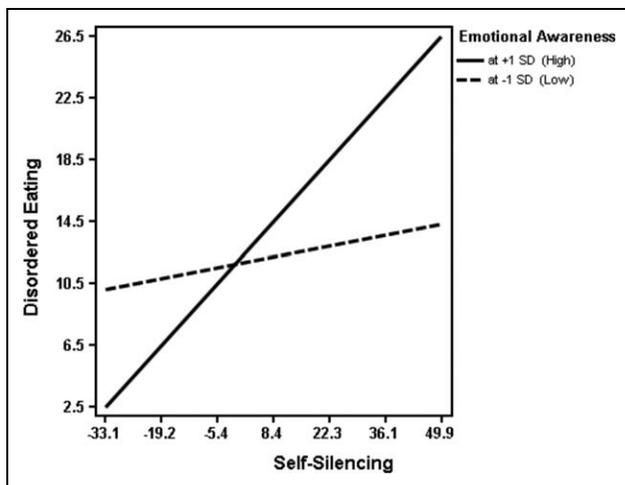
Plotting the interaction and additional statistical probing provided further clarification (see Figure 1). Continuous variables (except for the dependent variables) were centered. Following Cohen and Cohen's (1983) recommendations, the relationship between self-silencing and disordered eating was

Table 2. Summary of Hierarchical Multiple Regression Analyses

Variable	B	SE β	β	t	R ²	ΔR^2
EAT-26						
Step 3: STSS \times Clarity	-.43	.25	-.65	-1.68	.05	
Clarity	-1.06	.46	-.80	-2.23	.05	.00
STSS \times Clarity	.02	.01	.80	2.36*	.09	.04
IES						
Step 3: STSS	.04	.02	1.03	2.74**	.08	
Clarity	.10	.03	1.21	3.53**	.08	.00
STSS \times Clarity	-.01	.00	-1.15	-3.53**	.16	.08

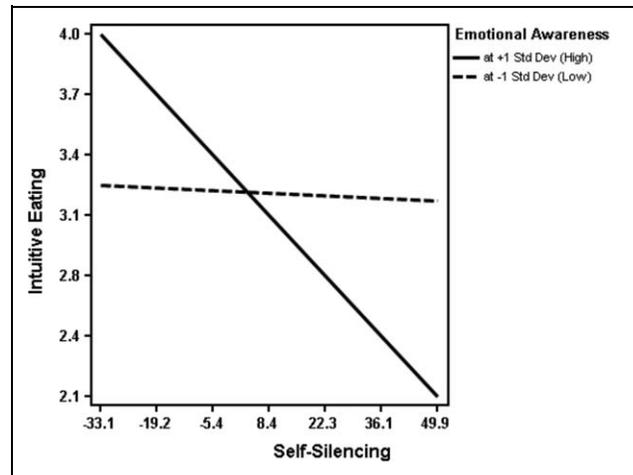
Note. Clarity = Emotional Awareness subscale of Trait-Meta Mood Scale; EAT-26 = Eating Attitudes Test; IES = total score on Intuitive Eating Scale; STSS = total score of Silencing the Self Scale. The continuous predictor variables were centered before calculations.

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

**Figure 1.** Emotional awareness as a moderator between self-silencing and disordered eating

examined at two points of emotional awareness: high (one standard deviation above the mean) and low (one standard deviation below). At low levels of emotional awareness, self-silencing and disordered eating were unrelated as indicated by the simple slopes test, $t = .65$, $p = .29$, and as displayed with the relatively flat line in Figure 1. The slope was only significantly different from zero for individuals with high levels of awareness regarding their emotions, $t = 3.31$, $p < .01$, indicating that among women with above average levels of emotional awareness, higher self-silencing was associated with higher reported disordered eating. In fact, extrapolating to women scoring above +1 SD units in emotional awareness, the relationship between self-silencing and disordered eating becomes stronger as women's emotional awareness increases.

Next, we examined whether emotional awareness would moderate the effects of self-silencing on intuitive eating behaviors following the same analysis plan as previously outlined. Again, we found that the interaction of self-silencing and emotional awareness significantly added to the model

**Figure 2.** Emotional awareness as a moderator between self-silencing and intuitive eating

at Step 3, $F(3, 136) = 8.45$, $R^2 = .16$, $\theta R^2 = .08$, $\theta F(1, 136) = 12.44$, $p < .001$ (see Table 2), above and beyond the two main effects. We plotted this interaction in Figure 2. The test for simple slopes showed that for women who reported low levels of emotional awareness, self-silencing and intuitive eating were unrelated. In contrast, for women scoring high in emotional awareness, self-silencing and intuitive eating were significantly and negatively correlated. The combination of high self-silencing and high emotional awareness was linked to low levels of reported intuitive eating. Looked at another way, the union of high emotional awareness with low levels of self-silencing was linked with high levels of positive intuitive eating. Again, extending out beyond +1 SD in emotional awareness, women with the highest levels of emotional awareness and lowest levels of self-silencing reported the most intuitive eating.

Discussion

Disordered Eating

The purpose of our research was to broaden the theoretical understanding of self-silencing. Our first research question examined whether emotional awareness would moderate the relationship between self-silencing and disordered eating. The moderating model explained 9% of the total variance in disordered eating behaviors, a medium effect size. Graphing the interaction showed that women reporting above average levels of emotional awareness combined with higher self-silencing related to heightened reports of disordered eating behaviors. In contrast, self-silencing and disordered eating were unrelated in women scoring low in emotional awareness.

Both self-silencing and disordered eating have been described as coping strategies (Jack, 1991; Schupak-Neuberg & Nemeroff, 1993), or as methods to escape from

self or emotional awareness. Heatherton and Baumeister's (1991) escapism theory proposes that individuals find alternative strategies to evade current environmental or emotional stressors. This theory also suggests that emotional awareness would make avoidant strategies (such as using food to self-soothe) more difficult. However, the present findings suggest that the relationship between awareness and avoidant strategies may not be linear; rather, it is influenced by other variables. In other words, high emotional awareness together with high levels of self-silencing actually resulted in more eating disorder behaviors in our study. Similarly, according to Blackburn, Johnston, Blampied, Popp, and Kallen (2006), efforts to reduce or maintain low self-awareness can be viewed as a way to decrease tension caused by incongruence or inconsistency between emotional expression and actual thoughts. Blackburn et al.'s research may help to explain why the act of self-silencing had a greater impact on disordered eating behaviors for women who also displayed high emotional awareness—for, theoretically, these women would also report more incongruence.

Intuitive Eating

Our second research question examined whether emotional awareness would moderate the effects of self-silencing on intuitive eating. Our results showed that the interaction of self-silencing and emotional awareness accounted for variance in intuitive eating above and beyond what was independently explained by self-silencing and emotional awareness. The moderating model explained 16% of the total variance in intuitive eating behaviors, again a medium effect size. The interaction revealed that the combination of high levels of self-silencing and high levels of emotional awareness impede women's healthy eating behaviors. Thus, having emotional awareness and suppressing feelings/thoughts may exacerbate the influence of self-silencing on eating behaviors. When women have clarity and insight into affective states but silence their voice, hunger signals may be confused. Conversely, when women exhibit high emotional awareness and low levels of self-silencing, they report the highest levels of intuitive eating. Expression of thoughts, feelings, or needs seems to be a critical aspect of healthy eating behaviors.

This finding may provide further evidence for basing intuitive eating in humanistic theory. Avalos and Tylka (2006) tested and found empirical support for an "Acceptance Model" of intuitive eating. This model purported that with genuine, unconditional acceptance from self and others, women focus on bodily functioning and internal feelings, allowing for intuitive eating behaviors. The combination of high emotional awareness and high self-silencing may suggest less acceptance or willingness to tolerate thoughts and feelings. Additionally, the suppression of voice, combined with high levels of emotional awareness, may decrease trust of internal signals of hunger and satiation. In contrast, the most intuitive eaters in this study reported low levels of

self-silencing together with high levels of emotional awareness. Because these eaters engaged in expression and awareness of self, they are believed to trust their inner system to regulate food consumption (Tylka & Wilcox, 2006). Thus, intuitive eating is maximized when a woman has high levels of emotional awareness and low levels of self-silencing.

Limitations and Implications

Our study used quantitative analyses with solely self-report measures, opening our study to threats of statistical conclusion validity (Shadish, Cook, & Campbell, 2002). Findings based on multiple regressions do not imply a causal relationship, but an association between variables. Furthermore, the results from our study are limited because the sample was drawn from female students between 18 and 24 years of age at one midwestern university. The use of this convenience sample limited our ability to generalize the results; however, our study does address a population most vulnerable to eating difficulties.

The findings of our study can be utilized in both research and practice. They expand on the body of literature supporting self-silencing as a gendered phenomenon that may negatively influence women's mental health. However, future research may wish to include studies that consider the relationships among self-silencing, eating behaviors, and emotional awareness in men and in a more culturally diverse sample. Sue and Sue (2003) recognized that verbal expressiveness differs between cultures and may not fit with traditional psychotherapy goals.

Overall, our results highlight that in our sample, self-expression has physical and psychological benefits. Additionally, we found emotional awareness to be important in understanding the influence of self-silencing on eating behaviors. Whereas most theoretical orientations in psychotherapy advocate for increased self-awareness and acceptance of emotional states (Corsini, 2000), our study shows that when efforts are made to improve emotional awareness, clinical focus should also be given to reducing levels of self-silencing. The act of voicing one's thoughts, feelings, and needs may be encouraged in various settings, including individual therapy, group work, or expressive therapies.

Without voice, emotional awareness may be hurtful for women. Thus, mental health professionals may wish to work with clients to help them assess, name, and utilize emotions and to connect with internal cues. Naming and the expression of emotions appear especially important when awareness of affective states is high. Providing individuals with a safe, supportive environment that encourages expression of thoughts, feelings, and needs and that teaches healthy, assertive communication strategies may improve women's eating patterns and behaviors. The most intuitive and least disordered eaters in our study displayed high emotional awareness and low self-silencing—skills that can be supported and encouraged by mental health providers.

In summary, the findings from our study add to our theoretical understanding of self-silencing and eating behaviors. Our results suggest that without voice, emotional awareness may result in unhealthy eating behaviors. Greater emotional clarity together with less self-silencing corresponded with more intuitive and less disorder eating; whereas high clarity and high self-silencing corresponded with most disordered and least intuitive eating patterns. Although many questions remain, our results can be applied to treatment, training, and prevention as well as provide directions for future research.

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