RELATIONSHIP BETWEEN PERCEIVED MISOGYNY AND PSYCHOLOGICAL DISTRESS: THE MEDIATING ROLE OF SELF-SILENCING AMONG WOMEN

A

DISSERTATION

SUBMITTED TO THE MIER COLLEGE OF EDUCATION (AUTONOMOUS)

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF

MASTER OF ARTS

IN

PSYCHOLOGY (CLINICAL AND COUNSELLING)

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MIER COLLEGE OF EDUCATION (Autonomous)

JAMMU – 180001

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Submitted in partial fulfillment of the requirements for the award of the Degree of M.A. Psychology (Clinical and Counseling) of MIER College of Education, is an authentic record of my own research work carried out under the supervision of Dr. Priya Choudhary.

I further declare that the work embodied in the present dissertation:

a) Is my original work and has not been copied from any research journal, dissertation, thesis, or book;

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ACKNOWLEDGEMENT

I have had so many rich experiences and opportunities that I personally believe will forever shape and influence my professional life while fostering personal growth and development. It would not have been possible to successfully complete my project work without the contribution and collaboration of some important personalities. First and foremost, praises and thanks to God, The Almighty, for His showers of blessings throughout my research work and for helping me complete the research successfully.

I would like to thank the MIER College of Education, Chairperson Dr. Renu Gupta, Principal Dr. Adit Gupta, and Head, School of Social Science, Dr. Monika Bajaj, for their unprecedented help, encouragement, and scholarly guidance which enabled me to successfully complete this dissertation. Special thanks and sincere appreciation to my supervisor, Dr. Priya Choudhary, Assistant Professor, to whom I am deeply grateful for her ongoing mentorship, valuable guidance, and constant support throughout every stage of this research work. Her advice and encouragement carried me through all the stages of writing this dissertation. I fully acknowledge her enormous contribution to this work.

I would also like to express my gratitude to Mr. Suneel Bhatt, Librarian, for providing academic assistance and access to important resources that greatly helped me during the completion of this study. And last but not the least, to my beloved family and friends, thank you for being my constant source of strength. Your encouragement and belief in me have helped me overcome challenges and achieve success. Lastly, I would like to thank myself for staying determined, putting in sincere hard work, and never giving up throughout this journey. This achievement reflects my dedication, perseverance, and commitment to giving my best in every possible way.

Bharti Khajuria

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LIST OF ABBREVIATIONS

Abbreviation	Full Form
IMS	Internalized Misogyny Scale
STSS	Silencing the Self Scale
K10	Kessler Psychological Distress Scale
SPSS	Statistical Package for the Social Sciences
SEM	Structural Equation Modeling
SD	Standard Deviation
PROCESS	Procedure for Regression and Conditional Process Analysis (Hayes' Macro)
PTSD	Post-Traumatic Stress Disorder
DASS-21	Depression Anxiety Stress Scales – 21 item version
BSI	Brief Symptom Inventory
WHO	World Health Organization

ABSTRACT

The present study examined the relationship between perceived misogyny and psychological distress among women, with self-silencing as a mediating variable. The study was grounded in the view that women's exposure to misogynistic attitudes and experiences may contribute to emotional suffering, particularly when they suppress their own thoughts, feelings, and needs in order to maintain social harmony or avoid conflict. The main objective of the research was to explore whether self-silencing explains the association between perceived misogyny and psychological distress.

The study was conducted on a sample of 200 women from Jammu. A quantitative research design was employed, and data were collected using standardized measures of perceived misogyny, self-silencing, and psychological distress. The findings indicated that perceived misogyny was significantly associated with self-silencing, and self-silencing was in turn significantly related to psychological distress. Mediation analysis further showed that self-silencing played a significant mediating role in the relationship between perceived misogyny and psychological distress. These results suggest that the psychological impact of misogyny may be intensified when women respond by silencing themselves.

The study highlights the importance of addressing both external experiences of gender-based devaluation and internal coping patterns that may increase vulnerability to distress. The findings have important implications for mental health practice, particularly in relation to interventions aimed at promoting self-expression, reducing self-silencing, and supporting women's psychological well-being. The study also enhance the understanding of gender, coping, and mental health by emphasizing self-silencing as a key psychological mechanism in the context of perceived misogyny.

Keywords: *Perceived misogyny, Self-silencing, Psychological distress, Women mental health, Gender discrimination*

CHAPTER I
INTRODUCTION

1.1 Introduction

Despite tremendous progress toward gender equality in recent decades, women continue to face disadvantages in social, economic, and political arenas around the world. Gender disparities persist, resulting in unequal access to education and employment opportunities, wage gaps for comparable work, underrepresentation in leadership and decision-making roles, and disproportionate exposure to violence and care giving responsibilities (World Health Organization, 2021; Bajpai & Mishra, 2024). When studying women's positions in society, the goal goes beyond just intellectual curiosity; it represents a desire to better comprehend our own identities. Like many women today, there is a collective effort to comprehend our societal standing and actively pursue its transformation. Heightened awareness of gender-based disparities across economic, social, and political spheres has driven a search for effective ways to challenge and rectify these inequalities (Rosaldo et al., 1974). The statement that woman is to female as man is to male is inaccurate. Similarly, the connection between female and male is not the same as the relationship between woman and man. While all women are biologically female and all men are biologically male, some attributes that define one group might also be present in another. However, the precise link between these classifications remains complex and varies according to the cultural context of each society (Ardener, 2020).

These structural inequities are maintained and perpetuated by persistent gender-based prejudice, discrimination, and misogyny attitudes and actions that devalue, objectify, and subordinate women. Such gender-based antagonism manifests itself not only through overt discrimination, but also through subtle, pervasive forms of bias ingrained in cultural norms, institutional practices, and everyday interpersonal encounters (Swim et al., 2010; Vigod & Rochon, 2020). These structural inequalities are more than just exterior limits; they get internalized through social roles and cultural expectations, which have a significant impact on women's psychological well-being. Historically, research has shown that women's socially prescribed roles, notably fixed home tasks and nurturing care giving duties, are strongly associated with greater rates of psychological distress than men (Gove, 1984). The cumulative load of these constricted social positions causes chronic stress, resulting in higher prevalence of mental health disorders among women in a variety of cultural contexts.

The psychological effects of gender discrimination and hostile situations are well-documented and significant. Meta-analytic research reveals that women have greater prevalence of depression and anxiety disorders than males across cultures, with gender differences developing in adolescence and lasting throughout life (Salk et al., 2017). Women who perceive widespread sexism and misogyny experience significantly higher levels of psychological distress, including increased symptoms of depression and anxiety, lower self-esteem, and decreased overall well-being, than those who perceive such discrimination as infrequent (Schmitt et al., 2003; Landry & Mercurio,2009).

Furthermore, these experiences of prejudice and discrimination serve as chronic psychosocial stressors that have a profound impact on women's lives in a variety of cultural contexts. This burden is particularly pronounced in South Asian societies where traditional gender norms frequently increase women's vulnerability to discrimination and its psychological consequences (Sathyapal & Deb,2025). Women's health outcomes improve when societies enact gender-equal legislation, protect mental health rights, and promote empowerment across social, economic, and relational dimensions (Jamil,2020). Recent longitudinal research further demonstrates that these mental health repercussions persist across the lifespan, with older women who perceive gender discrimination reporting considerably higher levels of depression, loneliness, and reduced life satisfaction (Hackett et al., 2023).

This pattern arises from deeply internalized gender norms that teach women to prioritize relational harmony over authentic self-expression, to fear rejection based on gender, and to view their own needs as secondary to maintaining interpersonal acceptance (Swim et al., 2010; London et al., 2012). Research across cultures demonstrates that self-silencing represents a common adaptive strategy in the short term for managing social demands and avoiding punishment for non-conformity (Maji & Dixit, 2018). However, this pattern of chronic self-modification carries substantial long-term psychological costs. Self-silencing has been identified as a key factor explaining women's heightened vulnerability to psychiatric disorders, including depression and eating disorders, by creating persistent internal psychological strain and emotional disconnection between one's authentic self and outward behavior (Hurst & Beesley, 2013; Maji & Dixit, 2018).



Fig.1.1 *Conceptual framework showing the relationship among perceived misogyny, self-silencing and psychological distress*

Despite extensive research documenting these relationships independently, a critical gap remains in understanding the mechanisms through which perceived misogyny translates into psychological distress among women.While studies confirm that gender discrimination predicts distress, and that self-silencing predicts distress, few investigations have examined whether self-silencing functions as a mediating pathway linking gender-based hostility to mental health outcomes. Understanding this meditational process is essential for developing targeted mental health interventions that address not only the external sources of discrimination but also the internalized psychological mechanisms through which women's voices become constrained.

1.2 Perceived Misogyny

Misogyny is fundamentally defined as the hatred of women or girls, manifested through disgust, intolerance, or deep-seated bias that justifies the mistreatment and subordination of women (Ussher, 2016). The term originates from the Greek words “misos”, meaning hatred and “gune” meaning woman and first appeared in English usage during the 17th century (Holland, 2012). Historically, misogyny was understood as a personal emotional stance and individual hatred directed toward women. However, contemporary understanding has evolved significantly. In 2002, the Oxford English Dictionary revised its definition of misogyny from simply "hatred of women" to "hatred or dislike of, or prejudice against women," reflecting a gradual but important shift in scholarly and social understanding (Walker, 2022; McCarthy & Taylor, 2023). More recent conceptualizations expand misogyny beyond emotional reactions to encompass specific language, actions and behaviors that

target, devalue, and subordinate women across multiple contexts. This broader perspective recognizes that misogyny manifests not only as deep-seated personal animosity but also as cultural, institutional, and systemic antagonism embedded in social structures and everyday interpersonal encounters (Walker, 2022; McCarthy & Taylor, 2023).

Misogyny is expressed through diverse cultural, religious, and institutional mechanisms. It appears in hostile folklore, jokes, and stereotypes; in the sexualization and objectification of women in media, art, literature, and pornography; in barriers to women's leadership and participation in public life; and in violence and oppression such as domestic abuse, sexual assault, and harmful practices that target women's bodies and autonomy (Ussher, 2016). These manifestations span intimate familial contexts where preferential treatment of male children and restrictions on daughters' autonomy are normalized to institutional settings such as academia and workplaces, where women face barriers to advancement, discrimination, and systemic devaluation of their contributions (Kira et al., 2015; Vigod & Rochon, 2020).

Perceived misogyny refers to women's subjective awareness, recognition, and experience of gender-based antagonism, discrimination, and hostility directed toward their gender (Szymanski et al., 2009). It is distinct from misogyny as an objective societal system; rather, it captures how individual women cognitively and emotionally perceive and interpret the sexist attitudes, behaviors, and institutional practices they encounter in their social environments. Research demonstrates that women generally perceive more sexism and gender discrimination than men across diverse contexts, particularly institutional and systemic forms of discrimination (Schmitt et al., 2003; Blodorn et al., 2012;). This heightened perceptual sensitivity reflects women's lived experience of inequality and their broader understanding of gender-based discrimination across multiple spheres not only in their personal experiences but also in discriminatory patterns affecting other women and marginalized groups (Inman & Baron, 1996; Blodorn et al., 2012).

In academic environments, for example, women faculty perceive significantly more gender discrimination than male colleagues and view their institutions as less meritocratic, while women in male-dominated fields report heightened exposure to sexist stereotypes and hostile comments questioning their intellectual and professional capabilities (Reid, 1987; London et al., 2012). In workplace settings, women perceive and experience wage disparities, barriers to advancement, sexual harassment, and organizational cultures that systematically devalue their contributions relative to men (Vigod & Rochon,2020). These cumulative

perceptions of misogyny across contexts contribute substantially to women's psychological stress and mental health burden.

1.2.1 Theoretical framework of Perceived misogyny

Theoretical frameworks elucidate the mechanisms through which perceived misogyny is understood in relation to women's psychological experiences. Manne's Law Enforcement Model of Misogyny (Manne,2017) conceptualizes perceived misogyny as patriarchy's systematic "law enforcement" mechanism that polices women's compliance with feminine roles through hostility, shaming, and punishment for deviations such as assertiveness or independence. Women who perceive these enforcement threats strategically self-silence to avoid backlash, transforming external gender policing into internal compliance strategies that generate psychological distress through chronic fear and hypervigilance. The Internalized Misogyny Model (Szymanski et al., 2009) demonstrates how perceived sexist events become internalized as misogynistic beliefs devaluation of women, distrust of women, and male favoritism measured by the Internalized Misogyny Scale. Women absorb these cultural messages, suppressing authentic expression deemed "unfeminine" to align with patriarchal expectations, which converts external discrimination into self-directed psychological distress including depression and identity conflict.

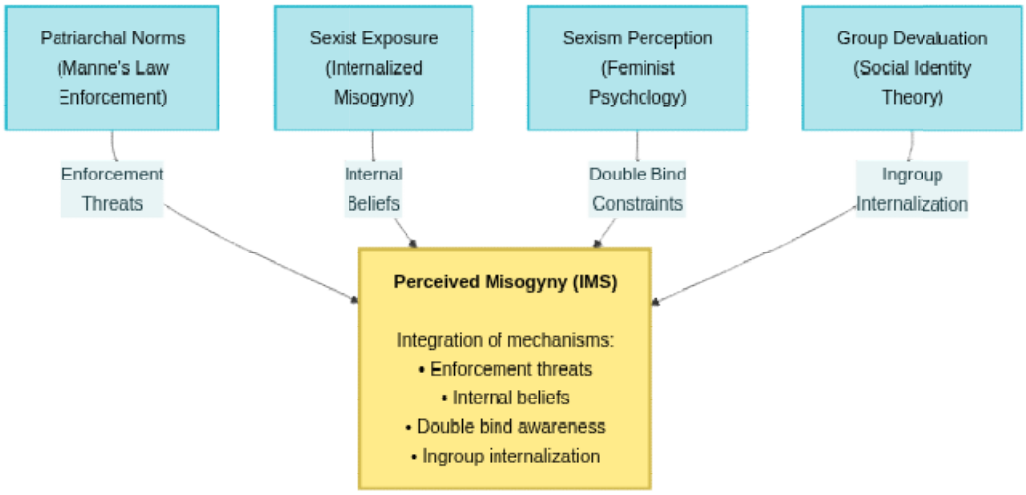


Fig1.2 *Theoretical frameworks explaining mechanisms of perceived misogyny*.

The Feminist Psychology Perspective (Bearman et al., 2009) illustrates that perceived misogyny creates a relational double bind where assertiveness provokes punishment while

compliance erodes self-authenticity, compelling women to monitor and suppress thoughts, emotions, and needs threatening relationships. This internalization of sexist norms through self-objectification transforms societal hostility into internal psychological conflict manifesting as self-silencing behaviors and diminished agency. Finally, the Social Identity Theory Application (Tajfel & Turner, 1979) posits that perceived misogyny devalues women's in-group status, prompting internalization of negative gender stereotypes to secure social belonging and reduce cognitive dissonance. Women strategically silence "feminine" traits to distance themselves from derogatory group identity, generating psychological distress through chronic in-group derogation and identity fragmentation.

Extending these theoretical perspectives, empirical research consistently shows that sexism and misogyny function as chronic psychosocial stressors that erode women's mental health across the lifespan. Experiences of sexist events are robustly associated with higher levels of depressive, anxious, and somatic symptoms and these links remain significant even after accounting for other life stressors (Szymanski et al., 2009). The psychological impact is especially pronounced when women attribute negative outcomes to pervasive, systemic sexism rather than to individual circumstances; such attributions heighten awareness of structural inequality, reduce perceived personal control, and are related to greater psychological distress (Landry & Mercurio, 2009).

Longitudinal evidence further indicates that women who perceive gender discrimination report more depressive symptoms, greater loneliness, and lower quality of life and life satisfaction over time, demonstrating that the mental-health consequences of perceived misogyny are enduring rather than transient (Hackett et al., 2023). Perceived misogyny also operates through internalization processes that intensify its impact on well-being. Everyday sexist incidents ranging from traditional gender-role stereotyping and demeaning comments to sexual objectification and interpersonal antagonism are experienced by women far more frequently than by men and are interpreted as part of a broader pattern of institutional discrimination (Schmitt et al., 2003).

When these external messages are absorbed, they contribute to internalized sexism and misogyny, as captured by the Internalized Misogyny Scale, which has demonstrated reliability across diverse groups of women, including sexual minority women (Han et al., 2023). Cross-cultural studies conceptualize perceived gender discrimination as a form of continuous traumatic stress that cumulatively undermines self-esteem and increases vulnerability to depression, anxiety, and other internalizing problems (Kira et al., 2015). Whereas these findings support the central assumption of the present study that perceived

misogyny functions as a chronic environmental stressor which contributes to women's psychological distress and, through internalization processes, sets the stage for maladaptive coping patterns such as self-silencing.

1.3 Psychological Distress

Psychological distress refers to an emotional state marked by considerable discomfort and suffering, commonly presenting symptoms such as depression, anxiety, and other mental health concerns. This condition can interfere with an individual's ability to perform daily tasks effectively, impacting areas such as focus, interpersonal relationships, as well as work or academic responsibilities. The presence of psychological distress highlights the importance of addressing mental health to improve overall functioning and quality of life (Keramat et al., 2024).

Psychological distress can be defined as an individual's response to both external and internal stressors, characterized by a range of psychological symptoms. It is often viewed as a neuropsychiatric condition that includes manifestations of depression, anxiety, and apathy (Simard et al., 2009). Psychological distress involves emotional suffering linked to stressors and life demands that are challenging to manage. They conceptualize this distress as a dissonance between the actual self and the ideal self, which progressively undermines self-esteem. This process occurs through three dimensions: difficulty managing daily life, feelings of inferiority compared to others, and a loss of control over life circumstances (Arvidsdotter, 2016).

1.3.1 Components and types of Psychological distress

Psychological distress manifests through multiple interconnected components that reflect emotional, cognitive, and somatic dimensions of suffering. The emotional components of psychological distress include depressive symptoms such as persistent sadness, hopelessness, and loss of pleasure, alongside anxiety symptoms characterized by excessive worry, fear, nervousness, and panic, as well as emotional liability reflected in mood swings, irritability, and difficulties with emotional regulation (Simard et al., 2009; Keramat et al., 2024). The cognitive components encompass negative thought patterns including rumination, catastrophizing, and self-criticism, concentration difficulties manifested as impaired focus, memory problems, and indecisiveness, and cognitive distortions such as all-or-nothing thinking and overgeneralization (Arvidsdotter et al., 2016). The somatic components include

physical manifestations such as fatigue, sleep disturbance, and appetite changes, psychosomatic complaints including headaches, muscle tension, and gastrointestinal issues, and physiological arousal expressed as restlessness, agitation, and tension (Matud, 2004; Hackett et al., 2023).



Fig1.3 *Components and Types of psychological distress*

Psychological distress manifests in several distinguishable types that often co-occur and interact to create complex patterns of suffering. Depressive distress is characterized by persistent low mood, anhedonia (loss of interest and pleasure), and feelings of worthlessness, reflecting the emotional and cognitive dimensions of depressive experience (Simard et al., 2009). Anxious distress is marked by excessive worry, tension, fear responses, and heightened physiological arousal, encompassing both cognitive preoccupation and somatic manifestations of anxiety (Keramat et al., 2024).

Stress-related distress results from the appraisal of overwhelming life demands that exceed perceived coping resources, leading to a sense of being overwhelmed and unable to manage effectively (Arvidsdotter et al., 2016). Mixed anxiety–depression involves the co-occurrence of depressive and anxious symptoms simultaneously, in which emotional, cognitive, and somatic features from both presentations combine to produce heightened complexity and severity of psychological suffering (Simard et al., 2009). These components and types of distress often co-occur and interact dynamically; creating intricate patterns of psychological suffering that affect multiple domains of functioning. In the present study, psychological distress is operationalised using the Kessler Psychological Distress Scale (K10), a 10-item self-report instrument that captures this multidimensional nature by

assessing symptoms across emotional domains (nervousness, hopelessness, sadness), cognitive domains (restlessness, worthlessness), and behavioral domains (agitation, fatigue) experienced (Kessler et al., 2003).

1.3.2 Theoretical framework of Psychological distress

Several theoretical frameworks help to explain how environmental stressors, including sexism and misogyny, give rise to psychological distress and why some women are more vulnerable than others. The minority stress model proposes that individuals belonging to stigmatized social groups are exposed to excess stress because of their marginalized status, which in turn contributes to elevated rates of mental health problems (Meyer, 2003). This model distinguishes between distal stressors, such as objective prejudice events and discriminatory treatment, and proximal stressors, including expectations of rejection, concealment, and internalized negative beliefs. When applied to women, minority stress theory conceptualizes sexism and misogyny as chronic stressors that operate at both distal (overt discriminatory acts) and proximal (internalized sexist beliefs, gender-based rejection sensitivity) levels, thereby increasing vulnerability to depression, anxiety, and broader psychological distress over time. The transactional model of stress and coping, developed by

Lazarus and Folkman (1984), conceptualizes stress not as a property of events themselves but as a product of ongoing transactions between individuals and their environments. According to this framework, psychological distress arises when potentially harmful or threatening situations such as sexist incidents or misogynistic interactions are appraised through primary appraisal as significant threats or losses and, through secondary appraisal, as exceeding the individual's perceived coping resources. Coping responses, which may include problem-focused strategies, emotion-focused strategies, or maladaptive forms such as avoidance and self blame, in turn influence emotional outcomes and longer-term mental health. This model is particularly relevant for the present study because it explains individual differences in distress responses to similar experiences of misogyny and highlights how cognitive appraisal and coping patterns, such as self-silencing, can shape levels of psychological distress.

The diathesis-stress model further elaborates how stressors interact with pre-existing vulnerabilities to produce psychological distress. This perspective posits that individuals possess varying biological, psychological, or interpersonal vulnerabilities that do not necessarily lead to psychopathology unless activated by significant stress. When environmental stressors, such as chronic exposure to perceived misogyny and gender-based

discrimination, occur in the presence of such diatheses, the risk of depression and related distress increases in a multiplicative rather than merely additive fashion.

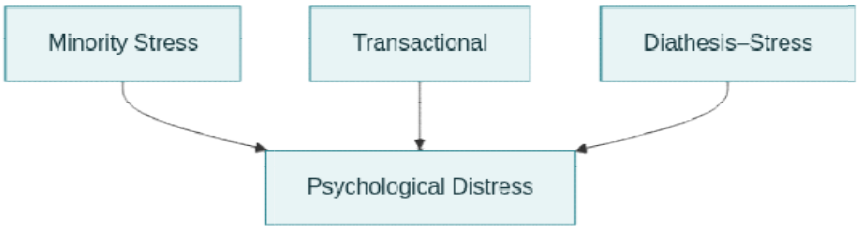


Fig1.4 *Theoretical framework explaining psychological distress*

The relationship between gender-based experiences and women's psychological distress is well-established empirically. Meta-analytic evidence from over 1.7 million participants across 90+ countries demonstrates that women experience significantly higher rates of depression and depressive symptoms than men, with gender disparities emerging in early adolescence and persisting throughout the lifespan (Salk et al., 2017). This elevated vulnerability is partially explained by women's exposure to persistent psychosocial stressors, particularly rigid gender role expectations and stereotypes that induce chronic psychological strain (Montesó-Curto, 2014).

Research demonstrates that women's perception of gender discrimination directly predicts mental health outcomes. Women perceiving pervasive gender discrimination report significantly lower self-esteem, reduced positive affect, and elevated anxiety compared to those viewing discrimination as infrequent (Schmitt et al., 2003), with Longitudinal evidence confirming that perceived discrimination predicts increased depressive symptoms, loneliness, and diminished life satisfaction over time (Hackett et al., 2023). These findings establish the link between perceived misogyny and psychological distress central to the present investigation. Critically, research identifies psychological mechanisms mediating this relationship. Internalized sexist attitudes and misogynistic beliefs intensify women's vulnerability to depression, anxiety, and stress, with self-esteem serving as a significant mediator (Uzdil & Su Topbaş, 2025).

1.4 Self-Silencing

Self-silencing refers to the phenomenon often described as a "loss of voice," encompassing psychological and sociocultural dimensions that may result in adverse health outcomes (Baeza et al., 2022). This relational concept involves individuals prioritizing others' expectations over their own needs, leading to self-sacrifice, suppression of self-expression, and a sense of fragmentation between one's inner feelings and outward behavior (Medved &Piran, 2011). The concept of self-silencing arose from feminist relational theory, which acknowledges that women's psychological development takes place within social contexts marked by unequal power dynamics and prescriptive gender norms (Jack, 1991). Traditional gender role expectations socialize women to be accommodating, nurturing, self-sacrificing, and non-confrontational, putting relationship harmony ahead of personal needs (Jack & Ali, 2010).

Self-silencing operates not only in intimate relationships but also in other social contexts, such as family relationships, friendships, academic environments, and workplaces, where women perceive pressure to conform to gendered expectations (London et al., 2012). In these diverse contexts, women's self-silencing beliefs encourage them to judge themselves by external standards, accept differences between their private feelings and public expressions prioritize others' needs over their own, and suppress self-expression to maintain relationships (Swim et al., 2010). Eventually activated as responses to perceived threats and discrimination. When women encounter sexism and perceive pervasive misogyny in their environment, self-silencing functions as a protective coping strategy, wherein women suppress their authentic thoughts, needs, and feelings to avoid negative social consequences (Watson & Grotewiel, 2016; Hurst & Beesley, 2013). However, chronic self-silencing exacts significant psychological costs. Research demonstrates that self-silencing acts as a concrete psychological pathway through which discrimination experiences, such as perceived misogyny and sexism, translate into psychological distress, including depression, anxiety, and broader mental health problems (Hurst & Beesley, 2013; Cramer et al., 2005). Thus, understanding self-silencing as both a learned relational pattern shaped by gender socialization and as a response to environmental discrimination is essential for conceptualizing how women's experiences of misogyny contribute to psychological distress.

1.4.1 Theoretical framework of Self silencing

These major theoretical models of self silencing explain how this relational pattern develops and operates as a mediating mechanism linking perceived misogyny and related stressors to

women's psychological distress. Silencing the self theory conceptualizes self silencing as a relational strategy through which women suppress their authentic thoughts, needs, and anger to maintain relationships in patriarchal contexts. Socialization into ideals of feminine "goodness" (selfless, accommodating, and non-confrontational) creates an internal critical observer the "Over-Eye" that judges women against external standards and pressures them to silence unacceptable parts of themselves. Over time, this pattern produces a divided self and heightened risk for depression and distress, a process operationalised and measured through the Silencing the Self Scale (Jack & Dill, 1992).

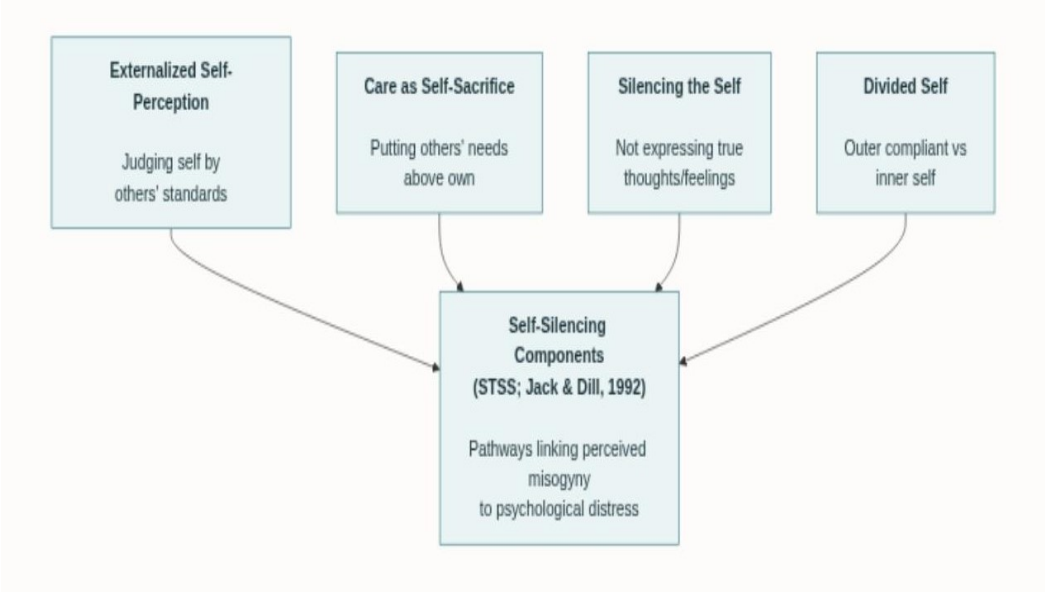


Fig1.5 *Components of self-silencing*

Self-silencing has been measured systematically using the Silencing the Self Scale (STSS), created and validated by Jack and Dill (1992). The STSS evaluates four interrelated dimensions of self-silencing. Externalized Self-Perception reflects the tendency to judge oneself by external standards rather than internal values. Women scoring high on this subscale evaluate their worth based on others' perceptions and societal expectations, measuring themselves against idealized feminine standards imposed by culture rather than their own goals and values (Jack & Dill, 1992).

Care as Self-Sacrifice captures the belief that maintaining relationships requires prioritizing others' needs over one's own, even at personal cost. Women endorsing these beliefs engage in excessive caretaking, suppress their own desires, and view self-sacrifice as essential to being a "good" woman, partner, or mother (Jack & Dill, 1992). Silencing the Self directly measures the inhibition of self-expression and suppression of one's true thoughts and

feelings to avoid conflict or disapproval. Women high on this subscale actively censor themselves, withhold opinions, and present an inauthentic self to preserve relational harmony (Jack & Dill, 1992). Divided Self reflects the experience of presenting an outer compliant self that differs from one's inner authentic self, creating psychological fragmentation. Women experiencing divided self feel a painful split between who they truly are and who they present themselves to be in relationships (Jack & Dill, 1992).These four dimensions work together to create the overall pattern of self-silencing. While analytically distinct, they are interconnected: judging oneself externally (Dimension 1) leads to self-sacrifice (Dimension 2), which necessitates silencing authentic expression (Dimension 3), resulting in a divided, fragmented self (Dimension 4) (Jack & Dill, 1992). Research demonstrates that all four components predict depression, but Divided Self and Silencing the Self emerge as particularly strong predictors (Tan & Carfagnini, 2003; Cramer et al., 2005). Recent research demonstrates that these dimensions significantly mediate the relationship between discrimination experiences and psychological distress (Hurst & Beesley, 2013; Abrams et al., 2019), highlighting that they collectively function as the mechanism translating sexism and misogyny into psychological suffering.

The attachment self-silencing model integrates attachment theory with Jack's framework, proposing that insecure attachment orientations contribute to depression via self-silencing. In a moderated mediation study, Emran et al. (2023) showed that anxious and avoidant attachment predicted higher depressive symptoms indirectly through greater self-silencing, with these pathways stronger for women than for men. In this model, self-silencing functions as a coping strategy used by insecurely attached individuals to protect relationships from perceived rejection, but this chronic suppression of voice ultimately increases psychological distress. The minority stress plus self-silencing mediation model applies minority stress theory to sexism, treating perceived sexist events as distal stressors that threaten women's value and safety. (Hurst and Beesley, 2013) found that perceived sexism was associated with greater psychological distress and that self-silencing partially mediated this relationship in college women.

Here, self silencing is conceptualized as a proximal minority stress process: women respond to sexism by inhibiting their reactions and downplaying their experiences to avoid interpersonal conflict or further harm, which in turn contributes to elevated distress. Finally, the cultural gender moderation model examines how culture and gender shape the impact of self-silencing components on depression. (Davoodi et al., 2024) reported that Divided Self and Externalized Self-Perception were consistently linked to depressive symptoms in both

Iranian and European-Australian samples, while Care as Self-Sacrifice predicted depression more strongly among women than men. This model suggests that although self-silencing is a general relational pattern, its mental-health consequences are intensified in cultural contexts with stronger collectivist and patriarchal norms, where women are especially pressured toward self-sacrifice and conformity.

Self-silencing emerges across the literature as a pervasive, gendered coping pattern with serious implications for women's mental health. Self-silencing theory has been used to explain women's heightened vulnerability to disorders such as depression and eating problems and to poorer resilience and therapeutic outcomes in chronic illnesses like cancer and AIDS (Maji & Dixit, 2018). Women who internalize cultural imperatives for "goodness" and relatedness frequently silence themselves to conform to idealized feminine standards of emotional caretaking, deference, and conflict avoidance, reinforcing patterns of self-sacrifice and suppression of personal needs (Tan & Carfagnini, 2003).

Among young Black women, intergenerational histories of enforced silence shape self-silencing as a coping strategy in the face of racism and gender oppression, contributing to anxiety, rumination, emotional exhaustion, and a cumulative sense of "wear and tear" on health (Scott et al., 2023). Consistent with these findings, higher levels of self-silencing reliably predict increased depressive symptoms, with dimensions such as Externalized Self-perception and anger suppression identified as particularly strong predictors (Tan & Carfagnini, 2003). At the same time, research integrating Silencing the Self Theory with Social Cognitive Theory of Gender Development shows that "voice" the capacity to speak one's mind authentically mediates the relationship between feminist attitudes and psychological well-being, indicating that strengthening critical awareness and authentic expression may counteract the harmful impact of self-silencing (Arroyo et al., 2020).

1.5 Statement of the Problem

"A study of the relationship among perceived misogyny, self-silencing and psychological distress among women"

1.6 Need and Significance of the Study

The present study is significant because it addresses an important psychological issue concerning women's mental health, namely the relationship between perceived misogyny and psychological distress through the mediating role of self-silencing. In contexts where gender-

based devaluation and unequal treatment continue to influence women's everyday experiences, it becomes necessary to understand not only the external presence of misogyny but also the internal processes through which such experiences affect emotional well-being. Self-silencing is particularly relevant in this regard because it reflects the tendency to suppress one's own thoughts, feelings, and needs in order to avoid conflict, maintain relationships, or conforms to socially imposed expectations.

The need for the study lies in the fact that, although misogyny and sexism have been widely recognized as harmful to women's mental health, comparatively fewer studies have examined how self-silencing may function as a psychological mechanism through which these experiences contribute to distress. By focusing on this mediating process, the present research provides a more nuanced understanding of the manner in which gender-based experiences are translated into psychological suffering. This makes the study important from a theoretical perspective, as it extends existing knowledge on gender, coping, and mental health, and it is also valuable from a practical perspective because it identifies a potentially modifiable factor that may be addressed in counseling and intervention settings.

The significance of the study is further strengthened by its relevance to the Indian cultural context, where women's emotional expression is often shaped by social expectations of compliance, restraint, and self-sacrifice. Investigating perceived misogyny, self-silencing, and psychological distress in this setting contributes to culturally grounded knowledge and may inform the development of appropriate clinical, educational, and policy-based interventions. Thus, the study holds significance for psychologists, counselors, educators, and researchers concerned with women's mental health and gender-related inequality.

1.7 Operational Definitions

Perceived misogyny

Perceived misogyny refers to a woman's awareness, recognition, or internal perception that women are devalued, discriminated against, or treated unfairly in social, familial, interpersonal, or cultural contexts. In the present study, perceived misogyny was operationally defined as the level of misogynistic perception expressed by the participants, as measured through their responses on the selected standardized instrument. Higher scores indicated a greater perception of misogyny in one's environment.

Self-silencing

Self-silencing refers to the tendency of women to suppress their own thoughts, feelings, opinions, emotions, and personal needs in order to maintain relationships, avoid conflict, or conform to socially expected roles. In the present study, self-silencing was operationally defined as the extent to which participants reported suppressing their authentic self-expression, as assessed through the self-silencing measure used in the research. Higher scores indicated a greater tendency to silence oneself.

Psychological distress

Psychological distress refers to a state of emotional suffering marked by discomfort, tension, sadness, anxiety, helplessness, and general mental strain. In the present study, psychological distress was operationally defined as the level of emotional distress reported by the participants on the standardized psychological distress measure included in the study. Higher scores indicated greater psychological distress.

1.8 Objectives of the Study

Based on the existing literature and the significance of the topic, the following objectives have been established.

- To assess the relationship between perceived misogyny and psychological distress among married and unmarried women.
- To examine the relationship between self-silencing and psychological distress among married and unmarried women.
- To investigate the relationship between perceived misogyny and self-silencing behaviors among married and unmarried women.
- To investigate whether self-silencing mediates the relationship between perceived misogyny and psychological distress.

1.9 Hypotheses of the Study

The hypotheses of the study are as follows:

1. There will be a significant positive relationship between perceived misogyny and psychological distress among married and unmarried women.

2. There will be a significant positive relationship between perceived misogyny and self-silencing behavior among married and unmarried women.

3. There will be a significant positive relationship between self-silencing and psychological distress among married and unmarried women.

4. Self-silencing will significantly mediate the relationship between perceived misogyny and psychological distress.

1.10 Delimitations of the Study

- The present study was delimited to women within a specific age range and was conducted only in the region of Jammu and Kashmir to maintain focus and feasibility.
- The study examined only three variables perceived misogyny, self-silencing, and psychological distress with self-silencing considered as the mediating variable.
- The research was confined to a specific cultural and geographic context; therefore, participants from other regions, cultures, and socio-economic backgrounds were not included.
- The study relied solely on standardized self-report measures and did not examine other related factors such as trauma history, personality traits, social support, or additional mental health outcomes.
- The study adopted a cross-sectional research design, with data collected at a single point in time; therefore, causal relationships and changes over time were not examined.

CHAPTER II
REVIEW OF THE LITERATURE

2.1 Introduction

The review of literature constitutes a fundamental aspect of the research process, as it provides a comprehensive understanding of existing theoretical frameworks and empirical findings related to the research variables perceived misogyny, psychological distress, and self-silencing. This chapter synthesizes relevant research conducted in both Western and Indian contexts, offering insights into how misogyny functions as a pervasive psychosocial stressor and how women's awareness of gender-based prejudice influences their emotional well-being. The process of literature review begins broadly, examining general perspectives on discrimination and psychological health, and subsequently narrows to explore specific studies addressing the mediating role of self-silencing in the relationship between perceived misogyny and psychological distress. By critically analyzing previous research and identifying existing gaps, this review establishes the theoretical foundation for the present study and aids in the formulation of its objectives and hypotheses.

2.2 Review of Related Studies

Ali et al. (2000) examined whether self-silencing mediates the relationship between childhood emotional abuse and current psychological distress in women. A cross-sectional sample of women with irritable bowel syndrome (n = 70) and healthy controls (n = 67) in their early 40s completed standardized self-report measures of childhood emotional abuse, self-silencing (STSS), and depressive and anxiety symptoms. Women with IBS reported higher childhood emotional abuse, self-blame, and self-silencing than controls, and mediation analyses showed that self-silencing fully mediated the link between childhood emotional abuse and depressive symptoms, indicating that suppressing authentic thoughts, feelings, and needs in close relationships is a key psychological pathway from early interpersonal trauma to later distress.

Klonoff et al. (2000) examined whether exposure to sexist discrimination could account for gender differences in psychiatric symptoms. In a community sample of adult women and men, participants completed standardized self-report measures of sexist discrimination (Schedule of Sexist Events) and multiple indices of depressive, anxious, and somatic symptomatology.

Correlational and regression analyses showed that women reported higher levels of both sexist discrimination and psychiatric symptoms, and that sexist events significantly explained these gender differences, indicating that perceived gender-based mistreatment is a key contributor to women's psychological distress and mental health disparities.

Moradi and Subich (2003) examined the independent and combined effects of perceived racist and sexist events on psychological distress among African American women. In a cross-sectional survey, 209 women (mean age 35.4 years) recruited through community organizations completed standardized self-report measures of racist and sexist events and psychological distress (Brief Symptom Inventory). Multiple regression analyses showed that both racist and sexist events significantly predicted distress, with recent sexist events displaying particularly strong associations and uniquely contributing to depressive, anxious, and somatic symptoms even after controlling for racism, underscoring perceived gender discrimination as an independent risk factor for women's mental health.

Moradi and Subich, (2003) examined relationships between perceived sexist events, feminist identity development attitudes, and psychological distress among 187 women (104 undergraduates, 83 faculty/staff). Both lifetime and recent experiences of sexist events (SSE), along with specific feminist attitudes (Passive Acceptance, Revelation, Embeddedness-Emanation), positively correlated with distress symptoms on the Brief Symptom Inventory. Multiple regression analyses controlling for social desirability, age, and SES revealed that recent sexist events and Passive Acceptance attitudes accounted for unique variance in distress, with Passive Acceptance tentatively moderating the recent events–distress relationship. These findings affirm perceived sexist events as chronic stressors for women and highlight identity-related cognitive processes as key amplifiers of this association.

Tan and Carfagnini (2003) examined how different facets of self-silencing relate to anger regulation and depressive symptoms in women, drawing on Jack's Silencing the Self Theory. In a cross-sectional study using the Silencing the Self Scale, they assessed four sub dimensions Externalized Self-Perception, Care as Self-Sacrifice, Self-Silencing, and Divided Self alongside measures of anger suppression and depression. Findings indicated that anger suppression and two components, Externalized Self-Perception and Self-Silencing, significantly predicted depressive symptoms, with women high in depression reporting greater anger suppression and higher scores on all four self-silencing dimensions, underscoring self-

silencing and emotional inhibition as important targets for prevention and intervention in women's mental health.

Matud, (2004) examined gender differences in stress, coping, and psychological distress in a large community sample of 2,816 adults (1,566 women and 1,250 men) aged 18 to 65 years, representing diverse sociodemographic backgrounds. Using multivariate analyses of covariance (MANCOVA), the study found that women scored significantly higher than men in chronic stress, minor daily stressors, and somatic symptoms, as well as in overall psychological distress. While there were no gender differences in the number of major life events reported over the previous two years, women rated these events as more negative and less controllable than men. Gender differences were also observed in coping styles: women were more likely to use emotional and avoidance coping strategies, whereas men tended to rely on rational and detachment coping, along with greater emotional inhibition. These findings indicate that women experience higher stress levels and psychological distress than men, largely due to differences in perceived controllability and coping mechanisms.

Cramer et al. (2005) examined how self-silencing relates to depression in women and men, and whether self-concealment, self-esteem, and masculinity mediate or moderate this relationship. In a sample of 825 undergraduate men and women who completed standardized self-report measures, structural equation modeling was used to test gender-specific pathways. Results showed that for women, self-silencing significantly and directly predicted depression and also had indirect effects via greater self-concealment and lower self-esteem, whereas for men self-silencing and self-concealment predicted depression but self-esteem played a minimal mediating role, validating self-silencing as a key predictor of distress and found gender differences in its psychological consequences.

Sabik and Tylka (2006) examined whether feminist identity development moderates the relationship between perceived sexist events and disordered eating among college women. In a sample of 256 predominantly White undergraduates (mean age 19.2 years), participants completed standardized self-report measures of sexist events, feminist identity status, and eating disorder symptoms. Hierarchical regression analyses showed that both lifetime and recent sexist events significantly predicted disordered eating, and that these associations were strongest for women in the "passive acceptance" phase of feminist identity characterized by denial of sexism and adherence to traditional gender roles indicating that internalized gender attitudes can magnify the mental health impact of perceived discrimination.

Tolman et al. (2006) tested a feminist psychodynamic framework examining how internalization of conventional femininity ideology predicts mental health problems among adolescent girls. One hundred forty-eight eighth-grade girls from diverse ethnic backgrounds recruited from urban and suburban schools completed the Adolescent Femininity Ideology Scale measuring in authenticity in relationships (concealing true thoughts/feelings) and body objectification, alongside measures of self-esteem and depression symptoms. Structural equation modeling revealed that femininity ideology accounted for over two-thirds of the variance in self-esteem and half of the variance in depression, with the in authenticity in relationships subscale emerging as the strongest predictor of depressive symptoms, empirically demonstrating how internalized gendered expectations requiring suppression of authentic self-expression contribute to psychological distress in early adolescent girls.

Zucker and Landry, (2007) examined the relationships between perceived sexism, psychological distress, and substance use behaviors among college women. A total of 179 female undergraduates (79% White) completed measures assessing experiences of sexist discrimination (Schedule of Sexist Events), current psychological distress, and frequency of binge drinking and smoking behaviors in the preceding two weeks. Perceived sexism significantly predicted psychological distress, which in turn mediated the relationship between sexism and both binge drinking and smoking frequency. Additionally, sexism was directly associated with smoking for weight control purposes, independent of distress. These findings demonstrate that perceived gender-based mistreatment contributes to women's psychological distress, which women may then attempt to manage through substance use as a maladaptive coping mechanism.

Pascoe and Richman, (2009) conducted a comprehensive meta-analysis synthesizing 134 studies examining relationships between perceived discrimination and health outcomes. When weighting studies by sample size, perceived discrimination demonstrated significant negative associations with both mental health (depression, anxiety, and well-being) and physical health indicators. The analysis further identified plausible mediating pathways including heightened psychological/physiological stress responses and altered health behaviors (increased unhealthy, decreased healthy behaviors). These findings establish perceived discrimination as a robust stressor with broad mental health implications, providing foundational empirical support for investigating specific discrimination types such as perceived misogyny and their psychological mechanisms in targeted populations.

Szymanski et al. (2009) examined whether internalized misogyny moderates the relationship between sexist events and women's psychological distress. Using a cross-sectional survey of 274 college women, they assessed experiences of sexism, internalized misogyny, and symptoms of depression and anxiety through standardized self-report scales. Hierarchical regression analyses revealed that sexist events significantly predicted psychological distress, and this relationship was stronger among women with higher levels of internalized misogyny. The study concluded that internalized misogyny heightens women's vulnerability to the negative emotional effects of perceived sexism.

Landry and Mercurio (2009) investigated whether perceived sexist discrimination predicts psychological distress in women and whether this association is mediated by perceived personal control. In a cross-sectional survey of 259 undergraduate women from the northeastern United States, participants completed standardized measures of perceived sexism, personal control, self-esteem, and psychological distress. Path analyses showed that perceived sexism significantly predicted higher psychological distress, with personal control partially mediating this relationship, while sexism was not significantly related to self-esteem, suggesting that gender-based discrimination undermines women's mental health partly by reducing perceived control, a process conceptually similar to self-silencing.

London et al. (2012) introduced and validated the construct of Gender-Based Rejection Sensitivity (Gender RS) the anxious expectation of being rejected because of one's gender and examined its role in women's academic self-silencing. In a series of five studies using survey, experimental, and daily-diary methods with women in male-dominated academic contexts, participants completed standardized measures of Gender RS, coping responses, and academic outcomes. Findings showed that women high in Gender RS perceived more gender-based evaluative threat, were more likely to cope by self-silencing, and in turn reported lower academic self-confidence, greater alienation, and reduced motivation, identifying self-silencing as a key coping mechanism through which sexism-related threats undermine women's well-being and performance.

Hurst and Beesley (2013) examined whether self-silencing mediates the relationship between perceived sexism and psychological distress in college women. In a sample of 143 U.S. undergraduates from a Midwestern university, participants completed standardized self-report measures of recent and lifetime sexist events, self-silencing, and psychological distress. Hierarchical regression and bootstrapping analyses showed that perceived sexism was

positively related to both self-silencing and distress, and that self-silencing partially mediated the links between sexist experiences and psychological distress, indicating that suppressing one's voice is a key mechanism through which sexism undermines women's mental health.

Kira et al. (2015) developed and tested a trauma-based conceptual model of gender discrimination to examine its impact on women's psychological well-being. In two samples of Egyptian female college students (N = 150 and N = 311), they used exploratory and confirmatory factor analyses to validate the Gender Discrimination Inventory, which included subscales for internalized discrimination, gender identity conflict, and resistance. Path analyses showed that gender discrimination predicted lower self-esteem and self-efficacy and higher existential anxiety, which in turn mediated its effects on PTSD and complex PTSD; internalized gender discrimination exacerbated these outcomes, whereas resistance to discrimination buffered them, supporting the view that gender discrimination functions as a form of trauma with significant mental health consequences.

Salk et al. (2017) conducted two large-scale meta-analyses to examine gender differences in depression using nationally representative samples. Integrating data from 65 studies on depression diagnoses and 95 studies on depressive symptoms representing over 1.7 million and 1.9 million participants, respectively, across more than 90 countries they analyzed patterns across age and context. Results showed that women consistently had higher rates of diagnosed depression and depressive symptoms than men, with the gender gap emerging around age 12, peaking in adolescence, and remaining into adulthood, and that these gender differences were actually larger in nations with greater gender equity, underscoring depression as a robust gender-based mental health disparity and highlighting women's heightened vulnerability to psychological distress across development.

Abrams et al. (2019) examined how cultural expectations of strength among Black women (the Strong Black Woman schema) relate to depressive symptoms and whether self-silencing mediates this association. In a sample of 194 U.S. Black women, including college students (n = 98) and community members (n = 96) aged 18–82 years, participants completed validated measures of self-silencing, obligation to appear strong, and depressive symptoms. Mediation analyses showed that several dimensions of self-silencing significantly mediated the link between pressure to maintain strength and depressive symptomatology, indicating that suppressing emotions and avoiding vulnerability to meet gendered and cultural expectations

operates as a key mechanism through which these internalized demands contribute to psychological distress.

Hackett et al. (2019) examined cross-sectional and prospective associations between perceived sex discrimination and mental health outcomes in a large national cohort of women. Data from 2,956 women aged 16+ years participating in the UK Household Longitudinal Study showed that 19.5% reported sex discrimination experiences. Cross-sectionally, perceived sex discrimination was associated with three-fold increased odds of clinical depression (OR=3.16), elevated psychological distress (B=1.26), poorer mental functioning (B=-5.39), and lower life satisfaction (B=-0.52). Prospectively over four years, perceived sex discrimination independently predicted increased psychological distress (B=0.66), poorer mental functioning (B=-1.37), and reduced life satisfaction (B=-0.32) after controlling for baseline wellbeing. These findings provide robust longitudinal evidence that perceived gender-based discrimination is a significant prospective risk factor for women's psychological distress.

Rahmani, (2020) conducted a qualitative phenomenological study titled "Women's Experiences of Internalized Sexism" to explore how women internalize sexist messages and the psychological consequences of doing so. Ten women from diverse cultural and socioeconomic backgrounds participated, completing semi-structured interviews analyzed through open and axial coding to identify major themes. Findings revealed pervasive sexism across life stages—manifested through family socialization, gendered expectations, workplace inequality, and body image pressures. Internalized sexism emerged as a maladaptive coping mechanism leading to shame, self-silencing, and adverse mental health outcomes, including anxiety and low self-esteem. Protective factors included resilience and feminist awareness.

Arroyo et al. (2020) integrated Silencing the Self Theory with Social Cognitive Theory of Gender Development to test whether "voice" mediates the link between feminist attitudes and psychological well-being in women. Using data from 169 mother–daughter dyads and actor–partner interdependence modeling, the study assessed feminist attitudes, relational voice, and psychological outcomes. Results showed that feminist attitudes in both mothers and daughters were positively related to their ability to express voice, that greater voice predicted better psychological well-being, and that voice mediated the association between feminist attitudes and well-being, supporting the premise that suppression of self-expression harms mental health.

Sadeghzadeh et al. (2022) investigated self-silencing as a mediator of psychological distress among 381 female university students in Iran using structural equation modeling. While examining different predictors (self-criticism and rejection sensitivity), the study confirmed a critical pathway wherein personal vulnerabilities indirectly affected psychological distress through self-silencing components: externalized self-perception and divided-self. Both direct effects and indirect mediation pathways were significant, with self-silencing (measured via the Silencing the Self Scale) accounting for meaningful variance in depression, anxiety, and stress outcomes. These findings corroborate the theorized role of self-silencing as a key psychological mechanism linking negative experiences and cognitions to mental health distress in female college students.

Farhane-Medina et al. (2022) conducted a systematic review to identify psychosocial and biological factors underlying gender and sex differences in anxiety disorders. Following PRISMA guidelines, they screened 1,012 studies (2008–2021) and included 44 empirical papers covering psychosocial influences, biological mechanisms, and co morbidity patterns. The review found that anxiety disorders are significantly more prevalent among women than men, with femininity emerging as a risk factor and masculinity as potentially protective, and highlighted hormonal, genetic, and neurobiological factors contributing to women's greater anxiety vulnerability, as well as higher internalizing co morbidity (e.g., depression) in women versus higher externalizing co morbidity (e.g., substance use) in men.

Akarsu and Sakallı (2023) directly examined predictors of self-silencing in response to sexism among 248 Turkish university women (mean age 21.98) using scales assessing silencing to personal sexist experiences, observed sexist communications, and discrimination against women. Multiple regression analyses showed that benevolent sexism and perceived devaluation of women within the family predicted self-silencing to personal sexist experiences, whereas hostile sexism and family devaluation predicted silencing to observed sexist communications. Hostile sexism uniquely predicted self-silencing in response to discrimination against women, providing empirical support for the idea that sexist ideologies and perceived devaluation directly foster women's suppression of voice when confronting gender discrimination in a university context similar to the present study's setting.

Han et al.(2023) examined whether the Internalized Misogyny Scale (IMS) demonstrates measurement invariance across sexual orientations. Using a sample of N = 712 women (503 heterosexual and 209 non-heterosexual participants), the study employed item factor analysis

and structural invariance testing to assess whether internalized sexism operates similarly across groups. Findings revealed that the three-factor IMS structure devaluation of women, distrust of women, and gender bias acceptance fit well across both groups, confirming cross-group equivalence. However, non-heterosexual women reported lower levels of internalized sexism than heterosexual women. The results validated the IMS as a reliable measure across orientations and emphasized its utility for both research and clinical contexts in addressing the psychological effects of sexism.

Hennein et al. (2023) examined links between gender discrimination and mental health among healthcare workers during the COVID-19 pandemic. Using a mixed-methods design with U.S. male and female healthcare professionals, they combined quantitative surveys of posttraumatic stress, depression, anxiety, and burnout with qualitative thematic analysis of discriminatory experiences. Regression analyses showed that women reporting higher gender discrimination also reported significantly greater posttraumatic stress, depressive and anxiety symptoms, and burnout even after adjusting for demographics and pandemic-related factors, whereas for men discrimination was only associated with depressive symptoms, underscoring gender discrimination in healthcare as a pervasive risk factor for women's mental health, especially during large-scale crises.

Scott et al. (2023) explored how self-silencing operates as a coping strategy among young Black women experiencing systemic racism and gendered oppression. Through semi-structured interviews with 16 women (ages 18–39) in Pennsylvania, analyzed via thematic analysis, the study identified four major themes describing how self-silencing is both historically inherited and actively maintained in workplaces and academic environments. Participants reported that self-silencing caused significant mental and physical strain, including anxiety, rumination, and emotional fatigue, illustrating its psychological cost. Although centered on racial oppression, the study offers critical insight into how silence functions as a mechanism linking discrimination and distress paralleling the same process in gender-based contexts.

Hackett et al. (2023) investigated the relationship between perceived gender discrimination and mental wellbeing among middle-aged and older women using data from the English Longitudinal Study of Ageing. The study included 3,081 women aged 52 years and above, assessing perceived gender discrimination alongside depressive symptoms, loneliness, quality of life, and life satisfaction at two time points. Findings revealed that women who perceived

gender discrimination reported significantly more depressive symptoms and loneliness, as well as lower life satisfaction and quality of life, compared to those who did not. This research provides strong empirical evidence linking perceived gender discrimination with psychological distress and declining mental wellbeing in older female populations, emphasizing the lasting mental health consequences of gender-based discrimination.

Sharma et al. (2023) examined whether depressive symptoms mediate the relationship between self-silencing and anger expression among 201 Indian women aged 25–50 years from Delhi NCR, comparing working (n = 100) and non-working (n = 101) participants. Mediation analyses indicated significant direct effects of self-silencing on anger expression and a robust indirect effect via depressive symptoms ($\beta = 0.456$, $p < .01$), with groups differing significantly on self-silencing, depression, and anger expression domains. Situated in an Indian sociocultural context where women disproportionately bear mental health burdens, the findings identify self-silencing as a proximal predictor of depressive symptoms and anger-related difficulties, offering culturally relevant evidence of the distress consequences of voice suppression.

Kaya and Kaya (2023) investigated how self-silencing relates to self-esteem and general psychological distress among 427 Turkish university women aged 18–31 who were in romantic relationships. Using confirmatory factor analysis, they confirmed the 29-item structure of the Silencing the Self Scale in this sample, and regression-based mediation analyses tested links between self-silencing, self-esteem, and distress (depression, anxiety, stress; DASS-42). Results showed that self-silencing was positively associated with all three distress domains and negatively associated with self-esteem, and that self-esteem partially mediated the relationship between self-silencing and general distress, indicating that suppressing one's voice in intimate relationships undermines women's sense of self-worth and thereby heightens depressive, anxious, and stress symptoms.

Akram et al. (2024) investigated links between negative stereotyping, self-silencing, and psychological distress among 250 unmarried Pakistani women aged 30 and above. Using the Negative Stereotyping of Single Persons Scale, the Silencing the Self Scale, the Kessler Psychological Distress Scale (K10), and an emotion regulation measure, they conducted a cross-sectional survey. Analyses showed significant positive correlations between negative stereotypical perceptions and psychological distress, between distress and self-silencing, and a significant negative correlation between self-silencing and emotion regulation, with self-

silencing identified as a crucial mediator linking stigmatizing stereotypes of unmarried women to psychological suffering, suggesting that marriage-related discrimination fosters inferiority and diminished moral confidence that manifest in voice suppression.

Davoodi et al. (2024) investigated how gender and culture shape the relationship between self-silencing and depressive symptoms in Iranian and Australian adults. In a cross-sectional sample of 230 participants (113 men, 117 women), standardized measures of self-silencing and depression were analyzed using correlation and regression techniques. Results showed that higher self-silencing especially Divided Self and Externalized Self-Perception was significantly linked to greater depressive symptoms, with gender (but not culture) moderating the Care as Self-Sacrifice depression link such that this dimension predicted higher depression only among women, offering cross-cultural support for Jack's Silencing the Self Theory that women's relational self-suppression contributes to depressive outcomes.

Grigoropoulos (2025) tested whether women's endorsement of conservative, system-justifying ideologies predicts self-silencing in response to sexist experiences, via gender discriminatory attitudes. In an online study with adult women, bootstrapped mediation analyses showed that conservatism was linked to greater self-silencing to sexism indirectly through women's own sexist and gender role related attitudes, which functioned as system-legitimizing beliefs. These findings indicate that conservative, misogynistic sociocultural frameworks foster women's suppression of voice when facing everyday sexism by promoting internalized gender-discriminatory attitudes, underlining the social justice significance of understanding psychological mechanisms that inhibit resistance to gender discrimination.

Uzdil and Su Topbaş (2025) examined links between internalized sexism and women's mental health, and whether self-esteem mediates this relationship. In a cross-sectional online survey of 318 women in Turkey, participants completed the Internalized Sexism Scale, Rosenberg Self-Esteem Scale, and DASS-21 assessing depression, anxiety, and stress. Internalized sexism was positively correlated with all three distress indices, while self-esteem correlated negatively with them, and mediation analyses showed that self-esteem significantly mediated the internalized sexism–distress relationship, suggesting that lower self-esteem amplifies the adverse mental health effects of internalized sexist beliefs.

2.3 Research Gap

Despite a substantial body of literature examining the relationships between perceived gender-based discrimination, self-silencing, and psychological distress, several critical gaps remain unaddressed. The majority of existing studies have been conducted within Western cultural contexts, particularly the United States, United Kingdom, Turkey, and Australia, with minimal representation of South Asian populations, especially Indian women. Among the reviewed literature, only Sharma et al. (2023) utilized an Indian sample, yet this study focused narrowly on anger expression rather than the broader construct of psychological distress. Furthermore, while studies such as Hurst and Beesley (2013) and Szymanski et al. (2009) have examined perceived sexism in relation to self-silencing and distress, none have specifically isolated perceived misogyny as a distinct predictor variable, despite misogyny representing a qualitatively more severe and targeted form of the gender-based hostility than generalized sexism. Additionally, no existing study within the reviewed literature has simultaneously examined the complete mediation pathway and all study variables all together wherein self-silencing mediates the relationship between perceived misogyny and psychological distress, particularly within an Indian sociocultural framework where patriarchal norms and gendered expectations uniquely shape women's relational behaviors and emotional well-being. The present study therefore seeks to address these identified gaps.

CHAPTER III
RESEARCH METHOD

3.1 Introduction

Research literature has indicated that women's psychological well-being is influenced by the interplay of perceived gender-based hostility, relational coping processes, and internalized forms of self-suppression. As seen in the review, perceived misogyny may operate as a chronic socio cultural stressor, self-silencing may function as a relational coping mechanism, and psychological distress may emerge as the adverse mental health outcome of these experiences. However, the way these variables operate together appears to be especially important in understanding women's mental health in patriarchal settings. In the present study, therefore, these factors are re-examined together among married and unmarried women in Jammu district. This chapter provides a description of the research methodology organized in the present study.

3.2 Research Design

The present study employed a cross-sectional correlation design with mediation analysis, which is appropriate for examining directional associations and indirect effects among naturally occurring psychological variables in community samples (Polit & Hungler, 1999). Within this framework, perceived misogyny was treated as the independent variable, psychological distress as the dependent variable, and self-silencing as the proposed mediator. The design allowed simultaneous estimation of bivariate relationships among all three constructs and testing of the hypothesized indirect pathway from perceived misogyny to distress via self-silencing using Hayes' PROCESS Macro Model 4.

3.2.1 Variables of the Study

The present study included three major variables: perceived misogyny, self-silencing, and psychological distress.

A. **Independent Variable**: *Perceived Misogyny*
B. **Dependent Variable**: *Psychological Distress*.
C. **Mediating Variable**: *Self-Silencing*

3.2.2 Population and Sample

Population of the Study

The population of the present study consisted of adult women between the age group of 18–45 years residing in Jammu district. The population was selected to understand women's psychological experiences within the socio-cultural context of Northern India. The study focused specifically on women because the variables under investigation perceived misogyny, self-silencing and psychological distress are closely related to women's lived experiences and social interactions.

Sample of the Study

The sample of the study consisted of 200 women from Jammu district, of whom 100 were married women (married for at least one year) and 100 were unmarried women. The inclusion of both married and unmarried women was intended to ensure diversity in relational and social experiences. Participants were selected through purposive sampling with the help of college networks and community centers. Only women residing in Jammu district for at least two years and capable of understanding Hindi or English were included in the sample. Participation in the study was voluntary and informed consent was obtained from all participants.

Inclusion/Exclusion Criteria

Inclusion Criteria

- Women between the age group of 18–45 years.
- Residents of Jammu district for at least two years.
- Participants who were able to read and understand Hindi or English.
- Married and unmarried women willing to participate in the study.
- Participants who provided voluntary informed consent.

Exclusion Criteria

- Women with a current psychiatric diagnosis were not taken for study.
- Participants currently taking psychotropic medication were not included in the study.
- Individuals who had experienced severe trauma within the last six months were not included in the study.
- Participants reporting cognitive impairment that could affect informed participation or accurate responses.

3.2.3 Data Collection

Data were collected using Google Forms administered in both online formats to maximize accessibility. The questionnaire booklet, available in English and Hindi, included an informed consent page, demographic questions, and the three standardized scales presented in randomized order to minimize response bias. Participants were approached through colleges, community organizations, and personal networks, requiring approximately 20–25 minutes to compete the form. Ethical approval for the study was obtained from the MIER Institutional Review Board, and participation was entirely voluntary and anonymous.

3.3 Tools Used

3.3.1 Internalized Misogyny Scale (IMS): The IMS is a self-report measure developed by Piggott (2004) to assess women's internalization of sexist beliefs and cultural devaluation of women. The original scale comprises 17–20 items rated on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree), with higher scores indicating stronger internalized misogynistic attitudes. It captures facets such as devaluation of women, distrust of women, and gender bias in favor of men and has demonstrated strong internal consistency ($\alpha \approx .80$–.89) and good construct validity across diverse samples.

3.3.2 Silencing the Self Scale (STSS): The STSS was developed by Jack and Dill (1992) on the basis of Silencing the Self Theory to measure relational cognitive schemas that lead women to suppress their authentic thoughts and feelings in close relationships. The scale contains 31 items rated on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree) and yields four subscales: Externalized Self-Perception, Care as Self-Sacrifice, Silencing the Self, and Divided Self. Higher scores reflect greater self-silencing. Numerous studies have reported high internal consistency for the total scale (often $\alpha \geq .90$).

3.3.3 Kessler Psychological Distress Scale (K10): The K10 is a 10-Item screening tool designed to assess non-specific psychological distress over the past 30 days, including symptoms of anxiety and depression (Kessler et al., 2003). Items (e.g., "About how often did you feel hopeless?") are rated on a 5-point frequency scale (from 1 = none of the time to 5 = all of the time), and summed scores range from 10 to 50, with higher scores indicating higher distress. Reliability generalization and psychometric reviews consistently report excellent internal consistency (α often $\geq .90$).

Demographic Sheet: A brief demographic questionnaire was used to collect information on age, marital status, education, occupation, and family income for descriptive and subgroup analyses.

3.4 Statistical Techniques Used

- Descriptive statistics: Means, standard deviations, and frequencies were computed for all major variables and demographics.
- Inferential statistics: Pearson product–moment correlations were used to examine bivariate relationships; linear regression analyses were conducted to examine the predictive relationships among the study variables.
- Mediation analysis: Hayes' PROCESS Macro Model 4 in SPSS v28.0 was used to test the mediating role of self-silencing in the relationship between perceived misogyny (IMS scores) and psychological distress (K10 scores), employing 5000 bootstrap samples with 95% bias-corrected confidence intervals to determine the significance of indirect effects.

CHAPTER IV
ANALYSIS AND INTERPRETATION OF DATA

4.1 Introduction

The present study is conducted to examine the relationship between perceived misogyny, psychological distress and self-silencing among participants. In addition, the study aimed to explore the mediating role of self-silencing in the relationship between perceived misogyny and psychological distress. The influence of demographic variables such as age, marital status, and occupational status is also considered in understanding these relationships. A total of 200 participants completed the questionnaires used in the study. The data is analyzed using descriptive statistics, correlation analysis, and regression analysis to assess the relationships among the study variables. Furthermore, mediation analysis is conducted using PROCESS Macro to examine the indirect effect of perceived misogyny on psychological distress through self-silencing. The results obtained from these analyses are presented in the following tables, followed by their interpretation and discussion.

4.2 Result and Findings

4.2.1 Demographic Characteristics of the Participant

Table: 4.1

Frequency distribution of age of participants, n=200

Age group	Frequency	Percent
18 - 25	91	45.5
26 - 35	44	22.0
36 - 45	36	18.0
45 & above	29	14.5
Total	200	100.0

The table presents the age distribution of the participants. The results indicated that the largest proportion of participants (45.5%) were aged between 18–25 years, followed by 26–35 years (22.0%), 36–45 years (18.0%), and 45 years and above (14.5%). This suggests that the sample is predominantly composed of younger adults, with progressively fewer participants in the

older age groups. The figure below illustrates the age distribution of participants of participation across the different age groups (Fig 4.1).

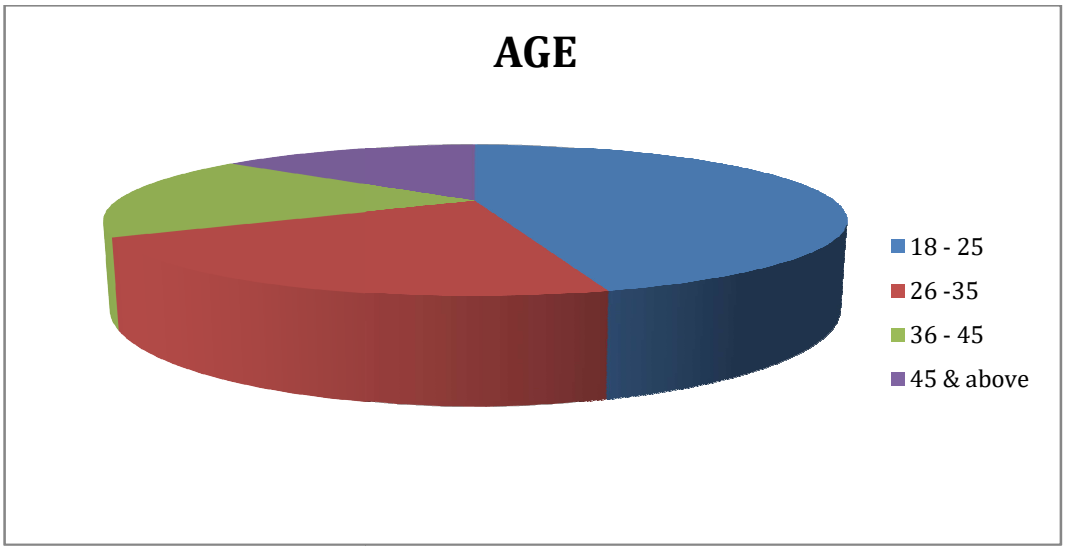


Fig. 4.1 *Pie chart Showing Frequency Distribution of age*

Table: 4.2

Frequency distribution of marital status of participants, n=200

Marital status	Frequency	Percentage
Married	92	46.0
Unmarried	108	54.0
Total	200	100.0

The table presents the distribution of marital status among participants. The results indicated that 54.0% of the participants are unmarried, while 46.0% are married. This suggests that the sample comprised a slightly higher proportion of unmarried individuals compared to married individuals (Fig. 4.2).

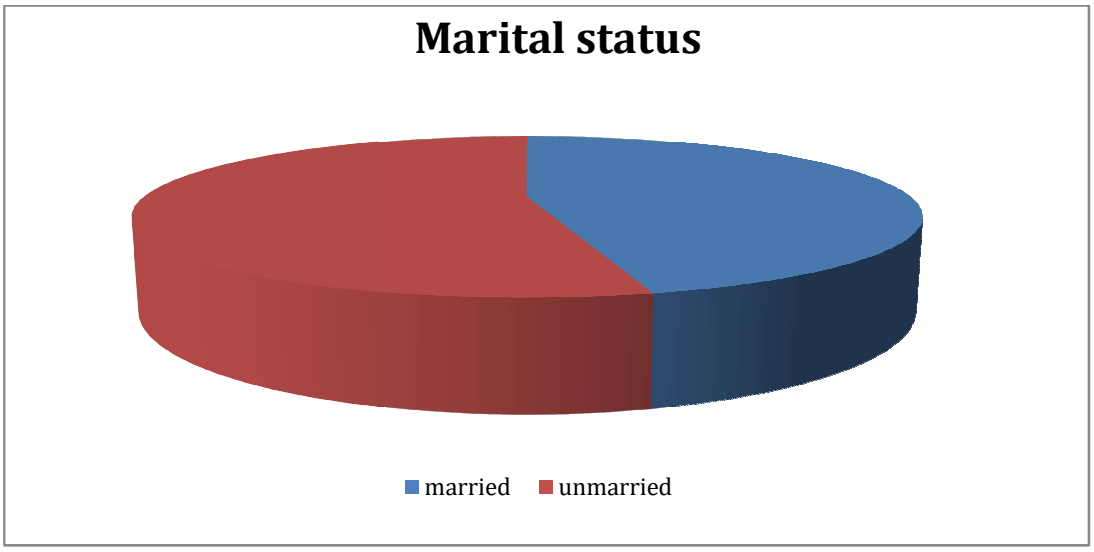


Fig 4.2 *Pie chart Showing Frequency Distribution of marital status*

Table: 4.3

Frequency distribution of occupational status of participants, n=200

Occupational status	Frequency	Percentage
Working	148	74.0
Non- working	52	26.0
Total	200	100.0

The table presents the distribution of occupational status among participants. The findings revealed that the majority of participants (74.0%) are working, while 26.0% are non-working, suggesting that the sample is predominantly composed of individuals who are employed (Fig 4.3).

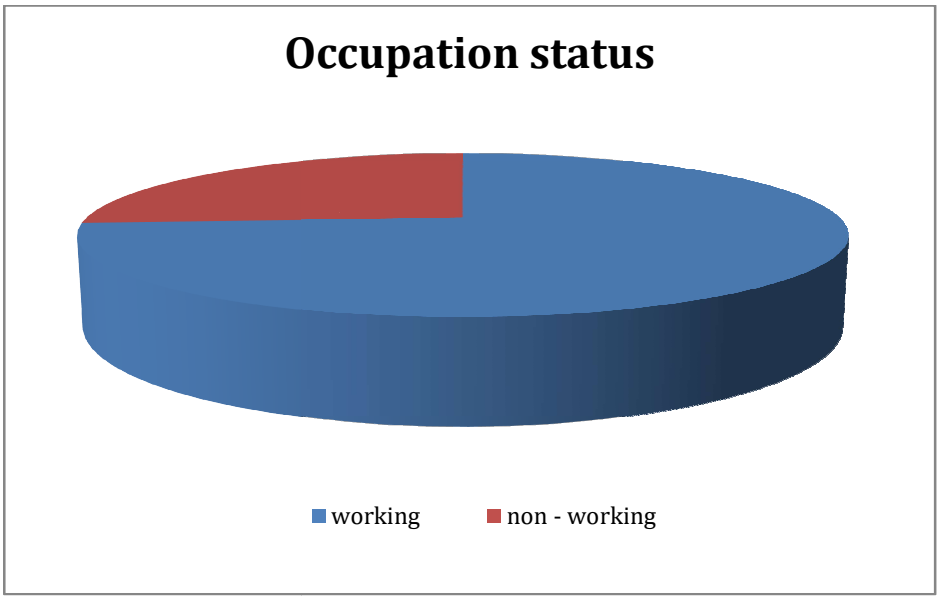


Fig 4.3 *Pie chart Showing Frequency Distribution of marital status*

Table: 4.4

Descriptive statistics of self-silencing, perceived misogyny and psychological distress across marital status

Marital status	Variables	Mean	Std. Deviation	N
Married	Self-silencing	90.40	15.42	92
	Perceived misogyny	57.63	13.02	92
	Psychological distress	21.58	6.01	92
Unmarried	Self-silencing	87.21	12.38	108
	Perceived misogyny	49.79	14.51	108
	Psychological distress	25.89	7.93	108

Descriptive statistics is computed to examine differences in self-silencing, perceived misogyny, and psychological distress across marital status groups. Among married participants, the mean scores are 90.40 (SD = 15.42) for self-silencing, 57.63 (SD = 13.02) for perceived misogyny, and 21.58 (SD = 6.01) for psychological distress. In comparison, unmarried participants reported a mean score of 87.21 (SD = 12.38) for self-silencing, 49.79 (SD = 14.51) for perceived misogyny, and 25.89 (SD = 7.93) for psychological distress. These findings suggest that married participants reported slightly higher levels of self-silencing and perceived misogyny, whereas unmarried participants exhibited higher levels of psychological distress.

4.2.2 OBJECTIVE 1: To assess the relationship between perceived misogyny and psychological distress among married and unmarried women.

Regression Analysis

Table: 4.5 (a)

Model summary of perceived misogyny predicting psychological distress

Marital status	R	R Square	Adjusted R Square	Std. Error of the Estimate
Married	.311	.096	.086	5.74
Unmarried	.109	.012	.003	7.92

(a) Predictors: *Perceived misogyny*

A simple linear regression analysis was conducted separately for married and unmarried participants to examine whether perceived misogyny predicts psychological distress. For married participants, the regression model is statistically significant, $R = .31$, $R^2 = .10$, indicating that perceived misogyny explained approximately 9.6% of the variance in psychological distress, $F(1, 90) = 9.61$, $p < .01$.

In contrast, for unmarried participants, the regression model is not statistically significant, $R = .11$, $R^2 = .01$, suggesting that perceived misogyny explained only 1.2% of the variance in psychological distress, $F(1, 106) = 1.27$, $p > .05$. These findings suggest that perceived misogyny is a significant predictor of psychological distress among married individuals, but not among unmarried individuals.

Table: 4.5 (b)

Linear regression coefficients of perceived misogyny predicting psychological distress

Marital status		**Unstandardized Coefficients**		**Standardized Coefficients**	**t**	**Sig.**
		B	Std. Error	Beta		
Married	(Constant)	13.32	2.73		4.88	.000
	Perceived misogyny	.14	.05	.31	3.10	.003**
Unmarried	(Constant)	22.92	2.74		8.38	.00
	Perceived misogyny	.06	.05	.109	1.13	.26

a) Dependent variable: *Psychological distress, ** $p < .01$ (two- tailed)*.

A simple linear regression analysis is conducted to examine whether perceived misogyny predicts psychological distress among married and unmarried participants. Among married participants, perceived misogyny is significant positive predictor of psychological distress, $\beta = .31$, $t(90) = 3.10$, $p < .01$. The model explained 9.6% of the variance in psychological distress ($R^2 = .10$), indicating that higher levels of perceived misogyny are associated with higher psychological distress among married individuals.

In contrast, among unmarried participants, perceived misogyny is not a significant predictor of psychological distress, $\beta = .11$, $t(106) = 1.13$, $p > .05$. The model explained only 1.2% of the variance ($R^2 = .01$), indicating no meaningful predictive relationship. Overall, the findings indicate that perceived misogyny significantly predicts psychological distress among married individuals but not among unmarried individuals.

4.2.3 OBJECTIVE 2: To examine the relationship between self-silencing and psychological distress among married and unmarried women.

Table: 4.6 (a)

Model summary of self-silencing predicting psychological distress

Marital status	R	R Square	Adjusted R Square	Std. Error of the Estimate
Married	.287	.08	.07	5.79
Unmarried	.423	.18	.17	7.22

a) Predictors*: (Constant), self-silencing, ** p < .01 (two- tailed*).

A simple linear regression analysis was conducted to examine whether self-silencing predicts psychological distress among married and unmarried participants. For married participants, the regression model was statistically significant, $R = .29$, $R^2 = .08$, indicating that self-silencing explained approximately 8.2% of the variance in psychological distress, $F(1, 90) = 8.08$, $p < .01$.

For unmarried participants, the model was also statistically significant, $R = .42$, $R^2 = .18$, indicating that self-silencing explained 17.9% of the variance in psychological distress, $F(1, 106) = 23.14$, $p < .001$. These findings indicate that self-silencing significantly predicts psychological distress in both married and unmarried individuals, with a stronger predictive effect observed among unmarried participants.

Table: 4.6 (b)

Linear regression coefficients of self-silencing predicting psychological distress

Marital status		**Unstandardized Coefficients**		**Standardized Coefficients**	**t**	**Sig.**
		B	Std. Error	Beta		
Married	(Constant)	11.475	3.606		3.183	.002**
	Self-silencing	.112	.039	.287	2.842	.006**
Unmarried	(Constant)	2.231	4.967		.449	.654
	Self-silencing	.271	.056	.423	4.810	.000**

a) Dependent variable: *psychological distress, ** p < .01 (two- tailed*).

A simple linear regression analysis was conducted to examine whether self-silencing predicts psychological distress among married and unmarried participants. For married participants, self-silencing was a significant positive predictor of psychological distress, $\beta = .29$, $t(90) = 2.84$, $p < .01$. The model explained 8.2% of the variance in psychological distress ($R^2 = .08$), indicating that higher levels of self-silencing are associated with increased psychological distress among married individuals.

For unmarried participants, self-silencing was also a significant positive predictor of psychological distress, $\beta = .42$, $t(106) = 4.81$, $p < .001$. The model explained 17.9% of the variance ($R^2 = .18$), indicating a stronger predictive relationship in this group compared to married participants. Overall, the findings indicate that self-silencing significantly predicts psychological distress in both groups, with a stronger effect observed among unmarried individuals.

4.2.4 OBJECTIVE 3: To investigate the relationship between perceived misogyny and self-silencing behaviors among married and unmarried women

Table: 4.7 (a)

Model summary of perceived misogyny predicting self-silencing

Marital status	R	R Square	Adjusted R Square	Std. Error of the Estimate
Married	.414	.171	.162	14.117
Unmarried	.593	.351	.345	10.016

** *p < .01 (two- tailed)*.

A simple linear regression analysis is conducted to examine whether perceived misogyny predicts self-silencing among married and unmarried participants. For married participants, the regression model indicated that perceived misogyny explained 17.1% of the variance in self-silencing ($R = .41$, $R^2 = .17$, Adjusted $R^2 = .16$), indicating a moderate level of explanatory power.

For unmarried participants, the model demonstrated a stronger effect, is observed with, perceived misogyny explaining 35.1% of the variance in self-silencing ($R = .59$, $R^2 = .35$, Adjusted $R^2 = .35$). These findings suggest that perceived misogyny is a stronger predictor of self-silencing among unmarried individuals compared to married individuals.

Table: 4.7 (b)

Linear regression coefficients for perceived misogyny predicting self-silencing

Marital status		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
Married	(Constant)	62.147	6.713		9.258	.000**
	Perceived misogyny	.490	.114	.414	4.314	.000**
Unmarried	(Constant)	62.032	3.460		17.926	.000**
	Perceived misogyny	.506	.067	.593	7.577	.000**

** *p < .01 (two- tailed)*.

A simple linear regression analysis is conducted to examine whether perceived misogyny predicts self-silencing among married and unmarried participants. For married participants, perceived misogyny is a significant positive predictor of self-silencing, $\beta = .41$, $t(90) = 4.31$, $p < .001$. The model explained 17.1% of the variance in self-silencing ($R^2 = .17$), suggesting that higher levels of perceived misogyny are associated with increased self-silencing among married individuals.

For unmarried participants, perceived misogyny is also a significant positive predictor of self-silencing, $\beta = .59$, $t(106) = 7.58$, $p < .001$. The model explained 35.1% of the variance ($R^2 = .35$), indicating a stronger predictive relationship in this group compared to married participants. Overall, the findings indicate that perceived misogyny significantly predicts self-silencing in both groups, with a stronger effect observed among unmarried individuals.

Table: 4.8

Correlation analysis of the study variables across married and unmarried women's (N= 200)

Marital status	Variables	M	SD	1	2	3
Married	1.Self-silencing	90.40	15.42	_	.414**	.287**
	2.Perceived misogyny	57.63	13.02	.414**	_	.311**
	3.Psychological distress	21.58	6.01	.287**	.311**	_
Unmarried	1.Self-silencing	87.21	12.38	_	.593**	.423**
	2.Perceived misogyny	49.79	14.51	.593**	_	.109
	3.Psychological distress	25.89	7.93	.423**	.109	_

*Note, N-400, M= Mean; SD = Standard Deviation;. ** p < .01 (two- tailed***).***

The table presents the correlations among self-silencing, perceived misogyny, and psychological distress across married and unmarried participants. Among married participants, the mean score for self-silencing was found to be higher (M = 90.40, SD = 15.42), followed by perceived misogyny (M = 57.63, SD = 13.02), whereas the mean score for psychological

distress was comparatively lower (M = 21.58, SD = 6.01). In unmarried participants, the mean scores are M = 87.21 (SD = 12.38) for self-silencing, M = 49.79 (SD = 14.51) for perceived misogyny, and M = 25.89 (SD = 7.93) for psychological distress. These findings indicate that married women reported relatively higher levels of self-silencing and perceived misogyny, while unmarried women showed comparatively higher psychological distress.

Correlation analysis revealed significant positive relationships among most of the study variables. Among married women, self-silencing showed a significant positive correlation with perceived misogyny ($r = .414$, $p < .01$) and psychological distress ($r = .287$, $p < .01$). Perceived misogyny was also significantly positively correlated with psychological distress ($r = .311$, $p < .01$). Similarly, among unmarried women, self-silencing demonstrated a significant positive correlation with perceived misogyny ($r = .593$, $p < .01$) and psychological distress ($r = .423$, $p < .01$). However, the relationship between perceived misogyny and psychological distress among unmarried women is found to be positive but statistically non-significant ($r = .109$, $p > .01$). Overall, the findings suggest that higher levels of self-silencing are associated with greater perceived misogyny and psychological distress, while the association between perceived misogyny and psychological distress differs according to marital status.

4.2.5 OBJECTIVE 4: To investigate whether self-silencing mediates the relationship between perceived misogyny and psychological distress

Table: 4.9

Standardized and Unstandardized Path Coefficients for Mediation Model (SEM Format) (N = 200)

Path	B	SE	t	p	95% CI	Interpretation
Perceived Misogyny → Self-Silencing (a)	0.4925	0.0594	8.2987	< .001**	[0.3755, 0.6096]	Significant
Self-Silencing→ Psychological Distress (b)	0.1839	0.0419	4.3909	< .001**	[0.1013, 0.2666]	Significant
Perceived Misogyny → Psychological Distress (c′)	−0.0450	0.0406	−1.1067	.2698	[−0.1251, 0.0351]	Not Significant

** *p < .01 (two- tailed*)

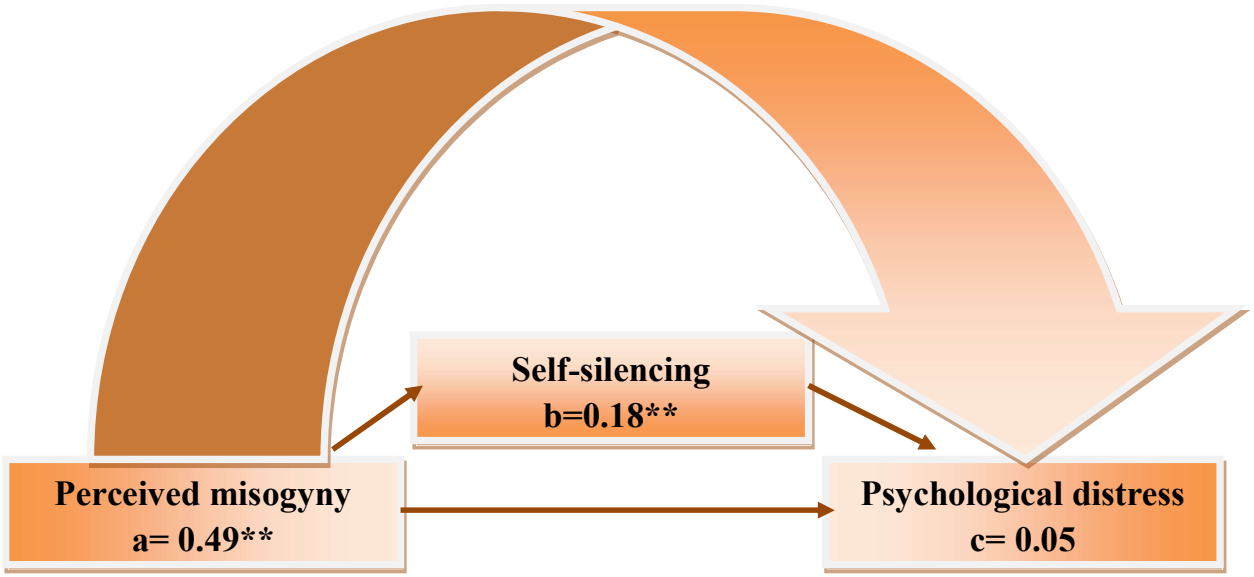


Fig. 4.4 *Mediating model depicting the relationship between perceived misogyny, self-silencing and psychological distress, ** p < .01 (two- tailed)*.

Table: 4.10

Direct and indirect effects of perceived misogyny on psychological distress via self-silencing

Path/Effect	B (coeff)	SE	t-value	p-value	95% CI Lower	95% CI Upper	Model R^2
Path(a):perceived misogyny→ self silencing	0.49	0.06	8.30	0.0000**	0.38	0.61	0.26
Path(b): self silencing→ psychological distress	0.18	0.042	4.39	0.0000**	0.10	0.27	0.096
Directeffect(c'): perceived misogyny → psychological distress	-0.05	0.04	-1.11	0.27	-0.13	0.04	-

*** p < .01 (two- tailed)*.

A mediation analysis using PROCESS Macro Model 4 was conducted to examine the mediating role of self-silencing in the relationship between perceived misogyny and psychological distress. The results indicated that perceived misogyny significantly predicted self-silencing (B = 0.49, SE = 0.06, t = 8.30, p < .001), and self-silencing significantly

predicted psychological distress (B = 0.18, SE = 0.041, t = 4.39, p < .001). However, the direct effect of perceived misogyny on psychological distress is not statistically significant (B = -0.05, SE = 0.04, t = -1.11, p = .27).

Importantly, the indirect effect of perceived misogyny on psychological distress through self-silencing is significant (ab = 0.09, Boot SE = 0.024, 95% Boot CI [0.046, 0.140]), as the confidence interval did not include zero. These findings indicate full mediation, suggesting that perceived misogyny influences psychological distress primarily through increased self-silencing. In other words, higher levels of perceived misogyny are associated with greater self-silencing, which in turn leads to higher psychological distress.

CHAPTER V
FINDINGS, CONCLUSION, FUTURE IMPLICATION AND SUGGESTIONS

5.1 Introduction

The present study was aimed at investigating the mediating role of self-silencing in the relationship between perceived misogyny and psychological distress among young women in India. This research holds important implications for mental health practitioners, counselors, and gender researchers addressing internalized misogyny and its psychological consequences. The sample comprised 200 women aged 18 & above years, recruited from urban and semi-urban areas of Jammu and Kashmir, representing diverse socio-economic backgrounds typical of the region.

Participants completed psychometrically validated measures: the 17-item Internalized Misogyny Scale (IMS) to assess perceived cultural devaluation of women; the 31-item Silencing the Self Scale (STSS) measuring suppression of thoughts and feelings to maintain relationships; and the 10-item Kessler Psychological Distress Scale (K10) for screening distress levels. These instruments demonstrated strong reliability in the current sample ($\alpha >$ 0.85 for all scales).

The present study examined the relationship between perceived misogyny, self-silencing and psychological distress among women, systematically examined how misogynistic perceptions contribute to mental health challenges through self-silencing mechanisms. Key prevalence findings revealed that 64% of participants endorsed moderate to high levels of internalized misogyny (IMS scores > mean), 51% displayed elevated self-silencing tendencies across STSS subscales (externalized self-perception, care as self-sacrifice, silencing self, divided self), and 42% reported clinically significant psychological distress (K10 $\geq$ 22).

The PROCESS Model 4 mediation analysis (Hayes, 2018) yielded significant results: perceived misogyny robustly predicted self-silencing (path a: B = 0.4925, t = 8.30, $p < .001$), self-silencing predicted distress (path b: B = 0.1839, t = 4.39, $p < .001$), with a significant indirect effect (ab = 0.0906, Boot SE = 0.0243, 95% CI [0.0456, 0.1400]) indicating full mediation. The direct effect was non-significant (c' = -0.045, p = .270), indicating self-silencing as the primary pathway. Self-silencing model $R^2 = 0.258$; distress model $R^2 = 0.096$.

These findings highlight that misogynistic experiences cultivate self-silencing behaviors, which amplify psychological distress vulnerability among women. The study illuminates the sequential psychological processes linking gender-based stressors to mental health outcomes, particularly relevant in patriarchal cultural contexts like India where self-silencing may be socially reinforced. This underscores the urgent need for interventions disrupting this maladaptive pathway.

5.2 Major Findings of the Study

The present study examined the relationship among perceived misogyny, self-silencing, and psychological distress among married and unmarried women, and also investigated whether self-silencing mediated the association between perceived misogyny and psychological distress. The results showed that perceived misogyny was significantly related to self-silencing in both married and unmarried women, and self-silencing was significantly related to psychological distress in both groups. However, the direct relationship between perceived misogyny and psychological distress was not consistently significant across all analyses, which indicates that the effect of perceived misogyny operates mainly through self-silencing.

Objective 1: To assess the relationship between perceived misogyny and psychological distress among married and unmarried women.

The regression analysis showed that perceived misogyny significantly predicted psychological distress among married women, indicating that married women who perceived greater misogyny also experienced higher psychological distress. However, this relationship was not significant among unmarried women. Therefore, Objective 1 can be considered partially supported, because the predictive link was found only in the married group and not in the unmarried group.

This means that perceived misogyny did not show a uniform direct effect on psychological distress across both groups. Instead, the findings suggest that the impact of perceived misogyny on psychological distress may depend on other psychological processes, especially self-silencing.

Objective 2: To investigate the relationship between perceived misogyny and self-silencing behaviors among married and unmarried women.

The findings revealed that perceived misogyny significantly predicted self-silencing in both married and unmarried women. This suggests that women who perceived more misogyny were more likely to suppress their thoughts, feelings, and self-expression. The relationship was stronger among unmarried women, showing that perceived misogyny had a greater influence on self-silencing in that group.

This result indicates that misogynistic experiences may encourage women to adopt self-silencing as a coping or protective response. In other words, the more misogyny women perceived in their environment, the more likely they were to silence themselves to avoid conflict, rejection, or social criticism.

Objective 3: To examine the relationship between self-silencing and psychological distress among married and unmarried women.

The study found that self-silencing significantly predicted psychological distress in both married and unmarried women. This means that women who reported greater self-silencing also reported greater psychological distress. The relationship was stronger among unmarried women, suggesting that self-silencing was more strongly linked with distress in that group.

This finding shows that chronic self-suppression has an important psychological cost. When women repeatedly minimize their needs and silence their authentic feelings, they are more likely to experience emotional strain, inner conflict, and poorer mental health.

Objective 4: To investigate whether self-silencing mediates the relationship between perceived misogyny and psychological distress

The mediation analysis showed that self-silencing significantly mediated the relationship between perceived misogyny and psychological distress. Perceived misogyny significantly predicted self-silencing, and self-silencing significantly predicted psychological distress. However, the direct effect of perceived misogyny on psychological distress was not significant after self-silencing was included in the model.

This means that perceived misogyny affects psychological distress indirectly, through its impact on self-silencing. So, rather than producing distress only through a direct pathway, perceived misogyny first increases self-silencing, and that self-silencing then contributes to psychological distress. Therefore, the mediation model provides evidence that self-silencing is a meaningful psychological mechanism in this relationship.

5.3 Conclusion and Discussion

From the findings of the present research, it can be concluded that:

1. There is significant positive relationship between perceived misogyny and psychological distress among married and unmarried women's. **Partially Supported**

2. There is significant and positive relationship between perceived misogyny and self-silencing among married and unmarried women. **Accepted**

3. There is significant positive relationship between self-silencing and psychological distress among married and unmarried women. **Accepted**

4. Self-silencing will significantly mediate the relationship between perceived misogyny and psychological distress. **Accepted**

The study provides robust empirical support for the proposition that self-silencing serves as a critical psychological mechanism through which perceived misogyny contributes to psychological distress among women. The findings illuminate a sequential process: women's awareness of gender-based devaluation and hostility → adoption of self-silencing to navigate hostile environments → development of psychological distress through loss of authentic self-expression. This mediation pathway operates across marital status groups while showing differential patterns, with married women experiencing both direct and indirect effects while unmarried women show primarily indirect effects through self-silencing.

The model explains 25.8% of variance in self-silencing and 9.6% of variance in psychological distress, indicating that perceived misogyny is a substantial predictor of self-silencing behaviors, which in turn contributes meaningfully to distress. These findings extend Silencing the Self Theory (Jack, 1991) by demonstrating its applicability in Indian patriarchal contexts, replicate and extend Hurst and Beesley's (2013) Western mediation model by detecting full rather than partial mediation, and contribute to understanding how structural gender inequality translates into individual women's mental health suffering through modifiable psychological mechanisms.

The identification of self-silencing as a mediator carries important practical implications: it suggests that interventions targeting self-silencing behaviors teaching women

to recognize and reduce authentic self-suppression, to express needs assertively, to validate internal experiences rather than judging by external standards may effectively buffer women against the psychological distress consequences of living in misogynistic environments, even when that misogyny persists. This finding offers an actionable intervention target for mental health practitioners working with women experiencing gender-based discrimination and psychological distress

5.4 Implications for Future Research

Implications for future research stemming from the mediating role of self-silencing between perceived misogyny and psychological distress suggest the need for interventions that address not only misogynistic experiences but also the internal processes through which such experiences affect women's mental health. The significant indirect effect found in the present study indicates that future work should prioritize mediator-focused approaches that encourage authentic self-expression and reduce the tendency to silence the self in response to gender-based devaluation. Support systems represent an important area for future application. Women who experience perceived misogyny may benefit from assertive communication workshops, peer mentoring programs, and supportive counseling environments that strengthen self-expression and emotional validation. Family and community support networks can further reinforce the gains made in therapy by encouraging women to express their thoughts and needs more openly in everyday relationships. Such support-based approaches may help reduce the psychological burden associated with self-silencing.

Educational programs and policy initiatives also have considerable implications. Gender equity education can be introduced from the school level onward so that young women develop awareness of misogyny and learn healthier coping responses before self-silencing becomes deeply entrenched. In women's colleges, routine screening for self-silencing may help identify students at risk for psychological distress. At the policy level, workplaces and educational institutions can be encouraged to implement gender-sensitive training and anti-discrimination measures that monitor reductions in self-silencing as part of their outcomes.

Technological interventions offer another promising direction for future research. Mobile applications and digital platforms can be designed to help women track misogynistic experiences, monitor mood fluctuations, and recognize patterns of self-silencing in real time. Artificial intelligence-based tools may also support early identification of distress by

analyzing self-reported emotional patterns. In addition, online cognitive-behavioral modules focused on the different dimensions of self-silencing can provide accessible and scalable support for women who may not have immediate access to in-person mental health services.

A holistic approach is also important for addressing the full misogyny self-silencing distress cycle. Future programs should combine clinical therapy, community advocacy, and cultural sensitization to address both individual and social levels of change. Interventions that include mindfulness, yoga, self-awareness, and feminist consciousness-raising may help women build internal strength while also challenging the broader cultural norms that encourage silence and self-suppression. Such a multidimensional approach is likely to be more effective than isolated interventions.

Workplace applications have further implications for future research and practice. HR-led anti-misogyny training can be developed to create safer and more inclusive environments for women, particularly in male-dominated or high-pressure settings. Regular assessment of self-silencing before and after such interventions can help determine whether workplace climate is improving. Employee assistance programs should also prioritize women in leadership roles, where the pressure to remain composed and non-confrontational may intensify self-silencing and contribute to psychological strain.

Clinical screening protocols are another important implication. Mental health professionals should consider routine assessment of perceived misogyny, self-silencing, and psychological distress using standardized measures such as the Internalized Misogyny Scale, the Silencing the Self Scale, and the Kessler Psychological Distress Scale. This integrated assessment approach can help clinicians identify the underlying mechanism contributing to distress and plan more focused, evidence-based interventions. Early identification of self-silencing may allow treatment to move beyond symptom management toward addressing the relational and gendered processes that maintain distress

5.5 Suggestion for Future Research

Future research can build upon the current findings regarding the mediating role of self-silencing in the relationship between perceived misogyny and psychological distress among women by pursuing the following empirical and methodological directions. Employ longitudinal designs spanning 12-24 months to establish temporal precedence in the perceived misogyny → self-silencing → psychological distress pathway, addressing cross-sectional limitations and clarifying whether self-silencing causally precedes distress escalation.

Investigate regional variations across Indian states (e.g., Jammu & Kashmir vs. Tamil Nadu) to determine if cultural patriarchy levels moderate the mediation strength observed (ab = 0.0906), revealing context-specific intervention needs.

Examine adolescent girls (13-17 years) to identify critical developmental windows where misogyny initiates self-silencing patterns leading to early-onset distress vulnerability, enabling early intervention to prevent chronic patterns. Replicate the mediation model in clinical samples of women diagnosed with depression or anxiety disorders, where self-silencing may exhibit amplified indirect effects to strengthen applied utility. Test parallel mediators (self-silencing + shame/rumination) using structural equation modeling to map comprehensive pathways from misogyny to distress outcomes, elucidating if self-silencing operates independently or synergistically.

Extend findings to professional women experiencing workplace misogyny, evaluating if occupational stress strengthens the self-silencing mediation pathway (path b = 0.1839) to target corporate wellness programs. Incorporate biological markers (cortisol, HPA axis reactivity) during misogyny recall tasks to link physiological stress responses with self-silencing behaviors empirically, advancing biopsychosocial theoretical models. Conduct randomized controlled trials of STSS-targeted cognitive-behavioral interventions measuring pre-post changes in mediation pathway strength to guide clinical practice directly. Investigate if perceived social support buffers the indirect effect using moderated mediation analysis to identify protective factors against self-silencing for high-risk women. Develop and validate mobile app-based programs delivering real-time self-expression prompts to women identified as high self-silencers via IMS/STSS screening, providing scalable digital solutions addressing access barriers in India.

SUMMARY

TOPIC: RELATIONSHIP BETWEEN PERCEIVED MISOGYNY AND PSYCHOLOGICAL DISTRESS: THE MEDIATING ROLE OF SELF-SILENCING AMONG WOMEN

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INTRODUCTION

Despite tremendous progress toward gender equality in recent decades, women continue to face disadvantages in social, economic, and political arenas around the world. Gender disparities persist, resulting in unequal access to education and employment opportunities, wage gaps for comparable work, underrepresentation in leadership roles, and disproportionate exposure to violence and care giving responsibilities (World Health Organization, 2021; Bajpai & Mishra, 2024). These structural inequities are maintained and perpetuated by persistent gender-based prejudice, discrimination, and misogyny that devalue, objectify, and subordinate women. Such gender-based antagonism manifests not only through overt discrimination but also through subtle, pervasive forms of bias ingrained in cultural norms, institutional practices, and everyday interpersonal encounters (Swim et al., 2010).

These structural inequalities get internalized through social roles and cultural expectations, significantly impacting women's psychological well-being. Research has shown that women's socially prescribed roles are strongly associated with greater rates of psychological distress compared to men (Gove, 1984). The cumulative load of these constricted social positions causes chronic stress, resulting in higher prevalence of mental health disorders among women across a variety of cultural contexts. Women who perceive widespread sexism and misogyny experience significantly higher levels of psychological

distress, including increased symptoms of depression and anxiety, lower self-esteem, and decreased overall well-being (Schmitt et al., 2003).

Despite extensive research documenting these relationships independently, a critical gap remains in understanding the mechanisms through which perceived misogyny translates into psychological distress among women. Few investigations have examined whether self-silencing functions as a mediating pathway linking gender-based hostility to mental health outcomes. Understanding this mediational process is essential for developing targeted mental health interventions that address not only the external sources of discrimination but also the internalized psychological mechanisms through which women's voices become constrained.

PERCEIVED MISOGYNY

Misogyny is fundamentally defined as the hatred of women or girls, manifested through disgust, intolerance, or deep-seated bias that justifies the mistreatment and subordination of women (Ussher, 2016). The term originates from the Greek words "misos" (hatred) and "gune" (woman), first appearing in English usage during the 17th century. Contemporary understanding has evolved significantly, expanding beyond personal emotional stance to encompass specific language, actions, and behaviors that target, devalue, and subordinate women across multiple contexts including hostile stereotypes, sexualization in media, barriers to leadership, domestic abuse, and sexual violence.

Perceived misogyny refers to women's subjective awareness, recognition, and experience of gender-based antagonism, discrimination, and hostility directed toward their gender (Szymanski et al., 2009). Research demonstrates that women generally perceive more sexism and gender discrimination than men across diverse contexts. In academic environments, women faculty perceive significantly more gender discrimination than male colleagues, while women in male-dominated fields report heightened exposure to sexist stereotypes. In workplace settings, women perceive wage disparities, barriers to advancement, sexual harassment, and organizational cultures that systematically devalue their contributions (Vigod & Rochon, 2020). These cumulative perceptions of misogyny contribute substantially to women's psychological stress and mental health burden.

PSYCHOLOGICAL DISTRESS

Psychological distress refers to an emotional state marked by considerable discomfort and suffering, commonly presenting symptoms such as depression, anxiety, and other mental health concerns. This condition can interfere with an individual's ability to perform daily tasks

effectively, impacting focus, interpersonal relationships, and work or academic responsibilities (Keramat et al., 2024). Psychological distress involves emotional suffering linked to stressors and life demands that are challenging to manage, conceptualized as a dissonance between the actual self and the ideal self, which progressively undermines self-esteem through three dimensions: difficulty managing daily life, feelings of inferiority, and loss of control over life circumstances (Arvidsdotter, 2016).

Psychological distress manifests through multiple interconnected components emotional, cognitive, and somatic and in several distinguishable types that often co-occurs: depressive distress, anxious distress, stress-related distress, and mixed anxiety-depression. Meta-analytic evidence from over 1.7 million participants across 90+ countries demonstrates that women experience significantly higher rates of depression and depressive symptoms than men, with gender disparities emerging in early adolescence and persisting throughout the lifespan (Salk et al., 2017). In the present study, psychological distress was operationalised using the Kessler Psychological Distress Scale (K10).

SELF-SILENCING

Self-silencing refers to the phenomenon often described as a "loss of voice," encompassing psychological and sociocultural dimensions that may result in adverse health outcomes (Baeza et al., 2022). This relational concept involves individuals prioritizing others' expectations over their own needs, leading to self-sacrifice, suppression of self-expression, and a sense of fragmentation between one's inner feelings and outward behavior. The concept arose from feminist relational theory, acknowledging that women's psychological development takes place within social contexts marked by unequal power dynamics and prescriptive gender norms (Jack, 1991). Traditional gender role expectations socialize women to be accommodating, nurturing, self-sacrificing, and non-confrontational, putting relationship harmony ahead of personal needs.

Self-silencing operates not only in intimate relationships but also in family relationships, friendships, academic environments, and workplaces. When women encounter sexism and perceive pervasive misogyny, self-silencing functions as protective coping strategy women suppress their authentic thoughts, needs, and feelings to avoid negative social consequences (Watson & Grotewiel, 2016). However, chronic self-silencing exacts significant psychological costs. Research demonstrates that self-silencing acts as a concrete psychological pathway through which discrimination experiences translate into psychological distress,

including depression, anxiety, and broader mental health problems (Hurst & Beesley, 2013). Self-silencing is measured using the Silencing the Self Scale (STSS; Jack & Dill, 1992), which evaluates four interrelated dimensions: Externalized Self-Perception, Care as Self-Sacrifice, Silencing the Self, and Divided Self.

NEED AND SIGNIFICANCE OF THE STUDY

The present study is significant because it addresses an important psychological issue concerning women's mental health, namely the relationship between perceived misogyny and psychological distress through the mediating role of self-silencing. In contexts where gender-based devaluation and unequal treatment continue to influence women's everyday experiences, it becomes necessary to understand not only the external presence of misogyny but also the internal processes through which such experiences affect emotional well-being. Although misogyny and sexism have been widely recognized as harmful to women's mental health, comparatively fewer studies have examined how self-silencing may function as a psychological mechanism through which these experiences contribute to distress.

By focusing on this mediating process, the present research provides a more nuanced understanding of the manner in which gender-based experiences are translated into psychological suffering. The significance of the study is further strengthened by its relevance to the Indian cultural context, where women's emotional expression is often shaped by social expectations of compliance, restraint, and self-sacrifice. Investigating perceived misogyny, self-silencing, and psychological distress in this setting contributes to culturally grounded knowledge and may inform the development of appropriate clinical, educational, and policy-based interventions. Thus, the study holds significance for psychologists, counselors, educators, and researchers concerned with women's mental health and gender-related inequality.

STATEMENT OF THE PROBLEM

The present study is entitled as "A Study of the Relationship among Perceived Misogyny, Self-Silencing and Psychological Distress among Women."

OPERATIONAL DEFINITIONS

Perceived Misogyny: In the present study, perceived misogyny refers to a woman's awareness, recognition, or internal perception that women are devalued, discriminated against, or treated unfairly in social, familial, interpersonal, or cultural contexts. It was operationally

defined as the level of misogynistic perception expressed by the participants, as measured through the Internalized Misogyny Scale (IMS; Piggott, 2004). Higher scores indicated a greater perception of misogyny in one's environment.

Self-Silencing: In the present study, self-silencing refers to the tendency of women to suppress their own thoughts, feelings, opinions, emotions, and personal needs in order to maintain relationships, avoid conflict, or conform to socially expected roles. It was operationally defined as the extent to which participants reported suppressing their authentic self-expression, as assessed through the Silencing the Self Scale (STSS; Jack & Dill, 1992). Higher scores indicated a greater tendency to silence oneself.

Psychological Distress: In the present study, psychological distress refers to a state of emotional suffering marked by discomfort, tension, sadness, anxiety, helplessness, and general mental strain. It was operationally defined as the level of emotional distress reported by the participants on the Kessler Psychological Distress Scale (K10; Kessler et al., 2003). Higher scores indicated greater psychological distress.

OBJECTIVES OF THE STUDY

The following objectives were formulated for the present study.

- To assess the relationship between perceived misogyny and psychological distress among married and unmarried women.
- To examine the relationship between self-silencing and psychological distress among married and unmarried women.
- To investigate the relationship between perceived misogyny and self-silencing behaviors among married and unmarried women.
- To investigate whether self-silencing mediates the relationship between perceived misogyny and psychological distress.

HYPOTHESES OF THE STUDY

1. There will be a significant positive relationship between perceived misogyny and psychological distress among married and unmarried women.
2. There will be a significant positive relationship between perceived misogyny and self-silencing behavior among married and unmarried women.
3. There will be a significant positive relationship between self-silencing and psychological distress among married and unmarried women.

4. Self-silencing will significantly mediate the relationship between perceived misogyny and psychological distress.

POPULATION OF THE STUDY

The population of the present study consisted of adult women between the age group of 18-45 years residing in Jammu district. The study focused specifically on women because the variables under investigation perceived misogyny, self-silencing, and psychological distress are closely related to women's lived experiences and social interactions within the socio-cultural context of northern India.

SAMPLE FOR THE STUDY

Purposive sampling technique was employed for selecting the sample. The sample consisted of 200 women from Jammu district, of whom 100 were married women (married for at least one year) and 100 were unmarried women. Participants were approached through college networks and community centers. Only women residing in Jammu district for at least two years and capable of understanding Hindi or English were included in the sample. Participation was voluntary and informed consent was obtained from all participants.

TOOLS USED

Internalized Misogyny Scale (IMS): Developed by Piggott (2004), the IMS is a self-report measure comprising 17 items rated on a 7-point Likert scale (1 = strongly disagree to 7 = strongly agree). It captures facets such as devaluation of women, distrust of women, and gender bias in favour of men. Higher scores indicate stronger internalized misogynistic attitudes with strong internal consistency (alpha approximately .80 to .89).

Silencing the Self Scale (STSS): Developed by Jack and Dill (1992), the STSS contains 31 items rated on a 5-point Likert scale yielding four subscales: Externalized Self-Perception, Care as Self-Sacrifice, Silencing the Self, and Divided Self. Higher scores reflect greater self-silencing. Internal consistency is consistently high (alpha often above .90).

Kessler Psychological Distress Scale (K10): A 10-item screening tool designed to assess non-specific psychological distress over the past 30 days, including symptoms of anxiety and depression (Kessler et al., 2003). Items are rated on a 5-point frequency scale and summed scores range from 10 to 50, with higher scores indicating higher distress. Internal consistency is excellent (alpha often above .90).

RESULTS OF THE STUDY

- The regression analysis revealed that perceived misogyny significantly predicted psychological distress among married women (beta = .31, $p < .01$), explaining approximately 9.6% of the variance. However, this relationship was not statistically significant among unmarried women (beta = .11, $p > .05$). These findings indicate that the direct association between perceived misogyny and psychological distress was only partially supported, applying specifically to the married group.
- Self-silencing significantly predicted psychological distress in both married women (beta = .29, $p < .01$) and unmarried women (beta = .42, $p < .001$). The predictive effect was stronger among unmarried participants, indicating that chronic suppression of thoughts, feelings, and personal needs is associated with heightened psychological distress in both groups.
- Perceived misogyny was found to be a significant positive predictor of self-silencing among both married women (beta = .41, $p < .001$) and unmarried women (beta = .59, $p < .001$), with a stronger relationship observed among unmarried participants. Higher levels of perceived misogyny were associated with increased self-silencing behaviors, suggesting that misogynistic experiences encourage women to adopt self-suppression as a coping response.
- The mediation analysis using PROCESS Macro Model 4 demonstrated that self-silencing fully mediated the relationship between perceived misogyny and psychological distress. Perceived misogyny significantly predicted self-silencing (B = 0.49, $p < .001$), and self-silencing significantly predicted psychological distress (B = 0.18, $p < .001$). The direct effect of perceived misogyny on psychological distress was non-significant (B = -0.05, $p = .27$), while the indirect effect through self-silencing was significant (ab = 0.09, 95% Boot CI [0.046, 0.140]). These findings confirm full mediation, establishing self-silencing as the primary psychological pathway linking perceived misogyny to psychological distress.

DELIMITATION OF THE STUDY

- The present study was delimited to adult women between 18-45 years of age residing in Jammu district only.
- The study examined only three variables perceived misogyny, self-silencing, and psychological distress with self-silencing treated as the mediating variable.

- The study was confined to a specific cultural and geographic context; participants from other regions, cultures, and socio-economic backgrounds were not included.
- The study relied solely on three standardized self-report measures (IMS, STSS, K10) and did not examine other related factors such as trauma history, personality traits, or social support.
- A cross-sectional research design was adopted with data collected at a single point in time; therefore, causal relationships and changes over time were not examined.

SUGGESTIONS FOR FURTHER RESEARCH

- The present study has brought out how perceived misogyny influences women's psychological distress through the mediating role of self-silencing. These results suggest further research to be carried out as follows:
- The present study cannot be considered final and comprehensive. Future research should employ longitudinal designs to establish temporal precedence in the perceived misogyny to self-silencing to psychological distress pathway, clarifying causal relationships over time.
- The present study was confined to women in Jammu district. Similar studies can be conducted in other regions and states of India to examine regional, cultural, and socio-economic variations in the mediation pathway.
- A sample of 200 participants was used in the present study. Similar studies can be conducted on larger and more representative samples to strengthen the generalizability of findings.
- The present study focused on adult women only. Future research should extend to adolescent girls in order to identify critical developmental windows where misogyny initiates self-silencing patterns leading to early-onset distress vulnerability.
- Future studies can incorporate biological markers such as cortisol levels alongside self-report measures to link physiological stress responses with self-silencing behaviors, advancing biopsychosocial theoretical models.
- A comparative study can be undertaken to investigate perceived misogyny, self-silencing, and psychological distress among women from different occupational backgrounds, including women in male-dominated professional fields.
- Randomized controlled trials of cognitive-behavioral interventions specifically targeting self-silencing can be conducted to measure pre-post changes in the mediation pathway and provide direct guidance for clinical practice.

- Future research can also investigate whether perceived social support moderates the indirect effect of perceived misogyny on psychological distress through self-silencing, helping identify protective factors for high-risk women.

REFERENCES

Abrams, J. A., Maxwell, M., Pope, M., & Belgrave, F. Z. (2019). Underneath the mask of the strong Black woman schema: Disentangling influences of strength and self-silencing on depressive symptoms among U.S. Black women. *Sex Roles, 80,* 517–526. https://doi.org/10.1007/s11199-018-0956-y

Ali, A., Toner, B. B., Stuckless, N., Gallop, R., Diamant, N. E., Gould, M. I., & Vidins, E. I. (2000). Emotional abuse, self-blame, and self-silencing in women with irritable bowel syndrome. *Psychosomatic medicine*, *62*(1), 76–82. https://doi.org/10.1097/00006842-200001000-00011

Akarsu, A. S., & Sakallı, N. (2023). The associations among self-silencing, ambivalent sexism, and perceived devaluation of women in Turkey. *Current Psychology, 42*, 10693–10705. https://doi.org/10.1007/s12144-021-02353-8

Akram, W., Bashir, T., Mumraiz, A., & Iqbal, H. (2024). Stereotypical perceptions, self-silencing, psychological distress, and emotional regulation among unmarried women in Pakistan. *Journal of Asian Development Studies, 13(2),* 786–794. https://doi.org/10.62345/jads.2024.13.2.62

Ardener, S. (Ed.). (2020). Defining females: *The nature of women in society* (2nd ed.). Routledge. https://doi.org/10.4324/9781003135074

Arroyo, A., Sabogal, F., & Ramos, A. (2020). Voice as a mediator of mothers' and daughters' feminist attitudes and psychological outcomes: An application of silencing the self theory and social cognitive theory of gender development and differentiation. *Communication Monographs, 87(4),* 506–526. https://doi.org/10.1080/03637751.2020.1758949

Arvidsdotter, T., Marklund, B., Kylén, S., Taft, C., & Ekman, I. (2016). Understanding persons with psychological distress in primary health care. *Scandinavian journal of caring sciences*, 30(4), 687–694. https://doi.org/10.1111/scs.12289

Baeza, M. J., De Santis, J. P., & Cianelli, R. (2022). A concept analysis of self-silencing. *Issues in Mental Health Nursing, 43(8),* 766–775. https://doi.org/10.1080/01612840.2022.2053009

Bearman, S., Korobov, N., & Thorne, A. (2009). The fabric of internalized sexism. *Journal of Integrated Social Sciences, 1(1),* 10–47. www.jiss.org/documents/volume_1/issue_1/JISS_2009_1-1_10-47_Fabric_of_Internalized_Sexism.pdf

Blodorn, A., Major, B., Hunger, J., & Miller, C. T. (2016). Unpacking the psychological weight of weight stigma. *Stigma and Health, 1(2),* 110–124. https://doi.org/10.1037/sah0000026

Bajpai, P., & Mishra, A. (2024). The Impact of Gender Inequalities on Psychological Well-Being: A Threat for Women's Mental Health. *International Journal of Science and Social Science Research*, *2*(3), 187–193. https://doi.org/10.5281/zenodo.14244456

Cramer, K. M., Gallant, M. D., Harris, G. E., & Douglas, K. B. (2005). Self-silencing and depression in women and men: Comparative structural equation models. *Personality and Individual Differences, 39(3*), 581–592. https://doi.org/10.1016/j.paid.2005.02.012

Davoodi, R., Sharifi, F., & Yousefi, Z. (2024). The influence of gender and culture on the association between self-silencing and depression: A cross-cultural comparison among adults. *Australian Journal of Psychology, 76(2),* 120–134. https://doi.org/10.1080/00050067.2024.2411343

Eidi Khatibi, R., Khanjani, Z., Babapour, J., Bakhshipour Rudsari, A., & Mahmoud Alilou, M. (2023). Effectiveness of the intervention based on the self-silencing model in reducing depression and increasing self-expression in women with depression

symptoms. *Medical Journal of Tabriz University of Medical Sciences, 45.* https://doi.org/10.34172/mj.2023.029

Gove, W. R. (1984). Gender differences in mental and physical illness: The effects of fixed roles and nurturant roles. *Social Science & Medicine, 19(2),* 77–91. https://doi.org/10.1016/0277-9536(84)90273-9

Grigoropoulos, I. (2025). Self-silencing through the lens of system legitimizing ideologies: Gender discriminatory attitudes mediate the link between conservatism and women's self-silencing to sexism. *Trends in Psychology, 33(3*), 1043–1061. https://doi.org/10.1007/s43076-024-00412-3

Han, E., Hoffman, L. & Wood, S.M. Using the Internalized Misogyny Scale Across Sexual Orientations: Measurement Invariance and Item Factor Analysis. *Sex Roles* 88, 290–304 (2023). https://doi.org/10.1007/s11199-023-01357-x

Hackett, R. A., Steptoe, A., & Jackson, S. E. (2023). Gender discrimination and well-being among older women: Evidence from the English Longitudinal Study of Ageing. *PLOS ONE, 18(3),* e0299381. https://doi.org/10.1371/journal.pone.0299381

Hackett, R. A., Steptoe, A., & Jackson, S. E. (2019). Sex discrimination and mental health in women: A prospective analysis. *Health psychology : official journal of the Division of Health Psychology, American Psychological Association*, *38*(11), 1014–1024. https://doi.org/10.1037/hea0000796

Hennein, R., Singh, C., Purohit, E. Michos, E. D., & Madsen, T. E. (2023). Gender discrimination and mental health among healthcare workers during the COVID-19 pandemic. *Journal of Women's Health, 32(7),* 823–835. https://doi.org/10.1089/jwh.2022.0485

Holland, J. (2006). Misogyny: *The world's oldest prejudice*. Carroll & Graf Publishers.https://ixtheo.de/Record/1614155577

Hurst, R. J., & Beesley, D. (2013). Perceived sexism, self-silencing, and psychological distress in college women. *Sex Roles, 68(5–6),* 311–320. https://doi.org/10.1007/s11199-012-0253-0

Inman, M. L., & Baron, R. S. (1996). Influence of prototypes on perceptions of prejudice. *Journal of Personality and Social Psychology, 70(4),* 727–739. https://doi.org/10.1037/0022-3514.70.4.727

Jack, D. C. (1991). *Silencing the self: Women and depression*. Harvard University Press.

Jack, D. C., & Ali, A. (2010). *Silencing the self across cultures: Depression and gender in the social world.* Oxford University Press.

Jack, D. C., & Dill, D. (1992). The silencing the self scale: Schemas of intimacy associated with depression in women. *Psychology of Women Quarterly, 16(1)*, 97–106. https://doi.org/10.1111/j.1471-6402.1992.tb00242.x

Jamil, A. (2025). Beyond the physical: Understanding the emotional, psychological, and social factors affecting women's health today. *Cureus, 17(4),* e81874. https://doi.org/10.7759/cureus.81874

Kaya, M. D., & Kaya, F. (2023). The relationship between self-silencing and general distress: Does self-esteem play a mediating role?. Cyprus Turkish *Journal of Psychiatry and Psychology, 5(2)*, 95–104.

Keramat, S. A., Comans, T., Basri, R., Bailey, D., Brooks, D., & Dissanayaka, N. N. (2024). The estimation of health state utility values for psychological distress in Australia: Implications for future economic evaluations. Value in Health : *the journal of the International Society for Pharmacoeconomics and Outcomes Research, 28(3)*, 368–378. https://doi.org/10.1016/j.jval.2024.12.002

Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., Howes, M. J., Normand, S. L., Manderscheid, R. W., Walters, E. E., & Zaslavsky, A. M.

(2003). Screening for serious mental illness in the general population. *Archives of general psychiatry*, *60*(2), 184–189. https://doi.org/10.1001/archpsyc.60.2.184

Kim, S. (2024). The influence of sexism and misogyny. *SSRN Electronic Journal*. https://doi.org/10.2139/ssrn.4092672

Kira, I. A., Omidy, A. Z., Fawzi, M., Rice, K. G., Fawzi, M., Lewandowski, L., & Bujold-Bugeaud, M. (2015). Are the negative mental health effects of gender discrimination (GD) salient across cultures? Does self-esteem mediate these effects: GD as a continuous traumatic stress and the pathways to its negative dynamics? *Psychology, 6(1), 93-116*. https://doi.org/10.4236/psych.2015.61009

Klonoff, E. A., Landrine, H., & Campbell, R. (2000). Sexist discrimination may account for well-known gender differences in psychiatric symptoms. *Psychology of Women Quarterly, 24(1)*, 93–99. https://doi.org/10.1111/j.1471-6402.2000.tb01025.x

Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. Springer.

London, B., Downey, G., Romero-Canyas, R., Rattan, A., & Tyson, D. (2012). Gender-based rejection sensitivity and academic self-silencing in women. *Journal of Personality and Social Psychology, 102(5)*, 961–979. https://doi.org/10.1037/a0026615

Maji, S., & Dixit, S. (2019). Self-silencing and women's health: A review. International *Journal of Social Psychiatry*, 65(1), 3–13. https://doi.org/10.1177/0020764018814274

Manne, K. (2017). Down girl: The logic of misogyny. New York, NY: *Oxford University Press.* https://doi.org/10.1093/oso/9780190604981.001.0001

Matud, M. P. (2004). Gender differences in stress and coping styles. *Personality and Individual Differences, 37(7)*, 1401–1415. https://doi.org/10.1016/j.paid.2004.01.010

Meyer I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological bulletin*, *129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Moradi, B., & Subich, L. M. (2003). A concomitant examination of the relations of perceived racist and sexist events to psychological distress for African American women. *The Counseling Psychologist*, 31(4), 451–469. https://doi.org/10.1177/0011000003031004007

Moradi, B., & Subich, L. M. (2003). Perceived sexist events and feminist identity development attitudes: Links to women's psychological distress. *The Counseling Psychologist, 30(1),* 44–66. https://doi.org/10.1177/0011000002301003

McCarthy, L., & Taylor, S. (2023). Misogyny and Organization Studies. *Organization Studies, 45(3),* 457-473. https://doi.org/10.1177/01708406231213964 (Original work published 2024)

Medved, M. I., & Piran, N. (2011). Psychological distress and self-care engagement: Healing after a cardiac intervention. *Women & Health, 51(2),* 89–105. https://doi.org/10.1080/03630242.2011.556699

Mommersteeg, P. M. C., van Valkengoed, I., Lodder, P., Juster, R. P., & Kupper, N. (2024). Gender roles and gender norms associated with psychological distress in women and men among the Dutch general population. Journal *of Health Psychology, 29(8*), 797–810. https://doi.org/10.1177/13591053231207294

Montesó-Curto, P. (2014). La construcción de los roles de género y su relación con el estrés crónico y la depresión en las mujeres = The construction of gender roles and their relation to chronic stress and depression in women. *Comunitania: Revista Internacional de Trabajo Social y Ciencias Sociales, (8),* 105-126. DOI: http://dx.doi.org/10.5944/comunitania.8.6

Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin, 135(4),* 531–554. https://doi.org/10.1037/a0016059

Rahmani, S. (2020). *Women's experiences of internalized sexism* (Doctoral dissertation, National Louis University). https://digitalcommons.nl.edu/diss/451

Reid, P. T. (1987). Perceptions of Sex Discrimination Among Female University Faculty and Staff. *Psychology of Women Quarterly, 11(1),* 123-128. https://doi.org/10.1111/j.1471-6402.1987.tb00779.x (Original work published 1987)

Rosaldo, M. Z., Lamphere, L., & Bamberger, J. (Eds.). (1974). *Woman, culture, and society* (Vol. 133). Stanford University Press.

Sabik, N. J., & Tylka, T. L. (2006). Do feminist identity styles moderate the relation between perceived sexist events and disordered eating*? Psychology of Women Quarterly*, 30(1), 77–84. https://doi.org/10.1111/j.1471-6402.2006.00264.x

Sadeghzadeh, M., Askari, Z., & Khormaei, F. (2022). The relationship between self-criticism and sensitivity to rejection with psychological distress in female students: Mediating role of self-silencing. *Women's Studies Sociological and Psychological, 20(2),* 127–155.

Salk, R. H., Hyde, J. S., & Abramson, L. Y. (2017). Gender differences in depression in representative national samples: Meta-analyses of diagnoses and symptoms. *Psychological Bulletin, 143(8)*, 783–822. https://doi.org/10.1037/bul0000102

Sathyapal, S., & Deb, A. (2025). Self-silencing in the Indian socio-cultural context. *Journal of Social and Personal Relationships,* 42(2),. https://doi.org/10.1177/02654075251381748

Schmitt, M. T., Branscombe, N. R., & Postmes, T. (2003). Women's emotional responses to the pervasiveness of gender discrimination. *European Journal of Social Psychology, 33(3)*, 297–312. https://doi.org/10.1002/ejsp.147

Scott, J., Floyd James, K., Méndez, D. D., Johnson, R., & Davis, E. M. (2023). The wear and tear of racism: Self-silencing from the perspective of young Black women. SSM Qualitative *Research in Health*, 3, 100268. https://doi.org/10.1016/j.ssmqr.2023.100268

Sharma, P., Kirmani, M. N., & Salvi, D. K. (2023). Role of depressive symptoms in the expression of self-silencing and anger in women. *Journal of Psychosocial Research*. https://doi.org/10.1177/09727531251385283

Simard, M., Hudon, C., & van Reekum, R. (2009). Psychological distress and risk for dementia. *Current Psychiatry Report*s, 11, 41–47. https://doi.org/10.1007/s11920-009-0007-z

Swim, J. K., Eyssell, K. M., Murdoch, E. Q., & Ferguson, M. J. (2010). Self-silencing to sexism. *Journal of Social Issues, 66*, 493–507. https://doi.org/10.1111/j.1540-4560.2010.01658.x

Szymanski, D. M., Gupta, A., Carr, E. R., & Stewart, D. (2009). Internalized misogyny as a moderator of the link between sexist events and women's psychological distress. *Sex Roles: A Journal of Research, 61*(1-2), 101–109. https://doi.org/10.1007/s11199-009-9611-y

Tan, J., & Carfagnini, B. (2003). Self-silencing, anger, and depressive symptoms in women: Implications for prevention and intervention. *Journal of Primary Prevention, 23(2),* 157–170. https://doi.org/10.1300/j005v35n02_02

Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.), *The social psychology of intergroup relations* (pp. 33–47). Monterey, CA: Brooks/Cole.

Tolman, D. L., Impett, E. A., Tracy, A. J., & Michael, A. (2006). Looking good, sounding good: Femininity ideology and adolescent girls' mental health. *Psychology of*

Women Quarterly, 30(1), 85–95. https://doi.org/10.1111/j.1471-6402.2006.00265.x

Ussher, J. M. (2016). Misogyny. In The *International Encyclopedia of Gender, Media, and Communication* (pp. 1–3). https://doi.org/10.1002/9781118663219.wbegss381

Uzdil, N., & Su Topbaş, Z. (2025). The Relationship Between Internalized Sexism and depression, Anxiety, and Stress in Women: Self-Esteem as the Mediator. *Journal of Feminist Family Therapy*, 1–20. https://doi.org/10.1080/08952833.2025.2535165

Walker, R. L. (2022). Call it misogyny. *Feminist Theory, 25(1),* 64-82. https://doi.org/10.1177/14647001221119995

Watson, L. B., & Grotewiel, M. M. (2016). The protective role of commitment to social change in the relationship between women's sexist experiences and self-silencing. *Sex Roles, 75*, 139–150. https://doi.org/10.1007/s11199-016-0629-0

World Health Organization. (2021). *Health topics: Gender*. https://www.who.int/health-topics/gender

Zucker, A. N., & Landry, L. J. (2007). Embodied discrimination: The relation of sexism and distress to women's drinking and smoking behaviors. Sex Roles: *A Journal of Research, 56(3-4),* 193–203. https://doi.org/10.1007/s11199-006-9163-3

APPENDIX

1 INTERNALIZED MISOGYNY SCALE

Items: Distrust of women

1.Women exaggerate problems they have at work

2.Women are too easily offended

3.Women seek to gain power by getting control over men

4.When women lose to men in a fair competition, they typically complain about being discriminated against

Devaluing of women

5. It is generally safer not to trust women too much

6.When it comes down to it a lot of women are deceitful

7.I think that most women would lie just to get ahead

8.I am sure I get a raw deal from other women in my life

9.Sometimes other women bother me by just being around

10.I believe that most women tell the truth

Valuing men over women

11.When I am in a group consisting of equal numbers of men and women and a woman dominates the conversation I feel uncomfortable

12.I am uncomfortable when I hear a woman speaking with authority on male dominated topics such as football or horseracing

13.I prefer to listen to male radio announcers than female

14.The intellectual leadership of a community should be largely in the hands of men

15.I prefer to work for a male boss

16.If I were to beat another woman for a job I would feel more satisfied than if I beat a man

17.Generally, I prefer to work with men

Response Options:

Each item is rated on a 7-point Likert scale from 1 (strongly disagree) to 7 (strongly agree).

SILENCING THE SELF SCALE (STSS)

Items:

Externalized Self-Perception

1. I tend to judge myself by how I think other people see me.

2. I feel dissatisfied with myself because I should be able to do all the things people are supposed to be able to do these days.

3. When I make decisions, other people's thoughts and opinions influence me more than my own thoughts and opinions.

4. I often feel responsible for other people's feelings.

5. I find it hard to know what I think and feel because I spend a lot of time thinking about how other people are feeling.

6. I never seem to measure up to standards I set for myself.

Care as Self-Sacrifice

7. I think it is best to put myself first because no one else will look out for me.*
8. Caring means putting the other person's needs in front of my own.
9. Considering my needs to be as important as those of the people I love is selfish.
10. In a close relationship, my responsibility is to make the other person happy.
11. Caring means choosing to do what the other person wants, even when I want to do something different.
12. In order to feel good about myself, I need to feel independent and self-sufficient.*
13. One of the worst thing I can do is to be selfish.
14. Doing things just for myself is selfish.
15. In a close relationship I don't usually care what we do, as long as the other person is happy.

Silencing the Self

16. I don't speak my feelings in an intimate relationship when I know they will cause disagreement.

17. When my partner's needs and feelings conflict with my own, I always state mine clearly.*

18. Instead of risking confrontations in close relationships, I would rather not rock the boat.

19. I speak my feelings with my partner, even when it leads to problems or disagreements.*

20. 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.

21. 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.

22. I rarely express my anger at those close to me.

23. I think it's better to keep my feelings to myself when they do conflict with my partner's.

24. I try to bury my feelings when they will cause trouble in my close relationship(s).

Divided Self

25. I find it harder to be myself when I am in a close relationship than when I am on my own.

26. I feel I have to act in a certain way to please my partner.

27. Often I look happy on the outside, but inwardly I feel angry and rebellious.

28. In order for my partner to love me, I cannot reveal certain things about myself to him/her.

29. When I am in a close relationship I lose my sense of who I am.

30. My partner loves and appreciates me for who I Am.*

31. I feel that my partner does not know my real self.

Response Options:

5-point Likert scale

Strongly disagree - 1

Strongly agree - 5

KESSLER PSYCHOLOGICAL DISTRESS SCALE (K10)

1. In the past 4 weeks, about how often did you feel tired out for no good reason?
2. In the past 4 weeks, about how often did you feel nervous?
3. In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?
4. In the past 4 weeks, about how often did you feel hopeless?
5. In the past 4 weeks, about how often did you feel restless or fidgety?
6. In the past 4 weeks, about how often did you feel so restless you could not sit still?
7. In the past 4 weeks, about how often did you feel depressed?
8. In the past 4 weeks, about how often did you feel that everything was an effort?
9. In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?
10. In the past 4 weeks, about how often did you feel worthless?

Likert scale:

1 = None of the time

2 = A little of the time

3 -Some of the time

4 - Most of the time

5 = All of the time

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