

The Cost of Being the Ideal Girl: Self Silencing associated with Eating Attitude, Emotional Suppression, and identity Conflict in Indian Youth



Ahana Mishra^{1*}, Souris Lahiri², Debangana Bhattacharya³

¹B.Sc in Psychology, Department of Psychology, Sister Nivedita University, Kolkata

²B.Sc in Psychology, Department of Psychology, Sister Nivedita University, Kolkata

³Consultant Psychologist and PhD, Assistant Professor, Department of Psychology, Sister Nivedita University, Kolkata, Life Member of InSPA

ABSTRACT

Gender roles in India often strengthen obedience, modesty, and self-sacrifice, shaping how girls, adolescent and young women learn to regulate their emotions and construct their identities. Grounded in Self-Silencing Theory (Jack, 1991) and the process model of emotion regulation (Gross & John, 2003), this study examined how self-silencing patterns and emotion-regulation strategies relate to eating behavior, psychological well-being and identity formation among Indian adolescent girls and young women. Using a concurrent mixed-method design, 30 participants aged 18–25 years ($M = 21.8$, $SD = 1.31$) completed the Silencing the Self Scale (Jack & Dill, 1992) and the Eating Attitudes Test-26 (EAT-26; Garner et al., 1982), Emotion Regulation Questionnaire (Gross & John, 2003), while the Draw-A-Person Test (Machover, 1949; Hammer, 1997) was used to project qualitative indicators of personality and emotional functioning. Quantitative findings revealed significant associations within the domains of externalized self-perception with disordered eating attitudes ($r = .410$; $R^2 = .168$), divided self with expressive suppression ($r = .493$), and cognitive reappraisal with oral-control tendencies ($r = .397$). Regression analyses showed that self-silencing dimensions accounted for 16.8% to 24.4% of variance across outcomes. Qualitative DAP themes reflected emotional inhibition, fragile self-concept, identity instability, dependency–autonomy conflict and suppressed aggression. Overall, the results suggest that cultural expectations of the “ideal girl” may foster self-silencing, maladaptive emotion regulation, and psychological strain, underscoring the need for gender-responsive mental-health interventions that promote autonomy, authentic self-expression, and healthier coping.

Keywords: DAP test, EAT-26, Emotion regulation, ERQ, Gender socialization, Good Daughter, indian young women, Self-silencing, Silencing the Self Scale

1. Introduction

The process of gender socialization serves to shape the development of psychological characteristics in a very powerful and predominant manner. This process will take place within collectivist and patriarchal cultures, such as India, to the extent that it has fueled the establishment of a set of expectations and behaviours for women in such societies. For example, within the Indian culture, the processes associated with creating and maintaining an identity are preserved primarily through cultural narratives. Women will be taught that certain behaviours and beliefs are acceptable and will therefore take root within a society as moral virtues in the form of obedience, emotional restraint, relational harmony, and self-sacrifice. (Chodorow, 1978; Dasgupta, 1998; Kakar, 1981). From an earliest age, women will be exposed to these expectations and behaviours, through the family unit; family members, educational institutions; educational institutions will impart knowledge through formal education, religious discourse (i.e., religious beliefs and practices), as well as the media (e.g., film, television, books) will continue to reinforce the “good

daughter”/“ideal girl” concept; thus leading to an idealised feminine archetype. While many view these expectations and behaviours as protective and/or having value, psychological research is increasingly demonstrating that these expectations and behaviours may impose significant costs on one’s emotional and mental health during the adolescent and early adult developmental stages, while also creating a backdrop of identity exploration, autonomy formation and increased vulnerability to developing psychological disorders related to the internalisation of negative self-images. (Erikson, 1968; Steinberg, 2014).

As part of the Indian cultural context, girls’ emotional expression is regulated by not only natural temperamental traits but also by the social contextual boundaries of what can be expressed or shared. Indian girls are expected to suppress their feelings (e.g., anger, dissatisfaction, assertiveness, desire) and to experience or accept feelings related to guilt, compliance, and self-blame as a natural part of their behaviour (Ramasubramanian & Oliver, 2017). Self-silencing Theory and the High Neuroticism

Phenomenon are two related concepts in social psychology that explain the relationship between self-silencing practices and high neuroticism levels in an individual.

In summary, multiple elements of the Self-Silencing Theory and the High Neuroticism Phenomenon align with one another. The primary overlap includes the idea that girls become accustomed to suppressing their true selves and instead learn how their behaviour affects how others respond and treat them. Therefore, self-silencing behaviours may manifest as part of an individual's high levels of neuroticism. The Self-Silencing Theory suggests that girls have developed multiple cognitive representations to justify why they have learned to hide their true emotions; these cognitive representations can impact a girl's ability to reconcile herself with her future identity as well as her self-worth.

Self-silencing has been conceptualised within developmental frameworks as a pattern that is frequently conflated with self-regulation, particularly among women socialised to prioritise relational stability over self-expression. In such contexts, regulatory behaviours may emerge less as autonomous, self-directed processes and more as adaptive responses to anticipated rejection, conflict, or loss. This distinction is theoretically significant, as it suggests that what is often labelled as "self-regulation" may, in practice, reflect the internalisation of relational contingencies that constrain authentic expression. Empirical work has further demonstrated that self-silencing is systematically associated with personality dimensions such as neuroticism and with maladaptive cognitive self-representations, indicating that these constructs are not discrete but dynamically interrelated within broader affective and cognitive systems.

Within the Indian sociocultural context, emotional expression is structured through clearly differentiated gender norms that shape how distress is experienced and communicated. Cultural analyses have documented that boys are typically discouraged from displaying vulnerability, whereas girls are often socialised to inhibit anger, desire, and dissent (Kakar & Kakar, 2007). Such asymmetrical socialisation produces gendered pathways of emotional processing, wherein both men and women encounter restrictions on direct expression but internalise and manifest distress in distinct ways. The suppression of affect, when consistently reinforced, has been linked to the somatisation of psychological distress, as well as to the emergence of maladaptive coping strategies,

including disordered eating patterns (Noll & Fredrickson, 1998; Fairburn et al., 2003).

Eating-related attitudes, in this regard, may function as culturally permissible channels through which women negotiate emotional conflict, exert a sense of control, and derive self-worth in environments where overt emotional articulation is constrained. Theoretical and clinical literature has consistently associated disordered eating attitudes with perfectionism, heightened self-criticism, and an externally oriented evaluative focus (Garner et al., 1982; Fairburn & Harrison, 2003). These characteristics substantially overlap with self-silencing schemas, particularly in their shared emphasis on self-surveillance and the regulation of internal states in response to perceived external expectations. Empirical findings further indicate that higher levels of self-silencing are associated with increased body dissatisfaction, restrictive eating practices, and heightened sensitivity to social evaluation (Norwood, 2011; Buchholz, 2007).

The assessment of such eating-related attitudes is frequently operationalised through the Eating Attitudes Test-26 (EAT-26), a widely utilised screening instrument that captures dimensions including dieting behaviour, bulimic tendencies, and preoccupation with food and oral control. These dimensions reflect patterns of regulation that, while ostensibly behavioural, are deeply embedded in sociocultural contexts that limit emotional expression. As such, disordered eating attitudes can be understood not merely as individual pathology but as structured responses to restrictive emotional environments, particularly among women navigating rigid gendered expectations.

Developmental psychologists such as Erikson (1968) contend that the adolescent and emerging adult stages are critical in human development as it is during this stage of development that individuals begin to identify with their self-image, educate themselves about who they are based on their internal experiences and external desires, and ultimately, integrate both internal desires and external expectations into a coherent identity. Unfortunately, when cultural expectations produce a demand for conformity and emotional suppression, individuals may struggle to integrate the experiences of others with their own identity development. Research has demonstrated that women who engage in chronic self-silencing experience a sense of division within their self, feeling that their internal emotional experiences are inconsistent with their external behaviour (Jack & Dill, 1992). These divisions in identity development have been implicated in the development of low self-esteem, the perception of being inauthentic, and difficulties in

establishing autonomous relational boundaries (Harter, 1999; Rogers, 1961).

In addition to the above-mentioned qualitative measures, projective techniques such as the Draw A Person (DAP) test have played historically important roles in understanding complex psychological issues within an individual such as underlying emotional experiences, self-concept and interpersonal orientation, particularly when verbalisation of emotions is not possible (Machover, 1949; Hammer, 1997). In culturally restricted contexts, projective assessments may provide significant insights into latent conflicts, emotional inhibition, and identity fragmentation that would not otherwise be evident through self-report measures (Koppitz, 1968). Empirical research has supported an association between DAP drawing indicators and themes of dependency, suppressed aggression, body image preoccupations, and low self-esteem, among young women (Handler). Although there is a considerable international body of work on self-silencing and emotion regulation and eating pathology, few empirical studies have examined the interplay of these variables among the non-clinical adolescent and young adult populations in India. A substantial proportion of research in the Indian context examining these variables has predominantly focused either on sociocultural constructions of gender roles or on the medicalised understanding of eating disorders, with comparatively limited attention to the cross-cultural emotional mechanisms that may link these constructs (Chatterjee & Ramesh, 2020). This has resulted in a fragmented body of literature in which the relational and intrapsychic processes underlying these phenomena remain insufficiently theorised. Additionally, the relative scarcity of mixed-methods approaches within this domain has constrained the ability to contextualise quantitative associations through nuanced accounts of lived experience, thereby limiting interpretive depth.

The present study seeks to address these gaps by examining the interrelationships among eating behaviours, identity conflict, self-silencing, and emotion regulation processes. The investigation is theoretically grounded in Self-Silencing Theory (Jack, 1991) and the Process Model of Emotion Regulation (Gross & John, 2003), providing a framework through which both intrapersonal regulation and socioculturally mediated constraints on expression can be jointly examined. Methodologically, a concurrent mixed-methods design is employed, integrating standardised self-report measures with projective assessment techniques to capture both explicit and implicit dimensions of psychological functioning.

Furthermore, by situating these psychological processes within the context of culturally prescribed ideals of femininity, the study aims to develop a more culturally responsive understanding of the psychological implications associated with embodying normative expectations of the “ideal girl.” Such an approach allows for a more critical examination of how internalised cultural scripts shape emotional experience, identity formation, and behavioural regulation. An improved understanding of the interplay among affective processes, identity dynamics, and well-being may, in turn, inform the development of gender-sensitive mental health interventions.

Intervention frameworks that challenge restrictive norms surrounding self-expression, promote emotional literacy, and support the development of autonomous identities may hold particular relevance for young women in the Indian context. In this regard, the present study contributes empirically to the examination of how cultural norms, emotion regulation strategies, and embodied experiences intersect, thereby advancing a more integrated understanding of psychosocial well-being among young Indian populations.

Method

2.1 Aim of the Study

The present study aimed to examine the relationship between self-silencing, emotion regulation, and eating attitudes among Indian adolescent girls and young women. Specifically, it sought to assess how externalized self-perception relates to dieting-related eating attitudes, and how divided self is associated with the use of expressive suppression as an emotion regulation strategy. The study also aimed to explore the association between cognitive reappraisal and oral control tendencies. Additionally, qualitative indicators from the Draw-A-Person Test were integrated to explore identity conflict and emotional inhibition associated with self-silencing patterns.

2.2 Objectives of the Study

☑ To explore and to examine the significant relationship, if any, among self-silencing (externalized self-perception, care as self-sacrifice, silencing self, divided self) and eating attitudes (dieting, bulimia and food preoccupation, oral control) among Indian adolescent girls and young women.

☑ To explore and to examine the significant relationship, if any, among self-silencing (externalized self-perception, care as self-sacrifice, silencing self, divided self) and emotion regulation

(cognitive reappraisal and expressive suppression) among Indian adolescent girls and young women.

☑ To study the significant effect, if any, of divided self on emotion regulation (expressive suppression) among Indian adolescent girls and young women.

☑ To study the significant effect, if any, of externalized self-perception on eating attitudes (dieting) among Indian adolescent girls and young women.

☑ To qualitatively explore indicators of emotional suppression, identity conflict, and self-concept through the Draw-A-Person Test in relation to self-silencing patterns among Indian adolescent girls and young women.

2.3 Hypotheses of the Study

☑ There is no significant association between self-silencing (externalized self-perception, care as self-sacrifice, silencing self, divided self) and eating attitudes (dieting, bulimia and food preoccupation, oral control) among Indian adolescent girls and young women.

☑ There is no significant association between self-silencing (externalized self-perception, care as self-sacrifice, silencing self, divided self) and emotion regulation (cognitive reappraisal and expressive suppression) among Indian adolescent girls and young women.

☑ There is no significant effect of divided self on emotion regulation (expressive suppression) among Indian adolescent girls and young women.

☑ There is no significant effect of externalized self-perception on eating attitudes (dieting) among Indian adolescent girls and young women.

☑ There are no significant qualitative indicators of emotional suppression, identity conflict, or self-concept disturbances as reflected through the Draw-A-Person Test in relation to self-silencing among Indian adolescent girls and young women.

2.4 Variables under Study

2.4.1 Eating Attitudes: Eating attitudes refer to an individual's beliefs, perceptions, and behavioural tendencies related to food intake, body weight, and control over eating. They include patterns such as dietary restraint, preoccupation with food and weight, and perceived control over eating behaviour. Disturbances in eating attitudes are closely linked to emotional regulation difficulties, body image concerns, and sociocultural pressures surrounding thinness and self-control (Garner et al., 1982). In the present study, eating attitudes are examined through the dimensions of dieting, bulimia and food preoccupation, and oral control, as measured by the Eating Attitudes Test-26 (Garner et al., 1982).

2.4.2 Self-Silencing: Self-silencing is a psychological construct describing the tendency to inhibit self-expression, suppress personal needs, and prioritize

relational harmony over individual authenticity, particularly in interpersonal contexts (Jack, 1991). It reflects internalized relational schemas in which self-worth is contingent on approval from others and avoidance of conflict. Chronic self-silencing has been associated with emotional distress, identity conflict, and maladaptive coping, especially among women socialized to value self-sacrifice and compliance (Jack & Dill, 1992). In this study, self-silencing is conceptualized through externalized self-perception, care as self-sacrifice, silencing self, and divided self, assessed using the Silencing the Self Scale (Jack & Dill, 1992).

2.4.3 Emotion Regulation: Emotion regulation refers to the processes by which individuals monitor, evaluate, and modify their emotional experiences and expressions to meet situational demands and personal goals (Gross, 1998). According to the process model of emotion regulation, strategies may occur at different points in the emotion-generative process and vary in their adaptiveness (Gross & John, 2003). In the present study, emotion regulation is examined through cognitive reappraisal, which involves changing the interpretation of emotional situations, and expressive suppression, which involves inhibiting emotional expression. These strategies are assessed using the Emotion Regulation Questionnaire (Gross & John, 2003).

2.4.4 Qualitative Indicators of Personality and Emotional Functioning (Draw-A-Person Test): The Draw-A-Person Test is a projective assessment technique used to explore underlying aspects of personality, emotional functioning, self-concept, and interpersonal orientation through graphic expression (Machover, 1949). The test is based on the assumption that individuals project unconscious attitudes, conflicts, and emotional states into their drawings. Subsequent interpretive approaches have linked drawing characteristics to emotional inhibition, identity integration, dependency-autonomy conflicts, and suppressed aggression (Hammer, 1997). In the present study, the Draw-A-Person Test is used qualitatively to examine themes related to emotional suppression, identity conflict, and self-concept in relation to eating attitudes and self-silencing.

2.5 Participants

The present study comprised a total of 30 female young adult participants aged between 18 and 25 years (*Mean* = 21.8, *SD* = 1.31). Participants were chosen through purposive sampling, which means that they were chosen based on specific criteria that were set ahead of time and were in line with the study's goals. All of the people who took part lived in Kolkata, had finished at least 12th grade, could read

and write in English, and had a smartphone and internet access. They also had the minimum level of digital literacy needed to complete the assessment tools. Participants were cisgender women from a middle-class socioeconomic background. They had no current or past diagnoses of serious medical or mental illness and no known family history of mental health issues. People who said they had a long-term or recent physical illness, neurological problems (like head injuries or seizures), substance use or misuse, psychiatric illness, or recent traumatic experiences like sexual abuse were not allowed to take part. People who were from a different socioeconomic background, identified as non-cisgender, or were outside the age range were also removed. All participants were chosen after being screened and giving their informed consent, which is in line with ethical standards for psychological research.

2.6 Sampling Technique

Purposive sampling was used for selecting participants in this study. Purposive sampling is a non-probability method in which individuals are chosen based on specific characteristics relevant to the research focus. In the present study, young adult women aged 18–25 years who reported body dysmorphic concerns were intentionally selected, as they aligned with the study's objectives. This sampling method ensured that participants possessed experiences central to the variables under investigation and were most suitable for exploring the relationships among self-silencing, emotion regulation, and eating attitudes within a body dysmorphic population.

2.7 Tools Used in the Study

2.7.1 Informed Consent Form: Participants provided written consent to participate in the study, acknowledging that their responses would remain confidential and be used strictly for academic research purposes.

2.7.2 Information Schedule: A structured schedule was prepared to collect socio-demographic information relevant to the study, including age, gender, education, family background, and access to digital resources. This ensured alignment with inclusion and exclusion criteria.

2.7.3 Silencing the Self Scale (STSS): Developed by Jack & Dill (1992), the STSS is a 31-item self-report measure assessing patterns of self-silencing in interpersonal contexts. The scale comprises four subscales: Externalized Self-Perception, Care as Self-Sacrifice, Silencing the Self, and Divided Self. Items are rated on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). This scale demonstrates strong internal consistency ($\alpha > 0.80$) and construct

validity, making it suitable for exploring self-silencing behaviors in adolescent and young adult populations (Jack, 1991). **2.7.4 Emotion Regulation Questionnaire (ERQ):** Developed by Gross & John (2003), the ERQ is a 10-item instrument measuring individual differences in emotion regulation strategies. It includes two subscales: Cognitive Reappraisal (e.g., reframing situations to alter emotional impact) and Expressive Suppression (e.g., inhibiting outward emotional expression). Items are rated on a 7-point Likert scale (1 = strongly disagree, 7 = strongly agree). The ERQ demonstrates high internal consistency ($\alpha = 0.79$ – 0.85) and construct validity, and it is widely used in studies of emotion regulation and psychological well-being.

2.7.5 Eating Attitudes Test-26 (EAT-26): Developed by Garner, Olmstead, & Polivy (1982), the EAT-26 is a 26-item self-report measure used to screen for disordered eating attitudes and behaviors. It contains three subscales: Dieting, Bulimia & Food Preoccupation, and Oral Control. Items of certain sections are rated on a 6-point Likert scale (0 = never, 5 = always). The EAT-26 has excellent reliability ($\alpha > 0.90$) and is validated for adolescent and young adult populations in diverse cultural contexts.

2.7.6 Draw-A-Person Test (DAP): Originally developed by Machover (1949) and later adapted by Hammer (1997), the DAP is a projective measure used to explore personality characteristics, emotional functioning, and self-perception. Participants are asked to draw human figures, and the drawings are analyzed qualitatively for themes such as emotional inhibition, self-concept, identity stability, and relational dynamics. This tool is particularly useful for capturing qualitative dimensions of self-silencing and internalized cultural expectations.

2.8 Procedure

Data for the study were collected using self-report questionnaires and projective measures. Prior to administration, all ethical guidelines were strictly followed, including obtaining informed consent and ensuring participants' confidentiality and their right to withdraw at any stage. Participants aged 18–25 years ($M = 21.8$, $SD = 1.31$) were recruited using purposive sampling based on the study's inclusion criteria.

Participants first provided basic socio-demographic information and were instructed to complete the Silencing the Self Scale (STSS; subscales: Externalized Self-Perception, Care as Self-Sacrifice, Silencing the Self, Divided Self), Emotion Regulation Questionnaire (ERQ; subscales: Cognitive Reappraisal, Expressive Suppression), and Eating

Attitudes Test-26 (EAT-26; subscales: Dieting, Bulimia & Food Preoccupation, Oral Control). Instructions emphasized responding based on first instincts without overanalyzing items.

Qualitative data were collected through the Draw-A-Person (DAP) Test, where participants drew human figures that were later analyzed to explore personality traits, emotional functioning, self-concept, and internalized cultural expectations. Conventional DAP interpretation methods were used, examining figure size, line pressure, omissions, exaggerations, and detail emphasis to infer emotional inhibition, identity stability, dependency–autonomy conflict, and suppressed aggression (Machover, 1949; Hammer, 1997).

2.9 Statistical Analysis

Quantitative data were analyzed using IBM SPSS Statistics (v.30.0). Descriptive statistics, including means and standard deviations, were calculated for all subscales of the STSS, ERQ, and EAT-26. Pearson Product-Moment Correlation was conducted to examine relationships between eating habits (independent variable, EAT-26: Dieting, Bulimia & Food Preoccupation, Oral Control) and the dependent variables: self-silencing patterns (STSS: Externalized Self-Perception, Care as Self-Sacrifice, Silencing the Self, Divided Self) and emotion regulation strategies (ERQ: Cognitive Reappraisal, Expressive Suppression).

Multiple regression analyses were performed to investigate the predictive effects of eating habits (EAT-26 subscales) on self-silencing dimensions and

emotion regulation strategies. All statistical tests were conducted at a significance level of $\alpha = 0.05$, and two-tailed hypotheses were applied.

Qualitative DAP responses were interpreted using conventional projective analysis, focusing on drawing characteristics such as figure detail, proportion, posture, and omissions. Themes reflecting emotional suppression, identity instability, dependency–autonomy conflicts, and internalized societal expectations were identified to complement quantitative findings. This mixed-method approach allowed integration of objective correlations with subjective experiential insights, providing a comprehensive understanding of the psychological impact of self-silencing and cultural conditioning among Indian adolescent girls and young women.

1. Results:

This research aims to examine the relationship between eating attitudes, self-silencing, and emotion regulation strategies among Indian adolescent girls and young women aged 18–25 years. The results are based on data obtained from 30 female participants who met the inclusion criteria and screened positive for body dysmorphic concerns.

Descriptive statistics: Mean and standard deviation were computed for the major variables of the study, namely eating attitudes, self-silencing, and emotion regulation. Further statistical analyses were carried out to explore the significant associations and effects among these variables in accordance with the stated objectives of the study.

Table 1: Values of Mean and Standard Deviation (SD) for the Silencing the self scale dimensions (Care as Self-Sacrifice, Silencing the Self, Externalized self-perception and Divided Self) among Indian adolescent girls and young women (N = 30).

Variable	Mean	Std. deviation	N
Care as self sacrifice	27.9	2.95191	30
Silencing the self	27.0667	2.80312	30
Divided self	20.2	4.07177	30
Externalized self perception	16.5667	4.37614	30

The above table indicates that care as self-sacrifice had the highest mean score ($M = 27.90$, $SD = 2.95$), suggesting a pronounced tendency among participants to prioritize others' needs over their own. This was closely followed by silencing the self ($M = 27.07$, $SD = 2.80$), indicating a relatively high inclination toward suppressing personal thoughts and emotions in interpersonal contexts. Divided self showed a moderate mean ($M = 20.20$, $SD = 4.07$), reflecting variability in the extent to which participants experienced a discrepancy between inner feelings and outward self-presentation. Externalized self-perception demonstrated a comparatively lower mean ($M = 16.57$, $SD = 4.38$), suggesting moderate reliance on external standards and others' evaluations for self-assessment. Overall, the mean scores indicate the presence of self-silencing tendencies among participants, with some degree of variability across different dimensions.

Figure 1: Graphical representation of the values of Mean and Standard Deviation (SD) for the self-silencing dimensions (Care as Self-Sacrifice, Silencing the Self, Divided Self, and Externalized Self-Perception) among Indian adolescent girls and young women.

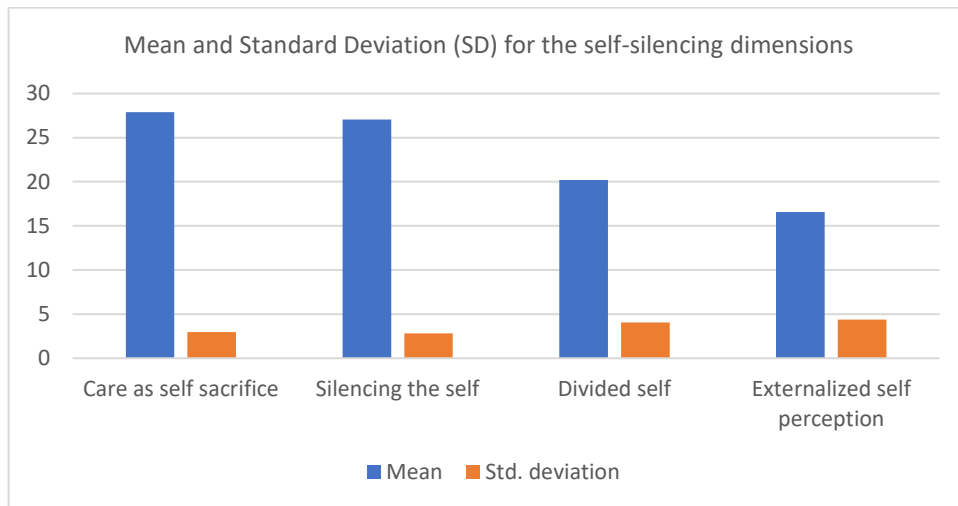


Table 2: Values of Mean and Standard Deviation (SD) for the eating attitude dimensions (Behavioral Control, Oral control, Dieting, and Bulimia) among Indian adolescent girls and young women (N = 30).

Variable	Mean	Std. deviation	N
Behavioral control	4.0333	3.82806	30
Diet	7.6	9.84921	30
Bulimia	1.9667	2.4842	30
Oral control	3.3	3.2912	30

The above table indicates that dieting had the highest mean score ($M = 7.60, SD = 9.85$), suggesting greater variability in dietary restraint and weight-control concerns among participants. Behavioral control showed a lower mean ($M = 4.03, SD = 3.83$), reflecting moderate levels of control-oriented eating behaviors. Bulimia demonstrated the lowest mean score ($M = 1.97, SD = 2.48$), indicating relatively fewer bulimic tendencies within the sample. Overall, the results reflect variability across different dimensions of eating attitudes among the participants.

Figure 2: Graphical representation of the values of Mean and Standard Deviation (SD) for the eating attitude dimensions (Behavioral Control, Dieting, and Bulimia) among Indian adolescent girls and young women.

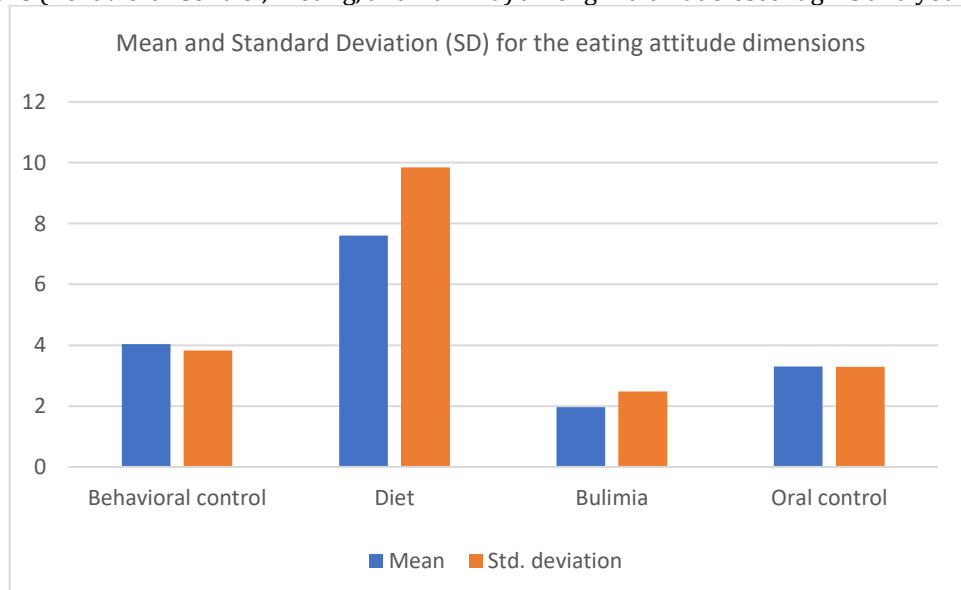
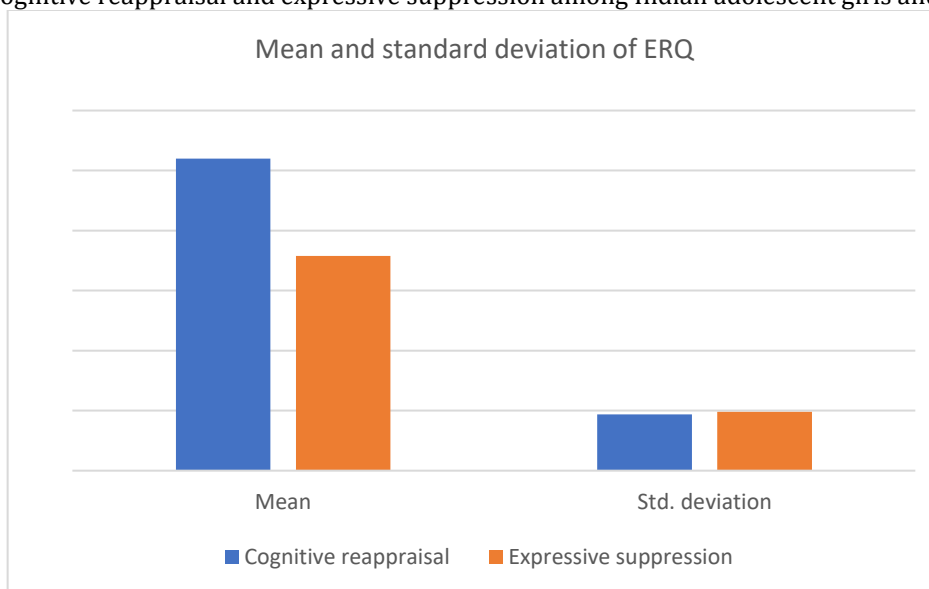


Table 3: Values of Mean and Standard Deviation (SD) for the emotion regulation strategies (Cognitive Reappraisal and Expressive Suppression) among Indian adolescent girls and young women (N = 30).

Variable	Mean	Std. deviation	N
Cognitive reappraisal	26	4.68747	30
Expressive suppression	17.9	4.90144	30

The above table indicates that cognitive reappraisal showed a higher mean score ($M = 26.00, SD = 4.69$), suggesting greater use of adaptive cognitive strategies to regulate emotional experiences among participants. In contrast, expressive suppression demonstrated a comparatively lower mean ($M = 17.90, SD = 4.90$), reflecting variability in the tendency to inhibit emotional expression. Overall, the findings highlight differential use of emotion regulation strategies within the sample.

Figure 3: Graphical representation of the values of Mean and Standard Deviation (SD) for the emotion regulation strategies of cognitive reappraisal and expressive suppression among Indian adolescent girls and young women



Inferential statistics (Product Moment Correlation) were conducted to find the significant association between the variables of the study; self-silencing, eating attitudes, and emotion regulation among Indian adolescent girls and young women (N = 30).

Table 4: Correlation matrix showing the relationship between eating attitude dimensions (Behavioral Control, Dieting, Bulimia, and Oral Control) and self-silencing dimensions (Care as Self-Sacrifice, Silencing Self, Divided Self, and Externalized Self-Perception) among Indian adolescent girls and young women (N = 30).

Variable		Care as self sacrifice	Silencing Self	Divided self	Externalized self perception
Behavioral control	Pearson Correlation	-0.32	-0.09	-0.014	0.108
	Sig. (2-tailed)	0.085	0.636	0.943	0.57
Diet	Pearson Correlation	-0.028	-0.253	0.159	.410*
	Sig. (2-tailed)	0.885	0.178	0.4	0.024
Bulimia	Pearson Correlation	-0.062	-0.227	0.018	0.268
	Sig. (2-tailed)	0.746	0.227	0.926	0.152
Oral Control	Pearson Correlation	0.117	0.046	0.317	0.103
	Sig. (2-tailed)	0.539	0.808	0.088	0.589

The above table presents Pearson’s correlation coefficients examining the relationship between eating attitudes and self-silencing dimensions. The results indicate a significant positive correlation between dieting and externalized self-perception ($r = .410, p < .05$), suggesting that higher dieting tendencies are associated with greater reliance on external standards for self-evaluation. No other eating attitude dimensions showed statistically significant associations with care as self-sacrifice, silencing self, or divided self. Although some correlations approached moderate levels, they did not reach statistical significance. Overall, the findings indicate that externalized self-perception is selectively associated with dieting behaviour within the sample.

Table 5: Correlation matrix showing the relationship between eating attitude dimensions (Behavioral Control, Dieting, Bulimia, and Oral Control) and emotion regulation strategies (Cognitive Reappraisal and Expressive Suppression) among Indian adolescent girls and young women (N = 30).

Variable		Cognitive reappraisal	Expressive suppression
Behavioral control	Pearson Correlation	0.072	-0.169
	Sig. (2-tailed)	0.706	0.372
Diet	Pearson Correlation	0.194	0.18
	Sig. (2-tailed)	0.3	0.342
Bulimia	Pearson Correlation	0.165	0.116
	Sig. (2-tailed)	0.385	0.542
Oral Control	Pearson Correlation	.397*	0.357
	Sig. (2-tailed)	0	0.053

The above table presents Pearson’s correlation coefficients examining the association between eating attitudes and emotion regulation strategies. The results reveal a significant positive correlation between oral control and cognitive reappraisal ($r = .397, p < .05$), indicating that higher oral control tendencies are associated with greater use of cognitive reappraisal strategies. No statistically significant associations were observed between behavioral control, dieting, or bulimia and either cognitive reappraisal or expressive suppression. Although expressive suppression showed a positive association with oral control that approached significance, it did not reach the conventional level of statistical significance. Overall, the findings suggest a selective association between oral control and adaptive emotion regulation within the sample.

Inferential statistics (Multiple Regression Analysis) were conducted to find the significant effect of self-silencing dimensions on eating attitudes and emotion regulation among Indian adolescent girls and young women (N = 30).

Table 6: Results of simple linear regression analysis showing the effect of divided self on expressive suppression among Indian adolescent girls and young women (N = 30).

IV	DV	R	R Square	Adjusted R	Std. Error of the
				Square	Estimate
Divided self	Expressive suppression	.493 ^a	0.244	0.216	4.33858

The results of the first regression analysis indicate that divided self significantly predicts expressive suppression. The model yielded an R value of .493, with an R² of .244, suggesting that divided self accounted for 24.4% of the variance in expressive suppression. The adjusted R² value of .216 indicates a stable model fit after accounting for sample size. The standard error of the estimate was 4.34, reflecting acceptable prediction accuracy. These findings suggest that higher levels of divided self are associated with increased use of expressive suppression as an emotion regulation strategy.

Table 7: Results of simple linear regression analysis showing the effect of externalized self-perception on dieting behavior among Indian adolescent girls and young women (N = 30).

IV	DV	R	R Square	Adjusted R	Std. Error of the
				Square	Estimate
Externalized self perception	Diet	.410 ^a	0.168	0.139	9.14116

The second regression analysis reveals that externalized self-perception significantly predicts dieting behavior. The model produced an R value of .410, with an R² of .168, indicating that externalized self-perception accounted for 16.8% of the variance in dieting attitudes. The adjusted R² value of .139 reflects a modest but meaningful model fit. The standard error of the estimate was 9.14, indicating variability in predicted scores. Overall, the findings demonstrate that greater reliance on external standards for self-evaluation is associated with higher dieting tendencies among participants.

Qualitative findings of the Draw-A-Person (DAP) assessment is noted below.

Table 8: The table presents a consolidated overview of recurrent clinical indicators observed across 30 participants in a Draw-A-Person (DAP) assessment. Organised into core psychological domains, it captures patterns in emotional functioning, personality structure, identity formation, impulse control, interpersonal dynamics, and defence mechanisms.

Clinical Domain	Recurrent Indicators (Across Participants)	Interpretation / Psychological Meaning
Emotional Stability	- Anxiety features (tremor lines, shaky strokes) - Emotional inhibition - Depressive tone (collapsed posture, faint pressure) - Internal tension	High emotional distress; difficulty regulating affect; depressive or anxious tendencies.
Self-Esteem & Self-Concept	- Small figures - Disproportionate bodies - Absence or minimization of hands/feet - Erased or redrawn body parts	Low self-worth; insecurity; feelings of inadequacy; unstable self-concept.
Identity & Gender Expression	- Mixed masculine/feminine traits - Sexual ambiguity - Confusion in body structure - Exaggerated or minimized sexual features	Gender-role uncertainty; identity diffusion; unresolved psychosexual conflicts.
Impulse Control	- Overly rigid figures - Impulsive or chaotic strokes - Acting-out markings - Dark or aggressive shading	Fluctuating impulse control; suppressed aggression; tension between inhibition and impulsivity.
Interpersonal Functioning	- Avoidant posture - Lack of facial expression - Minimal eye detail - Hands hidden behind the body	Withdrawn interpersonal style; distrust; fear of scrutiny; reluctance to engage emotionally.
Defensive Processes	- Over-controlled lines - Perfectionistic detail - Stylized or glamorous figures - Denial via exaggerated confidence	Use of repression, rigidity, idealization, or fantasy to manage internal conflict.
Anxiety & Paranoia Features	- Enlarged eyes - Emphasized ears (sensitivity to criticism) - Guarded stance - Hypervigilant posture	Sensitivity to judgment; anticipatory anxiety; internalized fear of evaluation.
Psychosexual Indicators	- Phallic symbols - Oral fixation (highlighted mouth, tongue) - Exaggerated curves or sexual organs - Erotic undertones	Unresolved libido-related tension; issues with sexual identity, power, and control.
Dependency & Autonomy Conflict	- Childlike features - Weak limbs - Passive posture - Oversized head (thought-dependence)	Ambivalence between dependency needs and fear of closeness; difficulty asserting autonomy.
Superego (Moral Conflict)	- Overly neat, rigid forms - Tense symmetry - Self-critical details - Inhibited expression	Harsh internal critic; guilt; fear of mistakes; strong moral pressures affecting emotional expression.
Aggression	- Heavy pressure lines - Darkened areas - Sharp angles - Facial hostility	Repressed or displaced aggression; irritability masked by control or withdrawal.
Reality Contact	- Fragmented figures - Missing body parts - Floating figures (no ground line) - Disconnected limbs	Mild dissociative tendencies; difficulty integrating parts of self; impaired grounding during stress.

The Draw-A-Person Test administered to 30 participants revealed a consistent pattern of emotional vulnerability, insecure self-concept, and unresolved developmental conflict. Across drawings, indicators of anxiety, withdrawal, and suppressed aggression were common, alongside low self-esteem

markers such as minimized figures, weak line quality, and distorted body proportions. Many participants displayed identity-related confusion, including mixed gender features, sexual ambiguity, and phallic or oral fixations, suggesting unresolved psychosexual tension and instability in self-definition. Defensive

styles ranging from rigidity, inhibition, and perfectionism to impulsivity and provocative elements reflected attempts to manage inner conflict and fear of evaluation. Interpersonal indicators pointed toward sensitivity to criticism, dependency needs, and avoidance of emotional closeness. Overall, the collective DAP profile suggests significant internal turmoil, fragile ego functioning, and difficulty balancing emotional drives with social expectations, highlighting notable psychological strain within this emerging adult group.

2. Discussion

The findings of this study highlight a psychologically complex profile in which cultural expectations of femininity appear to shape the relationships among self-silencing, emotion regulation strategies, disordered eating attitudes, and identity conflict in Indian adolescent girls and young women. Quantitative analyses revealed significant associations between externalised self-perception and dieting attitudes, indicating that greater reliance on external sources for self-evaluation is linked to increased concern with weight regulation. This finding is consistent with sociocultural and feminist frameworks, which posit that appearance-based self-worth and restrictive eating behaviours are embedded within systems of external validation. Individuals who more strongly internalise external evaluative standards and engage in self-assessment through the perceived gaze of others appear more likely to adopt restrictive dietary practices. Such patterns align with established psychological models that connect self-surveillance, gendered body norms, and self-silencing processes.

A positive association was also observed between cognitive reappraisal and oral control, suggesting that attempts to cognitively regulate emotional experiences co-occur with heightened monitoring of food intake. This relationship appears paradoxical, given that cognitive reappraisal is generally conceptualised as an adaptive emotion regulation strategy, whereas oral control reflects rigid regulation of eating behaviour. However, their co-occurrence may indicate that cognitive reappraisal is being employed in a defensive rather than reflective manner. In this context, reappraisal may function to maintain emotional composure and behavioural conformity under sociocultural pressures that emphasise restraint, compliance, and bodily control. Regression analyses further demonstrated that the divided self significantly predicted expressive suppression, suggesting that greater internal fragmentation and identity conflict are associated with increased inhibition of emotional expression. This finding is consistent with the propositions of Self-Silencing Theory, which emphasise that discrepancies between internal experience and

external presentation are maintained through suppression-oriented regulatory strategies. The model accounted for approximately one-fourth of the variance in expressive suppression, indicating a substantive relationship between self-alienation and constrained emotional expression.

Qualitative findings derived from the Draw-A-Person (DAP) test converged with and extended these quantitative patterns, revealing pervasive themes of identity tension, emotional inhibition, and diminished self-coherence across participants. The drawings frequently reflected indicators of anxiety, insecurity, and conflict between dependence and autonomy, alongside evidence of suppressed aggression and distortions in bodily representation. Features such as disproportionately small figures, omitted or erased limbs, rigid posture, and guarded positioning suggest underlying distress and restricted agency. These patterns may be interpreted as manifestations of internalised relational schemas in which individuals experience pressure to inhibit emotional expression while maintaining controlled self-presentation.

Notably, recurrent omissions or distortions of hands and feet—commonly associated with agency and action—suggest reduced self-efficacy and difficulty asserting needs, paralleling elevated self-silencing tendencies. The presence of blended masculine and feminine characteristics, oral fixations, and exaggerated stylisation further points to gender-role ambiguity, psychosexual tension, and heightened evaluative anxiety, corresponding with indices of fragmented self-representation and disordered eating attitudes. Additional features, including excessive detailing, rigid line quality, limited facial expressivity, and slumped posture, reinforce themes of emotional restriction and fear of evaluation, thereby corroborating quantitative findings related to expressive suppression and externally oriented self-perception.

Taken together, these findings suggest that participants are navigating a complex developmental context characterised by the simultaneous demands of identity formation and sociocultural conformity. The observed convergence of dieting behaviours with externalised self-perception, expressive suppression with a divided self, and oral control with cognitive reappraisal points to an integrated psychological system in which the body becomes a primary site for the regulation and negotiation of emotional experience. The qualitative imagery substantiates that beneath these quantifiable associations exists profound emotional fragmentation and insecurity influenced by patriarchal constructs of the "ideal girl." Overall, the results show how harmful it is to keep quiet about your feelings and identity, showing how cultural pressure to keep relationships harmonious and

bodies perfect can cause young Indian women to feel conflicted, cope in unhealthy ways, and not fully express their identities.

3. Conclusion

The present study demonstrates that self-silencing, emotion regulation, and eating attitudes are closely intertwined within the cultural context of Indian adolescent girls and young women. Quantitative findings indicate that externalized self-perception predicts dieting attitudes, while divided self predicts expressive suppression, highlighting how culturally reinforced self-evaluation and emotional inhibition shape psychological functioning. The association between oral control and cognitive reappraisal further suggests that participants employ mental strategies to manage internal distress while simultaneously regulating food intake. Qualitative findings deepen these results, revealing identity instability, emotional suppression, and fragile self-concept reflected in DAP drawings. Together, these patterns suggest that being the “ideal girl” in India involves not only behavioural compliance but also internal conflicts that manifest in strained coping and disordered eating attitudes. Overall, the study underscores the need for gender-sensitive mental health interventions that promote emotional expression, self-authenticity, and healthier identity development among young women.

Implications

The findings highlight the need for gender-responsive mental-health interventions in schools, colleges, and community settings. Programs that encourage emotional literacy, healthy self-expression, and autonomy could help counteract self-silencing tendencies and reduce reliance on suppression-based coping. Awareness campaigns addressing unrealistic beauty norms and appearance-driven evaluation may reduce dieting pressures and body dissatisfaction. Clinicians should consider cultural narratives of the “ideal girl” when assessing disordered eating or identity conflict, integrating both cognitive-behavioural and relational approaches. Lastly, projective tools like the DAP may offer valuable insight into emotional processes often hidden beneath verbal reporting, supporting more holistic assessment and treatment planning.

Limitations

The study’s findings should be interpreted cautiously due to several limitations. The sample size was small and restricted to young women from Kolkata, limiting generalizability to broader Indian populations. Purposive sampling may have introduced selection bias, particularly as participants reported body dysmorphic concerns, which may not reflect typical

community profiles. Reliance on self-report measures increases the risk of social desirability and response bias, especially given cultural pressures around emotion and appearance. The cross-sectional design prevents causal conclusions, and projective interpretations, while insightful, remain subjective. Future studies should include larger, diverse samples, longitudinal designs, and additional qualitative methods for richer analysis.

4. References:

1. Aldao, A., & Nolen-Hoeksema, S. (2012). When are adaptive strategies most predictive of psychopathology? *Journal of Abnormal Psychology*, *121*(1), 276–281. <https://doi.org/10.1037/a0023598>
2. Aldao, A., Nolen-Hoeksema, S., & Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical Psychology Review*, *30*(2), 217–237. <https://doi.org/10.1016/j.cpr.2009.11.004>
3. Asawa, P., Pandey, S., & Srivastava, A. (2025). Adverse childhood experiences, emotion regulation and subjective happiness among young adults. *Discover Public Health*, *22*, 750. <https://doi.org/10.1186/s12982-025-01126-z>
4. Baeza, N. A., et al. (2022). (Cited in literature on self-silencing and emotional inhibition; exact published details vary across journals.)
5. Balfour, L. (1996). Anger, emotion, and eating disorders: A theoretical and empirical analysis. *Eating Disorders: The Journal of Treatment & Prevention*, *4*(3), 223–241.
6. Barik, R., & Das, S. (2023). Emotional regulation among psychology and non-psychology college students. *International Journal of Indian Psychology*, *11*(3). <https://doi.org/10.25215/1103.197>
7. Bordo, S. (1993). *Unbearable weight: Feminism, Western culture, and the body*. University of California Press.
8. Brown, L. S. (1998). *Subversive dialogues: Theory in feminist therapy*. Basic Books.
9. Calogero, R. M. (2009). Body objectification, self-objectification, and eating disorders: A model emphasizing social comparison and body surveillance. *Psychology of Women Quarterly*, *33*(2), 181–197. <https://doi.org/10.1111/j.1471-6402.2009.01469.x>
10. Dakanalis, A., et al. (2015). The role of self-objectification in the development of eating disorders. *Clinical Psychology Review*, *35*, 26–40. <https://doi.org/10.1016/j.cpr.2014.10.002>
11. Daubenmier, J. (2005). Objectification theory, eating disturbance, and sexual functioning in college women. *Psychology of Women Quarterly*, *29*(2), 127–136.

- <https://doi.org/10.1111/j.1471-6402.2005.00175.x>
12. Fairburn, C. G., & Harrison, P. J. (2003). Eating disorders. *The Lancet*, 361(9355), 407–416. [https://doi.org/10.1016/S0140-6736\(03\)12379-1](https://doi.org/10.1016/S0140-6736(03)12379-1)
 13. Garner, D. M., Olmstead, M. P., Bohr, Y., & Garfinkel, P. E. (1982). The Eating Attitudes Test: Psychometric features and clinical correlates. *Psychological Medicine*, 12(4), 871–878. <https://doi.org/10.1017/S0033291700049163>
 14. Geller, J., et al. (2000). Self-silencing and disordered eating. *Women & Health*, 32(4), 63–78. https://doi.org/10.1300/J013v32n04_05
 15. Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Harvard University Press.
 16. Goodenough, F. L. (1926). *Measurement of intelligence by drawings*. World Book Company.
 17. Gross, J. J., & John, O. P. (2003). Individual differences in two emotion regulation processes. *Journal of Personality and Social Psychology*, 85(2), 348–362. <https://doi.org/10.1037/0022-3514.85.2.348>
 18. Hambrook, D. R., et al. (2011). Self-silencing and eating pathology: Role of relational schemas. *Appetite*, 56(3), 712–719. <https://doi.org/10.1016/j.appet.2011.01.011>
 19. He, D., Gilcharan Singh, H., Alavi, M., et al. (2025). Body image dissatisfaction and disordered eating behaviors in Chinese female undergraduate students: The mediating role of emotion regulation strategies. *Journal of Eating Disorders*, 13, 104. <https://doi.org/10.1186/s40337-025-01287-x>
 20. Jacobi, C., Hayward, C., de Zwaan, M., Kraemer, H. C., & Agras, W. S. (2004). Coming to terms with risk factors for eating disorders. *Psychological Bulletin*, 130(1), 1–18. <https://doi.org/10.1037/0033-2909.130.1.1>
 21. Kakar, S., & Kakar, R. (2007). Gender role and emotional behavior in India. *Indian Journal of Social Psychology*.
 22. Lavender, J. M., De Young, K. P., & Anderson, D. A. (2015). Eating disorder recovery and emotion regulation. *Clinical Psychology Review*, 39, 83–95. <https://doi.org/10.1016/j.cpr.2015.03.002>
 23. Lewis, J. A., et al. (2013). Racialized gender microaggressions and self-silencing. *Journal of Counseling Psychology*, 60(3), 400–413. <https://doi.org/10.1037/a0032835>
 24. Machover, K. (1949). *Personality projection in the drawing of the human figure: A method of personality investigation*. C. C. Thomas.
 25. Maji, S., & Dixit, A. (2019). Culture and self-silencing: A cross-cultural review. *Journal of Cross-Cultural Psychology*, 50(5), 545–560. <https://doi.org/10.1177/0022022119828833>
 26. March, J. S., et al. (1997). *Multidimensional Anxiety Scale for Children (MASC)*. Multi-Health Systems.
 27. Mesquita, B., & Walker, R. (2003). Cultural differences in emotion. *Psychological Bulletin*, 129(5), 789–795. <https://doi.org/10.1037/0033-2909.129.5.789>
 28. Munhall, P. (1994). *Ethnography and nursing research*. Sage.
 29. Nechita, F., et al. (2021). Self-objectification and eating pathology: Meta-analytic review. *Body Image*, 37, 61–76. <https://doi.org/10.1016/j.bodyim.2021.06.005>
 30. Noll, S. M., & Fredrickson, B. L. (1998). A mediational model linking body image and eating pathology. *Psychology of Women Quarterly*, 22(3), 623–636. <https://doi.org/10.1111/j.1471-6402.1998.tb00153.x>
 31. Norwood, S. J., et al. (2011). Self-silencing and emotional awareness in relation to eating disorder symptoms. *Psychology of Women Quarterly*, 35(3), 451–457. <https://doi.org/10.1177/0361684310388785>
 32. Pipher, M. (1994). *Reviving Ophelia: Saving the selves of adolescent girls*. Ballantine Books.
 33. Polivy, J., & Herman, C. P. (2002). Causes of eating disorders. *Annual Review of Psychology*, 53, 187–213. <https://doi.org/10.1146/annurev.psych.53.100901.135103>
 34. Ramzan, N., & Amjad, N. (2017). Cross-cultural variation in emotion regulation. *Annals of King Edward Medical University*, 23(1). <https://doi.org/10.21649/akemu.v23i1.1512>
 35. Ramasubramanian, S., & Oliver, M. B. (2017). Cultural emotion socialization and relational harmony. *Journal of Cross-Cultural Psychology*, 48(3), 347–366. <https://doi.org/10.1177/0022022117691540>
 36. Sánchez-Ruiz, M. J., et al. (2020). Personality and emotion-related predictors of disordered eating. *Eating and Weight Disorders – Studies on Anorexia, Bulimia and Obesity*. <https://doi.org/10.1007/s40519-020-00968-7>
 37. Schachter, S., Goldman, R., & Gordon, A. S. (1968). Effects of fear, food deprivation, and obesity on eating. *Journal of Personality and Social Psychology*, 10(1), 91–97. <https://doi.org/10.1037/h0025409>
 38. Steinberg, L. (2005). Cognitive and affective development in adolescence. *Trends in Cognitive Sciences*, 9(2), 69–74. <https://doi.org/10.1016/j.tics.2004.12.005>
 39. Zimmermann, P., & Iwanski, A. (2014). *Emotion regulation in adolescence: A handbook of research and practice*. Guilford Press.