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Self-Silencing, Marital Adjustment, and Mental Health: A Comparative Analysis of Married Men and Women

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ABSTRACT

The primary purpose of the study was to examine (a) the connection of self-silencing with marital adjustment and mental health among married men and married women separately, and (b) the role of self-silencing in marital adjustment and mental health among married men and women jointly. A convenience sampling method was employed to recruit a sample of 387 married individuals (193 men and 194 women) from Islamabad, Rawalpindi, Taxila, and Muzaffarabad. Participants filled the Silencing the Self Scale (STSS), Revised Dyadic Adjustment Scale (RDAS), and General Health Questionnaire-12 (GHQ-12). Results revealed that greater self-silencing was significantly linked to poorer mental health and lower levels of marital adjustment among married women. Furthermore, self-silencing proved to be a significant negative predictor of marital adjustment and a positive predictor of distress among women as compared to men. These results show that emotional suppression in marriage leads towards conflicting relationships and psychological distress, especially in patriarchal cultural contexts that promote sacrifice and restraint, particularly for women. The present study highlights the silent struggles women face in their relationships, the tendency to silence their individual needs, emotions and voices in order to maintain their relationships, which often takes a serious toll on women's emotional and mental wellbeing. The present study emphasizes the significance of examining self-silencing in clinical and marital contexts and stresses on interventions that facilitate clear communication and emotional expression. The research provides meaningful results for counselors, therapists, and mental health practitioners who work with couples and for future research in the areas of relational health and psychological wellbeing of women.

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1. Introduction

Self-silencing is defined as willingly withholding from sharing one's thoughts, emotions, ideas, needs, strengths, abilities, and perspectives as a precaution against possible consequences. This particular behavior is performed by individuals in the pursuit of keeping relationships and carrying out responsibilities by extending beyond what is needed at their discretion. This could also appear as persistently restraining individual needs for the benefit of others as they dread the relationship will not last if they might speak up (Jack & Dill, 1992).

Marital adjustment is the shared understanding and mutual feeling of satisfaction, happiness, pleasure, and acceptance between a wife and husband concerning their marriage, which rises with marriage age (Arshad, Mohsin, & Mahmood, 2014). According to the World Health Organization (WHO), mental health refers to mental well-being that enables people to deal with the challenges of life, recognize their strengths, thrive in learning, completing tasks, and make a good contribution in their communities. Optimal mental health requires controlling active conditions while maintaining well-being and satisfaction (World Health Organization, 2018, March 30). As reported by one of the studies, the subsequent lack of communication and suppression of one's voice may risk the marriage's ability to function harmoniously, resulting in a reduction in marital adjustment (Pietromonaco, Overall, & Powers, 2022). The overall home environment of most of the houses includes a dominant male partner and a subservient wife. Patriarchal norms within the houses often lead housewives to self-silencing behaviors; this highlights the need to discover the significant effect of self-silencing on marital adjustment (Hadi, 2017). An important study was conducted to assess the relationship standards and satisfaction among Pakistani couples, the results showed that things like how close the couple feels, taking care of family duties, and religion play an important role in how satisfied they are with their relationship, especially for the wives (Ayub et al., 2023).

One of the top ignored forums is the environment of the household where housewives are given minimum priority. Regardless of their endless work, sacrifices and care, they are underestimated and as a result their fundamental needs remain unaddressed (Zainab, Jadoon, & Nawaz, 2017). In human lifespan one of the most essential interpersonal relationships is the marital relationship. In Pakistan, cultural traditions and gender roles make these issues more complex. A study found that married women often involve in self-silencing because of what society expects from them, which can lead to more problems in their marriages and mental health (Jang et al., 2009). The existing literature reveals significant gaps in understanding self-silencing and its broader impact. Previous studies propose that when individuals keep their thoughts and feelings to themselves, it can harm their marriage by making it harder to connect emotionally and communicate openly with their partner (Thompson & Zuroff, 2010). Additionally, it has been related to mental health issues such as anxiety, depression,, and low self-esteem (Jack, 1991), which can further deteriorate marital quality and life satisfaction. Previous research has also been restricted by small sample numbers and a failure to account for demographic factors such as age and socioeconomic position, which can have a major impact on self-silencing and psychological distress (Fiza & Simon, 2024). In addition, past research has tended to focus only on the psychiatric groups, limiting the general applicability of their findings (Ahmed & Iqbal, 2019). The manner in which self-silencing influences genders is noteworthy. Women and men engage in this behavior, but not equally so. In a patriarchal society, men repress feelings to remain in control and women repress their feelings to not create conflict and be submissive. There is a substantial research gap studying self-silencing and how it differentially affects males' and females' marital satisfaction and psychological well-being and which still remains an insubstantial research issue. South Asian nations exhibit a shared cultural background where individuals experience substantial pressure to adhere to their societal norms and cultural traditions (Kim & Markus, 1999). This helps build connection, hope and a feeling of belongingness. But, these also motivate individuals to conceal thoughts or behaviours that cause harm to their group. Many people, especially women, feel it is their responsibility to defend the family's honour even if it leads to ignoring their own needs, staying silent, or hiding their true feelings (Su-Kubricht et al., 2025).

Women in Pakistan aren't different. Though many are plunged into violence, yet few speak it out to not damage their husband's reputation. They remain silent and try to prove themselves as "good woman"- "good wife". In certain households, especially in Pakistan, women especially housewives are given less value and recognition in spite of their continuous efforts and sacrifices. (Zainab, Jadoon, & Nawaz, 2017). Marriage relations in Pakistan are shaped by social expectations and various cultural and marital norms that impact self-silencing. The increasing occurrence of mental health issues like depression and the cultural demand for marital harmony have made it imperative to study the psychological effect of self-silencing on married men and married women. This study emphasizes the influence of self-silencing on marital adjustment and mental health in males and females providing a better understanding of the problem in Pakistan. Understanding these linkages may provide valuable lessons in couple therapy, marital

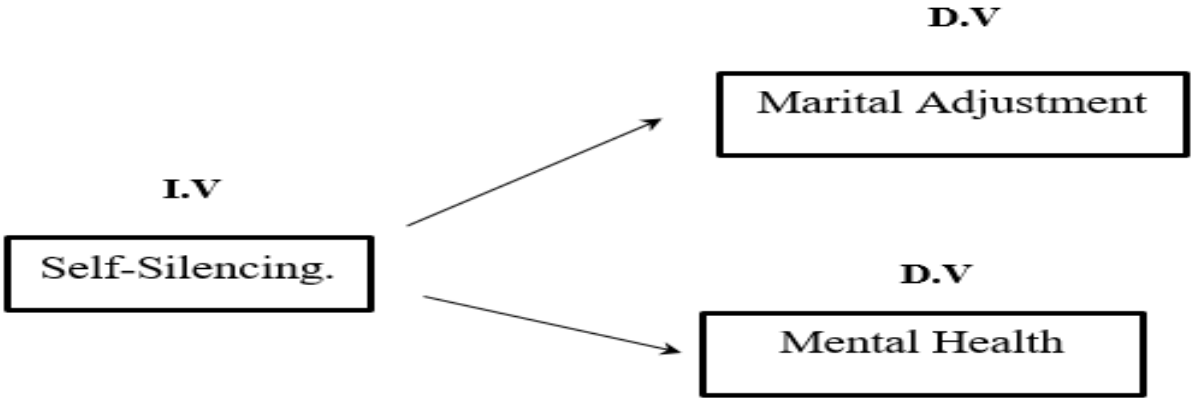
counseling, and interventions aimed at enhancing the quality of relationships and mental health of married couples. Besides, this study can help formulate particular techniques to minimize the phenomena of self-silencing and promote healthier interaction in marriages.

1.1. Theory of self-silencing

The theory of self-silencing Jack (1991) mainly explores how women suppress their own needs, emotions, and voices to promote positive relationships, specifically in the context of marriage. By avoiding conflicts and differing viewpoints with their partner, women often aim for a harmonious and psychologically sound relationship process of silencing oneself. However, this leads to withdrawal from one's own physical and psychological needs, leading to low self-esteem, feelings of neglect, loneliness, frustration, and dissatisfaction with the spouse. The theory further illustrates that in shaping the behavior of women, societal expectations play a significant role, creating an 'ideal self' or 'good woman' image. This image reflects qualities such as selflessness, care, sacrifice, and subordination, which are influenced by cultural norms, values, and beliefs.

1.2. Conceptual Framework

Figure 1: Conceptual framework of the study



Eventually, frequent acts of self-sacrifice and repression of individual needs create inner turmoil between a woman's true self and societal standards. This conflict often displays anger, frustration, irritability, and confusion, which add up to feelings of failure, low self-worth, and psychological distress. Furthermore, depression has been linked with self-silencing, as it escalates the woman's vulnerability to mental health issues. By adhering to the feminine roles and expectations of society, women formulate relational schemas that intensify their susceptibility to a loss of self-esteem and depressive symptoms. Essentially, self-silencing, intended to maintain relationships, eventually deteriorates women's mental health and their capability to maintain fulfilling, authentic connections.

1.3. Objectives

The major goal of this research study was to explore two things: first, how self-silencing is linked to marital adjustment and mental health in married men and women separately; and second, how self-silencing influences marital adjustment and mental health in men and women mutually.

1.4. Hypotheses

1. Self-silencing will be significantly linked to marital adjustment among married men and women.
2. Self-silencing will be significantly linked to mental health problems among married men and women.
3. Self-silencing will significantly predict marital adjustment among married women and men.
4. Self-silencing will significantly predict mental health among married women and men.

2. Method and Materials

This study uses a correlational research design. A convenience sampling method was applied to recruit participants of 387 married individuals (193 married men and 194 married women), residing in Islamabad, Rawalpindi, Taxila, and Muzaffarabad. This involved reaching out to potential participants through online platforms, social media, community groups, and personal

contacts. The sample included married individuals who are married for at least one year. The age range of respondents was from 20 to 65 years. The individuals who could read and understand the English language of the survey were selected. The sample was not composed of individuals married for less than one year. Divorced, separated, and individuals with diagnosed mental health issues were also excluded.

2.1. Instruments

2.1.1. Demographic Sheet

Demographic details, namely age, gender, educational level, occupation, socio-economic status, and marital duration, were obtained to characterize the sample, and control for extraneous variables in the analysis.

2.1.2. The Silencing the Self-Scale (STSS)

The Silencing the Self Scale is a 31 item instrument that asseses self-silencing behaviors and was developed by Jack & Dill in 1992. This instrument has four subscales: Externalized Self-Perception; Care as Self Sacrifice; Silencing the Self; and the Divided Self. Respondents answer questions using a 5 point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Items #1, #8, #11, #15 and #21 have been reversed for scoring purposes. Scores on this scale may range from 31 to 155. A higher overall score indicates an increased likelihood of self silencing while lower scores show a decreased likelihood of self silencing. Reliability of the scale has been reported at .91 using Cronbach's Alpha.

2.1.3. Revised Dyadic Adjustment Scale (RDAS)

Dyadic Adjustment Scale was originally established by Spanier (1976) and revised by (Busby et al., 1995). Revised Dyadic Adjustment includes 14 items and is divided into three subscales: Dyadic Consensus (how much the respondent agrees with their partner), Dyadic Satisfaction (how satisfied the respondent feels in the relationship), and Dyadic Cohesion (how often both partners do things together). The items are rated on a 5- or 6-point Likert scale. Total scores can range from 0 to 69, with higher scores showing better relationship satisfaction, and lower scores reflecting more relationship problems. The scale is highly reliable, with a Cronbach's alpha of 0.90.

2.1.4. General health Questionnaire GHQ-12

Goldberg (1978) introduced the General Health Questionnaire(GHQ). GHQ is an instrument to identify general psychiatric conditions as well as the overall mental health of individuals. There are several types of the GHQ including 12, 28, and 60 item versions. All of these variations are to assist in detecting symptoms of psychological distress. The GHQ-12 is a shortened version of this tool which consists of twelve items and is meant to detect common mental health concerns. Every item is rated by using a 4 point Likert Scale. Higher scores will represent more psychological distress. Reliability for this measure is high, with a Cronbach's Alpha of .9. Items are scored by rating each question 0-3 points. Scores are typically added together to determine how much distress the individual is experiencing. This tool is best suited for use with both adults and adolescents; however it may be difficult to administer to young children. Academic permission to use the GHQ-12 was received from the MAPI Research Trust. The GHQ-12 was administered according to the terms and conditions of the license.

2.2. Procedure

A convenience sampling technique was used to select married individuals living in Islamabad, Rawalpindi, Taxila, and Muzaffarabad for this study. The total sum of selected married individuals was 387 male and female, calculated through G power. Out of the total, 193 married individuals were male (husbands) and 194 were female (wives). We collected data through self-report questionnaires in both online and face-to-face modes. The questionnaires were standardized to measure self-silencing, marital adjustment, and mental health. Participants were at liberty to withdraw anytime without any necessary consequences, while informed consent indicates voluntary participation. . Ethical guidelines were followed to ensure participant confidentiality and integrity throughout the study.

Table 1 illustrates the descriptive statistics for respondents' socio-demographic features *(N = 387).* The sample was almost equally divided between genders, with 49.9% male (*n* = 193) and 50.1% female (*n* = 194). Age wise, most of the participants were in the early adulthood

category (20–39 years; 56.6%), with those in middle adulthood (40–64 years; 41.3%) and a very few in late adulthood (65 years and above; 2.1%).Regarding the educational level, 46.5% of respondents had a postgraduate degree, 36.4% were undergraduates, 16.8% had other levels of education, and a mere 0.3% had intermediate education. In terms of job status, the majority of respondents worked full-time (52.2%), followed by part-time workers (14.7%), homemakers (24.8%), students (2.8%), the unemployed (2.8%), and the retired (2.6%). The participants were recruited from four cities with the maximum number coming from Muzaffarabad (33.6%) and Islamabad (33.3%), followed by Taxila (17.1%) and Rawalpindi (16%). Socioeconomic status-wise, the overwhelming majority reported being middle class (92%), and 5.7% stated they belonged to the upper class while merely 2.3% reported being lower class. Finally, marital duration ranged mildly throughout the sample, with almost half of the sample (46.8%) being married for 1–10 years. Others were married for 11–20 years (32%), 21–30 years (16%), and 31–40 years (5.2%)

3. Results

Table 1: Descriptive statistics of Socio Demographic Variables (N=387)

Demographic Variables	f	%
Gender		
Male	193	49.9%
Female	194	50.1%
Age		
Early Adulthood (20-39)		
Middle Adulthood (40-64)	219	56.6%
Late Adulthood (65 and older)	160	41.3%
	8	2.1%
Educational Level		
Intermediate		
Undergraduate	1	.3%
Postgraduate		
Others	141	36.4%
	180	46.5%
	65	16.8%
Occupation		
Employed full time		
Employed part time	202	52.2%
Unemployed		
Student	57	14.7%
Retired		
Homemaker	11	2.8%
	11	2.8%
	10	2.6%
	96	24.8%
Place of Residence		
Islamabad		
Rawalpindi	129	33.3%
Taxila		
Muzaffarabad	62	16%
	66	17.1%
	130	33.6%
Socioeconomic Status		
Lower Class		
Middle Class	9	2.3%
Upper Class		
	356	92%

	22	5.7%
Marital Duration		
1-10		
11-20	181	46.8%
21-30		
31-40	124	32.0%
	62	16.0%
	20	5.2%

Note: f= Frequencies, %= Percentage

Table 2: Psychometric Properties of Scales of the Study (N=387)

Scale	k	α	M	SD	Skewness	Kurtosis	Range	
							Actual	Potential
STSS	31	.78	94.81	14.98	-.21	-.04	49-136	31-155
RDAS	14	.77	47.37	10.51	-.88	1.36	5-66	14-84
GHQ	12	.71	11.83	5.55	.37	.38	00-33	12-48

Note: k=no. of items; α = Cronbach's alpha; M = Mean; SD = Standard Deviation; Skew = Skewness; Kurt = Kurtosis; STSS = Silencing the Self Scale; RDAS= Revised Dyadic Adjustment Scale; GHQ= General Health Questionnaire

Table 2 shows the psychometric properties of the three scales employed in the study (*N = 387*). The Silencing the Self Scale (STSS) showed sound internal consistency with a Cronbach's alpha of .78. The average score on the STSS was 94.81 (SD = 14.98), and observed scores ranged from 49 to 136 out of a possible 31 to 155. The score distribution was roughly normal, as imitated in a slight negative skewness (-.21) and near-zero kurtosis (-.04). The Revised Dyadic Adjustment Scale (RDAS) indicated acceptable reliability (α = .77). Participants mean RDAS score was 47.37 (SD = 10.51), ranging from 5 to 66 versus its potential range of 14 to 84. RDAS scores were moderately skewed negatively (-.88) and had a moderate positive kurtosis (1.36), which indicates an over-representation of higher adjustment scores with peakedness. The General Health Questionnaire (GHQ), possessed an internally lower but still acceptable consistency (α = .71). The mean GHQ was 11.83 (SD = 5.55), with the scores ranging from 0 to 33 across the range of potential 12 to 48. The GHQ scores had a positive skew (.37) and slight positive kurtosis (.38), reflecting a tendency for lower psychological distress in the sample. In general, the scales showed acceptable reliability and appropriate distribution properties for further analysis.

Table 3: Correlation Matrix for Self-Silencing, Marital Adjustment and Mental Health among Married Men (n=193) and Married Women (n=194)

	Married Men *(n=193)*					Married Women *(n=194)*					
	Variable	M	SD	1	2	3	Variable	M	SD	1	2	3
1	Self-Silencing	95.04	15.12	-			Self-Silencing	94.59	14.85	-		
2	Marital Adjustment	47.69	10.48	.006	-		Marital Adjustment	47.06	10.54	-.226**	-	
3	Mental Health	11.27	5.44	.193**	-.244**	-	Mental Health	12.39	5.63	.380**	-.307	-

Note: M = Mean; SD = Standard Deviation; *p< .05. **p< .01

Table 3 presents the correlation between self-silencing, marital adjustment, and mental health for both married men and women. For male samples, results showed that there is a significant positive correlation between self-silencing and mental health *(r = .193, p < .01)* such that higher self-silencing is linked to more psychological distress in married men. In addition, it was also observed that there is a strong negative correlation between marital adjustment and mental health *(r = –.244, p < .01),* indicating that healthy marital relations are associated with better mental health. But no significant correlation was found between self-silencing and marital adjustment *(r = .006, p > .05),* suggesting that in men's case, the need to suppress personal needs and feelings does not seem to directly correlate with their perception about the quality of

their marital relationship. In contrast the findings for the female sample revealed a significant negative relationship between self-silencing and marital adjustment *(r = – .226, p < .01),* which indicates that women who engage in greater self-silencing report lower levels of marital satisfaction. Moreover, there is a significant positive relationship between self-silencing and mental health *(r = .380, p < .01),* such that the increased level of self-silencing will lead to increased psychological distress. Whereas, Marital adjustment was negatively correlated with mental health (r = – .307, p > .05), indicating a negative but non-significant relationship. These results indicate that self-silencing plays an essential role in the relational and emotional lives of women than men.

Table 4: Simple Linear Regression Analysis for Predicting Marital Adjustment among Married Men (n=193) and Married Women (n=194)

Variable	B	SE	β	t	p	95%Cl	
						LL	UL
Constant	47.34	5.289	-	8.951	.000	36.924	57.768
Self-Silencing (Men)	0.005	0.055	.006	0.085	.932	-0.104	0.114
R^2	.000						
F	0.007						
Constant	61.194	4.502	-	13.592	.000	52.313	70.075
Self-Silencing (Women)	-0.150	0.047	-.226	-3.213	.002	-0.243	-0.057
R^2	.051						
F	10.32						

Note. B=Unstandardized Error, β=Beta, SE= Standard Error, p= Significance level, CI= Confidence Interval.

Table 4 results show the regression analysis which tested the prediction of self-silencing and the outcome variable for women and men separately. For men, there was no significant prediction found. The small beta value and high *p-value (.932)* suggest no real link between self-silencing and the outcome in men. In contrast for women self-silencing had a significant negative influence on the outcome. This means that as women engage more in self-silencing, the outcome value decreases. The effect was statistically significant *(p = .002*), and the model explained about 5.1% of the variation in the outcome. Overall, self-silencing appears to negatively impact women but not men.

Table 5: Simple Linear Regression Analysis Predicting Mental Health among Married Men (n=193) and Married Women (n=194)

Variable	B	SE	β	t	p	95%Cl	
						LL	UL
Constant	3.182	3.104	-	1.025	.307	-2.934	9.298
Self-Silencing (Men)	0.088	0.032	.193	2.719	.007	0.025	0.151
R^2	.037						
F	7.397						
Constant	0.791	2.023	-	0.391	.696	-3.197	4.779
Self-Silencing (Women)	0.120	0.021	.380	5.689	.000	0.079	0.161
R^2	.144						
F	32.36						

Note: B=Unstandardized Error, β=Beta, SE= Standard Error, p= Significance level, CI= Confidence Interval

Table 4 results show the regression analysis which tested the prediction of self-silencing and the outcome variable for men and women separately. The results showed that self-silencing significantly predicts the outcome for both men and women, but the effect is stronger for women. For men, higher self-silencing is linked to higher scores on the outcome, with a small but significant effect *(β = .193, p = .007),* explaining about 3.7% of the variance. For women, the effect is larger and meaningful *(β = .380, p < .001),* explaining 14.4% of the variance. This means that as self-silencing increases, the outcome also increases for both groups, but the impact is much stronger among women.

4. Discussion

The goal of this study was to understand how self-silencing is related to marital adjustment and mental health in married men and women in Pakistan. The findings clearly show that self-silencing affects men and women differently, especially in terms of relationships and psychological well-being. First, the findings revealed that self-silencing is linked with poor mental health in both men and women. In simple words, when people keep their feelings and thoughts to themselves, it increases their stress, anxiety, and emotional distress. This finding supports the theory given by Dana Crowley Jack, who explained that hiding emotions for the sake of relationships can harm a person's mental health (Jack, 1991). Other studies also support this idea and show that people who suppress their emotions are more probable to experience depression and psychological distress (Cramer & Thoms, 2003; Harper & Welsh, 2007). However, the effect of self-silencing on mental health was stronger in women than in men. This means that women are more emotionally affected when they suppress their feelings. One possible reason is that women are generally more emotionally involved in relationships, so hiding their true feelings creates more inner stress. Research also illustrates that women are more likely to internalize emotions, which increases their risk of anxiety and depression (Nolen-Hoeksema, 2012).

When assessing marital adjustment, there was a large gender difference. Women who were involved in self-silencing reported lower levels of satisfaction with their marriages as they were more likely to remain silent. Good relationships rely heavily on communication, so when one partner does not communicate his/her needs or feelings, it creates barriers to developing close emotional connections and understandings (Impett et al., 2012). Self-silencing by men did not impact their level of marital satisfaction. This is an interesting observation, and this may be attributed to cultural and societal norms as most patriarchal-based cultures (i.e., Pakistan) provide males with more control over relationships. Because of this, men may not need to hide their thoughts or feelings to maintain the relationship. Their satisfaction in marriage may depend more on other things like financial stability or fulfilling their role as a provider (Levant et al., 2009). The cultural context of Pakistan also plays a very significant role. Pakistan is a collectivistic society, which means people are expected to maintain harmony and follow social norms (Collectivism). In other words, harmony is most important and people should compromise their comfort to ensure a peaceful and friendly relation. In these kinds of cultures, women especially, are taught to sacrifice their needs for family.

As a result, many women do not speak up even when they are unhappy. Research from other collectivist cultures show that people often subdue their private feelings for the sake of their connections (Kim & Markus, 1999; Tsai, Levenson, & McCoy, 2006). It was also found in this study that better mental health is associated with better marital adjustment. Satisfaction in marriage and relationships can delay stress and emotional disturbance in people in their daily life activities. Both men and women showed this, but the association was somewhat stronger among men. According to earlier studies, stable relationships can protect against psychological distress (Whisman & Uebelacker, 2009). On the other hand, for men, self-silencing did not affect marital adjustment. This is an important finding and can be better understood through the role of cultural expectations. In societies like Pakistan, which are influenced by Patriarchy, men are usually given more authority and decision-making power within the family, while women are expected to maintain harmony by adjusting and avoiding conflict. Because of this, men may not need to suppress their thoughts or feelings to maintain the relationship. In contrast, women are more likely to be involved in self-silencing due to these expectations, which can reduce their marital satisfaction over time. Previous research also supports this idea, showing that patriarchal systems encourage emotional suppression in women and shape unequal communication patterns in relationships (Hadi, 2017; Jack, 1991). Therefore, self-silencing becomes more harmful for women's marital adjustment, while for men, it does not play a significant role. Overall, this study shows that self-silencing is more harmful for women, especially in terms of both their mental health and marital satisfaction. For men, it mainly affects mental health but not their relationship quality. These findings emphasize the significance of understanding gender roles and cultural expectations when studying relationships.

4.1. Limitations

Although the present study provides useful insights, several limitations need to be considered.

First, the study used convenience sampling and included only participants from urban areas who could understand English. This limits the generalizability of the findings, as the sample may not symbolize the broader population of Pakistan, particularly individuals from rural areas or those with different educational and linguistic backgrounds. Pakistan is culturally diverse, with variations in gender roles, family structures, and communication styles across regions. Therefore, the findings may not fully capture how self-silencing operates in different cultural and socioeconomic contexts within the country.

Second, all variables in the study were assessed by means of self-report questionnaires, which increases the threat of common method bias. When data for all variables are collected using the same method, it may artificially strengthen the relationships between them. In addition, participants may respond in socially desirable ways, especially on sensitive topics such as marital relationships and emotional expression. This issue is particularly relevant in cultures influenced by Collectivism and Patriarchy, where individuals may avoid expressing dissatisfaction or conflict to maintain social harmony. As a result, the strength of the correlations reported in this study may be slightly overestimated.

Third, Due to the cross-sectional correlational design of this study, causal conclusions cannot be drawn. While self-silencing was found to be associated with marital adjustment and mental health, it cannot be concluded that it directly causes these outcomes. Future studies using longitudinal or experimental designs would help in understanding the direction of these relationships more clearly.

Despite these limitations, the study still provides meaningful insights into gender differences in self-silencing and highlights important psychological and relational patterns within the Pakistani context.

5. Conclusion

To sum it up, it is significant that self-silencing plays a role in marital relationships and mental health among married individuals in Pakistan. The results reveal distinct gender differences, indicating that women's marital adjustment and mental health are more negatively impacted by self-silencing than men's. According to the findings, it has been found that the managed emotions and communication within the relationship are highly regulated by various cultural expectations and gender roles, most importantly, those of patriarchy. Women, in particular, may feel greater pressure to shut down their thoughts and feelings to keep the peace, which may be harmful to their wellness. Based on the above findings, it becomes essential to have intervention programs which promote self-assertiveness, emotional expressiveness, openness especially in women. There is also a need to challenge rigid gender norms to create healthier, more balanced relationships at the same time. In essence, this study augments the literature by giving insight on a Pakistani self-silencing experience which can be useful in clinical and research work directed towards better relationship quality and mental health.

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