

# *The Concept of “Silencing the Self” in Low-Income, Aging, HIV-Infected African American Women: A 10-Year Community-Based Participatory Program of Research With Results*

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*Despite a resilient spirit, the challenges that face low-income, aging Black women living with HIV infection are immense. This article describes a 10-year iterative history of using the Theory of Silencing the Self (TSTS) as an explanatory model that was found to be gender sensitive, culturally relevant, and helpful in guiding a community-based participatory research group of low-income, HIV-infected Black women living in Boston, Massachusetts. The group, called Sistah Powah, used the TSTS to design and implement a structured writing intervention in a women’s drop-in center targeting low-income, aging Black women living with HIV infection as a way to give them and others a voice.*

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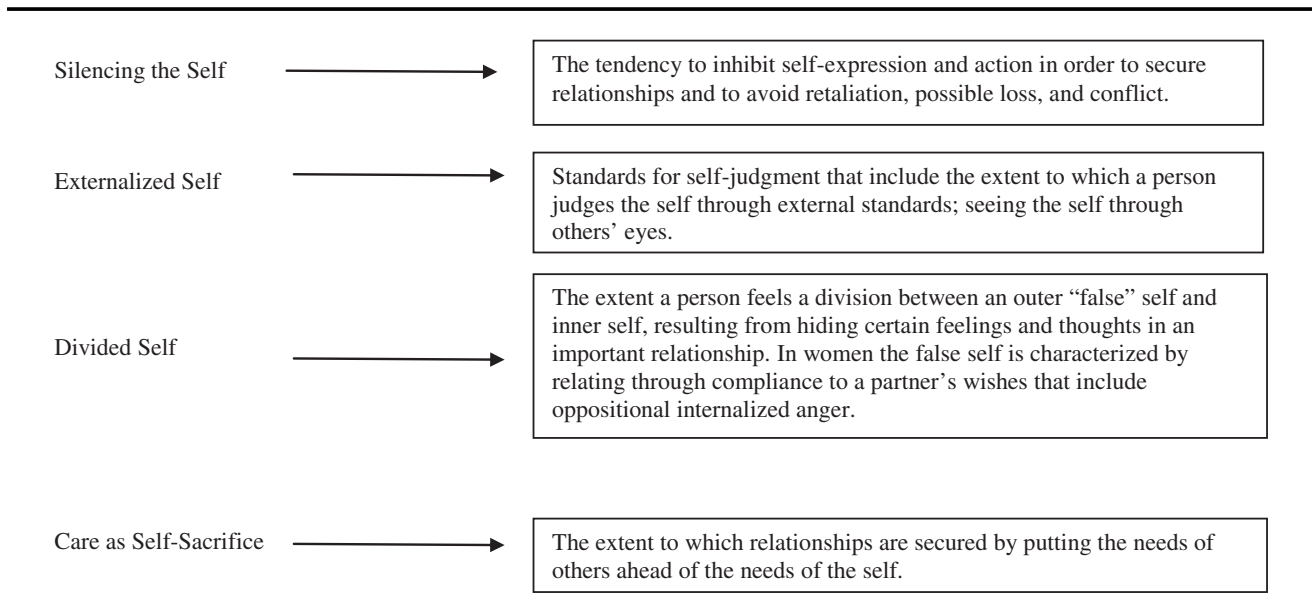
This report is a description of the use of a theoretical framework that helped direct a program of research over a 10-year period. The emphasis in this narrative is on how the gender-sensitive Theory of Silencing the Self (TSTS; Jack, 1991) and the matching measure, the Silencing the Self Scale (STSS; Jack & Dill, 1992), helped community-based African American women living with HIV infection. These women were helped across time by being part of the evolving development of a recent successful structured writing

intervention to increase HIV-related health protective behaviors, specifically safe-sex adherence. An intervention based on the TSTS allowed the women to process the relationship between living with HIV infection and continued risky behaviors. Self-advocacy is sorely needed in safe-sex negotiation until women are able to control prevention autonomously through effective therapeutic discoveries. Developing new methodologies and interventions that are not just practical but meaningful in a gender-specific way is critical to the future health of underserved women. The purpose of this paper is to encourage HIV-prevention interventions to evolve as a researcher/client/population partnership where evidence-based practice convenes with insights of those living with HIV infection in a central way. This paper puts special emphasis on tailoring an iterative, community-based, participatory, positive prevention process focusing on those women who are disproportionately affected.

## **The Theory of Silencing the Self**

The TSTS is considered a relational theory. The theory is based on a longitudinal study of clinically

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**Figure 1. Theory of Silencing the Self (TSTS) subconcepts. (Information from Jack & Ali, 2010.)**

depressed women's descriptions of their experiences in relationships, primarily with men. The women in Jack's original study (Jack, 1991) described how they began to silence or not state openly certain thoughts, feelings, and, in particular, actions they wanted to undertake because they did not want to contradict their partner's wishes. To avoid conflict, the women described how silencing their voices led to a loss of self as well as feelings of shame and anger. Although the experience felt personal to each woman, avoiding conflict was found to be culturally based. According to Jack (1991), self-silencing was prescribed by heterosexual norms, values, and images dictating what women were "supposed" to do to be liked. What complicated these perceived norms, values, and images were realities such as societal and cultural male dominance, financial dependence, and poverty (Jack & Ali, 2010).

Jack (1991) identified four particular subconcepts from emerging behavior themes from her original longitudinal study. These themes were factor analyzed and eventually evolved into four subconcepts that represented four self-silencing behaviors. These four subconcepts became subscales of the total measurement instrument called the Silencing the Self Scale (STSS; Jack & Dill, 1992). The four self-silencing behavior themes or subscales are called (a) Silencing

the Self, (b) the Divided Self, (c) Care as Self-Sacrifice, and (d) the Externalized Self (Jack & Dill, 1992). The first subscale, Silencing the Self, for which the theory was named, describes how women often do not ask directly for what they need or tell others what they are feeling. The second subscale, the Divided Self, describes how women present a compliant exterior to the public when they actually feel hostile and angry. The third subscale, Care as Self-Sacrifice, describes how women put the feelings and needs of another before their own. The fourth subscale, the Externalized Self, describes how women judge themselves by external standards (see Figure 1).

Although the STSS was validated in three groups of very different women in Jack's study (healthy undergraduates, mothers who abuse drugs and care for young children, and battered women living in a shelter), results consistently showed high positive correlations of each subscale with Beck's Depression Inventory (Jack, 1991). The highest levels of the STSS total and subscale scores predictably were in the women in the battered women's shelter who were experiencing oppressive relationships. The lowest levels were in healthy undergraduates. Subsequent studies have shown higher levels of self-silencing with variables associated with inequality and emotional/physical threats to self and relationships.

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