



RESEARCH ARTICLE / ARAŞTIRMA YAZISI

Giving Women Their Voice Back: The Impact of a Compassionate Mind Program on Self-Silencing and Anger

Kadının Sesini Geri Vermek: Şefkatli Zihin Programının Kendini Susturma ve Öfke Üzerine Etkisi

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Abstract:

This study aimed to examine the effectiveness of a Compassionate Mind Program in reducing self-silencing and anger levels in women exposed to violence. The study was conducted using a quasi-experimental design with a pretest, a posttest, and a control group, and the sample consisted of 40 women aged between 24 and 55. The Silencing the Self Scale, and the State-Trait Anger Expression Inventory were administered before and after the intervention. While the experimental group received a Compassionate Mind Program consisting of 90-minute weekly sessions for 10 weeks, the control group received psychoeducation. Data were analyzed using 2x2 mixed ANOVA, and the results showed that the experimental group demonstrated significant reductions in all subscales of self-silencing, as well as in levels of trait anger and suppressing anger inward. The findings indicated that interventions aimed at enhancing self-compassion can be an effective method for coping with anger in women exposed to violence. They significantly reduce internal processes such as trait anger and suppressing anger and help decrease self-silencing tendencies. Accordingly, the Compassionate Mind Program appears to be an effective intervention specifically for addressing suppressed emotional patterns. At the same time, the findings suggest that the current program may also be a potentially suitable intervention for strengthening women's self-concept and enhancing their self-expression skills. In today's context, for healing at both the individual and societal levels, it is important to expand longer-term psychoeducational practices and structured psychological support programs that contribute to transforming silence and preventing the suppression of emotions, considering their positive effects.

Keywords: Women, Violence, Self-Silencing, Anger, Self-Compassion, Compassion-Focused intervention.

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Öz:

Bu çalışma, şiddete maruz kalan kadınlarda kendini susturma ve öfke düzeylerini azaltmada Şefkatli Zihin Programının etkililiğini incelemeyi amaçlamaktadır. Ön test-son test kontrol gruplu yarı deneysel desenle yürütülen araştırmanın çalışma grubunu, yaşları 24 ile 55 arasında değişen 40 kadın oluşturmaktadır. Katılımcılara müdahale öncesi ve sonrası Kendini Susturma Ölçeği ile Sürekli Öfke-Öfke İfade Tarzı Ölçeği uygulanmıştır. Deney grubuna haftada bir gün 90 dakikalık oturumlar halinde toplam 10 hafta süren Şefkatli Zihin Programı uygulanırken, kontrol grubuna psikoeğitim verilmiştir. Veriler karma ANOVA (2x2) ile analiz edilmiş, deney grubunda kendini susturmanın tüm alt boyutlarında ve sürekli öfke ile içe yönelik öfkede anlamlı düzeyde azalma olduğunu göstermiştir. Bulgular, öz-şefkat geliştirmeye yönelik müdahalelerin, şiddet gören kadınlarda öfkeyle baş etme açısından etkili bir yöntem olabileceğini; sürekli öfke ve içe yönelik öfke gibi içsel süreçlerde anlamlı azalma sağladığını ve kendini susturma eğilimlerini azalttığını göstermektedir. Bu doğrultuda, Şefkatli Zihin Programı'nın bastırılmış duygusal örüntülere yönelik etkili bir müdahale yöntemi olabileceği anlaşılmaktadır. Aynı zamanda bulgular sonucu mevcut programın kadınların kendilik algısını güçlendirmesi ve kendini ifade becerisini artırması için potansiyel olarak uygun bir müdahale olabileceği düşünülmektedir. Günümüzde bireysel ve toplumsal düzlemde iyileşme için sessizliğin dönüştürülmesine ve duyguların bastırılmamasına katkı sağlayacak daha uzun süreli psikoeğitimlerin ve yapılandırılmış psikolojik destek programlarının olumlu etkileri dikkate alınarak yaygınlaştırılması önemlidir.

Anahtar Kelimeler: Kadın, Şiddet, Kendini susturma, Öfke, Öz-şefkat, Şefkat odaklı müdahale.

Introduction

The World Health Organization (WHO) defines violence as the intentional use of physical or emotional force against oneself, another person, or a group, emphasizing that violence can lead to serious consequences such as injury and death (WHO, 2002). Violence is a serious problem that societies struggle to overcome and fail to produce a definitive solution for (Uğurlu & Ersoy, 2024).

Domestic violence refers to violent acts committed between domestic partners or other members of the household (Kitiş and Bilgici, 2007). It predominantly affects women. The United Nations (UN) defines domestic violence as physical, sexual, or psychological harm inflicted on women in either public or private spaces (UN, 1993). Women are regarded as the group most directly affected by conflicts and violence in family relationships (Öztürk & Özcan, 2024).

It is suggested that when individuals are unable to express themselves verbally, violence may arise, and men, in particular, may resort to violence when experiencing accumulated anger (Tarhan, 2024). Jack and Ali (2010) highlighted the influence of cultural factors, noting that many women suppress both self-expression and anger to conform to societal ideals of being a “good” and “ideal” woman. This suppression, in turn, often contributes to depression. In essence, many women construct their identities within the framework of cultural expectations, prioritizing relational harmony over authentic self-expression (Harper and Welsh, 2007). From a psychological standpoint, suppressing anger and remaining silent in interpersonal conflicts may have significant negative consequences.

Jack (1991) introduced the concept of self-silencing, describing how many women tend to prioritize their partners in relationships while relegating their own needs and desires to a secondary position (Jack, 2003). The most straightforward definition of self-silencing is the act of remaining silent and withholding self-expression (Le Bon, 2009). Jack (1991) further argued that many women withdraw from conflict and perceive themselves as

victims, suppressing their anger due to moral and social expectations. Within the identity functions model, passive forms of identity include identification and obedience, whereas active forms emphasize free will and self-expression (Serafini and Adams, 2002). Cultural narratives often depict women as inherently nurturing and self-sacrificing, discouraging them from voicing dissatisfaction or seeking recognition for their efforts. Balci and Ayrancı (2005) reported that many women refrain from resisting intimate partner violence, remaining silent even in the face of abuse. At the same time, women's educational level and working time also affect their perceptions of the role of women (Aksoy & Yınal, 2025).

One particularly effective strategy in mitigating the adverse effects of self-silencing is self-compassion. Research suggests that cultivating self-compassion plays a critical role in restoring a sense of psychological security and reducing the detrimental impact of negative emotions (Gilbert, 2009). At this point, the concept of mindfulness emerges as a significant framework for addressing self-silencing behaviors. Mindfulness is rooted in Eastern meditation traditions. Ameli (2016) described mindfulness in two key dimensions: focused attention and compassion. Mindfulness-based practices involve fostering self-compassion, directing one's attention to present experiences, and adopting an accepting and nonjudgmental stance toward those experiences (Atalay, 2020). This perspective helps prevent the development of various psychological disorders, as the inner critical voice is considered a key factor in both the emergence and persistence of psychopathology. In this regard, self-compassion serves a protective function (Korkmaz, 2018). In their meta-analysis, Khoury et al. (2013) reported that mindfulness-based interventions were effective in reducing depression and anxiety.

A Compassionate Mind Program is an intervention centered around fostering compassion, enhancing awareness, and helping individuals develop a nonjudgmental acceptance of their emotions (Leaviss & Uttley, 2015). Self-compassion is increasingly recognized

as a resource that helps individuals cope with personal distress by reducing perceived threat and enhancing feelings of safeness (Neuenschwander & von Gunten, 2024).

Guan et al. (2024) stated that self-compassion plays an effective role in reducing aggression. Building on the existing literature, this study aims to examine the effects of a Compassionate Mind Program on self-silencing and anger levels among women who have experienced intimate partner violence. Self-silencing negatively impacts women's self-perception, reinforcing a sense of victimization. Moreover, suppressing anger in abusive relationships may lead to numerous physical and psychological issues. Developing a compassionate attitude that supports their recovery processes can also increase the participation of women in social life. In this study, answers to the following research question were sought:

Does the compassionate mind program effectively reduce self-silencing and anger levels in women exposed to violence?

In this study, the compassionate mind program was the independent variable, while self-silencing and anger levels were the dependent variables. The following hypotheses were tested:

H1: The Compassionate Mind Program has a positive effect on reducing women's self-silencing behaviors.

H2: The Compassionate Mind Program has a positive effect on reducing women's anger levels.

Methods

Ethical approval was obtained from the Ethics Committee of İstanbul Nişantaşı University (Decision No: 2024/05, Date: 02.05.2024). All participants provided informed consent before their involvement in the study. This study employed a quasi-experimental pretest-posttest design with a control group. Experimental research designs are considered a reliable method for examining the effects of a variable and testing cause-and-effect relationships (Fraenkel and Wallen, 2019).

This study was designed to examine the effectiveness of a Compassionate Mind Program on self-silencing and anger levels among women who had experienced psychological violence. The sample of the study included 40 women aged 24-55 who applied to a workshop on psychological violence held in İstanbul. After the workshop, the participants of the workshop were informed about the study, and follow-up meetings were conducted with women who had experienced psychological violence and were interested in participating. Volunteers were then selected for the program.

The participants completed a Demographic Information Form, the Silencing the Self Scale, and the State-Trait Anger Expression Inventory. They were then randomly assigned to either the experimental group ($n = 20$) or the control group ($n = 20$). The experimental group participated in a 10-week intervention program. The control group received psychoeducation on self-compassion. The psychoeducation sessions for the control group focused on introducing the components of self-compassion, emphasizing the importance of self-kindness

in mental health, and encouraging the participants to recognize a common humanity and understand their difficult emotions without self-blame. Each session lasted 90 minutes. While 50% of the participants were married, 50% were divorced.

Data collection tools

A "Demographic Information Form", the "Silencing the Self Scale", and the "State-Trait Anger Expression Inventory" were employed to collect data in the study.

The Demographic Information Form included five questions assessing the characteristics of the participants including marital status, parental status, education level, and exposure to psychological violence from their partner.

The Silencing the Self Scale (STSS) was developed by Dana Crowley Jack (1991) within the framework of relational and feminist psychological theory. Based on Carol Gilligan's ethics of care and Jack's theory of the "silencing of the self," the scale was originally validated with women exposed to intimate partner violence in shelter settings. It aims to assess cognitive and behavioral tendencies related to suppressing one's own thoughts, needs, and emotions to maintain relationships. Doyum (2017) conducted the scale's validity and reliability study. (Faraji et al., 2025). The scale consists of 31 items rated on a 5-point Likert scale and includes four dimensions: evaluating oneself based on the perceptions of others (Externalized Self-Perception), prioritizing the needs of others over one's own (Sacrifice), suppressing thoughts and emotions to avoid conflict (Self-Silencing), and behaving in ways that contradict one's internal values (Divided Self). The test-retest reliability coefficient of the scale was reported as $r = 0.74$ for implementations made at a two-week interval (Faraji et al., 2025).

The State-Trait Anger Expression Inventory (STAXI) was developed by Spielberger et al. (1983) to distinguish between state anger (temporary, situational) and trait anger (dispositional tendency to experience anger), along with modes of anger expression. The inventory includes 34 items rated on a 4-point Likert scale and assesses trait anger and anger expression styles through three dimensions: directing anger outward (Anger-Out), suppressing anger inward (Anger-In), and controlling the expression of anger (Anger-Control).

The Turkish adaptation study of the scale was carried out by Özer (1994), with findings indicating adequate reliability and construct validity. Reported Cronbach's alpha coefficients were $\alpha = 0.84$ for Trait Anger, $\alpha = 0.78$ for Anger-In, $\alpha = 0.62$ for Anger-Out, and $\alpha = 0.84$ for Anger-Control. The adaptation study involved Turkish university students and confirmed the three-factor model using exploratory and confirmatory factor analyses.

Data Analysis

Statistical analyses were conducted using SPSS 27. To examine differences between the experimental and control groups, a 2x2 mixed-design ANOVA was applied to compare pretest and posttest scores.

Compassionate Mind Program

The program implemented in this study was based on Gilbert's (2009) Compassionate Mind Psychoeducation Program and incorporated exercises from Germer (2018)

and Neff and Germer (2013). The researcher conducted all sessions, each lasting 90 minutes, for a total of 10 sessions. Each session was structured around a specific theme, incorporating mindfulness exercises, self-compassion practices, and experiential activities. Skills learned in the sessions were reinforced through home practice assignments (Irons and Heriot- Maitland, 2021).

Session 1. Treating ourselves with kindness

The participants learned that suppressing emotions does not reduce them; rather, it intensifies them. The healing impact of accepting emotions on self-relationship was discussed. The importance of aligning with the nervous system was explored.

Session 2. Activating the compassionate alarm system

The three-system emotion regulation model and the soothing system were introduced. The relationship between self-compassion and the soothing system was explained. A compassionate breathing exercise and safe place imagery were practiced.

Session 3. Developing the components of compassion

The three components of compassion were introduced. The participants practiced paying attention to bodily sensations. Through compassionate imagery, they identified a comforting and healing phrase.

Session 4. The three flows of compassion

The three directions of compassion (giving to others, receiving from others, and self-compassion) were discussed. The question “How do you respond to the suffering of others?” guided a discussion. The participants engaged in a “compassionate self” visualization exercise.

Session 5. Barriers to receiving compassion

A review of previous sessions was conducted. The participants recalled and visualized a recent moment of receiving compassion from another person. The “receiving compassion from others” exercise was performed. The importance of support networks was emphasized.

Session 6. The art of making peace with oneself –self-compassion

The focus was on redirecting compassion toward oneself. A dyadic self-compassion flow exercise was conducted. The “self-to-self compassion flow” exercise was performed. The C.A.R.E. (Connect, Allow, Reflect, Extend) self-care model was introduced. A compassionate letter-writing exercise was implemented.

Session 7. Transforming the inner critic into a compassionate voice

The participants reflected on their compassionate letter from the previous session. They explored their inner self-criticism by recalling a self-judgmental experience. They identified and analyzed their self-judgmental thoughts. A

dialogue exercise between the inner critic and the compassionate self was performed.

Session 8. Centering meditation

The participants identified a self-compassionate phrase that resonated with their current emotional state. A compassionate breathing exercise was performed, focusing on the words emerging in the mind. They reflected on whether having needs is selfish or part of shared humanity.

Session 9. Music meditation

The role of music in mindfulness and emotional regulation was explored. The group discussed how music could offer relief even at times of deep suffering. A meditation session with “Dear Lord” by the John Coltrane Quartet was held. The participants reflected on how meditation helps manage emotions like anger, fear, and guilt.

Session 10. Tonglen meditation

Methods of opening oneself to emotional pain were discussed. A compassionate breathing exercise was performed. The participants visualized a circle of loved ones surrounding them with kindness. A breathing-based loving-kindness exercise was conducted, focusing on sending and receiving warmth. The program concluded with a group evaluation and closing discussion.

Results

The pretest and posttest mean scale scores of the participants in the experimental and control groups are presented in Table 1. The mean STSS score of the experimental group decreased from 104.30 (SD = 9.61) to 67.10 (SD = 21.34) after the intervention, while the mean score of the control group showed a slight change from 102.80 (SD = 6.49) to 101.70 (SD = 7.88). In the Externalized Self-Perception dimension, scores in the experimental group dropped from 22.55 to 12.40, whereas the control group showed minimal change (22.20 to 21.30). Similar patterns were observed in the Sacrifice (21.70 to 15.30 in the experimental group; 21.60 to 22.35 in the control group), Self-Silencing (32.75 to 21.95 vs. 31.95 to 31.90), and Divided Self (27.30 to 17.45 vs. 27.05 to 26.15) dimension scores.

The mean Trait Anger score of the experimental group decreased from 18.65 to 14.90, while the mean score of the control group increased from 20.20 to 23.05. In the Anger-In dimension, the mean score of the experimental group dropped from 20.15 to 13.70, and the mean score of the control group decreased from 19.45 to 18.05. In the Anger-Out dimension, the scores remained somewhat stable in the experimental group (13.95 to 13.40) and increased slightly in the control group (13.90 to 15.35). In the Anger-Control dimension, the mean score of the experimental group increased from 18.35 to 20.10, while the mean score of the control group decreased from 16.60 to 15.65 (Table 1).

Table 1: Mean pretest and posttest scale scores of the participants

	Experimental Group (n=20)				Control Group (n=20)			
	Pretest		Posttest		Pretest		Posttest	
	X	SD	X	SD	X	SD	X	SD
STSS	104.30	9.61	67.10	21.34	102.80	6.49	101.70	7.88
Externalized	22.55	1.82	12.40	5.45	22.20	1.74	21.30	2.32
Self-Perception								
Sacrifice	21.70	3.21	15.30	3.61	21.60	3.02	22.35	2.78
Self-Silencing	32.75	3.32	21.95	6.73	31.95	2.24	31.90	2.55
Divided Self	27.30	3.23	17.45	5.90	27.05	2.74	26.15	2.03
STAXI Trait Anger	18.65	6.03	14.90	3.02	20.20	6.10	23.05	5.82
STAXI Anger in	20.15	3.28	13.70	3.11	19.45	3.39	18.05	3.46
STAXI Anger out	13.95	3.14	13.40	1.54	13.90	2.36	15.35	4.09
STAXI Anger Control	18.35	3.84	20.10	4.04	16.60	3.03	15.65	2.87

Significant differences were identified in the scores of the participants in relation to the terms of the time x group interaction. For STSS, the effect of the time x group interaction was statistically significant ($F(1, 38) = 30.52, p = 0.000, \eta^2 = 0.45$). Similarly, significant time x group interaction effects were observed for Externalized Self-Perception ($F(1, 38) = 38.88, p = 0.000, \eta^2 = 0.51$), Sacrifice ($F(1, 38) = 20.39, p = 0.000, \eta^2 = 0.35$), Self-Silencing ($F(1, 38) = 25.35, p = 0.000, \eta^2 = 0.40$), Divided Self ($F(1, 38) = 22.98, p = 0.000, \eta^2 = 0.38$), Trait Anger ($F(1, 38) = 9.02, p = 0.005, \eta^2 = 0.19$), and Anger-In ($F(1,$

$38) = 8.17, p = 0.007, \eta^2 = 0.18$). In contrast, the interaction effects for Anger-Out ($F(1, 38) = 2.32, p = 0.136, \eta^2 = 0.06$) and Anger-Control ($F(1, 38) = 3.95, p = 0.054, \eta^2 = 0.09$) were not statistically significant. These results indicated that the intervention applied to the experimental group had significant effects, particularly on internal anger, self-related constructs, and self-silencing tendencies. In contrast, no statistically significant change was observed in externalized anger and anger control (Table 2).

Table 2: Effects of measurement times and groups on the scale scores of the participants

		SS	df	MS	F	p	η^2
STSS	Time	7334.45	1	7334.45	34.36	0.000*	0.47
	Time * Group	6516.05	1	6516.05	30.52	0.000*	0.45
	Error	8112.50	38	213.49			
Externalized Self-Perception	Time	610.51	1	610.51	55.48	0.000*	0.59
	Time * Group	427.81	1	427.81	38.88	0.000*	0.51
	Error	418.18	38	11.00			
Sacrifice	Time	159.61	1	159.61	12.73	0.001*	0.25
	Time * Group	255.61	1	255.61	20.39	0.000*	0.35
	Error	476.28	38	12.53			
Self-Silencing	Time	588.61	1	588.61	25.83	0.000*	0.40
	Time * Group	577.81	1	577.81	25.35	0.000*	0.40
	Error	866.08	38	22.79			
Divided Self	Time	577.81	1	577.81	33.16	0.000*	0.47
	Time * Group	400.51	1	400.51	22.98	0.000*	0.38
	Error	662.18	38	17.43			
STAXI Trait Anger	Time	4.05	1	4.05	0.17	0.684	0.00
	Time * Group	217.80	1	217.80	9.02	0.005*	0.19
	Error	917.15	38	24.14			
STAXI Anger in	Time	308.11	1	308.11	19.75	0.000*	0.34
	Time * Group	127.51	1	127.51	8.17	0.007*	0.18
	Error	592.88	38	15.60			
STAXI Anger out	Time	4.05	1	4.05	0.47	0.497	0.01
	Time * Group	20.00	1	20.00	2.32	0.136	0.06
	Error	327.95	38	8.63			
STAXI Anger- Control	Time	3.20	1	3.20	0.35	0.559	0.01
	Time * Group	36.45	1	36.45	3.95	0.054	0.09
	Error	350.35	38	9.22			

* $p < 0.05$, Two-way Analysis of Variance for Mixed Measures

As seen in Table 2, significant pretest to posttest differences were observed in the experimental group in terms of multiple variables. In STSS scores, a statistically significant reduction was found in the experimental group from the pretest to the posttest ($X = 37.20$, $SE = 4.62$, $p = 0.000$). In contrast, no significant change was observed in the control group (mean difference = 1.10, $p = 0.813$). Similarly, significant decreases were also detected in the experimental group for the Externalized Self-Perception ($X = 10.15$, $p = 0.000$), Sacrifice ($X = 6.40$, $p = 0.000$), Self-Silencing ($X = 10.80$, $p = 0.000$), and Divided Self ($X = 9.85$, $p = 0.000$) dimensions. Additionally, Trait Anger levels significantly decreased in the experimental group (X

= 3.75, $p = 0.021$), while the decrease observed in the control group was not statistically significant ($X = -2.85$, $p = 0.074$). Similarly, Anger-In scores significantly declined in the experimental group ($X = 6.45$, $p = 0.000$), but no significant difference was found in the control group ($p = 0.269$). In contrast, no statistically significant changes were identified in the experimental group for Anger-Out ($p = 0.557$) and Anger-Control ($p = 0.076$). These results suggested that the intervention was particularly effective in addressing issues related to inward-directed anger and self-related psychological constructs. In contrast, it showed limited effectiveness in externalized anger forms and anger control (Table 3).

Table 3: Post hoc test results for the scale scores of the participants

		95% CI				
		Difference (Pretest-Posttest)	SE	p	LL	UL
STSS	Experimental Group	37.20	4.62	0.000*	27.85	46.55
	Control Group	1.10	4.62	0.813	-8.25	10.45
Externalized Self-Perception	Experimental Group	10.15	1.05	0.000*	8.03	12.27
	Control Group	0.90	1.05	0.396	-1.22	3.02
Sacrifice	Experimental Group	6.40	1.12	0.000*	4.13	8.67
	Control Group	-0.75	1.12	0.507	-3.02	1.52
Self-Silencing	Experimental Group	10.80	1.51	0.000*	7.74	13.86
	Control Group	0.05	1.51	0.974	-3.01	3.11
Divided Self	Experimental Group	9.85	1.32	0.000*	7.18	12.52
	Control Group	0.90	1.32	0.500	-1.77	3.57
STAXI Trait Anger	Experimental Group	3.75	1.55	0.021*	0.60	6.90
	Control Group	-2.85	1.55	0.074	-6.00	0.30
STAXI Anger in	Experimental Group	6.45	1.25	0.000*	3.92	8.98
	Control Group	1.40	1.25	0.269	-1.13	3.93
STAXI Anger out	Experimental Group	0.55	0.93	0.557	-1.33	2.43
	Control Group	-1.45	0.93	0.127	-3.33	0.43
STAXI Anger Control	Experimental Group	-1.75	0.96	0.076	-3.69	0.19
	Control Group	0.95	0.96	0.329	-0.99	2.89

Discussion

The primary aim of this study was to investigate the effectiveness of a Compassionate Mind Program on self-silencing and anger levels in women exposed to violence. The results of the study revealed that the participants in the experimental group who underwent the Compassionate Mind Program showed significantly reduced levels of self-silencing. Williams (2008) reported that mindfulness reduced the negative self-perceptions of individuals, and through the interventions, individuals felt less isolated. Individuals with high self-compassion are more active in terms of feeling competent and taking responsibility, and they report lower levels of fear (İskender, 2009). People with high self-compassion do not suppress or deny their painful feelings (Wu et al., 2018). In line with these findings, studies emphasized that increases in self-compassion and mindfulness-based interventions may serve as a mechanism for reducing post-traumatic stress symptoms, and these interventions are effective in

enhancing self-compassion (Barnard & Curry, 2011). Literature suggests that it is important for a person's identity to actively express themselves, and they should not remain silent (Kaya & Çok, 2021). It can be stated that the intervention made in this study had a positive effect on the self-concept of the participants and their ability to express themselves. Moreover, individuals with higher self-compassion were found to experience fewer trauma-related symptoms, and improvements in components such as self-kindness and mindfulness may support trauma processing (Valdez & Lily, 2016).

The results of the statistical analysis indicated that the participants in the control group in this study had higher levels of self-silencing compared to those in the experimental group, with no significant difference observed between the pretest and posttest results of the former. Zoellner and Hedlund (2010) reported that the

experience of motherhood affects women, and many women do not hear their voices in their desire to be the ideal mother. Tardy (2000) emphasized that many women who want to have a good maternal identity avoid talking about their problems because speaking about them would mean an attack on their identity. Studies on self-silencing indicated that people silence themselves for purposes such as maintaining relationships, avoiding conflict, and attaining the ideal woman image (Kaya & Çok, 2021). These results can be explained by the collectivist culture, societal discourses, and reasons for silence.

In this study, significant reductions were observed in the Trait Anger and Anger-In subscale scores of the experimental group compared to the control group. Previously, increases in self-compassion were found to be effective in reducing anger responses (Guan et al., 2024). In this regard, the results of this study were consistent with the existing literature. In line with this, information in the relevant literature suggests that individuals often engage in repetitive thought patterns related to their anger, frequently focusing intensely on situations that made them angry. This leads them to re-experience feelings of perceived injustice and construct revenge scenarios in their minds. As a result, their anger may be prolonged, and in some cases, lead to aggressive behaviors (Denson, 2013). Supporting this, other studies have shown that self-compassion can serve as an intervention against the tendency to over-identify with negative experiences. Improvements in this area help ease repetitive emotional cycles and provide a regulatory framework that helps individuals manage and contain the intensity of their emotional responses (Van Dam et al., 2011). Studies in Türkiye indicated that developing self-compassion was effective in regulating emotions and coping with distressing life events (Uyanık & Çevik, 2020). Self-compassion was reported to act as a buffer for negative life events and contribute to an increase in positive emotions (Boyacı & İlhan, 2016). In the literature, a study conducted with women exposed to violence reported that as their perceived social support increased, their mental well-being also improved (Öztosun et al., 2024).

This study introduced a new approach to psychological support programs for women who have experienced violence by examining the impact of compassion-based interventions on reducing self-silencing tendencies and lowering levels of internalized anger. In this context, it

highlighted the importance of therapeutic interventions that encourage women to express their emotions without suppression.

The absence of a follow-up measure prevented the evaluation of the long-term effects of the intervention implemented in the study. The study only included female participants. Additionally, the data are limited to the information obtained using self-report scales.

Recommendations for future studies and experts in the field based on the results of this study:

1. Psychopathologies associated with self-silencing could be identified in diverse cultures with larger samples.
2. By positioning women's anger within a societal context, feminist therapy approaches could help develop a holistic understanding.
3. Societal norms and beliefs that contribute to the suppression of anger could be addressed.
4. Structured programs can be developed to help women establish healthy boundaries and support their empowerment process, encouraging them to create a more active and self-respecting attitude instead of self-silencing.

Declarations

Ethics Committee Approval

This study was approved by the Ethics Committee of Istanbul Nişantaşı University (Decision No: 2024/05, Date: 02.05.2024).

Permission for Publication

Not applicable.

Availability of Data and Materials

Not applicable.

Conflict of Interest

The authors declared that there is no conflict of interest.

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Authors' Contributions

All procedures in the study, including the conceptualization, methodology, data collection, analysis, and writing of the manuscript, were carried out solely by the author.

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