



# Unheard Voices of Women: Understanding Silencing, Agency, and Psychological Resilience Across Intersecting Identities

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## Abstract

Women across contemporary societies experience systematic silencing in family, workplace, and institutional contexts, yet few studies examine how this silencing affects psychological well-being. This mixed-methods study with 180 women (45 qualitative interviews, 135 survey respondents) examined experiences of voice, silencing, agency, and psychological well-being in India. Qualitative analysis identified overlapping mechanisms of silencing: direct prohibition, credibility dismissal, and institutional exclusion. Quantitative findings demonstrated that perceived voice and agency significantly predicted psychological well-being ( $r = .67, p < .001$ ), explaining 44% of variance in well-being outcomes. These effects were particularly pronounced for women with lower education and income. Women demonstrated persistent forms of agency through individual effort, relational support, and collective participation despite structural constraints. The study contributes to feminist psychology by centering women's narratives while documenting how systematic silencing damages mental health. Clinical implications suggest therapeutic work must validate experiences of being unheard while supporting voice development. Policy implications emphasize that supporting women's mental health requires structural changes enabling women's participation in decision-making, economic independence, and educational access.

Keywords: women's agency, voice, marginalization, psychological well-being, feminist psychology, silencing, intersectionality

## 1. Introduction

In rural India, a woman listened silently as her father and brothers debated her future. When she ventured a quiet suggestion, her brother interrupted: "Elders speak first. Women serve." In corporate boardrooms across Bangalore, female engineers watch their proposals go unheard until male colleagues repeat them minutes later, receiving credit and commendation. At community health clinics, women wait for male administrators to decide health priorities without soliciting women's perspectives. These scenes from research participants' lived experiences illustrate a fundamental yet

underexamined phenomenon in psychology: the systematic silencing of women across multiple life domains and its profound impact on mental health.

While extensive research documents gender inequality in economics, politics, and education, comparatively few studies center women's narratives to understand how being unheard shapes psychological well-being. The concept of "voice," in feminist scholarship, extends beyond literal speech to encompass recognition—the feeling that one's perspectives matter—and agency—the capacity to make decisions about one's own life. Gilligan's (1982) foundational work demonstrated that women possess distinct voices that have been systematically excluded from psychological discourse. Yet psychological science has only begun examining how silencing affects mental health.

Paradoxically, existing research on women's mental health often obscures lived experiences of silencing. Quantitative studies document that women experience higher rates of depression and anxiety, yet treat mental health as individual or biological phenomena, bracketing off social conditions—including systematic silencing—that contribute to these disparities. Qualitative feminist scholarship documents women's resilience and resistance, yet may understate the psychological toll of marginalization. This research bridges these divides by examining both the painful reality of women's systematic silencing and the agentic strategies women employ to maintain psychological well-being despite structural constraints.

Understanding voice and silencing requires integrating theoretical frameworks that examine power structures. Foucault's (1978) analysis of power demonstrates that silencing operates not merely through explicit prohibition but through discursive structures that determine whose voice is authorized and whose utterances count as knowledge. Butler's (2004) concept of "frames of recognition" illuminates how certain lives are rendered visible and worth listening to while others are systematized into precarity. Crenshaw's (1989) intersectionality framework emphasizes that women navigating multiple marginalized identities experience compounded and interactive systems of oppression.

This research examines how women experience marginalization, voice constraints, and psychological well-being in contemporary India. We investigate three central questions: (1) What mechanisms silence women's voices, and how do women experience this silencing? (2) How does silencing affect psychological well-being? (3) What agentic strategies do women employ to maintain voice and well-being despite structural constraints? By integrating qualitative narratives with quantitative measurement, we document both the structures that silence women and the remarkable ways women exercise agency despite these constraints.

## 2. Review of Literature

### Voice and Epistemic Authority in Feminist Psychology

Gilligan's (1982) groundbreaking work on "different voice" disrupted male-centered psychological theories by demonstrating that women possessed distinct moral perspectives and ways of knowing that had been excluded from psychology. Beyond content, Gilligan emphasized voice as fundamental human capacity—the ability to articulate authentic perspectives. Yet she also documented "loss of voice": as girls develop into adolescence, socialization pressures teach many to silence authentic expression and conform to external expectations.

Belenky, Clinchy, Goldberger, and Tarule's (1986) phenomenological analysis identified five epistemological positions ranging from silence to constructed knowledge. Critically, they found that silence was often not chosen but imposed through systematic marginalization and oppression. Women experiencing educational deprivation, poverty, or abuse inhabited positions of silence not by choice but through denial of opportunities to develop voice.

Foucault's (1978) analysis of power illuminates that power does not merely repress speech but produces what can be said and who is authorized to speak. This framework explains why women's silencing often occurs not through explicit prohibition but through construction of discursive contexts where women's perspectives lack credibility or authority. A woman's voice may not be technically forbidden; it simply is not heard as carrying weight.

Butler's (2004) concept of "frames of recognition" further illuminates how power operates through differential visibility. Certain lives are rendered visible and grievable—worth listening to—while others are systematized into precarity where their voices barely register. This framework helps explain how marginalized women's voices can be absent from public discourse not through deliberate silencing but through structural invisibility.

### **Marginalization, Discrimination, and Mental Health**

Meyer's (2003) minority stress model documents how chronic discrimination and social exclusion create psychological stress that accumulates over time, increasing risk for depression, anxiety, and substance use. Women experiencing gender discrimination show elevated rates of depression, anxiety disorders, and post-traumatic stress compared to women in less discriminatory contexts.

Yet existing research often stops at documenting elevated mental health challenges without examining specific mechanisms through which marginalization affects well-being. We hypothesize that voice—capacity to speak and have one's voice recognized—is a critical mediating mechanism. Silencing creates psychological distress by denying opportunities to express authentic selves, positioning women as lacking agency over their lives, creating chronic interpersonal stress from not being heard, and constraining participation in decisions affecting their lives.

Crenshaw's (1989) intersectionality framework emphasizes that women with multiple marginalized identities—for example, low-income women of color—experience not additive but intersecting systems of oppression. Understanding voice requires attending to these intersecting dimensions that compound and transform experiences of silencing.

### **Resilience, Agency, and Strategic Resistance**

Despite marginalization, research documents that women demonstrate remarkable capacity for resilience and agency. Qualitative research reveals women's strategies for surviving oppression, the meaning created through resistance, and determination to pursue aspirations. Yet the field sometimes treats resilience and marginalization as opposing narratives—celebrating resilience while minimizing the real psychological toll of systematic constraints.

Connell's (1987) concept of "strategic compliance" describes how marginalized individuals navigate oppression by complying in certain contexts while resisting in others, exercising constrained agency. Drury and Reicher's (2009) research on social movements demonstrates that collective action enhances psychological well-being by providing purpose, community, and efficacy—suggesting that collective spaces where voices are centered may offer particular psychological benefits.

This research attempts to hold both truths simultaneously: that women face significant systemic obstacles to voice and agency, and that women persistently work to exercise voice and maintain well-being despite constraints. Understanding psychological well-being for marginalized women requires examining both structural limitations and agentic responses.

### 3. Methodology

#### Research Design

This study employed a mixed-methods sequential exploratory design (Creswell & Plano Clark, 2018). Qualitative interviews were conducted first to develop nuanced understanding of women's experiences of voice and silencing. From these interviews, we identified themes about mechanisms of silencing, emotional impacts, and forms of agency. Quantitative surveys grounded in emergent themes tested whether patterns generalized across populations and quantified relationships between variables. This design honors feminist epistemological principles centering marginalized people's knowledge while providing both depth (qualitative) and breadth (quantitative) perspectives.

The study received approval from JAIN (Deemed-to-be-University) Institutional Review Board. All participants provided informed consent. Data were securely stored with limited access, and confidentiality was maintained throughout.

#### Participants and Sampling

**Qualitative Sample (n=45):** Purposive sampling recruited women aged 18+ representing diverse social positions across socioeconomic status, educational levels, employment, cultural/religious backgrounds, and urban/rural locations. Recruitment occurred through community organizations, NGOs, online platforms, and snowball referrals. Qualitative response rate: 87% (45 of 52 recruited).

**Quantitative Sample (n=135):** Stratified random sampling ensured demographic representation. Inclusion criteria: woman-identified, aged 18+, resident of India for minimum 2 years. Survey response rate: 73% (135 of 185 distributed).

**Combined Sample (N=180):** Participants ranged from 18–78 years ( $M=42.3$ ,  $SD=15.2$ ). Educational levels: 45% university, 32% secondary, 23% primary or less. Income: 28% below poverty line, 38% lower-middle, 34% middle-to-upper. Composition: 52% urban, 48% rural. Religious backgrounds: 41% Christian, 35% Muslim, 12% Hindu, 12% secular/other.

#### Data Collection

**Qualitative Interviews:** Semi-structured interviews (60–90 minutes) explored experiences of being heard/unheard across family, workplace, education, community, and relationships. Open-ended questions invited full narrative expression. Example: "Describe a time when you felt truly heard. What made that possible?" and "When have you felt silenced? How did that affect you?" Interviews were audio-recorded, transcribed verbatim, and supplemented with field notes. Data collection: 8 months.

**Quantitative Surveys:** Online and paper surveys (20–25 minutes) included validated instruments: Voice and Agency Scale (developed iteratively from qualitative themes), Psychological Well-being Scale (Ryff, 1989;  $\alpha=.84$ ), DASS-21 (Lovibond & Lovibond, 1995;  $\alpha=.91$ ), Perceived Discrimination Scale (Williams, 1997;  $\alpha=.78$ ), Multidimensional Scale of Perceived Social Support (Zimet et al., 1988;  $\alpha=.88$ ), and demographics. Data collection: 6 months.

#### Data Analysis

**Qualitative Analysis:** Interview transcripts were analyzed using reflexive thematic analysis (Braun & Clarke, 2019). Two researchers independently coded data inductively, meeting regularly to resolve disagreements through consensus. Codes were organized into candidate themes refined through iterative review. Analysis identified six major themes: (1) Mechanisms of Silencing, (2) Emotional and Psychological Impact, (3) Domain-Specific Silencing, (4) Forms of Agency, (5) Supportive Resources, and (6) Aspirations. Reflexivity principles guided interpretation with attention to researchers' assumptions.

Quantitative Analysis: Descriptive statistics characterized the sample. Pearson correlations examined relationships between voice, agency, discrimination, and well-being. Hierarchical multiple regression tested whether voice and agency predicted well-being independently of discrimination and social support. SPSS 27.0 was used with significance set at  $p < .05$ . Qualitative-quantitative integration examined whether themes from interviews aligned with quantitative patterns.

## 4. Results

### Mechanisms of Silencing: How Women Experience Being Unheard

Qualitative analysis revealed that women experience silencing through three overlapping mechanisms. Direct silencing involved explicit prohibition from speaking. A 52-year-old mother from a rural area described: "When my father and uncles meet about important matters—selling land, brother's marriage, money—we women must be quiet. Even with something to say, I know it is not my place. My voice does not matter in these spaces. I have learned not to try." This pattern was pronounced among older women and those in lower-income households where traditional gender roles remained rigidly enforced.

Indirect silencing—not being heard—involved women speaking but having contributions dismissed or devalued. A software engineer reflected: "I suggest an approach in meetings. People nod but move on. Then John repeats it and gets praised for the 'brilliant idea.' Eventually you stop contributing. Your idea is worthless, but his idea is valuable." Women described interruption (men interrupted women 3x more often), tone policing (women's emotion labeled "unprofessional" more often), credibility questioning, and expertise devaluation.

Institutional silencing excluded women from decision-making bodies affecting their lives. A health worker explained: "The clinic is run by men. They decide what health services we need without asking. They decide when it opens without asking when women can come. They assume they know what matters to us. But they never ask." Policies were made about women without women's participation, creating structural invisibility where women's perspectives were not considered at all.

Importantly, participants recognized silencing as systemic rather than personal. As one woman reflected: "It is not that I have nothing to say. The world taught me my words do not matter. After years of that, you start to believe it. But it is a lie the world tells you, not the truth about you."

### Voice and Psychological Well-being: Quantitative Relationships

On the Voice and Agency Scale (0–100), the mean score was 42.1 (SD=18.3), indicating substantially constrained voice and agency. Scores were significantly lower among women with less education ( $F(2,177)=12.45, p < .001$ ), lower income ( $F(2,177)=14.32, p < .001$ ), and rural residence ( $t(178)=3.21, p = .002$ ).

On the Psychological Well-being Scale (18–108 range), the mean was 61.4 (SD=15.7)—below the midpoint, suggesting compromised well-being for most participants. The Voice and Agency Scale correlated strongly with Psychological Well-being ( $r = .67, p < .001$ ) and negatively with depression/anxiety ( $r = -.58, p < .001$ ).

In multiple regression predicting psychological well-being, voice and agency explained 44% of variance ( $R^2 = .44$ ), a large effect. When adding perceived discrimination and social support, voice and agency remained strongest predictors ( $F(3,176)=46.23, p < .001$ ). These findings suggest voice is a critical mechanism linking marginalization to mental health outcomes.

## Agency Despite Constraints: How Women Maintain Voice and Meaning

Despite formidable constraints, women persistently exercised agency. Individual agency involved pursuing education as pathway to independence and epistemic authority. One woman described: "My family said I should marry and stay home. But I was determined to finish school. I negotiated, worked part-time for fees. I knew education would give me options, make me harder to dismiss."

Relational agency involved strategically leveraging relationships. Women confided aspirations in trusted female friends or mentors who offered validation. Some approached sympathetic male family members to advocate for their perspectives in family meetings. One woman explained: "My uncle listens. When the family decides, I talk to him first. He brings my perspective up in meetings, and because he is respected, they listen. Not perfect—I'd prefer they heard me directly—but it is how I have influence."

Collective agency emerged through group participation. A woman in a women's savings group reflected: "When I sit in our meeting, I am heard. I speak and people listen. My vote counts equally. That experience—being heard, mattering—changes how I feel about myself. It gives me courage. I am more willing to speak up with my husband because I know what voice feels like." These groups provided practical benefits and psychological affirmation that women's perspectives were valuable.

### 5. Discussion

Our findings converge to demonstrate that women experience systematic silencing through overlapping mechanisms—direct prohibition, credibility dismissal, and institutional exclusion. This silencing has profound psychological consequences, damaging mental health and well-being not because women are psychologically fragile, but because voice—the capacity to speak and have one's voice recognized—is fundamental to psychological well-being, autonomy, identity, and dignity.

The strong voice-well-being relationship ( $r=.67$ ) rivals major mental health predictors, suggesting voice deserves equivalent attention in psychological theory and practice. Yet most mental health treatment addresses individual psychology without examining social conditions constraining voice. Our findings suggest this is incomplete. Women benefit from individual therapy, but optimal support requires acknowledging and addressing the marginalization and silencing contributing to psychological distress.

Women's persistent agency despite constraints challenges victimization narratives. Women are not passively accepting marginalization but creatively exercising agency within structural limits, developing strategies to speak and be heard in contexts not designed to listen. Interventions should recognize, support, and amplify the agentic work women are already doing rather than positioning women as passive help recipients.

This research extends literature by integrating qualitative narratives with quantitative measurement, examining voice and agency as socially situated rather than individual traits, documenting agency persisting under constraint, and identifying specific modifiable factors—voice and agency—that appear crucial to psychological well-being.

**Clinical Implications:** Therapists should routinely assess experiences of voice and silencing across life domains. Rather than treating depression as solely individual neurobiological phenomenon, clinicians should recognize how systematic marginalization and silencing contribute to mental health challenges. Therapeutic work should validate experiences of being unheard, help women identify existing forms of agency, support development of safe voice strategies, facilitate connection to supportive communities, and when appropriate, support advocacy for structural changes enabling greater voice. Group-based and feminist therapy approaches appear particularly promising, providing contexts where women's voices are centered and valued.

## Policy Implications

Supporting women's mental health requires structural change. Women's voice and agency are constrained not primarily by individual limitations but by social structures not recognizing, valuing, or making space for women's participation. Educational access is fundamental: women with higher education reported greater voice ( $F(2,177)=12.45, p<.001$ ) and well-being. Economic independence similarly matters: women with higher income reported greater agency. Policies supporting women's economic participation—fair wages, childcare access, hiring freedom from discrimination—directly enable voice.

Women's inclusion in decision-making bodies requires deliberate intervention through representation requirements in boards, consultation processes soliciting women's perspectives, and policy impact evaluation specifically for women. Supporting women's organizations and collective spaces may be among the most cost-effective mental health interventions available. Our qualitative data documents how group participation provides psychological benefits. These organizations offer both practical services and psychological affirmation. Investment in these spaces represents investment in women's mental health.

In the Indian context, addressing women's voice requires both individual and collective approaches: ensuring girls' educational access, protecting economic participation rights, strengthening women's legal representation and decision-making power, supporting grassroots women's organizations, and shifting cultural narratives about women's authority and expertise.

## 6. Summary and Conclusion

Women's unheard voices constitute not merely a social injustice but a significant public health challenge. The systematic silencing of women through direct prohibition, credibility dismissal, and institutional exclusion creates psychological suffering demanding attention from clinicians, researchers, and policymakers. Our mixed-methods research provides qualitative evidence of how women experience silencing and quantitative evidence of voice's powerful relationship to mental health and well-being.

Our research presents neither victimization narratives nor uncomplicated resilience, but a nuanced picture: women facing real, substantial structural constraints to voice nonetheless persistently exercise agency, develop strategies for speaking in contexts not designed to listen, and draw on relationships and communities to maintain psychological well-being. Understanding this requires centering women's voices and experiences in research and practice.

Supporting women's mental health and well-being requires integrated attention at multiple levels. At the individual level, therapeutic work should validate experiences of silencing, support voice development, and recognize existing agency. At the relational level, interventions should strengthen connections to supportive relationships and collective spaces. At the structural level, policy and institutional changes are needed to ensure women's meaningful participation in decision-making and support their economic independence and educational access.

The women who participated in this research generously shared painful experiences of being silenced alongside stories of hope, determination, and creative resistance. Their voices—finally heard in this research—testify to the importance of centering women's narratives in knowledge about gender, power, and psychological well-being. We hope this research contributes to creating spaces where women are genuinely heard, where their perspectives shape decisions affecting their lives, and where their well-being is recognized as central to flourishing.

## 7. Limitations

This research was conducted in India and findings may not generalize to other cultural contexts where gender dynamics, power structures, and cultural norms differ significantly. The qualitative sample, while diverse, was relatively small (n=45) and relied partly on snowball sampling, which may have biased the sample toward women with existing social connections. Quantitative measures, while validated, are imperfect proxies for lived experience of voice. Causality cannot be determined from cross-sectional survey data; longitudinal designs would strengthen causal claims.

The research could not examine voice and agency across all life domains or intersectional categories. The Voice and Agency Scale, though developed iteratively from qualitative data, requires further validation with larger samples. The sample, though diverse, may not represent all marginalized communities, particularly the most severely marginalized women who may lack access to research participation.

Additionally, the research may be limited by researcher bias: as women conducting feminist research on women's experiences, our own perspectives may have shaped data interpretation, despite efforts to maintain reflexivity. Language barriers in translating from regional languages to English for analysis may have altered meaning. Future research with larger samples, longitudinal designs, diverse cultural contexts, and participatory methodologies where marginalized women direct research questions would strengthen findings.

## 8. Future Research

Longitudinal research examining how voice changes across women's lifespan and how interventions affect voice trajectories would strengthen understanding. Research examining specific clinical populations—women with mental illness, women with disabilities—and diverse cultural and geographic contexts would increase generalizability. Investigation of how collective action affects individual psychological well-being would clarify links between personal and political change.

Research examining men's experiences and socialization processes producing silencing behaviors could inform prevention efforts. Intervention studies testing specific approaches to supporting voice development would clarify which clinical strategies are most effective. Participatory research designs where marginalized women direct research questions and interpretation could further decolonize knowledge production on women's experiences.

Additionally, research examining the effectiveness of women's organizations and collective spaces in promoting mental health and voice would provide evidence base for policy investment. Comparative research across cultural contexts examining how silencing mechanisms differ and how women's resistance strategies are culturally situated would enrich understanding. Research on intersectionality examining how different dimensions of marginalization interact to shape voice experiences would illuminate mechanisms of compound oppression.

Finally, research examining institutional and policy-level changes that most effectively enable women's voice would provide guidance for structural interventions. Understanding how educational access, economic participation, and institutional representation function as mechanisms enabling voice would strengthen the evidence base for policy advocacy in support of women's mental health and well-being.

## References

1. Belenky, M. F., Clinchy, B. M., Goldberger, N. R., & Tarule, J. M. (1986). *Women's ways of knowing: The development of self, voice, and mind*. Basic Books.
2. Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597.
3. Butler, J. (2004). *Precarious life: The powers of mourning and violence*. Verso.
4. Connell, R. W. (1987). *Gender and power: Society, the person and sexual politics*. Stanford University Press.
5. Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 1989(1), 139–167.
6. Creswell, J. W., & Plano Clark, V. L. (2018). *Designing and conducting mixed methods research* (3rd ed.). Sage.
7. Drury, J., & Reicher, S. (2009). Collective action and psychological change: The emergence of new social identities. *British Journal of Social Psychology*, 48(4), 667–687.
8. Foucault, M. (1978). *The history of sexuality: Vol. 1. An introduction*. Pantheon Books.
9. Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Harvard University Press.
10. Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the Depression Anxiety Stress Scales*. Psychology Foundation of Australia.
11. Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations. *Psychological Bulletin*, 129(5), 674–697.
12. Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069–1081.
13. Williams, D. R. (1997). Race and health: Basic knowledge and research agenda. *Journal of Health and Social Behavior*, 38(2), 142–152.
14. Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52(1), 30–41.