

By Invitation

# The dark side of silence



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Giving someone the silent treatment can be harmfully addictive for the perpetrator.



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When I was a child, it was common to hear the English proverb that children should only be seen and not heard. I never quite understood why that should be so – maybe it was thought we should learn the virtues of silence: modesty, deference, refrain and politeness.

I don't remember that my parents particularly imposed that on me, but I do remember that in my first year of primary school, I was shy.

I had four considerably older siblings who were all still in school, and my parents by then could ill afford to send me to kindergarten. So I – having been brought up in a Hokkien-speaking family – went to primary school totally naive of any English.

Naturally, I tried not to open my mouth too much in class and instinctively followed that adage – even though I was too young to know it then – that it's better to keep your mouth shut and appear stupid than to open it and remove

all doubt. Alas, that strategy failed. My teacher summoned my mother and told her that I was not only mentally dull if not deficient, but also had a speech impediment.

Despite this unpromising start, I managed to scrape through without developing any of those psychological problems I would later see in patients as a psychiatrist.

For example, there is a not uncommon condition called selective mutism where a child who talks normally and even animatedly at home with parents and siblings is struck mute in the presence of other people in other social situations including school. This often impairs their academic attainment and social development. At the heart of this disorder is a deep-seated anxiety and terror of speaking to others.

And there are some who fear that their speech might betray the person they think they are, and when they have to talk in a setting where they imagine they might be scrutinised, evaluated, or judged by others – like speaking in public, meeting new people, dating or being interviewed for a job – their hearts pound. Their head feels fuzzy, their palms go clammy, their guts get knotted up, they tremble, they choke up. All they want to do is to run away. They feel miserable as they find it difficult to get on with ordinary life. More than just shyness, they have what psychiatrists would call social anxiety disorder.

#### CULTURE OF SILENCE

Most of us – to a varying degree and though not at the level of being pathological – have a certain shyness and reserve, a preference to remain silent rather than voice differences in our social and work

groups, figuring this is a better way of getting along and being accepted.

There is probably a cultural angle as well. Scholars have linked the famously inscrutable reticence of the Chinese to their desire to maintain social harmony rather than to have confrontation. Taking the opposite side of an argument could risk one becoming a rival and antagonist of the other.

Many organisations send the message that falling quietly in line is the safest way to keep the job or rise up the rungs of the career ladder. It is usually not explicit, but it is present nonetheless in the collective consciousness of the organisation.

Those who are persistently contrarian risk being seen as malcontent muckrakers and are usually marginalised and made to feel irrelevant – if they are not fired.

Research shows the ubiquity of this culture of silence in organisations despite the costly consequences. Keeping silent usually does not resolve anything or settle differences – it suppresses them beneath the surface, and these festering negative feelings continue to be subversive and corrosive.

It can exact a high psychological price on individuals, engendering feelings of humiliation, anger and resentment – making them feel disengaged and cynical, stifling creativity and hindering productivity.

#### THE SILENT TREATMENT

Silence is not only an instrument of subjugation, it can also be weaponised as what is known as “the silent treatment”. The term apparently originated from a 19th-century practice common in prisons in England where

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“treatment” through silence was used as an alternative to physical punishment. It was believed that forbidding prisoners from speaking to each other would encourage them to contemplate and reflect on their crimes.

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And when it is used to punish or manipulate and control someone, it becomes a form of emotional abuse. The effect on the recipient is at once biological and psychological. Brain imaging studies showed activation of the anterior cingulate cortex of the brain – an area that is thought to interpret emotion and pain; likewise, in victims of physical abuse.

Psychological research has given more insight into the pervasiveness and consequences of silent treatment. On the

particular – if perverse – attractiveness of silent treatment, Dr Kipling Williams, a professor of psychology at Purdue University, explained that people who use it can get away with it without looking abusive to others.

It is highly effective in making the targeted individual feel bad and helpless. As with any abuse, though without any physical marks, the consequences on the victim are myriad: bewilderment, helplessness, a sense of loss of control, an erosion of self-worth and self-esteem and depression.

It is also especially controlling because it is a one-sided passive-aggressive action. The other person can't do anything about it. The hapless victim may try to break through this glacial wall of silence and reconcile with the perpetrator, usually ending up apologising, even without knowing the cause. But an apology or any conciliatory efforts might not even appease an implacable perpetrator.

In an interview for an article in *The Atlantic*, Dr Williams cited a wife whose husband severed communication with her early in their marriage after a minor disagreement.

The husband made her endure four decades of silence: of eating meals by herself, watching television by herself, and treating her as if she were invisible. It ended when her husband died, though that had probably made the silence eternal.

Another man, a father, stopped talking to his teenage son and couldn't start again, despite knowing that he was wrecking him. “The isolation made my son change from a happy, vibrant boy to a spineless jellyfish, and I knew it was the cause.” the father had confessed to Dr Williams.

Here lies the pernicious effect that protracted silent treatment has on the perpetrator: There is something horribly addictive and morally degrading about it.

The father who couldn't force himself to speak to his son again behaved the way many addicts suffer – through compulsively repeating something despite knowing its harm. Most people who start dishing out the silent treatment probably never intend to go on as long as it does, but soon find that it can be difficult to stop.

It has often been said that the silent treatment says more about the person doing it than it does about the person receiving it.

Whatever was the initial emotion that triggered it – hurt, anger, vindictiveness, malice or even cowardice – in order to keep at it, they are compelled to justify their behaviour by rehearsing and ruminating in their mind all the real or perceived reasons that they are basing to ignore that person. There's the rub. They could end up as victims themselves: aggrieved unhappy people mired in a constant state of anger and negativity.

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