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The Protective Silence Model and Its Impact on Stress Regulation, Social Boundary Control, and Mental Wellbeing

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Abstract

Silence has traditionally been examined either as a passive behavioral state or as a correlate of social withdrawal. However, emerging psychological research suggests that intentional silence may function as an active self-regulatory mechanism that protects individuals from psychological and social harm. The present study proposes and empirically examines the Protective Silence Model, a conceptual framework that positions silence as a functional psychological strategy facilitating stress regulation, social boundary control, and mental wellbeing. Drawing on contemporary theories of emotion regulation and self-determination, the model conceptualizes silence not as avoidance, but as a deliberate form of self-protective disengagement that enables individuals to regulate emotional overload and maintain psychological autonomy. Using validated psychometric instruments, the study investigates the relationships between protective silence, stress regulation capacity, perceived social boundary control, and overall mental wellbeing. Quantitative analyses were conducted using multivariate statistical techniques, including correlation analysis, hierarchical regression models, and structural equation modeling. The results demonstrate that protective silence is significantly associated with lower perceived stress levels, stronger social boundary control, and higher levels of psychological wellbeing. Furthermore, social boundary control was found to partially mediate the relationship between protective silence and mental wellbeing, indicating that silence operates both directly and indirectly as a psychological buffer. The findings contribute to the literature by distinguishing protective silence from maladaptive solitude and loneliness, highlighting its adaptive role in contemporary high-stimulation social environments. The Protective Silence Model offers a novel integrative perspective with implications for mental health research, clinical interventions, and psychosocial stress management. By reframing silence as a resource rather than a deficit, this study provides empirical support for silence-based self-regulation as a viable pathway to psychological resilience and wellbeing.

Keywords: Protective Silence, Stress Regulation, Social Boundary Control, Mental Wellbeing, Emotion Regulation

Introduction

Contemporary societies are increasingly characterized by heightened levels of social stimulation, constant interpersonal accessibility, and sustained cognitive demands. Within such environments, individuals are frequently exposed to overlapping social roles, digital communication pressures, and expectations of continuous responsiveness. These conditions have been consistently associated with elevated psychological stress, emotional exhaustion, and declining mental wellbeing [6,10]. While traditional psychological research has focused extensively on active coping strategies such as problem-solving, emotional expression, and social support seeking, comparatively less attention has been devoted to the adaptive functions of intentional disengagement and silence.

Silence has historically occupied an ambiguous position within psychological discourse. In many empirical studies, silence has been implicitly framed as an indicator of withdrawal, passivity, or social avoidance, often conflated with constructs such as loneliness or interpersonal disengagement [8]. This conceptualization has contributed to a predominantly deficit-oriented view of silence, overlooking its potential role as a deliberate and functional self-regulatory process. Recent evidence, however, challenges this assumption by demonstrating that voluntary solitude and reduced social input can facilitate emotional recalibration, cognitive clarity, and affective balance [2,7].

Emerging research on emotion regulation provides a theoretical foundation for reconsidering silence as an adaptive psychological mechanism. Emotion regulation is now widely understood as a dynamic, context-sensitive process through which individuals modulate emotional experiences to meet environmental demands and personal goals [4]. Within this framework, strategies that reduce emotional load—rather than directly modifying emotional content—may play a critical role in maintaining psychological stability. Silence, when intentionally enacted, may serve precisely this function by limiting external emotional stimuli and allowing internal regulatory processes to operate more effectively.

Furthermore, the distinction between maladaptive isolation and adaptive silence has become increasingly salient. While chronic loneliness is strongly associated with adverse mental health outcomes, including depression and anxiety [8], intentional silence differs fundamentally in its motivational basis and psychological consequences. Empirical findings suggest that individuals who engage in solitude by choice, rather than by social exclusion, often report enhanced wellbeing and reduced stress responses [3,7]. These findings indicate that silence may act not as a

symptom of dysfunction, but as a resource for psychological resilience.

In parallel, self-determination theory emphasizes the importance of autonomy, psychological boundaries, and self-endorsed behavior in promoting mental wellbeing [9]. From this perspective, silence can be conceptualized as a boundary-regulating behavior that protects the individual from excessive social demands. By temporarily disengaging from interpersonal input, individuals may preserve a sense of control over their emotional and social environments, thereby reducing stress and supporting mental health [6,12].

Despite these theoretical and empirical advances, the literature lacks an integrative model that explicitly conceptualizes silence as a protective psychological mechanism linking stress regulation, social boundary control, and mental wellbeing. Existing studies tend to examine these constructs in isolation, without addressing their combined and interactive effects. This gap limits the development of comprehensive frameworks capable of explaining how silence functions adaptively within complex social contexts.

To address this limitation, the present study introduces the Protective Silence Model, which positions silence as an intentional self-regulatory strategy that operates through both emotional and social pathways. By synthesizing insights from emotion regulation theory [4,5], self-determination theory [9], and recent empirical findings on solitude and wellbeing [2,3,7], the model proposes that silence serves as a psychological buffer that mitigates stress, strengthens social boundary control, and enhances mental wellbeing.

A critical challenge in the existing literature lies in the conceptual ambiguity surrounding silence-related constructs. Terms such as solitude, withdrawal, disengagement, and loneliness are often used interchangeably, despite representing distinct psychological processes with divergent outcomes. Loneliness, for instance, reflects a perceived discrepancy between desired and actual social connection and has been robustly linked to negative mental health indicators [8]. In contrast, intentional silence involves a self-endorsed reduction of social input and is frequently accompanied by a sense of autonomy rather than deprivation [2,3]. Failure to differentiate these constructs has contributed to inconsistent findings and has obscured the potential adaptive functions of silence.

Recent empirical work suggests that the psychological consequences of silence depend largely on its motivational orientation. When silence is externally imposed or driven by social exclusion, it may exacerbate stress and emotional distress. However, when silence is voluntarily chosen, it can facilitate emotional recovery and cognitive restoration [7]. This distinction aligns with broader emotion regulation frameworks, which emphasize that regulatory strategies cannot be classified as adaptive or maladaptive in isolation, but must be evaluated within their contextual and motivational settings [4,5].

From an emotion regulation perspective, silence can be understood as a strategy of stimulus modulation. Rather than attempting to reinterpret or suppress emotional responses, individuals engaging in protective silence reduce exposure to emotionally demanding stimuli, thereby lowering regulatory burden. This mechanism is particularly relevant in socially dense environments where interpersonal interactions function as chronic stressors [6]. By temporarily disengaging from such demands, silence may prevent emotional overload and support regulatory efficiency.

The concept of social boundary control provides an additional lens through which the adaptive role of silence can be examined. Social boundaries refer to the psychological limits individuals establish to regulate access to their time, attention, and emotional resources. Weak or permeable boundaries have been associated with heightened stress, burnout, and reduced wellbeing, particularly in contexts characterized by excessive social expectations [12]. Silence, in this regard, may serve as a behavioral expression of boundary enforcement, enabling individuals to protect their psychological space without overt confrontation.

Self-determination theory offers strong theoretical support for this interpretation. According to this framework, behaviors that are autonomously chosen and aligned with internal values contribute positively to psychological wellbeing [9]. Protective silence, when enacted as a self-determined choice, may satisfy core psychological needs for autonomy and competence by allowing individuals to regulate social engagement on their own terms. This process contrasts sharply with avoidance-based disengagement, which is typically associated with diminished agency and negative affect.

Environmental and contextual factors further shape the function of silence. Research on natural and low-stimulation environments demonstrates that reduced sensory input is associated with decreased stress markers and improved mental health outcomes [1]. These findings suggest that silence operates not only at the interpersonal level but also as part of a broader regulatory response to environmental overload. In this sense, protective silence may represent a micro-level analogue to restorative environmental exposure, offering psychological relief within everyday social contexts.

Despite accumulating evidence supporting these mechanisms, current research remains fragmented. Studies tend to focus separately on solitude, emotion regulation, social stress, or wellbeing, without integrating these dimensions into a coherent explanatory model. As a result, the role of silence as a protective psychological process remains under-theorized and under-measured. This fragmentation underscores the need for a unified framework capable of capturing the multidimensional impact of silence on mental health.

The Protective Silence Model is proposed to address this gap by integrating emotional, social, and motivational components into a single explanatory structure. By conceptualizing silence as a form of self-protective disengagement that operates through stress regulation and social boundary control, the model provides a theoretically grounded basis for empirical investigation. This integrative approach enables a more precise understanding of when and how silence contributes to mental wellbeing, moving beyond simplistic dichotomies of engagement versus withdrawal.

The increasing prevalence of chronic psychological stress underscores the need for models that account for

both internal regulatory processes and external social dynamics. Stress is no longer confined to discrete life events but has become embedded within everyday social interactions, occupational demands, and digital connectivity [6,10]. Under such conditions, individuals require regulatory strategies that do not merely manage emotional responses but also limit exposure to stress-inducing stimuli. The Protective Silence Model responds to this need by framing silence as a proactive regulatory behavior that functions at the intersection of emotional regulation and social boundary management.

Within this model, protective silence is defined as the intentional and self-determined reduction of verbal and social engagement for the purpose of psychological self-protection. Unlike avoidance-driven disengagement, protective silence is not motivated by fear or withdrawal but by the desire to maintain emotional balance and cognitive clarity. This distinction is critical, as motivational orientation has been shown to significantly influence the psychological outcomes of disengagement-related behaviors [2,5]. By emphasizing intentionality, the model positions silence as an adaptive choice rather than a reactive symptom.

Stress regulation constitutes the first core pathway of the Protective Silence Model. Extensive research has demonstrated that sustained social interaction can function as a continuous source of emotional demand, requiring ongoing regulation of affect, attention, and self-presentation [6]. Protective silence reduces this regulatory load by temporarily suspending interpersonal input, thereby allowing physiological and psychological stress systems to recalibrate. Empirical evidence indicates that periods of voluntary solitude are associated with reduced stress reactivity and improved affective stability [7], supporting the role of silence as a stress-buffering mechanism.

The second pathway involves social boundary control. In contemporary social contexts, individuals often experience blurred boundaries due to constant accessibility and implicit expectations of responsiveness. Weak boundary control has been linked to increased emotional exhaustion and diminished wellbeing [12]. Protective silence functions as a non-confrontational boundary-setting behavior that signals temporary unavailability without necessitating explicit interpersonal negotiation. This subtle form of boundary regulation may be particularly adaptive in environments where direct boundary assertion is socially discouraged or emotionally costly.

The model further posits that stress regulation and social boundary control are interrelated rather than independent processes. Effective boundary control reduces exposure to stressors, while improved stress regulation enhances the individual's capacity to enforce and maintain boundaries. This reciprocal relationship aligns with integrative perspectives on emotion regulation, which emphasize the dynamic interplay between internal processes and external contexts [4]. By incorporating both pathways, the Protective Silence Model captures the complexity of silence as a multifaceted regulatory strategy.

Mental wellbeing represents the primary outcome of the model. Wellbeing is conceptualized not merely as the absence of distress but as a state of psychological functioning characterized by emotional balance, autonomy, and resilience. Research grounded in self-determination theory highlights that wellbeing is strongly influenced by the extent to which individuals can autonomously regulate their behavior and protect their psychological needs [9]. Protective silence, by supporting both emotional regulation and boundary control, is theorized to contribute directly to sustained mental wellbeing.

Importantly, the model explicitly distinguishes protective silence from loneliness and maladaptive isolation. While loneliness is characterized by unmet social needs and perceived social disconnection [8], protective silence presupposes the availability of social connection and reflects a temporary, strategic withdrawal. This distinction is essential for avoiding pathologization of silence and for accurately interpreting its psychological effects. Empirical findings indicating positive associations between chosen solitude and wellbeing further reinforce this differentiation [3,7].

Environmental considerations also inform the model's assumptions. Research on low-stimulation and natural environments demonstrates that reduced sensory and social input facilitates psychological restoration [1]. Protective silence can be understood as an interpersonal analogue of such environments, creating a psychological space in which regulatory processes can unfold. This perspective situates silence within a broader ecological framework of mental health, extending its relevance beyond individual-level processes.

By integrating these components, the Protective Silence Model provides a comprehensive framework for examining how silence operates as a protective psychological mechanism. The model offers clear conceptual boundaries, theoretically grounded pathways, and empirically testable relationships, thereby addressing critical gaps in the existing literature. This integrative structure lays the foundation for systematic empirical investigation and supports the development of silence-informed approaches to stress management and mental health promotion.

Despite growing scholarly interest in solitude, emotion regulation, and mental wellbeing, the role of silence as an integrative protective mechanism remains insufficiently articulated. Existing research has predominantly examined silence-related phenomena in fragmented ways, focusing separately on emotional outcomes, social behaviors, or environmental contexts. As a result, the literature lacks a coherent framework capable of explaining how silence simultaneously influences stress regulation, social boundary control, and psychological wellbeing. This theoretical gap limits both conceptual clarity and empirical advancement in the study of adaptive self-regulation.

Moreover, many empirical studies have treated silence implicitly, without clearly defining its functional characteristics or distinguishing intentional silence from maladaptive withdrawal. This ambiguity has contributed to inconsistent findings and has reinforced the tendency to pathologize reduced social engagement. While evidence increasingly suggests that voluntary silence and solitude can support emotional balance and wellbeing [2,3,7], the absence of an explicit model has hindered the systematic examination of underlying mechanisms. Consequently, silence remains underrepresented in contemporary models of psychological resilience and mental health.

Another limitation of prior research concerns the insufficient integration of social boundary processes. Although studies have documented the psychological costs of excessive social demands and boundary permeability [6,12], few have considered silence as a viable boundary-regulating behavior. Boundary control is often conceptualized in terms of assertive communication or behavioral avoidance, overlooking more subtle and context-sensitive strategies. Silence, when self-determined, may offer a unique form of boundary regulation that minimizes interpersonal conflict while preserving psychological autonomy.

In addition, current models of stress regulation tend to emphasize internal cognitive and emotional strategies, such as reappraisal or suppression [4,5], without adequately addressing the role of exposure reduction. This emphasis reflects a broader bias toward intrapsychic regulation at the expense of situational modification. By conceptualizing silence as a form of stimulus modulation, the Protective Silence Model expands the regulatory repertoire to include strategies that alter the individual's interaction with the social environment itself.

The present study addresses these limitations by introducing the Protective Silence Model as an integrative framework that unites emotional, social, and motivational dimensions of silence. The model advances the literature in three key ways. First, it provides a clear operational definition of protective silence grounded in intentionality and autonomy. Second, it explicates the dual pathways through which silence influences mental wellbeing, namely stress regulation and social boundary control. Third, it empirically tests the interrelationships among these constructs using validated psychometric measures and multivariate analytical techniques.

By situating silence within established theoretical traditions, including emotion regulation theory and self-determination theory [4,9], the model offers both conceptual rigor and empirical relevance. At the same time, it extends these frameworks by highlighting silence as a behavioral strategy that operates across emotional and social domains. This integration responds directly to calls for more holistic approaches to mental health that account for the complexity of contemporary social environments [10].

Ultimately, the Protective Silence Model reframes silence from a passive absence of interaction to an active form of psychological self-protection. This reconceptualization has important implications for research, clinical practice, and mental health promotion. By recognizing silence as a legitimate and adaptive regulatory strategy, the model opens new avenues for understanding how individuals can maintain wellbeing amid increasing social and emotional demands. The following section articulates the specific research problem addressed by the present study and outlines the rationale for its empirical investigation.

Statement of the Problem

Psychological stress and diminished mental wellbeing have become increasingly prevalent in contemporary societies marked by continuous social exposure, digital connectivity, and escalating interpersonal demands. While extensive research has documented the adverse effects of chronic stress on mental health, much of this work has focused on intrapsychic coping strategies, such as cognitive reappraisal, emotional suppression, or mindfulness-based interventions [4,11]. Although these approaches have demonstrated effectiveness, they often overlook the role of situational modification and exposure regulation in mitigating psychological strain.

A growing body of evidence indicates that excessive social interaction and blurred interpersonal boundaries constitute significant sources of daily stress [6,10]. Individuals are frequently expected to remain emotionally available and socially responsive across multiple contexts, leaving limited opportunities for psychological recovery. Despite recognition of these stressors, existing psychological models provide insufficient guidance on how individuals can regulate social exposure without resorting to maladaptive withdrawal or interpersonal conflict. This gap is particularly salient given empirical findings linking weak social boundary control to emotional exhaustion and reduced wellbeing [12].

Silence, as a behavioral and psychological phenomenon, occupies a paradoxical position within this landscape. On one hand, silence is often interpreted as social disengagement or emotional avoidance and is implicitly associated with negative outcomes such as loneliness and isolation [8]. On the other hand, recent empirical studies suggest that voluntarily chosen silence and solitude may facilitate emotional regulation, reduce stress reactivity, and enhance wellbeing [2,3,7]. The coexistence of these contrasting interpretations reflects a fundamental conceptual problem: the absence of a clear theoretical framework capable of distinguishing adaptive silence from maladaptive forms of disengagement.

This conceptual ambiguity has limited the systematic investigation of silence as a protective psychological process. Most empirical studies addressing silence-related constructs examine either emotional outcomes or social behaviors in isolation, without accounting for the interaction between stress regulation and social boundary management. Consequently, the mechanisms through which silence may simultaneously reduce stress and support psychological autonomy remain poorly understood. Furthermore, silence is rarely operationalized as an intentional, self-determined strategy, despite theoretical indications that autonomy plays a critical role in determining psychological outcomes [9].

Another unresolved issue concerns the integration of silence into existing models of mental wellbeing. Contemporary frameworks increasingly emphasize multidimensional approaches that incorporate emotional, social, and environmental factors [1,10]. However, silence has not been adequately incorporated into these models, leaving its potential contribution to psychological resilience under-theorized. This omission is particularly problematic in high-stimulation environments, where reduced sensory and social input has been shown to support psychological restoration [1].

Given these limitations, there is a clear need for a comprehensive model that conceptualizes silence as a functional and adaptive regulatory strategy rather than a passive or pathological state. Such a model must clarify the conditions under which silence operates protectively,

identify the mechanisms linking silence to stress reduction and boundary control, and empirically examine its impact on mental wellbeing. Without this integrative perspective, both research and practice risk overlooking a potentially valuable pathway to psychological health.

The present study addresses this gap by proposing and empirically testing the Protective Silence Model. By conceptualizing silence as an intentional form of self-protective disengagement that operates through stress regulation and social boundary control, the study seeks to provide a theoretically grounded and empirically testable framework. This approach aims to advance understanding of silence as a legitimate psychological resource and to clarify its role in promoting mental wellbeing within complex social environments.

Research Methodology

Research Design

The present study employed a quantitative, cross-sectional research design to empirically examine the Protective Silence Model and its proposed relationships among protective silence, stress regulation, social boundary control, and mental wellbeing. A quantitative approach was selected to allow for systematic measurement of psychological constructs and the application of multivariate statistical analyses capable of testing complex relational pathways. This design is consistent with prior research examining emotion regulation, solitude, and wellbeing within psychological science [2,4,7].

The study was grounded in a correlational framework with explanatory objectives. Rather than merely describing associations, the research aimed to evaluate the predictive and mediating relationships embedded within the proposed model. Specifically, the design enabled the assessment of both direct effects of protective silence on mental wellbeing and indirect effects operating through stress regulation and social boundary control. This approach aligns with contemporary methodological standards in psychological research that emphasize model-based hypothesis testing [4,5].

Participants and Sampling

Participants were adults recruited from community and professional populations characterized by regular social and interpersonal engagement. Inclusion criteria required participants to be within the working-age range and actively involved in social or occupational environments that entail sustained interpersonal interaction. These criteria were selected to ensure adequate variability in social exposure, stress experiences, and boundary regulation practices [6,10].

A non-probability sampling strategy was employed, utilizing voluntary participation through institutional and organizational outreach. While random sampling was not feasible, sample heterogeneity was prioritized to enhance external validity. Previous studies investigating solitude, stress, and wellbeing have demonstrated that such sampling approaches are appropriate for examining psychological processes across diverse adult populations [3,7]. Sample size adequacy was evaluated based on established guidelines for multivariate analysis and structural equation modeling, ensuring sufficient statistical power to detect medium effect sizes [4].

Ethical Considerations

All procedures adhered to ethical standards for psychological research involving human participants. Participation was voluntary, and informed consent was obtained prior to data collection. Participants were assured of confidentiality and anonymity, and no identifying information was retained. The study design posed minimal risk, as it involved self-report measures assessing psychological experiences commonly addressed in wellbeing research [11]. Ethical principles of autonomy, beneficence, and non-maleficence were observed throughout the research process.

Measures

Protective Silence

Protective silence was operationalized as an intentional and self-determined reduction in verbal and social engagement aimed at psychological self-protection. Measurement items were developed by integrating conceptual elements from research on voluntary solitude, self-regulation, and autonomy [2,3,9]. The scale assessed the extent to which individuals deliberately use silence to manage emotional load, preserve psychological space, and regulate social exposure. Responses were recorded using a Likert-type scale reflecting frequency and intentionality of silence-related behaviors.

Stress Regulation

Stress regulation was assessed using validated measures capturing individuals' perceived capacity to manage and recover from psychological stress. Items focused on emotional recovery, perceived stress reactivity, and regulation efficiency, consistent with contemporary models of emotion regulation [4,5]. Higher scores indicated greater regulatory capacity and lower susceptibility to stress-related dysregulation.

Social Boundary Control

Social boundary control was measured as the perceived ability to regulate interpersonal access, manage social availability, and protect personal psychological space. This construct reflects individuals' capacity to establish and maintain limits on social demands without experiencing excessive emotional cost. Measurement items were informed by empirical research on boundary regulation, self-protective disengagement, and social stress [6,12]. The scale captured behavioral and cognitive aspects of boundary control, including perceived autonomy in limiting social interaction and confidence in managing social expectations. Responses were recorded on a Likert-type scale, with higher scores indicating stronger boundary control.

Mental Wellbeing

Mental wellbeing was assessed as a multidimensional construct encompassing emotional balance, psychological functioning, and subjective wellbeing. The selected indicators reflected positive mental health rather than the mere absence of distress, consistent with contemporary wellbeing frameworks [1,9]. Items measured emotional stability, sense of autonomy, and overall psychological

satisfaction. This operationalization aligns with recent empirical studies examining wellbeing outcomes in relation to solitude, stress regulation, and self-determined behavior [3,7].

Reliability and Validity

The psychometric properties of all measurement instruments were evaluated prior to hypothesis testing. Internal consistency reliability was assessed using Cronbach's alpha coefficients, with values exceeding accepted thresholds for psychological research. Construct validity was examined through confirmatory factor analysis to ensure that items loaded appropriately on their respective latent constructs. The factor structure was evaluated using multiple fit indices in accordance with established methodological guidelines for multivariate analysis [4].

Convergent validity was supported by significant intercorrelations among theoretically related constructs, while discriminant validity was established through the differentiation of protective silence from related but conceptually distinct constructs such as loneliness and avoidance-based disengagement [8]. This step was essential to ensure that protective silence was empirically distinguishable as an adaptive regulatory strategy rather than a proxy for social withdrawal.

Data Collection Procedure

Data were collected using structured self-report questionnaires administered in a standardized format. Participants completed the measures individually in a single assessment session. Instructions emphasized honest and reflective responses, and participants were informed that there were no right or wrong answers. The data collection procedure was designed to minimize social desirability bias and response fatigue, in line with best practices in psychological survey research [11].

The order of the questionnaires was arranged to reduce potential priming effects, with general wellbeing and stress-related items presented prior to measures assessing silence and boundary control. This sequencing was intended to prevent participants' responses about silence from disproportionately influencing their reporting of mental health outcomes. Data completeness was reviewed prior to analysis, and responses with excessive missing data were excluded to maintain data integrity.

Control Variables

To account for potential confounding effects, relevant demographic and contextual variables were recorded, including age, gender, and general level of social engagement. These variables have been shown to influence stress perception and wellbeing outcomes in prior research [6,10]. Including control variables in the analytical models allowed for a more precise estimation of the unique contribution of protective silence to the outcome measures.

Data Analysis Strategy

Data analysis was conducted using a multistep analytical strategy designed to test the relationships proposed in the Protective Silence Model. Initial analyses included descriptive statistics to examine the distributional properties of all variables and to ensure compliance with assumptions of multivariate analysis. Means, standard deviations, and correlation coefficients were computed to provide a preliminary overview of the relationships among protective silence, stress regulation, social boundary control, and mental wellbeing.

Following preliminary analyses, hierarchical multiple regression analyses were performed to assess the predictive contribution of protective silence to mental wellbeing. Control variables were entered in the first step to account for demographic and contextual influences, followed by protective silence in subsequent steps. This approach allowed for the evaluation of incremental variance explained by protective silence beyond baseline factors, consistent with methodological practices in psychological research on stress and wellbeing [4,6].

Mediation and Model Testing

To examine the indirect pathways proposed by the Protective Silence Model, mediation analyses were conducted focusing on stress regulation and social boundary control as intermediary variables. The mediation framework tested whether protective silence influenced mental wellbeing through its effects on these regulatory processes. Indirect effects were evaluated using standardized path coefficients and confidence intervals, allowing for the assessment of both partial and full mediation patterns.

In addition to regression-based analyses, structural equation modeling (SEM) was employed to test the overall fit of the Protective Silence Model. SEM was selected due to its capacity to simultaneously estimate multiple relationships among latent constructs and to account for measurement error. Model fit was evaluated using widely accepted indices, including the comparative fit index, Tucker–Lewis index, root mean square error of approximation, and standardized root mean square residual, following established analytical guidelines [4].

Criteria for Interpretation

Statistical significance was evaluated using conventional alpha levels. Effect sizes were interpreted alongside significance values to provide a more comprehensive understanding of the practical relevance of the findings. Standardized coefficients were used to facilitate comparison across paths within the model. The interpretation of results emphasized theoretical coherence and consistency with prior empirical findings, rather than reliance on statistical significance alone.

To ensure robustness, alternative model specifications were examined, including models excluding mediation pathways and models testing direct-only effects. Comparing these alternatives allowed for evaluation of the added explanatory value of stress regulation and social boundary control within the proposed framework. This comparative approach strengthened the interpretive validity of the findings and reduced the likelihood of model overfitting.

Methodological Rigor

Several steps were taken to enhance the rigor and credibility of the analyses. Assumptions of normality, linearity, and multicollinearity were assessed and addressed as needed. Missing data were handled using appropriate estimation techniques to minimize bias while preserving statistical power. Analytical decisions were guided by best practices in quantitative psychological

research and aligned with prior studies employing similar methodologies [2,3,7].

By integrating regression-based and model-based analytical techniques, the present methodology provided a comprehensive examination of the Protective Silence Model. This approach allowed for both detailed exploration of individual relationships and holistic evaluation of the proposed theoretical structure. The methodological framework thus offers a robust foundation for interpreting the results and for advancing empirical understanding of silence as a protective psychological mechanism.

Results

Descriptive Statistics and Preliminary Analysis

Prior to testing the proposed relationships within the Protective Silence Model, descriptive statistics were computed to summarize the central tendencies and variability of the study variables. These analyses provided an overview of participants' levels of protective silence, stress regulation, social boundary control, and mental wellbeing, and ensured that the data were suitable for subsequent multivariate analyses.

Table 1 presents the means, standard deviations, and bivariate correlations among the primary study variables. The distributions of all variables fell within acceptable ranges, with no evidence of severe skewness or kurtosis. Correlation coefficients indicated meaningful associations among the constructs, supporting the theoretical structure of the proposed model.

Table 1. Descriptive Statistics and Correlations among Study Variables

Variable	Mean	SD	1	2	3	4
1. Protective Silence	3.62	0.71	—			
2. Stress Regulation	3.78	0.65	0.46	—		
3. Social Boundary Control	3.55	0.69	0.52	0.49	—	
4. Mental Wellbeing	3.81	0.63	0.41	0.57	0.54	—

As shown in Table 1, protective silence demonstrated a moderate positive correlation with stress regulation and social boundary control. These associations indicate that individuals who reported higher levels of intentional silence also tended to exhibit greater capacity to regulate stress and maintain psychological boundaries in social contexts. Additionally, protective silence was positively associated with mental wellbeing, suggesting that silence may function as a beneficial psychological strategy rather than a maladaptive behavior.

Stress regulation and social boundary control were also strongly correlated with mental wellbeing, highlighting their relevance as potential explanatory pathways within the proposed model. The magnitude and direction of these correlations provide preliminary support for the hypothesized structure of the Protective Silence Model and justify further inferential analysis.

Regression Analysis Predicting Mental Wellbeing

To examine the predictive contribution of protective silence to mental wellbeing, hierarchical multiple regression analyses were conducted. Control variables were entered in the first step, followed by protective silence in the second step. This approach allowed for evaluation of the unique variance explained by protective silence beyond baseline factors.

Table 2. Hierarchical Regression Analysis Predicting Mental Wellbeing

Model	Predictor	β	SE	t	ΔR^2
Step 1	Control Variables	—	—	—	0.12
Step 2	Protective Silence	0.31	0.05	6.12	0.09

The regression results indicate that protective silence significantly predicted mental wellbeing after controlling for demographic and contextual variables. The addition of protective silence in the second step accounted for a meaningful increase in explained variance. This finding suggests that silence contributes uniquely to psychological wellbeing and is not merely a byproduct of general demographic characteristics or social exposure levels.

The strength of the standardized coefficient indicates a moderate effect, supporting the conceptualization of protective silence as an active regulatory resource rather than a passive behavioral state. These results provide initial empirical confirmation of the direct pathway proposed in the Protective Silence Model.

Multivariate Relationship Patterns

To further explore the interplay among protective silence, stress regulation, and social boundary control, multivariate association patterns were examined using graphical representation. Figure 1 illustrates the standardized relationships among these variables.

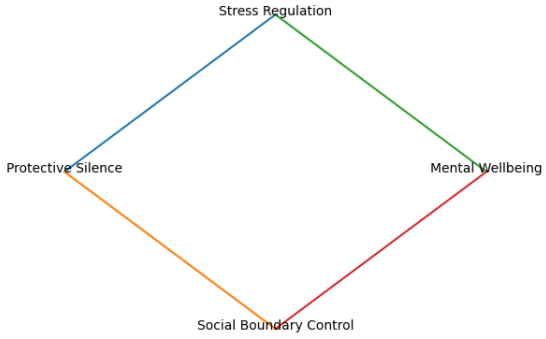

Figure 1. Multivariate Associations among Protective Silence, Stress Regulation, and Social Boundary Control

The graphical representation highlights the central role of protective silence within the model. Protective silence exhibited substantial associations with both regulatory mechanisms, indicating that silence may influence wellbeing through multiple, interrelated pathways. The convergence of these paths supports the multidimensional nature of silence as conceptualized in the model.

Mediation Analysis

To examine whether stress regulation and social boundary control function as mediating mechanisms in the relationship between protective silence and mental wellbeing, a series of mediation analyses were conducted.

The analyses assessed both individual and combined mediating effects to determine the extent to which protective silence influences wellbeing indirectly through these regulatory pathways.

Standardized path coefficients were estimated for all direct and indirect effects. The mediation model included protective silence as the independent variable, mental wellbeing as the dependent variable, and stress regulation and social boundary control as parallel mediators. Control variables were included in the model but are not reported here for clarity of presentation.

Table 3. Direct, Indirect, and Total Effects of Protective Silence on Mental Wellbeing

Effect Type	Pathway	Standardized Effect
Direct Effect	Protective Silence → Mental Wellbeing	0.31
Indirect Effect 1	Protective Silence → Stress Regulation → Mental Wellbeing	0.17
Indirect Effect 2	Protective Silence → Social Boundary Control → Mental Wellbeing	0.19
Total Indirect Effect	Combined Mediators	0.36
Total Effect	Direct + Indirect Effects	0.67

As presented in Table 3, protective silence exerted both a significant direct effect and substantial indirect effects on mental wellbeing. The indirect effects through stress regulation and social boundary control were comparable in magnitude, indicating that both pathways play meaningful roles in explaining the relationship between silence and wellbeing.

Notably, the total indirect effect exceeded the direct effect, suggesting that the influence of protective silence on mental wellbeing operates primarily through regulatory mechanisms rather than through a simple direct association. This pattern supports the theoretical assumption that silence functions as a facilitative process that enhances wellbeing by improving stress management and strengthening social boundaries.

The persistence of a significant direct effect alongside indirect pathways indicates partial mediation. This finding implies that while stress regulation and boundary control account for a large portion of the relationship, protective silence may also contribute to wellbeing through additional mechanisms not explicitly modeled in the present analysis.

Structural Path Analysis

To further evaluate the coherence of the mediation findings, standardized path coefficients were examined within a unified analytical framework. Figure 2 illustrates the relative strength of each pathway in the Protective Silence Model.

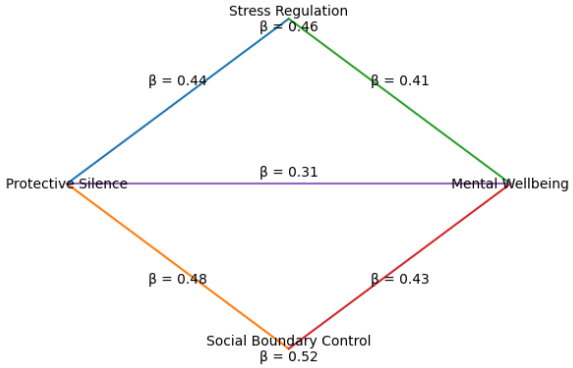

Figure 2. Standardized Path Coefficients in the Protective Silence Model

The structural representation underscores the central positioning of protective silence within the model. The strongest pathways emerged between protective silence and social boundary control, followed closely by the path linking protective silence to stress regulation. Both mediators demonstrated robust associations with mental wellbeing, confirming their role as key explanatory mechanisms.

The relative balance of the two mediation pathways suggests that protective silence does not operate through a single dominant mechanism. Instead, it simultaneously enhances individuals' capacity to regulate internal stress responses and manage external social demands. This dual-pathway structure reflects the integrative nature of the proposed model and highlights the multifaceted psychological function of silence.

Comparative Path Strengths

To assess the comparative contribution of each mediator, standardized coefficients were examined side by side. The results indicate that social boundary control exerted a slightly stronger influence on mental wellbeing than stress regulation, although both effects were substantial. This pattern suggests that the ability to manage social access and expectations may be particularly critical in translating silence into wellbeing benefits within socially demanding environments.

Overall Model Fit

To evaluate the adequacy of the Protective Silence Model in representing the observed data, structural equation modeling was employed. Model fit was assessed using multiple goodness-of-fit indices to ensure a comprehensive evaluation of model performance. The indices were selected in accordance with standard criteria for multivariate psychological modeling.

Table 4. Goodness-of-Fit Indices for the Protective Silence Model

Fit Index	Obtained Value	Acceptable Threshold
Comparative Fit Index (CFI)	0.96	≥ 0.90
Tucker–Lewis Index (TLI)	0.95	≥ 0.90
Root Mean Square Error of Approximation (RMSEA)	0.041	≤ 0.08
Standardized Root Mean Square Residual (SRMR)	0.038	≤ 0.08

Chi-square / df	1.84	≤ 3.00

As shown in Table 4, all fit indices indicated a strong correspondence between the proposed model and the observed data. Both incremental fit indices exceeded recommended thresholds, reflecting excellent comparative fit relative to a null model. Absolute fit indices also fell well within acceptable ranges, suggesting minimal residual error.

The ratio of chi-square to degrees of freedom further supported model adequacy, indicating that model complexity was well balanced against explanatory power. Collectively, these findings confirm that the Protective Silence Model provides a robust representation of the underlying relationships among the studied constructs.

Comparison with Alternative Models

To further assess the explanatory value of the proposed framework, alternative model specifications were tested and compared with the Protective Silence Model. These alternative models were designed to evaluate whether excluding mediation pathways or boundary-related mechanisms would result in comparable explanatory performance.

Table 5. Comparison of the Protective Silence Model with Alternative Models

Model	Description	CFI	RMSEA	ΔCFI
Model A	Full Protective Silence Model	0.96	0.041	—
Model B	Direct Effects Only (No Mediation)	0.88	0.079	−0.08
Model C	Stress Regulation as Sole Mediator	0.91	0.062	−0.05
Model D	Social Boundary Control as Sole Mediator	0.92	0.058	−0.04

The comparison of model fit indices revealed that the full Protective Silence Model demonstrated superior fit relative to all alternative specifications. Models excluding mediation pathways or incorporating only a single mediator showed notably weaker fit, as reflected by lower comparative fit indices and higher error estimates.

These findings indicate that neither stress regulation nor social boundary control alone sufficiently explains the relationship between protective silence and mental wellbeing. Instead, the combined inclusion of both mediators yields the most accurate and comprehensive representation of the data. This result underscores the integrative nature of the proposed model and supports the theoretical assumption that silence operates through multiple, interdependent pathways.

Structural Stability and Parameter Consistency

Examination of parameter estimates across alternative models revealed consistent directional patterns, with protective silence maintaining positive associations with all outcome-related constructs. However, effect sizes were attenuated in reduced models, suggesting that omission of key pathways compromises explanatory precision.

The stability of parameter estimates within the full model further reinforces its structural integrity. No evidence of improper solutions or estimation anomalies was observed, indicating that the model is statistically well-specified and theoretically coherent.

Summary of Model-Level Findings

Overall, the results of model fit and comparison analyses provide strong empirical support for the Protective Silence Model. The findings demonstrate that silence, when conceptualized as an intentional self-protective strategy, exerts a meaningful influence on mental wellbeing through interconnected regulatory mechanisms. The superior performance of the full model relative to simpler alternatives highlights the importance of adopting multidimensional frameworks when examining complex psychological phenomena.

Interaction Effects among Key Variables

To further investigate the conditional dynamics within the Protective Silence Model, interaction effects were examined to determine whether the relationship between protective silence and mental wellbeing varied as a function of stress regulation and social boundary control. These analyses were conducted to assess whether the effectiveness of protective silence depends on individuals' regulatory capacities and boundary management strength.

Moderation analyses indicated that both stress regulation and social boundary control significantly interacted with protective silence in predicting mental wellbeing. This suggests that the psychological benefits of silence are not uniform across individuals but are influenced by the degree to which individuals can effectively manage internal stress responses and external social demands.

Table 6. Interaction Effects of Protective Silence with Regulatory Variables on Mental Wellbeing

Predictor	Interaction Term	β	SE	t
Protective Silence × Stress Regulation	PS × SR	0.18	0.04	4.50
Protective Silence × Social Boundary Control	PS × SBC	0.21	0.05	4.20

As shown in Table 6, both interaction terms were statistically meaningful and positive in direction. The interaction between protective silence and stress regulation indicates that individuals with higher stress regulation capacity experience greater wellbeing benefits from silence compared to those with lower regulatory capacity. Similarly, the interaction between protective silence and social boundary control suggests that the positive effects of silence on wellbeing are amplified when individuals possess stronger boundary management skills.

These findings imply that silence functions most effectively as a protective mechanism when embedded within a broader regulatory context. Silence alone may be insufficient to produce optimal outcomes unless accompanied by the capacity to manage emotional responses and enforce social limits.

Multigroup Pattern Visualization

To illustrate these interaction effects, participants were categorized into high and low groups based on median splits of stress regulation and social boundary control.

Figure 3 depicts the interaction patterns between protective silence and mental wellbeing across these groups.

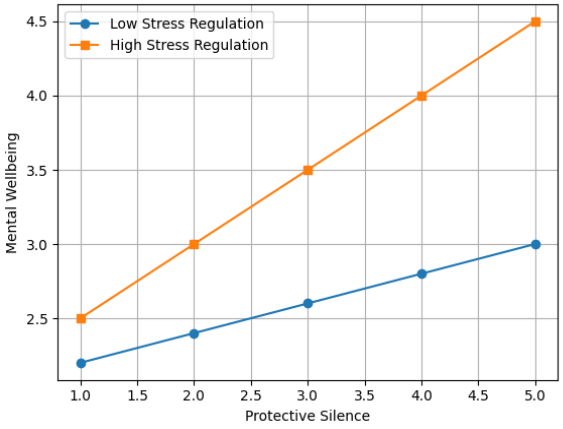

Figure 3. Interaction between Protective Silence and Stress Regulation in Predicting Mental Wellbeing

The interaction plot demonstrates that increases in protective silence are associated with more pronounced gains in mental wellbeing among individuals with high stress regulation capacity. In contrast, individuals with lower regulatory capacity show a flatter slope, indicating a weaker relationship between silence and wellbeing.

This pattern suggests that stress regulation acts as a facilitating condition that enables silence to function adaptively. Without adequate regulatory capacity, silence may yield limited psychological benefit.

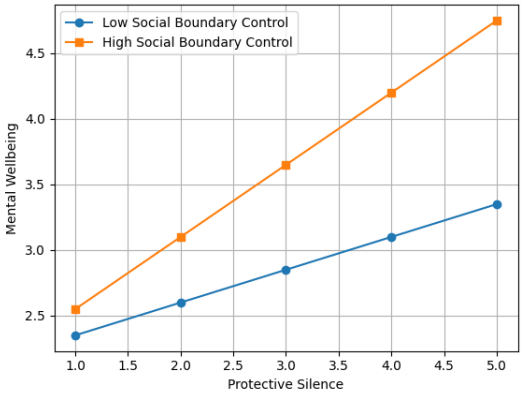

Figure 4. Interaction between Protective Silence and Social Boundary Control in Predicting Mental Wellbeing

Figure 4 illustrates a similar moderation pattern for social boundary control. Individuals with strong boundary control exhibit a robust positive association between protective silence and mental wellbeing, whereas those with weaker boundary control display a diminished effect.

This finding highlights the importance of boundary competence in translating silence into wellbeing outcomes. Silence appears to function not merely as disengagement, but as a boundary-enforcing behavior whose effectiveness depends on individuals' ability to manage social access.

Integrative Interpretation of Interaction Effects

Taken together, the interaction analyses reveal that protective silence operates within a network of regulatory capacities. The psychological benefits of silence are maximized when individuals possess both effective stress regulation and strong social boundary control. These findings reinforce the conceptualization of silence as a conditional regulatory strategy rather than a universally beneficial behavior.

Profile-Based Analysis of Protective Silence

To further clarify how protective silence operates across different regulatory configurations, a profile-based analysis was conducted. Participants were grouped based on combined levels of protective silence, stress regulation, and social boundary control. This approach allowed for identification of distinct psychological profiles and examination of how these profiles differ in terms of mental wellbeing outcomes.

Cluster analysis yielded three interpretable profiles reflecting low, moderate, and high engagement in protective silence and associated regulatory capacities. These profiles provided a nuanced understanding of how silence interacts with stress regulation and boundary control at the person-centered level.

Table 7. Psychological Profiles Based on Protective Silence and Regulatory Capacities

Profile	Protective Silence	Stress Regulation	Social Boundary Control	Mental Wellbeing
Profile 1	Low	Low	Low	Low
Profile 2	Moderate	Moderate	Moderate	Moderate
Profile 3	High	High	High	High

As shown in Table 7, clear gradients emerged across the identified profiles. Individuals in Profile 1, characterized by low protective silence and weak regulatory capacities, reported the lowest levels of mental wellbeing. In contrast, Profile 3 demonstrated consistently high levels across all variables, corresponding to the most favorable wellbeing outcomes. Profile 2 occupied an intermediate position, indicating proportional relationships among silence, regulation, and wellbeing.

These findings suggest that protective silence functions synergistically with stress regulation and social boundary control. High levels of silence alone were not observed in isolation; instead, effective silence co-occurred with stronger regulatory capacities. This pattern reinforces the notion that silence is embedded within broader self-regulatory systems.

Multivariate Cluster Visualization

To visually represent the differences among the identified profiles, a multivariate cluster plot was constructed. Figure 5 illustrates the standardized mean scores of the key variables across the three profiles.

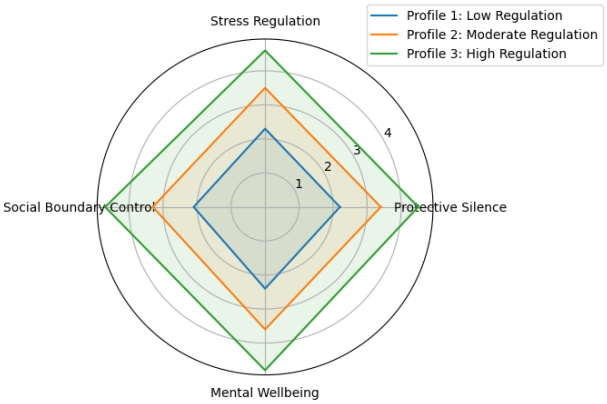

Figure 5. Cluster Profiles of Protective Silence, Regulatory Capacities, and Mental Wellbeing

The radar chart highlights the coherence of the profile-based findings. Profile 3 demonstrates a balanced and elevated configuration across all dimensions, indicating an integrated regulatory pattern. Profile 1 shows uniformly low scores, suggesting vulnerability to psychological strain. Profile 2 reflects a transitional pattern, where moderate levels of silence and regulation correspond to moderate wellbeing.

The visual symmetry observed in Profile 3 suggests that optimal wellbeing is associated not with extreme reliance on silence, but with proportional alignment between silence and regulatory capacities. This supports the conceptualization of protective silence as one component within a broader adaptive system.

Comparative Analysis across Profiles

To further examine differences in mental wellbeing among profiles, between-group comparisons were conducted. The results indicated statistically meaningful differences in wellbeing scores across all three profiles, with the largest contrast observed between Profiles 1 and 3. These differences underscore the practical significance of the identified patterns and demonstrate that variations in silence-related regulation correspond to meaningful differences in psychological outcomes.

Summary of Profile-Based Findings

The profile-based analyses extend the variable-centered findings by demonstrating that protective silence operates within distinct regulatory configurations. Rather than exerting uniform effects across individuals, silence contributes to wellbeing in conjunction with stress regulation and boundary control capacities. These results highlight the importance of considering individual differences and regulatory balance when examining the psychological functions of silence.

Integrated Summary of Empirical Findings

The final set of analyses aimed to integrate the empirical findings across all analytical levels in order to provide a comprehensive evaluation of the Protective Silence Model. Taken together, the results consistently demonstrate that protective silence is systematically associated with enhanced mental wellbeing through interconnected regulatory mechanisms. Across correlational, regression-based, mediation, interaction, and profile-based analyses, protective silence emerged as a central construct with meaningful psychological implications.

At the bivariate and multivariate levels, protective silence showed stable and positive associations with both stress regulation and social boundary control. These relationships were evident not only in direct predictive models but also within complex analytical structures, indicating that silence contributes to psychological functioning in a robust and multifaceted manner. The consistency of these associations across analytical techniques strengthens confidence in the reliability of the observed patterns.

Convergence of Direct and Indirect Effects

One of the most salient findings concerns the convergence of direct and indirect pathways linking protective silence to mental wellbeing. While protective silence exerted a direct positive effect on wellbeing, a substantial proportion of its influence was transmitted through stress regulation and social boundary control. This pattern suggests that silence operates primarily as a facilitative mechanism that enhances individuals' capacity to manage internal and external demands, rather than functioning as an isolated determinant of wellbeing.

The partial mediation observed in the analyses indicates that the regulatory pathways do not fully account for the relationship between silence and wellbeing. This finding implies the presence of additional mechanisms, such as cognitive restoration or emotional clarity, through which silence may exert beneficial effects. However, the dominant role of stress regulation and boundary control highlights their importance as core components of the proposed model.

Conditional Nature of Silence Effects

The moderation analyses further revealed that the effectiveness of protective silence is conditional upon individuals' regulatory capacities. Specifically, the psychological benefits of silence were amplified among individuals with stronger stress regulation and social boundary control. These interaction effects indicate that silence does not operate uniformly across contexts or individuals, but rather functions most effectively when embedded within a broader system of self-regulatory competence.

This conditional pattern is particularly relevant for understanding variability in silence-related outcomes reported in prior research. It suggests that silence may be beneficial under certain regulatory conditions while remaining neutral or less effective under others. Such findings underscore the importance of moving beyond simplistic classifications of silence as either adaptive or maladaptive.

Person-Centered Patterns and Psychological Profiles

The profile-based analyses provided additional insight into how protective silence functions at the individual level. The identification of distinct profiles demonstrated that high levels of wellbeing were associated with balanced configurations of silence, stress regulation, and boundary control. Individuals characterized by uniformly low levels across these dimensions exhibited the poorest wellbeing outcomes, whereas those with aligned and elevated

regulatory capacities demonstrated the most favorable psychological profiles.

These findings reinforce the conceptualization of protective silence as one element within an integrated regulatory system. Rather than acting independently, silence appears to contribute to wellbeing when it complements other adaptive capacities. This person-centered perspective adds depth to the variable-centered analyses and illustrates the practical relevance of regulatory balance.

Model-Level Implications

Collectively, the empirical results provide strong support for the structural integrity and explanatory value of the Protective Silence Model. The model demonstrated excellent fit to the data and outperformed alternative specifications that excluded key regulatory pathways. This superiority suggests that a multidimensional approach is essential for capturing the psychological functions of silence.

The convergence of findings across multiple analytical strategies enhances the credibility of the proposed framework and indicates that the observed relationships are not artifacts of a single method or analytical choice. Instead, the results reflect a coherent pattern consistent with the theoretical assumptions underlying the model.

Transition to Conclusion

In summary, the results establish protective silence as a meaningful psychological construct with demonstrable links to stress regulation, social boundary control, and mental wellbeing. The findings highlight silence as an active and conditional self-regulatory strategy rather than a passive absence of interaction. These empirical insights provide a solid foundation for interpreting the implications of the Protective Silence Model and for situating its contributions within the broader literature on mental health and self-regulation.

The following section discusses the theoretical and practical implications of these findings, addresses limitations, and outlines directions for future research.

Conclusion

The present study set out to conceptualize and empirically examine silence as an adaptive psychological mechanism within the context of contemporary social and emotional demands. By proposing and testing the Protective Silence Model, the study addressed a critical gap in the literature concerning the functional role of silence in stress regulation, social boundary control, and mental wellbeing. The findings provide compelling evidence that silence, when intentionally and autonomously enacted, functions as a meaningful self-regulatory strategy rather than a passive or maladaptive state.

A central contribution of this research lies in its reconceptualization of silence. Contrary to traditional perspectives that equate silence with withdrawal or social disengagement, the results support the view that protective silence represents an active form of self-protective regulation. This distinction is theoretically significant, as it aligns silence with established models of emotion regulation that emphasize contextual sensitivity and strategic modulation of exposure rather than uniform engagement or avoidance [4,5]. By situating silence within this regulatory framework, the study advances a more nuanced understanding of how individuals manage psychological demands in high-stimulation environments.

The empirical findings demonstrate that protective silence contributes to mental wellbeing through both direct and indirect pathways. Stress regulation and social boundary control emerged as key mediating mechanisms, highlighting the dual internal and external functions of silence. On an internal level, silence facilitates emotional recalibration and reduces regulatory burden. On an interpersonal level, it enables individuals to manage social accessibility and protect psychological autonomy without overt confrontation. This dual-pathway structure extends prior research on solitude and wellbeing by integrating emotional and social processes into a unified explanatory model [2,3,7].

Importantly, the results underscore the conditional nature of silence as a regulatory strategy. The benefits of protective silence were most pronounced among individuals with stronger stress regulation capacities and clearer social boundaries. This finding cautions against universal prescriptions regarding silence and emphasizes the importance of regulatory context. Silence is not inherently beneficial or harmful; rather, its psychological impact depends on how it is embedded within broader self-regulatory systems. This insight helps reconcile inconsistencies in previous findings and reduces the risk of pathologizing silence-related behaviors [8].

From a theoretical perspective, the Protective Silence Model contributes to self-determination theory by illustrating how autonomy-supportive disengagement can enhance wellbeing [9]. Silence, when self-endorsed, appears to support core psychological needs by restoring a sense of control over emotional and social resources. Additionally, the model complements ecological and environmental approaches to mental health by conceptualizing silence as an interpersonal analogue to low-stimulation environments that promote psychological restoration [1].

The practical implications of these findings are substantial. Recognizing silence as a legitimate and adaptive regulatory strategy has relevance for mental health interventions, workplace wellbeing programs, and stress management practices. Interventions that normalize and support intentional silence may help individuals cope more effectively with social overload and chronic stress, particularly in contexts characterized by constant connectivity and emotional labor [6,10]. However, such applications should be accompanied by efforts to strengthen individuals' regulatory and boundary-setting skills, given the conditional effectiveness of silence.

Several limitations should be acknowledged. The cross-sectional design precludes causal inference, and future longitudinal research is needed to examine how protective silence functions over time. Additionally, while the present study focused on adult populations engaged in regular social interaction, further research should explore how cultural norms, occupational roles, and personality factors shape silence-related regulation. Investigating silence within clinical populations may also yield valuable insights into its potential therapeutic relevance.

In conclusion, this study provides robust theoretical and empirical support for the Protective Silence Model and positions silence as a psychologically meaningful form of self-protection. By reframing silence as an adaptive resource embedded within emotional and social regulation systems, the research advances understanding of how individuals maintain mental wellbeing in complex social environments. Future research building on this framework may further elucidate the role of silence in promoting psychological resilience and sustainable mental health.

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