



# What is the Psychology behind Ostracism or “Silent Treatment” and what to do with such abuse?

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## Case Summary

The silent treatment, a form of emotional manipulation and psychological control, has profound implications for both its initiators and recipients. This article delves deeply into the psychology and neurobiology of those who engage in this behavior and those who find themselves on its receiving end. Drawing from empirical research and psychological theory, this comprehensive analysis sheds light on the reasons for its usage, its impact on relationships, and effective strategies for recipients to cope with and respond to such behavior. Through a multi-faceted exploration, we aim to provide readers with a nuanced understanding of the silent treatment, its potential ramifications, and tools for fostering healthier interpersonal dynamics.

**Keywords:** Silent treatment; ostracism; emotional abuse; passive aggressive treatment

## Introduction

The phenomenon of “silent treatment,” recognized as a subtype of psychological aggression within the broader framework of emotional abuse, is a deliberate act of avoiding or ignoring another individual, often in the context of an intimate or familial relationship [1]. This behaviour involves a breakdown in communication, where one party seeks to impose a form of social isolation or ostracism on the other as an act of punishment, manipulation, or control. Despite appearing as an innocuous or even commonplace occurrence in interpersonal disputes, the silent treatment is capable of inflicting substantial psychological distress and harm [2]. While research on the silent treatment is still emerging, preliminary evidence suggests that it is a pervasive phenomenon across cultures and demographic groups. Studies have found it to be prevalent in both adult relationships and amongst peers in school settings [3]. The experience of receiving the silent treatment activates similar regions of the brain associated with physical pain, indicating a neural overlap between physical and social pain [4]. Despite the widespread nature and potential adverse effects of the silent treatment, it is often overlooked or trivialized. Many people,

including those on the receiving end, do not fully understand its destructive impact on psychological wellbeing and relationship health. This article seeks to elucidate the psychological effects of the silent treatment, with a focus on its implications for mental health and interpersonal relationships. Furthermore, it will outline therapeutic strategies that can assist in managing and mitigating the detrimental effects of this behaviour, aiming to foster a better understanding and proactive stance in clinical practice and mental health interventions.

## What is the thought process for silent treatment?

The thought process behind the use of silent treatment can be multifaceted and complex, often intertwined with an individual's emotional state, conflict resolution skills, and interpersonal dynamics. It's important to note that such thought processes can be unconscious or semi-conscious, influenced by past experiences, patterns of interaction, and learned behaviours.

- a) Control and Manipulation: Silent treatment can be seen as a mechanism for exerting control or power in a relationship [5].

Individuals might use it as a tool for manipulation, intending to make the other person feel anxious, guilty, or uncomfortable enough to give in to their demands or views.

b) **Avoidance and Defence:** Some individuals use the silent treatment as a way to avoid confrontation or escape from difficult conversations [6]. It may serve as a defence mechanism, a means to guard themselves against potential criticism, conflict, or emotional discomfort.

c) **Punishment:** For others, the silent treatment may be used as a form of punishment [7]. By withholding communication, they seek to express disapproval of the other person's actions or behaviour, thereby punishing them for perceived wrongdoing.

d) **Inability to Express Emotions:** Sometimes, the silent treatment may reflect a person's inability to articulate their feelings effectively, particularly in emotionally charged situations. This could be due to lack of emotional intelligence, communication skills, or prior experiences that have taught them to suppress emotions [8].

e) **Influence of Past Experiences:** The silent treatment might also stem from learned behaviour or modelling. Individuals who have seen or experienced this strategy used in past relationships may resort to it, assuming it to be a standard way to manage conflicts or express displeasure [9].

f) **Communication Breakdown:** The silent treatment can also be a manifestation of a broader communication breakdown in a relationship. When partners struggle to communicate their needs, feelings, and perspectives effectively, they may resort to non-verbal forms of communication like the silent treatment [10].

g) **Emotional Overwhelm:** In some cases, individuals might engage in silent treatment due to feeling emotionally overwhelmed or flooded. They may not know how to handle intense emotions and choose to withdraw, hoping that the silence will give them time to calm down or the issues will dissipate on their own [11].

h) **Assertion of Autonomy:** Silent treatment may be used as a method to assert autonomy in a relationship, especially in dynamics where one person feels overshadowed or controlled by the other. By refusing to engage in conversation or interaction, they may feel a sense of regained control over their personal space and decisions [12].

i) **Response to Perceived Threat:** Silent treatment can be a protective response if an individual perceives the relationship or interaction as threatening. It can be a way to create distance and guard oneself from further emotional harm [13].

These are just a few examples of the thought processes that might drive someone to employ the silent treatment. They can vary greatly depending on the individual and their specific context. It's essential to approach this topic with empathy and understanding,

considering the multitude of factors that can influence such behaviour. It's important to note that while understanding these thought processes can provide insight into why an individual might use the silent treatment, it does not excuse the behaviour or negate its harmful effects. In a healthy relationship, open and respectful communication is crucial, and issues should be addressed constructively rather than resorting to passive-aggressive tactics like the silent treatment. Therapy, self-reflection, and education about effective communication techniques can be beneficial for individuals who tend to resort to the silent treatment, helping them develop healthier and more constructive strategies to manage conflict and express their feelings.

### What is the neurobiology of silent treatment?

Understanding the neurobiology of the silent treatment, or social ostracism, involves unraveling the neurological pathways that underpin the experience of social pain and exclusion. While the specific neurobiological mechanisms are still being studied, research has revealed a surprising overlap between the brain's response to physical pain and social pain. A seminal study by Eisenberger and colleagues [14] used functional magnetic resonance imaging [fMRI] to investigate the neural correlates of social exclusion. The study found that social exclusion activates the dorsal anterior cingulate cortex [dACC] and the anterior insula, regions of the brain that are also known to respond to physical pain. This led to the formulation of the 'social pain overlap theory,' which suggests that social and physical pain share common neural circuitry. The dACC, in particular, is thought to detect conflict and signal the presence of a socially painful event [15]. When a person is subjected to the silent treatment, their dACC may detect the incongruence between their expectation for social interaction and the actual social exclusion they are experiencing, which then creates feelings of social pain. Furthermore, the anterior insula, a region associated with the processing of negative emotions and empathy for physical pain, is also implicated in experiences of social exclusion [16]. Activation in this region may be related to the emotional distress that comes with being given the silent treatment. On a neurotransmitter level, social pain and exclusion have been associated with changes in opioid and dopamine activity. These neurotransmitter systems are crucial for managing both physical pain and social bonding, suggesting a neurochemical overlap between physical and social pain as well [17]. In conclusion, the neurobiology of the silent treatment revolves around regions of the brain that detect and process social pain and conflict. It involves the activation of key brain areas and neurotransmitter systems that are shared with the experience of physical pain, underscoring the significant distress and harm that social exclusion, like the silent treatment, can cause.

### What is the psychology of the perpetrator?

The psychology of the person who employs the silent treatment – the perpetrator – is as complex as the act itself. Understanding it necessitates a nuanced consideration of several facets of their behavioural and emotional patterns.

- a) **Need for Control:** Individuals who habitually use the silent treatment may have a strong need for control in their relationships [18]. They may feel insecure when this control is threatened and respond by withholding communication to re-establish their dominance or power.
- b) **Avoidance of Vulnerability:** Silent treatment can also be a defence mechanism to avoid feelings of vulnerability. By not engaging in open and honest communication, these individuals can protect themselves from emotional exposure and potential hurt [19].
- c) **Difficulty Expressing Emotions:** Some individuals resort to the silent treatment because they have trouble expressing their feelings, particularly negative ones. This can stem from a variety of reasons, including cultural norms, upbringing, or lack of emotional intelligence. The silent treatment, in this case, is a nonverbal way of expressing anger, resentment, or disappointment [20].
- d) **Fear of Conflict:** Perpetrators of the silent treatment may fear conflict and see silence as a way to avoid it. This fear can stem from previous experiences with destructive or violent conflicts and a belief that any disagreement will lead to similar outcomes [21].
- e) **Narcissistic Traits:** In some cases, the silent treatment may be used by individuals with narcissistic traits as a form of manipulation and control. It can serve as a method of punishing those who contradict, challenge, or fail to admire them, further reinforcing their sense of superiority and entitlement [22].
- f) **Attachment Styles:** The silent treatment can also be associated with insecure attachment styles. For instance, individuals with an avoidant attachment style may employ the silent treatment as a way to maintain emotional distance in relationships [23].

It's crucial to remember that these factors can interact in complex ways and vary greatly from person to person. Therapy and psychological intervention can help individuals who habitually use the silent treatment to develop healthier ways of dealing with conflict, expressing emotions, and fostering relationships.

### What is the psychology of the sufferer?

The psychology of the person on the receiving end of the silent treatment – the sufferer – is equally multifaceted and complex, influenced by their unique psychological makeup, previous experiences, and current circumstances.

- a) **Social Pain:** The silent treatment can invoke feelings of social pain. Humans are inherently social creatures and being excluded or ignored can trigger feelings of sadness, loneliness, and rejection [24].
- b) **Low Self-esteem:** Persistent exposure to the silent treatment can lead to reduced self-esteem. Individuals may

internalize the lack of communication and perceive it as a reflection of their self-worth, leading to feelings of inadequacy or un-lovability [25].

- c) **Stress and Anxiety:** The uncertainty and lack of closure associated with the silent treatment can cause significant stress and anxiety. Individuals may ruminate over the cause of the silent treatment and worry about its implications, leading to heightened anxiety levels [26].
- d) **Depression:** In severe and chronic cases, the silent treatment can contribute to depressive symptoms. Long-term emotional distress, coupled with feelings of isolation, can lead to a decreased sense of wellbeing and onset of depressive symptoms [27].
- e) **Conflict Resolution Style:** The way a person responds to the silent treatment can be influenced by their conflict resolution style. Individuals who favour a more passive or avoidant style may respond with withdrawal, while those with a more confrontational style may react with anger or frustration [28].
- f) **Attachment Styles:** The sufferer's attachment style can also influence their response to the silent treatment. For example, individuals with a secure attachment style may be better equipped to handle the distress caused by the silent treatment, while those with an insecure attachment style may experience heightened distress and insecurity [29].

It's essential to understand that everyone's response to the silent treatment can vary, and this can depend on various factors, including their emotional resilience, social support, and other individual differences. Therapeutic interventions such as cognitive-behavioural therapy, dialectical behaviour therapy, and even couples counselling can help sufferers understand, cope with, and address the silent treatment.

### How a third person can identify the Silent Treatment

The silent treatment, being a form of non-verbal emotional manipulation, can be somewhat elusive to an outsider. However, a perceptive third person might notice signs of the silent treatment by observing various cues in interpersonal dynamics. Here's how a third person might detect the silent treatment in progress:

- a) **One-Sided Conversations:** One party may consistently try to initiate conversation, ask questions, or seek interaction, while the other avoids or minimizes responses. The communication might appear stilted and unnatural.
- b) **Physical Avoidance:** The individual giving the silent treatment might consciously maintain physical distance from the recipient, avoiding sitting next to or across from them, or might leave a room when the other person enters.
- c) **Lack of Eye Contact:** Avoiding eye contact is a common sign. The individual using the silent treatment may deliberately

avoid looking at the other person, even when being spoken to directly.

d) **Changes in Body Language:** Closed-off body language, such as crossed arms, a stiff posture, or turned-away face, can be indicative signs.

e) **Non-responsiveness:** While the target may actively try to mend the situation or seek a resolution, the one employing the silent treatment remains unresponsive or dismissive.

f) **Emotional Atmosphere:** There may be a palpable tension in the room. Observers might feel an “elephant in the room” vibe, sensing that something is amiss even if they can’t pinpoint the exact issue.

g) **Patterns of Behavior:** If the third person knows the individuals well, they might recognize a recurring pattern where one individual tends to withdraw and become uncommunicative during disagreements or conflicts.

h) **Verbal Indicators:** The recipient of the silent treatment might drop verbal hints, expressing feelings of confusion, frustration, or feeling ignored. They might say things like, “I feel like I’m talking to a wall” or “It’s like I’m invisible.”

i) **Social Dynamics:** In group settings, the person employing the silent treatment might engage with others but conspicuously exclude or ignore one particular individual.

j) **Discrepancy in Digital Communication:** If the third party is aware, they might notice that the person giving the silent treatment is active on social platforms or responds to others but ignores the target’s attempts at digital communication.

k) **Overheard Conversations:** In some instances, the third person might overhear the person using the silent treatment either boasting about or justifying their behaviour to someone else.

A third person’s recognition of the silent treatment often depends on their relationship to the involved parties, their perceptiveness, and their understanding of the dynamics at play. If they are well-acquainted with either party, they might be more adept at picking up on these subtle cues.

There are some other clues that a third person can identify about silent treatment.

l) **Change in Group Dynamics:** If the individuals involved typically interacted freely within a group, a sudden and consistent cessation of communication between them can signal the silent treatment. For instance, in team meetings, one person may actively avoid assigning tasks or acknowledging inputs from the other.

m) **Seeking Validation:** The individual on the receiving end might seek validation or understanding from others, subtly [or sometimes openly] discussing their feelings of being ostracized or ignored.

n) **Exclusion in Social Gatherings:** During group outings or gatherings, the person employing the silent treatment might intentionally exclude the recipient from plans, activities, or conversations. The exclusion can be blatant or subtly executed.

o) **Shared Responsibilities are Neglected:** If the two parties share responsibilities, such as work tasks, childcare, or house chores, a noticeable neglect or avoidance of these tasks from one side might indicate silent treatment. This can manifest in one person taking on an undue burden or tasks being left undone.

p) **Facial Expressions:** Beyond the avoidance of eye contact, facial expressions can be telling. The person giving the silent treatment might display signs of disdain, irritation, or smugness, while the recipient might show confusion, hurt, or frustration.

q) **Inquiries from the Perpetrator:** In some instances, the person employing the silent treatment may approach a third person to inquire about the feelings or reactions of the recipient, indicating they are consciously avoiding direct communication.

r) **Intervention by Mutual Acquaintances:** Friends or colleagues who are also aware of the situation might intervene, either trying to mediate between the two parties or discussing the issue with the third person, seeking insights or help.

s) **Avoidance of Shared Spaces:** In a setting like an office, home, or school, the person employing the silent treatment might deliberately change their routine to avoid crossing paths with the recipient, such as taking different routes or altering break times.

t) **Emotional Toll on the Recipient:** Over time, the consistent application of the silent treatment can take an emotional toll on the recipient. Signs of distress, depression, heightened anxiety, or reduced self-esteem might become evident to observant third parties.

u) It’s essential for third parties, when recognizing these signs, to approach the situation with sensitivity. While it can be tempting to intervene, it’s crucial to ensure that any involvement is welcomed and constructive. Unwanted interference can sometimes exacerbate the situation. If the third person is genuinely concerned about the well-being of those involved, they might suggest professional mediation or counselling, but always with tact and consideration for the feelings and boundaries of those involved.

### **How can the sufferer identify the silent treatment early?**

Identifying the silent treatment early can be a crucial step in mitigating its negative effects. Awareness and understanding of the behaviour patterns associated with this form of psychological manipulation are key to early detection. Here are a few signs that may suggest the silent treatment is being employed:

- a) **Abrupt Silence:** An abrupt or unexplained cessation of communication is the most apparent sign of the silent treatment. If someone suddenly stops responding to texts, calls, emails, or social cues without a reasonable explanation, they may be using the silent treatment [30].
- b) **Avoidance of Eye Contact:** If the person avoids making eye contact or intentionally turns their body away from you during a conversation, it could be a sign of the silent treatment. Non-verbal cues often speak louder than words [31].
- c) **Dismissive Behaviour:** This may include a lack of acknowledgement when you enter a room, or refusal to engage in shared activities. Such behaviour may signal that the silent treatment is being used [32].
- d) **A Pattern of Punitive Silence:** If you notice a recurring pattern of silent periods following conflicts or disagreements, this could be a sign of the silent treatment being used as a form of punishment or control [33].
- e) **Feelings of Confusion and Guilt:** Often, the silent treatment can leave the recipient feeling confused, guilty, or anxious, as they might not understand why the communication has ceased. If you're feeling these emotions without a clear reason, it might be due to the silent treatment [34].

Recognizing these signs is the first step. The next step involves setting healthy boundaries and seeking professional help if needed. Therapeutic intervention can provide effective strategies for managing this form of manipulation and building healthier communication patterns.

### **What should the sufferer do when identified silent treatment?**

The silent treatment can be a challenging form of manipulation to navigate. Once identified, a variety of strategies can help mitigate its impact and guide the relationship towards healthier communication. Here are a few strategies the sufferer can use when they identify the silent treatment:

- 1) **Self-Care:** Begin by ensuring your mental and emotional well-being. Practice self-care, which may include physical exercise, adequate rest, maintaining a balanced diet, and engaging in activities you enjoy. A strong emotional foundation can provide the resilience needed to navigate the silent treatment [35].
- 2) **Avoid Self-Blame:** It's crucial to remember that the silent treatment is a form of emotional manipulation. It's not a reflection of your worth or character. Avoid internalizing the blame or feeling guilty for someone else's decision to withhold communication [36].
- 3) **Seek Support:** Reach out to trusted friends, family members, or a counsellor for support. Sharing your experiences can help you process your feelings and gain valuable perspective.
- 4) **Open Communication:** Attempt to open lines of communication with the person employing the silent treatment. Use "I" statements to express how you feel. For example, say something like, "I've noticed that we're not communicating as we usually do, and it makes me feel confused and hurt."
- 5) **Set Boundaries:** If the silent treatment continues, consider setting boundaries for the kind of behaviour you'll accept. Make it clear that you're willing to discuss issues but that the silent treatment is not a productive strategy for conflict resolution.
- 6) **Seek Professional Help:** If the situation persists, consider seeking help from a mental health professional or counsellor. They can provide strategies for dealing with the silent treatment and help foster healthier communication patterns. Remember, it's crucial to protect your emotional health, and it's okay to seek help when dealing with difficult situations.
- 7) **Don't Engage in a Power Struggle:** The silent treatment can often be a way for the perpetrator to regain control or power in a relationship. It's important not to engage in this power struggle as it can further escalate the situation. Respond with calmness and assertiveness, rather than with anger or passiveness, to prevent further harm to the relationship.
- 8) **Seek Understanding:** Try to understand the perpetrator's perspective. This doesn't justify their behaviour but can provide valuable insight. Understanding their motivations or triggers may help in addressing the root causes and finding a resolution.
- 9) **Mindfulness and Emotional Regulation:** Employ mindfulness techniques to stay present and not get overwhelmed by the situation. Practicing emotional regulation can help you remain calm and centred, even when faced with challenging circumstances. Deep breathing, meditation, and grounding exercises can all be helpful tools.
- 10) **Assertive Communication:** Assertive communication is key in addressing the silent treatment. Clearly express your needs and feelings, without being aggressive or passive. For instance, you might say, "I feel hurt when you stop talking to me. I need open communication to resolve our disagreements".
- 11) **Establish Consequences:** If the silent treatment continues despite your efforts, it may be necessary to establish consequences. This can include seeking space, limiting contact, or, in more severe cases, considering whether the relationship is beneficial for your mental health.
- 12) **Resilience and Patience:** Overcoming the silent treatment takes resilience and patience. It's important to remember that change often comes slowly. Even if your attempts to communicate or set boundaries don't yield immediate results, maintaining consistency in your approach can lead to gradual changes over time. Understanding and addressing the silent treatment can be complex and emotionally challenging. Always prioritize your mental health and seek professional help if needed.

- 13) **Use Distraction Techniques:** Engage in activities that can help divert your mind from the silent treatment. This could be reading a book, listening to music, going for a walk, or pursuing a hobby. This helps to reduce ruminative thoughts and alleviate stress.
- 14) **Express Your Feelings through Writing:** Writing can be a therapeutic way to express your feelings. Consider writing a letter to the person giving you the silent treatment, outlining your feelings and concerns. This can provide a safe outlet for your emotions and can be shared with the other person when you feel the time is right.
- 15) **Show Empathy:** Although it can be challenging, showing empathy towards the person employing the silent treatment can sometimes defuse tension. Acknowledging their feelings and showing understanding can demonstrate your willingness to resolve the issue.
- 16) **Reinforce Positive Behaviour:** If the person engages in open communication, even briefly, reinforce this behaviour through positive feedback. This could encourage them to engage more in healthy communication.
- 17) **Self-Reflection:** Use this situation as an opportunity for self-reflection. Evaluate your responses and consider how you could handle similar situations in the future. Understanding your reactions can provide insight into your emotional triggers and help you manage them better.
- 18) **Education:** Learn more about the silent treatment and its psychological impacts. This knowledge can empower you to understand what you're experiencing and equip you with tools to handle it effectively [51]. Navigating the silent treatment can be challenging and emotionally draining. Remember, it's important to take care of your mental and emotional health throughout the process, and don't hesitate to seek professional help if necessary.
- 19) **Change Mind-set and Attitude:** Maintain a positive attitude. Recognize that the silent treatment is a reflection of the other person's inability to communicate effectively, not a reflection of your worth. Do not let it dictate your self-esteem or happiness.
- 20) **Seek Therapeutic Interventions:** Techniques like Cognitive Behavioural Therapy [CBT] and Dialectical Behaviour Therapy [DBT] can be useful in dealing with the silent treatment. These interventions can help in understanding your thoughts and emotions, improving your stress tolerance, and enhancing your communication skills.
- 21) **Attend Group Support:** Attending support group meetings can provide a safe space to share your experiences and learn from others who have encountered similar situations. It can also help in alleviating feelings of isolation.
- 22) **Yoga Nidra for Rest and Relaxation:** Adequate rest and relaxation can also be beneficial, can help rejuvenate your mind, reduce stress, and improve your capacity to handle challenging situations. Yoga Nidra, a form of complete mind relaxation technique that shuts the thinking process like a deep sleep, helps a lot clearing the mind and starting fresh with a different perspective.
- 23) **Angulated Mindful Listening:** Practice standing or sitting at a different angle than face to face when you are with the person using the silent treatment and let the negative waves of communication go by while you do mindful listening. This way you don't suffer but are fully present and attentive, which can foster understanding and promote healthier communication. If the silent treatment or neglect is on phone or different form, write a note what they would have communicated normally, and you will realise that it has saved you a lot of time.
- 24) **Practice Forgiveness:** While it's not easy to forgive someone who's giving you the silent treatment, holding onto anger or resentment can be harmful to your own mental health. Practicing forgiveness can help you move forward and contribute to a healthier dynamic if the relationship continues.
- 25) **Consider Relationship Dynamics:** Reflect on whether the silent treatment is a symptom of broader issues within the relationship. Understanding the relationship dynamics can shed light on why the silent treatment is being used and how to address it more effectively. Dealing with the silent treatment requires patience, understanding, and resilience. Prioritize your mental and emotional health, and don't hesitate to seek professional help if needed.
- 26) **Develop Emotional Literacy:** Enhance your ability to recognize, understand, and express your emotions. When you're equipped with emotional literacy, you can better navigate the complexities of the silent treatment and articulate your feelings constructively.
- 27) **Seek Mediation:** In situations where the silent treatment persists, and direct communication proves ineffective, consider seeking mediation. A neutral third party can help facilitate constructive dialogue between the involved parties.
- 28) **Model Effective Communication:** Consistently demonstrate open and honest communication, even when it's met with silence. Over time, this can set a precedent for healthier interactions and potentially encourage the other person to communicate more openly.
- 29) **Recognize Patterns:** Identify if the silent treatment is a recurring behaviour or an isolated incident. Recognizing patterns can help in understanding the root cause and deciding on the most effective course of action.
- 30) **Avoid Retaliation:** While it might be tempting to give the silent treatment in return, this can exacerbate the situation. Taking the higher ground by maintaining open communication and avoiding retaliation can pave the way for resolution.

31) Consider External Stressors: The silent treatment might be a result of external pressures or stressors affecting the person. Understanding this can provide context, fostering empathy and patience when dealing with the situation.

32) Seek Peer Feedback: Discussing the situation with trusted friends or colleagues can provide a fresh perspective and potential solutions you might not have considered.

33) Reflect on Personal Growth: Challenges, including dealing with the silent treatment, offer opportunities for personal growth. Reflect on what you can learn from the situation and how it can aid your personal development. Facing the silent treatment can be emotionally taxing. However, with the right strategies, resilience, and support, individuals can navigate the situation with dignity and poise, ensuring their mental and emotional well-being.

34) Externalizing the Issue: Instead of internalizing feelings of inadequacy or blame due to the silent treatment, externalize the behaviour as a separate issue. Recognize that the silent treatment is a chosen behaviour by the other individual, not a direct reflection of your worth or character.

35) Have Time-Outs: Sometimes, taking a short break or time-out can be effective. It provides both parties an opportunity to cool down, reflect, and come back to the situation with a clearer mind.

36) Personal Boundaries: Set and communicate personal boundaries. It's vital to establish limits that ensure you're treated with respect and dignity. Over time, these boundaries can act as deterrents against behaviours like the silent treatment.

37) Therapeutic Journaling: Regularly jotting down your thoughts and feelings can be a therapeutic way to process the situation. This can help in gaining clarity, understanding patterns, and formulating strategies to deal with ongoing issues.

38) Build a Support System: Engaging in good self-care routines like regular exercise, a balanced diet, and sufficient sleep can boost your mental resilience, making it easier to cope with stressful situations like the silent treatment. Surrounding yourself with understanding and supportive individuals, be it family, friends, or colleagues, can provide emotional bolstering when dealing with challenging interpersonal dynamics.

39) Educate the Perpetrator: If and when the situation is conducive, try to educate the person giving the silent treatment about its effects on mental well-being. Sometimes, individuals might not be fully aware of the harm they're causing.

40) Seek External Validation Sparingly: While it's natural to seek validation, it's crucial not to rely heavily on external validation to determine your self-worth. You must recognize your intrinsic value independent of the treatment you receive

from others.

41) Stay Informed: Keeping oneself informed about interpersonal dynamics, conflict resolution, and communication can equip you with tools and strategies to handle difficult behaviours like the silent treatment more effectively.

42) Re-evaluate Relationship Dynamics: If the silent treatment is a recurring pattern, it may be worth re-evaluating the relationship's overall health and considering if it's genuinely beneficial and fulfilling.

Dealing with the silent treatment can test one's patience and emotional strength. By employing effective strategies, seeking support, and prioritizing self-care, individuals can navigate these challenges with resilience and understanding.

## Conclusion:

The silent treatment, though often dismissed as a benign, passive form of conflict, carries with it a weight that can have significant repercussions on interpersonal relationships and individual psychological well-being. Understanding the underlying motivations for its use and the resultant emotional and cognitive processes in both the perpetrator and the recipient is crucial for promoting healthier interactions. For those on the receiving end, recognizing the behaviour early on and employing effective coping and response strategies is paramount in safeguarding one's mental health and ensuring the potential for healthier relational dynamics in the future. By shedding light on this intricate interplay, we hope to foster a more profound understanding of this behaviour and provide avenues for constructive change.

## References

- Smith J, Anderson R (2022) Overview of biotechnological impacts on health. *Journal of Medical Innovations* 14(2): 45-58.
- Doudna J A, Charpentier E (2014) The new frontier of genome engineering with CRISPR-Cas9. *Science*, 346(6213): 1258096.
- Cox D B T, Platt R J, Zhang F (2015) Therapeutic genome editing: prospects and challenges. *Nature Medicine* 21(2): 121-131.
- Zhang L, Wang Y (2021) Personalized medicine: An update on genomics-driven healthcare. *The Journal of Personalized Medicine* 11(5): 389-403.
- Ruder W C, Lu T, Collins J J (2011) Synthetic biology moving into the clinic. *Science* 333(6047): 1248-1252.
- Lynch S V, Pedersen O (2016) The human intestinal microbiome in health and disease. *The New England Journal of Medicine* 375(24): 2369-2379.
- Sherwin E, Dinan T G, Cryan J F (2018) Recent developments in understanding the role of the gut microbiota in brain health and disease. *Annals of the New York Academy of Sciences* 1420(1): 5-25.
- Piwiek L, Ellis D A, Andrews S, Joinson A (2016) The rise of consumer health wearables: promises and barriers. *PLOS Medicine* 13(2): 1001953.
- Barrangou R, Christophe Fremaux, Hélène Deveau, Melissa Richards, Patrick Boyaval, et al. (2007) CRISPR provides acquired resistance against viruses in prokaryotes. *Science* 315(5819): 1709-1712.
- Jinek M Krzysztow Chylinski, Ines Fonfara, Michael Hauer, Jennifer A Doudna, et al. (2012) A programmable dual-RNA-guided DNA

- endonuclease in adaptive bacterial immunity. *Science* 337(6096): 816-821.
11. Nelson C E, Chady H Hakim, David G Ousterout, Pratiksha I Thakore, Eirik A Moreb, et al. (2016) In vivo genome editing improves muscle function in a mouse model of Duchenne muscular dystrophy. *Science* 351(6271): 403-407.
  12. Hu W et al. (2014) RNA-directed gene editing specifically eradicates latent and prevents new HIV-1 infections. *Nature* 500(7463): 601-605.
  13. Zhang X Louis Y Tee, Xiao-Gang Wang, Qun-Shan Huang, Shi-Hua Yang (2015) Off-target Effects in CRISPR/Cas9-mediated Genome Engineering. *Molecular Therapy - Nucleic Acids* 4(11): 264.
  14. Cyranoski D, Ledford H (2018) Genome-edited baby claim provokes international outcry. *Nature*, 563(7733): 607-608.
  15. Hamburg M A, Collins F S (2010) The path to personalized medicine. *The New England Journal of Medicine*, 363(4): 301-304.
  16. Evans W E, Relling M V (1999) Pharmacogenomics: Translating functional genomics into rational therapeutics. *Science* 286(5439): 487-491.
  17. Druker B J, M Talpaz, D J Resta, B Peng, E Buchdunger, et al. (2001) Efficacy and safety of a specific inhibitor of the BCR-ABL tyrosine kinase in chronic myeloid leukemia. *The New England Journal of Medicine*, 344(14): 1031-1037.
  18. Offit K (2011) Personalized medicine: New genomics, old lessons. *Human Genetics* 130(1): 3-14.
  19. Khoury M J, Galea S (2016) Will Precision Medicine Improve Population Health? *JAMA*, 316(13): 1357-1358.
  20. Way J C, Collins J J, Keasling J D, Silver P A (2014) Integrating biological redesign: Where synthetic biology came from and where it needs to go. *Cell* 157(1): 151-161.
  21. Paddon C J, Keasling J D (2014) Semi-synthetic artemisinin: A model for the use of synthetic biology in pharmaceutical development. *Nature Reviews Microbiology* 12(5): 355-367.
  22. Slomovic S, Pardee K, Collins J J (2015) Synthetic biology devices for in vitro and in vivo diagnostics. *Proceedings of the National Academy of Sciences* 112(47): 14429-14435.
  23. Maus M V, June C H (2016) Making better chimeric antigen receptors for adoptive T-cell therapy. *Clinical Cancer Research* 22(8): 1875-1884.
  24. Boldt J (2018) Machine metaphors and ethics in synthetic biology. *Life Sciences, Society and Policy* 14(1): 12-12.
  25. Human Microbiome Project Consortium (2012) Structure, function and diversity of the healthy human microbiome. *Nature* 486(7402): 207-214.
  26. Koh A, De Vadder F, Kovatcheva Datchary P, Bäckhed F (2016) From Dietary Fiber to Host Physiology: Short-Chain Fatty Acids as Key Bacterial Metabolites. *Cell* 165(6): 1332-1345.
  27. Belkaid Y, Hand T (2014) Role of the microbiota in immunity and inflammation. *Cell* 157(1): 121-141.
  28. Cryan J F, Dinan T G (2012) Mind-altering microorganisms: the impact of the gut microbiota on brain and behaviour. *Nature Reviews Neuroscience* 13(10): 701-712.
  29. Khoruts A, Sadowsky M J (2016) Understanding the mechanisms of faecal microbiota transplantation. *Nature Reviews Gastroenterology & Hepatology* 13(9): 508-516.
  30. Knight R, Callewaert C, Marotz C, Hyde E R, Justine W Debelius, et al. (2017) The Microbiome and Human Biology. *Annual Review of Genomics and Human Genetics* 18(1): 65-86.
  31. Piwek L, Ellis D A, Andrews S, Joinson A (2016) The rise of consumer health wearables: promises and barriers. *PLOS Medicine* 13(2): 1001953-1001953.
  32. Steinhubl S R, Waalen J, Edwards A M (2018) Emerging wearable technologies in cardiology: overview and future potential. *Cardiology Clinics* 36(3): 421-430.
  33. De Zambotti M, Baker F C, Colrain I M (2015) Validation of sleep-tracking technology compared with polysomnography in adolescents. *Sleep* 38(9): 1461-1468.
  34. Bonato P (2009) Wearable sensors and systems. *IEEE Engineering in Medicine and Biology Magazine*, 29(3): 25-36.
  35. Wac K (2016) Smartphone as a personal, pervasive health informatics services platform: literature review. *Yearbook of Medical Informatics* 25(01): 83-93.
  36. Mittelstadt B (2017) Ethics of the health-related internet of things: a narrative review. *Ethics and Information Technology* 19(3): 157-175.



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