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The silence curriculum: emotional neglect in schools as a hidden psychiatric risk

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1 Introduction

Rising rates of psychological distress among school-age children and adolescents have prompted serious concern among educators and psychologists (Pengpid and Peltzer, 2020; Wang et al., 2019). These challenges, intensified by the COVID-19 pandemic and growing climate anxiety, are not met with sufficient support in most school systems (Afifi et al., 2024; Barbieri et al., 2024). Instead of acting as spaces of emotional care, schools often maintain a culture of silence around grief, trauma, and emotional distress. We identify this tendency as the “silence curriculum”—an institutional failure to acknowledge or address students’ emotional lives.

This silence is not accidental. It reflects the dominant prioritization of academic performance over psychological safety. Children asked to “perform” while suppressing pain are at risk for anxiety, aggression, depression, and disengagement (Dye, 2018). Their behavior is often misinterpreted as disobedience, further delaying meaningful support (Overstreet and Chafouleas, 2016).

We argue that education without emotional literacy is incomplete. Emotional skills like regulation, empathy, and resilience are essential to student development and social life (Mahoney et al., 2021). Global frameworks increasingly support this view: UNESCO’s Education 2030 agenda affirms that psychosocial wellbeing is foundational to equitable and holistic learning (UNESCO, n.d).

This paper names and examines the “silence curriculum” as a systemic psychiatric risk. Drawing on developmental psychology, trauma-informed education, and child psychiatry, we argue that failure to address students’ emotional lives undermines early intervention and resilience. By naming this structural silence, we call for a shift toward emotionally literate schools where care is central—not peripheral—to education.

2 The emotional lives of students: an overlooked domain

Despite growing awareness of adolescent mental health needs, the emotional lives of students remain largely invisible within school settings. Globally, one in seven teens suffers from a mental health disorder, with anxiety, depression, and behavioral challenges among the most reported concerns (Mental Health of Adolescents, n.d). Stressors such as familial instability, academic pressure, and communal disruption are now joined by rising climate-related distress and the long shadow of pandemic-related loss (Yang et al., 2023).

Developmental psychology underscores that early emotional experiences shape key aspects of personality, regulation, and later-life coping (George, 2018). Yet schools rarely make room for these inner realities. A mismatch persists between what students experience emotionally and what school environments demand of them cognitively and behaviorally.

This disconnection has psychiatric consequences. Unacknowledged trauma or grief can manifest as psychosomatic symptoms, withdrawal, or classroom disruptions—behaviors frequently mistaken for laziness, disobedience, or defiance (Dye, 2018). These misinterpretations delay support, exacerbate emotional suppression, and increase stigma.

Neglect of emotional experiences fails not only to permit appropriate wellbeing but harm learning and development. With no space for emotional work and showing, many young people end up carrying the weight of problems internally that hamper school performance as much as interpersonal trust. These become schools of invalidation, reinforcing the mind-set of psychological needs as being diversions rather than worthwhile helps with learning.

3 The silence curriculum in action

The silence curriculum is the pervasive, all-too-familiar school-wide regime of discouraging or ignoring emotional expression, loss, and trauma. It is not a particular curriculum but an added-together set of practices, policies, and things not done that only have one unmistakable message: feelings have no business being present in school worlds unless they're bad enough to be disciplined.

Such a curriculum is born of a long history of repression of emotion in learning, in which intellectual performance is valued more than emotional wellness. Schools have long been guided by industrial-age logics of discipline, standardization, and performance—the sorts of things that don't leave much room for vulnerability or care. Emotional feeling is therefore typically pathologized, sneered at, or punished.

The silence curriculum manifests in multiple ways:

- Absence of emotional content in curricula, including little space for grief, conflict, or emotional regulation within standard subjects.
- Punitive disciplinary models that treat emotional outbursts as behavioral misconduct rather than expressions of distress (Overstreet and Chafouleas, 2016).
- Minimal crisis response systems for personal trauma or bereavement unless it affects the entire school community.
- Underprepared educators who feel unequipped to handle emotional disclosures and thus unintentionally avoid them (Ayari et al., 2022).
- Policy gaps in teacher training and student support infrastructure.

These practices often work on an institutional rather than deliberate basis—the result of day-to-day routines rather than concerted effort; solidified through pressure to perform on intellectual metrics. A coping mechanism of silence becomes part of the experience of the students, but of overworked staff with neither the resources nor discretion to address emotional needs. As Oberg

et al. note in 2023, the breakdown of emotional infrastructure hurts not only the students, but induces compassion fatigue in teachers.

Recognizing the silence curriculum allows educators and policymakers to understand that inaction is in fact communication. When emotional distress is consistently dismissed, students internalize the belief that their emotional lives are irrelevant or dangerous to communicate. The silence curriculum is an invisible yet powerful barrier to early intervention, relational trust, and long-term mental health.

4 Psychiatric implications of suppressed emotional literacy

Psychiatric studies have consistently linked unresolved child trauma with future mental health outcomes, including increased risk of depression, drug and alcohol misuse, and suicidal behaviors (Copeland et al., 2018; Hughes et al., 2017). Where emotional literacy is absent or discouraged within school environments, intervention is lost early on and these risks continue unabated.

When children are discouraged within themselves or outside of themselves regarding expressing emotion, distress is usually internalized as depression or expressed as aggression and defiance outwardly (Oberg et al., 2023). Over time, chronic invalidating of emotional experience can erode self-esteem and institutional integrity. A child repeatedly admonished to “just study” as they express sadness may be conditioned to repress emotional suffering until it solidifies as pathology.

In addition, an emotionally barren curriculum deprives students of experiences through which they can learn critical psychological skills such as empathy, emotion regulation, and conflict resolution. Such skills are unconditional prerequisites of mental health and interpersonal behavior (Mahoney et al., 2021). Such schools run the risk of graduating emotionally lost students who might be educated but don't know how to handle adversity, relationships, or ethical problems.

Recent studies also find that emotionally risky school environments have been tied to educational disengagement and greater referral of children with psychiatric problems, particularly in under-resourced school districts (Devenney and O'Toole, 2021). These findings only add further weight to the argument that emotional development comes before educational performance—it is fundamental to it.

Correspondingly, emotional literacy cannot be seen as some form of secondary concern or pastoral addendum. It must be conceptualized as part of developmental entitlement and encompassed within the very fabric of schooling's construction, provision, and assessment.

5 Toward emotionally literate schools: what needs to change

Transforming the silence curriculum requires action on multiple fronts—curricular, pedagogical, institutional, and cultural. Emotional literacy must be integrated not as a supplemental program but as a developmental necessity.

Curricular strategies should be adapted to developmental stages. In early primary education, interventions such as “memory corners” can offer children symbolic space to process loss and grief in age-appropriate ways. Regular emotional check-ins using visuals or mood charts help normalize emotional awareness from a young age. In middle school, literature, storytelling, and project-based learning can introduce themes of resilience, empathy, and ethical dilemmas, helping students explore emotional complexity. At the secondary level, peer-led discussions, reflective writing, and classroom dialogues around mental health, relationships, and self-regulation can deepen emotional insight and build self-advocacy.

These practices need not be resource-intensive. They require intentionality and sensitivity rather than large budgets. However, effective implementation demands teacher training. Both pre-service and in-service programs should include modules on trauma-informed instruction, psychological first aid, and referral protocols (Langley et al., 2010). Trained educators can better recognize signs of distress and respond with care, not punishment.

Importantly, these approaches must be culturally sensitive and contextually adaptable—especially in environments where socio-political forces oppose diversity, equity, and inclusion. In such cases, emotional literacy can be framed as “resilience building”, “academic readiness”, or “communication skills”—language that avoids politicization while preserving the intent. Universal SEL models like those offered by CASEL provide tools that focus on broadly accepted competencies: self-awareness, responsible decision-making, and social interaction.

Beyond the classroom, school-community partnerships can amplify impact. Access to mental health professionals—whether full-time or through local networks—can enable early referrals, facilitate staff debriefings, and support peer groups. These alliances help cultivate a school culture where care is shared, not outsourced (Aithal and Aithal, 2023).

At the policy level, ministries of education and health must be on the same page defining emotional support as part of quality learning. School mental health infrastructure is overdue for investment. Emotional literacy is not enrichment—it must be conceptualized as essential to educational equity and child and youth well-being (Stipp, 2019).

6 Anticipating challenges and resistance

Putting emotionally responsive learning in place is likely to be resisted. Schools already have high expectations of academic pressure, shortages of staffing, and few resources. Where already pushed-to-the-limit environments exist, proposing emotional literacy as part of the plan may be interpreted as an unrealistic or potentially disruptive demand.

In addition, efforts at incorporating mental health instruction or trauma-informed care in some districts might be resisted on ideological grounds. Legislative intervention on social-emotional learning, diversity instruction, or alleged “psychological interference” in classrooms gives rise to highly politicized environments under which discussion of emotion on neutral terms can be called into question.

Although such challenges exist, movement solutions exist. An approach is initiating with values-neutrality framing. Instead of defining interventions as “mental health programs,” school systems can call them “behavior support strategies,” “academic engagement tools,” or “communication and resilience training.” Such framing facilitates relatively easy eliciting of institutional and parental support without sacrificing the ultimate purpose.

Pilot initiatives can be points of entry. A handful of trained teachers, for example, can introduce voluntary narrative or check-ins and share results. If the initiative leads to more positive classroom behavior or more focused students, it can be escalated. Data-driven outcomes—fewer suspension referrals, more attendance, more school engagement—can diffuse suspicion.

Community involvement is yet another strategy. Where programs have been co-developed with caregivers, with local mental health experts, and with even students, resistance is bound to decline. The participatory approach builds ownership and feelings of shared responsibility.

Schools may start with workforce-focused well-being programs, such as professional debriefs or staff support groups. These embed emotional capacity within the school, normalize care-informed teaching, and demonstrate institutional investment before rolling out interventions involving the students.

Finally, superordinate authority’s policy direction at either the national or district-wide level can safeguard school systems against localized resistance. Departments of Health and of Education need not only access to financial assistance, but of directive guidance and legal safeguard as well, in order for school systems to factor emotional protection as an important learning dimension.

7 Illustrative cases and real-world patterns

To explain how the silence curriculum unfolds in practice, we draw on two recent studies that expose emotional neglect in school.

A 2024 qualitative study of Rivi Frei-Landau in Israel explored the response of primary school teachers to students’ bereavement after pandemic COVID-19 losses. Despite showing displays of emotional suffering, a student was signed into a behavior intervention program while not being offered psychotherapy. Teachers felt “helpless and unsupported” and attributed blame on the absent protocols of referral and of training (Frei-Landau, 2024). With the assistance of semi-structured interviews, research shed light on the manner in which schools reinterpreted emotional distress as behaviors in need of correction—a silencing institutional device.

In America, Devenney and O’Toole (2021) used mixed-methods researches in exploring school avoidance and trauma in under-resourced school settings. Teachers previously explained chronic absenting and disengagement as defiant. Yet, with the initiation of trauma-informed procedures like staff training and referral systems, the school experienced rises in teacher sensitivity and positive pupil results. The study showed that structural silence can be overcome with inexpensive, institutional interventions.

Both situations describe that silence is more than avoidance but is rather an institutionalized, predictable response guided by training gaps, policy, and mindset. Both situations further describe

that with targeted intervention, school districts can transition away from avoidance and move toward empathy—replacing silence with support systems.

8 Conclusion: reframing educational responsibility

Silence around emotional vulnerability at school is no unintended omission but rather structural and cultural failure with long-term psychiatric implications. We have here coined the silence curriculum to encapsulate daily omission, repression, or discouragement of the emotional lives of pupils within institutional learning. The silence beats down intervention at young ages, stigmatizes suffering, and hurts the ability of the pupil to be able to trust those very systems through and by which they experience developmental support.

Reversing this dynamic requires more than occasional programs—it requires an educational responsibility shift. Emotional literacy cannot be an elective enrichment, but rather a core developmental right. As literacy and numeracy underpin formal learning, the same is the case with empathy, regulation, and relational resilience. Trauma-informed pedagogy must be the rule, not the exception.

Staff cannot be alone in carrying out this responsibility. System-wide change is undergirded structurally: teacher education in psychological first aid, school-community linkages, access to mental health professionals, and policymaking that legitimizes care as a core educational goal. These are not amenities; they're protection for faculty and students alike.

Available frameworks and empirical examples currently present an unmistakable direction—but their implementation is yet inconsistent. It is now incumbent on school leaders, policymakers, and specialists in mental health to act in sync. Indifference amid teenage distress is no longer an excuse for ignorance—it is a decision. And one with preventable consequences.

This is not only an appeal for innovation—but an appeal for ethical congruence. Schools must become places that cultivate not only minds—but emotional lives. Only then can we promise that we teach the whole child—and preserve the mental health of future generations.

References

- Affi, T., Fortier, J., Salmon, S., Taillieu, T., Osorio, A., Roos, L., et al. (2024). Youth COVID-19 stressors and associations with self-perceived health, depression, anxiety, and at-risk alcohol and cannabis use. *FACETS* 9, 1–10. doi: 10.1139/facets-2023-0160
- Aithal, S., and Aithal, S. (2023). How to increase emotional infrastructure of higher education institutions. *Int. J. Manag. Technol. Soc. Sci.* 8, 356–394. doi: 10.47992/IJMTS.2581.6012.0307
- Ayari, S., Van Ginkel, A., Shriberg, J., Gauley, B., and Maniates, S. (2022). Embedding social and emotional learning in literacy and teacher training in Afghanistan. *J. Educ. Emerg.* 8:262. doi: 10.33682/hxdn-4vbe
- Barbieri, V., Piccoliori, G., Engl, A., and Wiedermann, C. (2024). Parental mental health, gender, and lifestyle effects on post-pandemic child and adolescent psychosocial problems: a cross-sectional survey in Northern Italy. *Int. J. Environ. Res. Public Health* 21:933. doi: 10.3390/ijerph21070933
- Copeland, W. E., Shanahan, L., Hinesley, J., Chan, R. F., Aberg, K. A., Fairbank, J. A., et al. (2018). Association of childhood trauma exposure with adult psychiatric disorders and functional outcomes. *JAMA Netw. Open* 1, e184493–e184493. doi: 10.1001/jamanetworkopen.2018.4493
- Devenney, R., and O'Toole, C. (2021). 'What kind of education system are we offering': the views of education professionals on school refusal. *Int. J. Educ. Psychol. IJEP* 10, 27–47. doi: 10.17583/ijep.2021.7304
- Dye, H. (2018). The impact and long-term effects of childhood trauma. *J. Hum. Behav. Soc. Environ.* 28, 381–392. doi: 10.1080/10911359.2018.1435328
- Frei-Landau, R. (2024). Teachers as caregivers of grieving children in school in the post-COVID-19 era: using the self-determination theory to conceptualize teachers' needs when supporting grieving children's mental health. *Front. Pediatr.* 12:106. doi: 10.3389/fped.2024.1320106

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- George, C. (2018). *Trauma, Attachment, Emotion Regulation and Coping Mechanisms in Mental Health*. Available online at: <https://consensus.app/papers/trauma-attachment-emotion-regulation-and-coping-george/6c832b53df955bcb9d75bef38254547f/> (Accessed May 10, 2025).
- Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., et al. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *Lancet Public Health* 2, e356–e366. doi: 10.1016/S2468-2667(17)30118-4
- Langley, A. K., Nadeem, E., Kataoka, S. H., Stein, B. D., and Jaycox, L. H. (2010). Evidence-based mental health programs in schools: barriers and facilitators of successful implementation. *Sch. Ment. Health* 2, 105–113. doi: 10.1007/s12310-010-9038-1
- Mahoney, J. L., Weissberg, R. P., Greenberg, M. T., Dusenbury, L., Jagers, R. J., Niemi, K., et al. (2021). Systemic social and emotional learning: Promoting educational success for all preschool to high school students. *Am. Psychol.* 76, 1128–1142. doi: 10.1037/amp0000701
- Mental Health of Adolescents (n.d.). Available online at: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health> (Retrieved April 17, 2025).
- Oberg, G., Carroll, A., and Macmahon, S. (2023). Compassion fatigue and secondary traumatic stress in teachers: how they contribute to burnout and how they are related to trauma-awareness. *Front. Educ.* 8:8618. doi: 10.3389/feduc.2023.1128618
- Overstreet, S., and Chafouleas, S. M. (2016). Trauma-informed schools: introduction to the special issue. *Sch. Ment. Health* 8, 1–6. doi: 10.1007/s12310-016-9184-1
- Pengpid, S., and Peltzer, K. (2020). Prevalence and associated factors of psychological distress among a national sample of in-school adolescents in Morocco. *BMC Psychiatr.* 20:883. doi: 10.1186/s12888-020-02888-3
- Stipp, B. (2019). A big part of education also: a mixed-methods evaluation of a Social And Emotional Learning (SEL) course for pre-service teachers. *Emot. Behav. Difficult.* 24, 204–218. doi: 10.1080/13632752.2019.1597569
- UNESCO (n.d.). *AI and Education: Guidance for Policy-Makers*. Available online at: <https://www.unesco.org/en/articles/ai-and-education-guidance-policy-makers> (Retrieved June 24, 2025).
- Wang, C., Li, K., Kim, M., Lee, S., and Seo, D. (2019). Association between psychological distress and elevated use of electronic devices among U.S. adolescents: results from the youth risk behavior surveillance 2009–2017. *Addict. Behav.* 90, 112–118. doi: 10.1016/j.addbeh.2018.10.037
- Yang, X., Fang, Y., Wang, Y., Liu, S., Cai, J., Li, H., et al. (2023). Multidimensional stressors and depressive and anxiety symptoms in adolescents: a network analysis through simulations. *J. Affect. Disord.* doi: 10.1016/j.jad.2023.11.057