Applied Psychology Review (APR)
Volume 3 Issue 1, Spring 2024
ISSN$_{(P)}$: 2959-1597, ISSN$_{(E)}$: 2959-1600
Homepage: https://journals.umt.edu.pk/index.php/apr

Article QR

Title: **Self-Silencing and Mental Well-being in Married Individuals**

Author (s): Amara Naeem, Jawaria Bashir, Amarah Qureshi, and Rabia Saleem

Affiliation (s): University of Management & Technology, Lahore, Pakistan

DOI: https://doi.org/10.32350/apr.31.03

History: Received: August 29, 2023, Revised: April 08, 2024, Accepted: May 02, 2024, Published: June 27, 2024

Citation: Naeem, A., Bashir, J., Qureshi, A., & Saleem, R. (2024). Self-Silencing and mental well-being in married individuals. *Applied Psychology Review*, *3*(1), 41–59. https://doi.org/10.32350/apr.31.03

Conflict of Interest: Author(s) declared no conflict of interest

A publication of
Department of Knowledge & Research Support Services
University of Management and Technology, Lahore, Pakistan

Self-Silencing and Mental Well-being in Married Individuals

Amara Naeem, Jawaria Bashir, Amarah Qureshi*, and Rabia Saleem

Department of Applied Psychology, School of Professional Psychology, University of Management & Technology, Lahore, Pakistan

Abstract

The present study investigated the relationship between self-silencing, co-dependency and mental wellbeing in married individuals. The objectives of this study were to explore the relationship between self-silencing, codependency and mental wellbeing in married individuals; and to investigate the mediating role of co-dependency between self-silencing and mental wellbeing in them. The total sample of the study comprised of 154 married individuals, including equal number of men and women, selected through convenient sampling strategy. The survey forms were sent online to the participants via interactive social media networks. Data was collected from the participants using the Mental Health Continuum Short Form, Self-Silencing Scale, and Spann Fischer Co-Dependency Scale. Pearson Product Moment correlation was computed which revealed a positive correlation between self-silencing and codependency, and a negative correlation between self-silencing, codependency and mental wellbeing in married individuals. Co-dependency was found to be the negative predictor of mental wellbeing. Moreover, co-dependency was found to be a significant mediator between self-silencing and mental wellbeing. These findings contribute to the behavioral sciences by providing evidence that the experience of self-silencing and co-dependency can negatively affect mental well-being of married individuals. As a result, it may impact their intimate marital bond.

Keywords: co-dependency, married individuals, mental well-being, self-concept, self-silencing, well-being

Introduction

Mental wellbeing includes emotional, psychological and social well-being which collectively influences an individual's thought processes, feelings and behavioural outcomes. It affects how one responds to the daily stress of activities, relates to others, and devises solutions to problems (World Health

*Corresponding Author: amarahsajid22@gmail.com

Organization [WHO], 2022). From the year 2001- 2014, the suicide rate among females has become more than twice (Heron, 2018). Signs of mental illness include distress, prolonged sadness or grumpiness, extreme changes in mood, social withdrawal, marked changes in eating and sleeping patterns, excessive worry or anxiety (McLafferty et al., 2017). Various researches have established that depression, anxiety, eating disorder, low self-esteem, decreased marital satisfaction as well as social anxiety are various psycho-social outcomes that are associated with self-silencing and co-dependency (Cramer et al., 2005; Maji & Dixit, 2018). Hedonic and eudemonic sub-components of positive mental health in which concept of well-being can be illustrated in best manner (Keyes et al., 2008). Emotional and cognitive appraisal of life satisfaction and positive affectivity are explained under the phenomena of the hedonic state eudemonic perspective which upholds individual's potential that fuels attainment and peak functioning. Optimistic mental health is theorized as surrounding well-being proportions which include emotional, social and psychological well-being (Keyes, 2002; as cited in Batool & Hanif, 2019).

The meanings associated with marriage and relationships with children may develop a greater sense of responsibility for being healthy, resulting in healthier lifestyles (Nock, 1998; Waite, 1995). Conversely, low marital quality has been linked to depression (Kiecolt-Glaser & Newton, 2001). Therefore, it can be contemplated that; mental health is a critical mechanism that influences physical health in conjunction with other systems (Chapman et al., 2005).

Self-silencing is defined as the act of suppressing one's feelings when they endanger relationships or one's security, while appearing outwardly agreeable; concurrently one’s inner feelings become indignant and resentful (Jack, 1991). In order to save the relationship and avoid future disagreement, people frequently suppress their feelings, ideas, and emotions. This practice of self-silencing can lead to dissatisfaction and unhappiness with the relationship, as individuals are unable to express their true emotions. Jack and Ali (2010) concluded that self-silencing within relationships, in the context of inequality, is a key source of depression among women. Besser et al. (2003) reported a positive correlation between self-silencing and interpersonal reliance. Women in romantic relationships were also shown to be more dependent than both single women and men. In general, self-silencing is an apparent symptom of expectations and roles

that has been assigned to both genders distinctively. Self-silencing is a result of cultural percept, and the concept of self-silencing should be considered at both individual and macro levels (Jack, 2011).

The term co-dependency describes unhealthy patterns of emotional, mental and/or physical relationships with a partner, family member or a friend. Codependent relationships are constructed around an inequality of power dynamics where one person relies upon the other person, leaving the codependent to sacrifice themselves for the other individual. Healthy caring behaviors and feelings are distinct from codependent care-giving when such behaviors lead to destruction of self-responsibility and emotional distress. In toxic relationship, the codependent individual enjoys submission and relies upon the other person at the cost of losing their own self-identity, while finding it difficult to extricate themselves out of the relationship (Gould, 2020).

Co-dependency is often masqueraded and can be difficult to recognize. Codependent relationships are constructed around an inequality of power dynamics where one person relies upon the other person, leaving the codependent to sacrifice their own needs for the other individual. Cermak (1988) described co-dependence as a chronic and progressive disease of 'lost-selfhood'.

Such individuals are more likely to receive symptomatic treatment of their stress-related or depressive concerns upon visiting the health care system, masking the underlying root causes. Their distorted beliefs manifests as caretaking, people pleasing, depending on others and compulsive helping (Bacon et al., 2018).

Not only are such individuals significantly impaired to function as emotionally healthy individuals but it also creates many problems in partner relationships.

Co-dependency is alternatively used with the term relationship addiction or love addiction in the modern context. Such patterns of low self-esteem, dependency and self-sacrifice are more prevalent in Middle Eastern and South Asian counties where collectivist values preponderate individuals to meet the needs of others before their own, fuelling a dichotomy of the social structure with polarized gender roles, influencing complaint behaviour.

In a nutshell, it can be determined that the experience of self-silencing and co-dependency in married individuals erodes self-esteem and place them at a greater risk for mental disorders like post-traumatic stress disorder, depression, suicide and substance abuse. Initial acts of self-silencing sets grounds for co-dependency because of self-sacrificing attitudes and dysfunctional coping. The co-dependent partner serves to preserve the relationship, no matter how detrimental or unhealthy it may seem, neglecting their sense of self-worth by accommodating emotional abuse and maltreatment by the significant other. The mental health of such individual determines and progressively impacts their ability to function in multiple spheres of life, balancing emotional and intellectual functioning as well as intimacy and autonomy in relationships. In Pakistani society where domestic violence is constructed to be a private household matter, appropriate focus for its assessment, suitable intervention or policy reversion needs to be tackled within these cultural constraints. Domestic violence has variety of reasons or causes, but enculturation, economic dependency on males, obstinate norms and values, insufficiency and illiteracy are those acute psychological and social factors that transfuse largely in the occurrence of domestic violence.

Theoretical Background: Cycle of Violence Theory

The cycle of violence is a theoretical model developed by Walker (1979) to explain the complexity and co-occurrence of abuse with loving behaviours. There are three phases in the cycle of violence: (1) Calm or Honeymoon Phase, (2) Tension-Building Phase (3) Acute Explosion Phase. This cycle can be used to explain the interplay of contextual factors that keep reinforcing abuse within intimate relationships. These patterns are developed and reinforced by gendered roles and cultural expectations, where men are expected to be more assertive and independent while women to be compliers and carers who are financially and physically dependent on their partner. As the cycle of violence progressively begins to unfold after the honeymoon phase ends, tension builds up. During this phase, the co-dependent partner (victim) may deny the reality through his/her distorted thinking, appearing outwardly in control albeit repressing his/her own emotions, without realizing that unsettled disputes have emerged pacing towards the crisis phase and acquainting towards domestic abuse by the perpetrator. The suppression of feelings in conflicting relationships to maintain relational harmony comes at the cost of risking mental health as it

leads to self-alienation, repression of thoughts, self-sacrifice and loss of self-worth as result of physical or emotional abuse, unable to dislodge themselves from the toxic relationship (Reyome et al., 2010).

In nutshell, the experience of self-silencing and co-dependency in married individuals erodes their self-esteem and situates them at a greater risk for a number of mental disorders like depression, post-traumatic stress disorder, suicide and substance abuse. These are valid constructs which require extensive research to back the literature that supports their interconnectedness and the subsequent impact they have on the emotional, psychological and social functioning of the individual partners.

Literature Review

This section will review international and indigenous studies related to our study variables and aims to understand the variables of the present study in different dynamics as well as collectively under various contexts. Read and Grundy (2011) conducted research on the mental health of older married couples, focusing on the role of family life and gender. Their results revealed that even though marriage was positively correlated with mental health, wives generally showed poorer mental health compared to their husbands. Also, the difference in gender was quite low in couples who were living with an offspring aged 16 or more as well as in those pairs who had practised early parenthood.

Furthermore, Marcussen (2005) explored the differences in mental health of married and unmarried cohabiting individuals. Results indicated that married individuals reported significantly lower degree of depression than the cohabitors. Married individuals reported higher levels of physical and purposeful coping support than cohabitors.

In the same line, Uecker (2012), explored the relationship between marriage and mental health among young adults. The outcome of this study showed that married young adults and adolescents in relationships experienced similar levels of psychological distress. However, married adults aged of 22-26 reported greater life satisfaction compared to those in relationships or those who married at younger ages.

Hurst and Beesley (2013), conducted a study on perceived sexism, self-silencing, and psychological distress in college women. Their results indicated that the active (and in recent past a year or so) sexist events played

a role in increased psychological distress and self-silencing, where self-silencing played a role of predictor for increased distress.

Additionally, Kurtis (2010), explored the relationship between self-silencing and well-being among Turkish women. The findings revealed that strong integration and polarity among aspects of self-construal negativity predicted participants' self-silencing. Moreover, gender role orientation was found to be a significant factor of self-silencing. Women with higher degrees of externalised self-perception and divided selves were found to have lower levels of satisfaction and higher levels of depression compared to women with lower levels of these traits.

With reference to the association of co-dependency with health outcomes Martsolf et al. (2000) examined the relationship between co-dependency and related health variables. Results showed that co-dependency was significantly correlated with perceived health and functional ability, and was non significantly related with illness prevention behaviours and individuals' life quality.

Similarly, Nordgren et al. (2019), published an article titled 'say no and close the door? Co-dependency Troubles among Parents of Adult Children with Drug Problems in Sweden'. The study examined the challenges parents faced with co-dependency, how they recognized these patterns, and how they established boundaries for their children. The parents also described their situations as very distressing, and third-party trouble-shooters. The parents typically discarded the advice to "close the door" on their children and were pertinent to engage in a range of remedial intervention programmes.

In the light of Pakistani literature, Ahmed and Iqbal (2019), explored the relationship between self-silencing and marital adjustment in women with and without depression. Results showed that women with depression had significantly high scores on self-silencing than women without depression. On the contrary, women who did not have depression had significantly higher scores on marital adjustment than women with depression.

Moreover, Tariq and Yousaf (2020) explored the relationship among self-criticism, self-silencing and depressive symptoms in adolescents. Results suggested significant positive relationship between self-criticism, self-silencing and depressive symptoms. Additionally, young woman

experienced more depressive symptoms. Self-silencing and self-criticism significantly predicted depressive symptoms in adolescents.

Rationale

Exploring the correlation between self-silencing and mental wellbeing is essential for understanding how self-silencing affects multiple aspects of mental functioning. The empirical findings of current study would contribute to the existing literature which identifies the negative impact on the mental wellbeing of the individuals particularly females who self-silence due to cultural influences dominated by patriarchal power.

In current study, mainly mediating role of co-dependency within intimate relationships will be investigated, an area where current knowledge is limited. By establishing a relationship between these variables, the research aims to examine the individual spheres where self-silencing and codependency leads to dysfunctional behaviors, setting grounds for depression, anxiety, dependent personality and eating disorders.

Objectives

1. To examine the relationship between self-silencing (poor self-concept, care as self-sacrifice, self-inhibition), codependency and mental wellbeing (emotional well-being, social well-being, psychological well-being) in married individuals.
2. To investigate co-dependency as a mediator between self-silencing (poor self-concept, care as self-sacrifice, self-inhibition) and mental wellbeing (emotional well-being, social well-being, psychological well-being) in married individuals.

Hypotheses

1. Self-silencing (poor self-concept, care as self-sacrifice, self-inhibition) would be positively correlated with co-dependency, and both self-silencing and codependency will negatively correlated with mental wellbeing (emotional well-being, social well-being, psychological well-being) in married individuals.
2. Co-dependency is likely to mediate the relationship between self-silencing and mental wellbeing in married individuals.

Method

Research Design

Correlational cross sectional research design was used to find the correlation between self-silencing, co-dependency and mental wellbeing in married individuals.

Sample

After calculating the sample size with g power formula, total sample of 154 individuals were included in the current research with an average age of 35.95 years. Participants with at-least one year of marital relationship and at-least intermediate education were included, while widows, divorced and couples were excluded.

Assessment Measures

Demographic Questionnaire

Self-constructed demographic form was designed to collect information on the following variables: gender, age, education, occupation (private or government), family system (joint or nuclear), years of marriage, number of children and income.

Mental Health Continuum Short Form (MHC-SF)

Mental wellbeing was assessed by 'Mental Health Continuum Short Form' (MHC-SF) by Keyes et al. (2008). It aims to measure emotional well-being, psychological well-being and social well-being. The scale comprises of 14 items with 6-point Likert type scale ranging from 0-5 (0=*Never*, 1= *Once or twice*, 2= *About Once a Week*, 3= *About 2 or 3 Times a Week*, 4=*Almost Every day*, 5= *Every day*). Reported Cronbach's Alpha for overall scale was 0.91.

Self-Silencing Scale (SSS)

Ashraf and Saleem (2020) developed the culture specific 'Self Silencing Scale' (SSS) which consists of 37 items with 6-point frequency scale ranging from 0-5 (*never-always*). The scale is divided into three subscales: (i). Poor self-concept includes 16-items. (ii). Care as Self-Sacrifice includes 15-items and (iii). Self-Inhibition includes 6-items. Higher scores represent higher self-silencing. The reported Cronbach Alpha was 0.91 for the overall scale Ashraf and Saleem (2020).

Spann-Fischer Co-Dependency Scale (SF CDS)

Co-dependency was measured using Spann-Fischer Co-Dependency Scale (SF CDS). The scale consists of 16-items. The items were found to have a test-retest correlation of .87 whereas, Cronbach's Alpha was reported as .86, respectively. The scale is scored such that high scores reflect higher co-dependency. Individual items were rated on a 6-point Likert scale ranging from 1-6 (1= *strongly disagree* - 6 = *strongly agree*), then summed by reverse coding item 5 and 7.

Procedure

Before the data collection for the study, a pilot study was conducted to test research protocols and barriers that may possibly affect data collection, sample size, scale usage, average time, and data management to improve any aspect of the study design so that the researchers would be confident on how to utilize the resources available to them. From the results of the piloting, it was concluded that one of the assessment measurement tool DASS needs to be replaced as it was more directed towards the pathology of mind rather than the overall well-being of mental health. Therefore, it was replaced with Mental health Continuum Scale Short Form (MHC-SF). Only those participants were approached through a link generated via google forms who met the inclusion criteria. Ethical administration of the study was ensured throughout the study. Informed consent was taken from each participant according to the guidelines which briefed them about their right to participate in the study and to clarify confidentiality of their information. All demographics and data gathered from the scales was entered and analysed in SPSS via google forms.

Ethical considerations

Formal approval for the study was obtained from the relevant institute. Additionally, the questionnaires used in the study were administered only after receiving formal permission from the original authors of the scales. Informed consent was also taken from the participants. They were assured that their participation was voluntary, and the information taken from them would be kept confidential and anonymous.

Results

It was hypothesized that self-silencing (poor self-concept, care as self-sacrifice, self-inhibition) would be positively related with co-dependency;

Self-silencing and co-dependency are negatively related with mental wellbeing (emotional well-being, social well-being, psychological well-being) in married individuals. Pearson Product Movement Correlation analysis was performed to assess the relationship between these study variables. The results of correlation analysis are reported in Table 1.

Table 1

Correlation between Self-Silencing, Co-dependency and Mental Health

Variables	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*
1. Self-Silencing	.94**	.91**	.74**	.70**	-.37**	-.53**	-.10	-.37**
2. Poor Self-Concept	-	.75**	.60**	.67**	-.37**	-.51**	-.12	-.37**
3. Care as Self-Sacrifice		-	.57**	.62**	-.26**	-.39**	-.02	-.28**
4. Self-Inhibition			-	.50**	-.37**	-.53**	-.15	-.32**
5. Codependency				-	-.39**	-.38**	-.26**	-.34**
6. Mental Well-being					-	.73**	.83**	.88**
7. Emotional Well-Being						-	.41**	.54**
8. Social Well-Being							-	.55**
9. Psychological Well-Being								-

Note. *p< .05. **p < .01. ***p< .001.

The results indicated that self-silencing (poor self-concept, care as self-sacrifice, self-inhibition) was positively related with co-dependency and inversely related with mental wellbeing (emotional well-being, psychological well-being).

Multiple Linear Regression analysis was used to find the predictors of mental wellbeing in married individuals. Results reported in table 2 highlighted that co-dependency was a negative predictor (β=-.25, p<.05) of mental wellbeing.

Table 2

Multiple Linear Regression Showing Predictors of Mental Wellbeing

Variable	*B*	*β*	*SE*	R^2
Constant	64.42***		4.41	
Self-silencing	-.07	-.19	.04	.17
Co-dependency	-.25*	-.25	.10	

Note. *p<.05. ***p<.001.

To examine the 2nd hypotheses, co-dependency is likely to mediate the relationship between self-silencing and mental wellbeing in married individuals. Results of mediation analysis are reported in Table 3.

Table 3

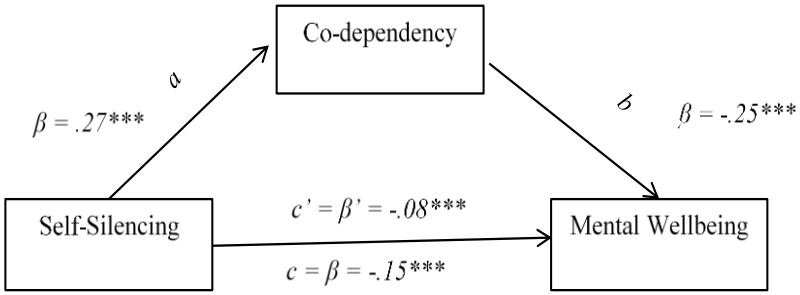
Mediation Analysis between Self-Silencing and Mental Wellbeing through Co-Dependency in Married Individuals

Antecedent		Consequent						
		Co-dependency (M)				Mental wellbeing (Y)		
		B	*SE*	*p*		*β*	*SE*	*p*
Constant	*I*	33.12	2.17	.00	*i*	64.42	4.41	.00
Self-Silencing (X)	*a*	.27	.02	.00	*b*	-.08	-1.89	.06
Co-dependency (M)		-	-	-	*c'*	-.25	.10	.01
	R^2 = .49 F= (1, 152) = 143.67, p = .00				R^2 = .17 F= (2,151) = 15.54, p = .00			

The results indicated that the indirect effect of self-silencing on mental wellbeing through co-dependency was found to be significant, *β* -.07, 95% CI [-0.14, -0.01]. Furthermore, self-silencing was a negative predictor of mental wellbeing and positive predictor of co-dependency. Co-dependency was negative predictor of mental wellbeing. Hence, co-dependency significantly mediated between self-silencing and mental wellbeing.

Figure 1

Co-Dependency as Mediating between Self-Silencing and Mental Wellbeing



Discussion

The present study aimed to explore the relationship between self-silencing, co-dependency and mental wellbeing among married individuals. Pearson product moment correlation was performed to examine the relationship between study variables. First hypothesis of the study was that there is likely

to be a positive relationship between self-silencing and co-dependency. The results showed that self-silencing is positively related with co-dependency. Co-dependency and self-silencing are both linked with lack of clear sense of self, leading to subservient and passive roles as suggested by the literature (Dear et al., 2004). An individual who is experiencing interpersonal conflicts and emotional constraints is likely to be co-dependent (Bacon et al., 2018). As self-silencing is associated with presentment of being agreeable for relational satisfaction, therefore, this overlapping pattern shows that such individuals who are self-silenced are likely to be co-dependent. Furthermore, an inverse relationship between self-silencing and mental wellbeing in married individuals was also apparent. The results of the present study are consistent with previous literature. Feigning one's inner thoughts to be viewed as downright agreeable is bound to affect mental health and well-being (Jack, 1991). Loss of self and lowered self-esteem, contributing to poor self-concept, caused by such restriction is certain to cause a significant decline in mental health (Mann et al. 2004).

The result for second hypotheses revealed that co-dependency was negatively related with mental wellbeing (emotional well-being, social well-being, psychological well-being). Self-criticism identified as a key feature attributed to co-dependency, is often a result of poor self-concept. This can lead individuals to evaluate themselves against harsh personal standards (Blatt, 2004), resulting in feelings of guilt, worthlessness, hopelessness, inability to meet stringent standards and failure to develop relationships (Castilho et al., 2015; Zuroff et al., 2005). Such negative self-evaluations can result into depression, loneliness and other psychopathologies.

Moreover, the results of mediation analysis indicated that codependency completely mediates the relationship between self-silencing and mental wellbeing. Both self-silencing and codependency were significant negative predictors of mental wellbeing among married individuals. The results were found to be consistent with previous literature. The possible explanation of this relationship was reported by Wright and Wright (1991) that individuals living with codependent traits have internalized unhealthy patterns of traits, having been brought up in a dysfunctional family environment. Co-dependency and depression have been found to have a positive relationship with each other as identified by previous researches (Hughes-Hammer et al., 1998; as cited in Martsolf et al., 2000). Carson and Baker (1994)

suggested the prevalence of interjective depression (self-critical) instead of anaclitic depression (helplessness), interpersonal difficulties (social incompetence and emotional instability), guilt and shame develop due to perceived failure to meet expectations and responsibilities. Ali et al. (2000) highlighted a strong intercorrelation between self-silencing, self-blame and emotional abuse. The overlapping aspects self-silencing and self-criticism predicted depressive symptoms in a study by Tariq and Yousaf (2020) while Blatt (2004) identified dependency and self-criticism to be associated with depression. Overall, it was observed that mental health deteriorates at all levels of emotional, physiological and social functioning when an individual adheres to these destructive patterns of toxicity in intimate relationships (Adams et al., 2009; Cohen et al., 2013; Zhang et al., 2017; Zuroff et al., 2005).

Limitations and suggestions

The study participants had an average age of 35.95 and had been married for 11.12 years. Mostly research focuses on self-silencing in younger individuals, with limited studies on older, married individuals. Collecting data from older, divorced, or widowed individuals could help to understand how self-silencing and co-dependency affect mental wellbeing.

The research used self-reported measures of self-silencing, co-dependency, and mental health, but these can be biased by social desirability and denial. A qualitative approach, including semi-structured interviews, could provide deeper insights into these behaviours in married individuals. This method might reveal underlying issues that self-silenced and co-dependent partners struggle to recognize due to long-lasting beliefs.

Conclusion

The results of the present study align with the findings of previous studies on self-silencing, codependency and mental wellbeing. The contextualized definition of self-silencing and co-dependency as discussed in the current study seem to overlap with each other, which is evident through positive relation between the two variables. This in turn contracts a negative influence on mental wellbeing of the married individual as both silencing and co-dependency were found to be negatively correlated with mental wellbeing in married individuals.

Implications

The study has significant implications in the realm of clinical and counselling avenues. By understanding the root causes of self-silencing and co-dependency between men and women, culturally appropriate interpretation of these behaviors and personalities can be determined by professionals. Particularly, unresolved co-dependency can result in unhealthy behavioural and psychological problems within marital relationship. More attention is required to address co-dependents and its part at individual, family and societal level to identify and prevent such dysfunctional patterns when they begin to unfold. The earlier the identification, the more manageable and treatable options can be availed to prevent adverse outcomes.

Conflict of Intertest

The authors of article have no financial or non-financial conflict of interest in the subject matter or materials discussed in this article.

Data Availability Statement

The data associated with this study will be provided by the corresponding author upon request.

References

Adams, P., Abela, J. R. Z., Auerbach, R., & Skitch, S. (2009). Self-Criticism, dependency, and stress reactivity: An experience sampling approach to testing Blatt and Zuroff's (1992) theory of personality predispositions to depression in high-risk youth. *Personality and Social Psychology Bulletin*, *35*(11), 1440–1451. https://doi.org/10.1177/0146167209343811

Ahmed, F., & Iqbal, H. (2019). Self-Silencing and marital adjustment in women with and without depression. *Pakistan Journal of Psychological Research*, *34*(2), 311–330. https://doi.org/10.33824/PJPR.2019.34.2.17

Ali, A., Toner, B. B., Stuckless, N., Gallop, R., Diamant, N. E., Gould, M. I., & Vidins, E. I. (2000). Emotional abuse, self-blame, and self-silencing in women with irritable bowel syndrome. *Psychosomatic Medicine*, *62*(1), 76–82.

Ashraf, S., & Saleem, S. (2020). *Emotion regulation, self-silencing and eating problems in young adults* [Unpublished manuscript].

Department of Clinical Psychology, University of Management and Technology.

Bacon, I., McKay, E., Reynolds, F., & McIntyre, A. (2018). The lived experience of co-dependency: An interpretative phenomenological analysis. *International Journal of Mental Health and Addiction*, *18*(3), 754–771. https://doi.org/10.1007/s11469-018-9983-8

Batool, N., & Hanif, R. (2019). An exploration of positive mental health levels among professionals in Pakistan: An indigenous perspective. *Khyber Medical University Journal*, *11*(3), 145–51. https://doi.org/10.35845/kmuj.2019.19409

Besser, A., Flett, G. L., & Davis, R. A. (2003). Self-Criticism, dependency, silencing the self, and loneliness: A test of a mediational model. *Personality and Individual Differences*, *35*(8), 1735–1752. https://doi.org/10.1016/s0191-8869(02)00403-8

Blatt, S. J. (2004). *Experiences of depression: Theoretical, clinical, and research perspectives.* American Psychological Association. https://psycnet.apa.org/doi/10.1037/10749-000

Carson, A. T., & Baker, R. C. (1994). Psychological correlates of codependency in women. *International Journal of the Addictions*, *29*(3), 395–407. https://doi.org/10.3109/10826089409047388

Castilho, P., Pinto-Gouveia, J., & Duarte, J. (2015). Exploring self-criticism: Confirmatory factor analysis of the FSCRS in clinical and nonclinical samples. *Clinical Psychology & Psychotherapy*, *22*, 153–164. https://doi.org/10.1002/cpp.1881

Cermak, T. L. (1988). *A time to heal: The road to recovery for adult children of alcoholics.* Avon Books.

Chapman, D. P., Perry, G. S., & Strine, T. W. (2005). The vital link between chronic disease and depressive disorders. *Preventing Chronic Disease*, *2*(1), 2–6.

Cohen, J. R., Young, J. F., Hankin, B. L., Yao, S., Zhu, X. Z., & Abela, J. R. (2013). Personality predispositions in Chinese adolescents: The relation between self-criticism, dependency, and prospective internalizing symptoms. *Journal of Social and Clinical Psychology*, *32*(6), 596–618. https://doi.org/10.1521/jscp.2013.32.6.596

Cramer, K. M., Gallant, M. D., & Langlois, M. W. (2005). Self-Silencing and depression in women and men: Comparative structural equation models. *Personality and Individual Differences*, *39*(3), 581–592. https://doi.org/10.1016/j.paid.2005.02.012

Dear, G. E., Roberts, C., & Lange, L. (2004). Defining codependency: A thematic analysis of published definitions. In S. Shohov (Ed.), *Advances in psychology*. Nova Science Publishers.

Fischer, J. L., & Spann, L. (1991). Measuring codependency. *Alcoholism Treatment Quarterly*, *8*(1), 87–100. https://doi.org/10.1300/j020v08n01_06

Gould, W. R. (2024, May 21). *How to spot the signs of codependency: Over-Reliance on someone can be dysfunctional.* Verywell Mind. https://www.verywellmind.com/what-is-codependency-5072124

Heron, M. (2018). Deaths: Leading causes for 2016. *National Vital Statistics Reports*, *67*(6), 1–77.

Hurst, R. J., & Beesley, D. (2013). Perceived sexism, self-silencing, and psychological distress in college women. *Sex Roles*, *68*, 311–320. https://doi.org/10.1007/s11199-012-0253-0

Jack, D. C. (1991). *Silencing the self: Women and depression*. Harvard University Press.

Jack, D. C., & Ali, A. (2010). *Silencing the self across cultures: Depression and gender in the social world.* Oxford University Press.

Jack, D. C. (2011). Reflections on the Silencing the Self Scale and its origins. *Psychology of Women Quarterly*, *35*(3), 523–529. https://doi.org/10.1177/0361684311414824

Keyes, C. L., Wissing, M., Potgieter, J. P., Temane, M., Kruger, A., & van Rooy, S. (2008). Evaluation of the Mental Health Continuum–Short Form (MHC–SF) in setswana-speaking South Africans. *Clinical Psychology & Psychotherapy*, *15*(3), 181–192. https://doi.org/10.1002/cpp.572

Kiecolt-Glaser, J. K., & Newton, T. L. (2001). Marriage and health: His and hers. *Psychological Bulletin*, *127*(4), 472–503. https://doi.org/10.1037/0033-2909.127.4.472

Kurtiş, T. (2010). *Self-Silencing and well-being among Turkish women* [Doctoral dissertation, University of Kansas]. Dissertations and Theses, Discover KU Scholarwork. https://hdl.handle.net/1808/6443

Maji, S., & Dixit, S. (2019). Self-Silencing and women's health: A review. *The International Journal of Social Psychiatry*, *65*(1), 3–13. https://doi.org/10.1177/0020764018814271

Martsolf, D. S., Sedlak, C. A., & Doheny, M. O. (2000). Co-Dependency and related health variables. *Archives of Psychiatric Nursing*, *14*(3), 150–158. https://doi.org/10.1053/py.2000.6387

Mann, M., Hosman, C. M., Schaalma, H. P., & de Vries, N. K. (2004). Self-Esteem in a broad-spectrum approach for mental health promotion. *Health Education Research*, *19*(4), 357–372. https://doi.org/10.1093/her/cyg041

Marcussen, K. (2005). Explaining differences in mental health between married and cohabiting individuals. *Social Psychology Quarterly*, *68*(3), 239–257. https://doi.org/10.1177/019027250506800304

McLafferty, M., Lapsley, C. R., Ennis, E., Armour, C., Murphy, S., Bunting, B. P., Bjourson, A. J., Murray, E. K., & O'Neill, S. M. (2017). Mental health, behavioural problems and treatment seeking among students commencing university in Northern Ireland. *PLOS ONE*, *12*(12), Article e0188785. https://doi.org/10.1371/journal.pone.0188785

Nock, S. L. (1998). *Marriage in men's lives*. Oxford University Press.

Nordgren, J., Richert, T., Svensson, B., & Johnson, B. (2019). Say no and close the door? Codependency troubles among parents of adult children with drug problems in Sweden. *Journal of Family Issues*, *41*(5), 567–588. https://doi.org/10.1177/0192513x19879200

Reyome, N. D., Ward, K. S., & Witkiewitz, K. (2010). Psychosocial variables as mediators of the relationship between childhood history of emotional maltreatment, co-dependency, and self-silencing. *Journal of Aggression, Maltreatment & Trauma*, *19*(2), 159–179. https://doi.org/10.1080/10926770903539375

Read, S., & Grundy, E. (2011). Mental health among older married couples: The role of gender and family life. *Social Psychiatry and Psychiatric*

Epidemiology, *46*(4), 331–341. https://doi.org/10.1007/s00127-010-0205-3

Tariq, A., & Yousaf, A. (2020). Self-Criticism, self-silencing and depressive symptoms in adolescents. *Journal of Behavioural Science*, *30*(1), 60–76.

Uecker, J. E. (2012). Marriage and mental health among young adults. *Journal of Health and Social Behaviour*, *53*(1), 67–83. https://doi.org/10.1177/0022146511419206

Walker, L. E. (1979). *The battered woman* (1st ed.). Harper & Row.

Waite, L. J. (1995). Does marriage matter? *Demography*, *32*(4), 483–507.

World Health Organization. (2023). *Stress*. https://www.who.int/news-room/questions-and-answers/item/stress

Wright, P. H., & Wright, K. D. (1991). Codependency: Addictive love, adjustive relating, or both? *Contemporary Family Therapy*, *13*(5), 435–454. https://doi.org/10.1007/bf0089049

Zhang, H., Watson-Singleton, N. N., Pollard, S. E., Pittman, D. M., Lamis, D. A., Fischer, N. L., Patterson, B., & Kaslow, N. J. (2017). Self-Criticism and depressive symptoms: Mediating role of self-compassion. *OMEGA - Journal of Death and Dying*, *80*(2), 202–223. https://doi.org/10.1177/0030222817729609

Zuroff, D. C., Santor, D., & Mongrain, M. (2005). Dependency, self-criticism, and maladjustment. In J. S. Auerbach, K. N. Levy & C. E. Schaffer (Eds.), *Relatedness, self-definition and mental representation.* Routledge.