

## The Association of Adverse Self-Silencing and Marital Conflict with Symptoms of Depression and Dissociation in Married Madrassa and Non-Madrassa Women: A Cross-sectional Study

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### Abstract

**Background:** There is disagreement among academics about the importance of marital conflict and mental health disorders like depression for women worldwide. The present study aimed to examine the association among marital conflict, self-silencing, depression, and dissociation in married madrassa and non-madrassa women. Moreover, this study investigated the mediating role of self-silencing and dissociation in the relationship between marital conflict and depression. Additionally, it also examined the prevalence of symptoms of dissociation and depression in married madrassa and non-madrassa women.

**Methods:** A purposive sampling technique was used based on the cross-sectional survey. Three hundred women (married Madrassa,  $n = 150$ ; married non-Madrassa,  $n = 150$ ) who fulfilled the inclusion and exclusion criteria were recruited from different Madrassa and residential areas of Rawalpindi and Islamabad, Pakistan. Psychiatric assessment was carried out through standardized instruments such as Silencing the Self-scale (STSS), Dissociative Experiences Survey (DES), Revised Dyadic Adjustment Scale (RDAS), and Beck Depression Inventory (BDI) to examine the prevalence of marital conflict, self-silencing, symptoms of depression, and dissociation.

**Results:** A comparative study among the groups of madrassa and non-madrassa women revealed significant differences in marital conflict, self-silencing, symptoms of depression, and dissociation. Further, the results of the present study also illustrated that self-silencing was significantly positively associated with higher levels of marital conflict, symptoms of depression, and dissociation in both married madrassa and non-madrassa women. Mediation analysis revealed that marital conflict self-silencing was playing the role of mediator between marital conflict and symptoms of depression in both married madrassa and non-madrassa women.

**Conclusions:** This study suggested that marital conflict and self-silencing could trigger mental issues such as depression and dissociation in married madrassa and non-madrassa women. The current study's findings will be useful in understanding and resolving the mental health issues of married women.

**Keywords:** Self-silencing, marital conflict, dissociation, depression.

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## Background

There is disagreement among academics about the importance of marital conflict and mental health disorders like depression for women worldwide. Many different models have been proposed by scholars (Chiang & Bai, 2022; Dong et al., 2022; Lawrence, 2022; Majani et al., 2022). One influential model of psychosocial causation explains that marital conflict stimulates mental health issues, especially depression and dissociation in married women (Brown & Harris, 1978; Dong et al., 2022; Emran et al., 2022; Inman & London, 2021, 2022; Lawrence, 2022; Naeem, Aqeel, & de Almeida Santos, 2021).

A few years later, he conducted an epidemiologic study in which he discovered that troubled marriages increase the risk of major depression by 25%. Investigation into the subject has grown considerably over the years, and the association between marital issues and depressive symptoms is now renowned (Aqeel et al., 2022; Aqeel & Akhtar, 2017; Aqeel & Rehna, 2020; Azhar et al., 2018; Goldfarb et al., 2007; Naeem, Aqeel, & de Almeida Santos, 2021; Rashid et al., 2021; Sarfraz et al., 2021; Zheng et al., 2022). Similarly, another model of depression was given by Beach et al. (1990) the marital discord model of depression (Aqeel et al., 2017; Beach et al., 1990; Gul & Aqeel, 2021; Lawrence, 2022; Toqeer et al., 2021), which highlights marital discord as an important factor leading towards depression. Marital instability increases stress and hostility, reduces support to a large extent, and contributes to increasing the symptoms of depression (Beach et al., 1990).

There are other approaches which are contrary to the views explained above. Depression is described as a precursor of marital instability in the interactional theory of depression (Coyne, 1976) and the stress generation model of depression (Hammen, 1991, 2018). According to Coyne's model, depressed individuals elicit rejection from other individuals, which increases or aggravates the chances of marital discord among couples, while Hammen's model explains that an individual will behave in a particular way which will lead to stress in the interpersonal domain (Coyne, 1976; Hammen, 1991, 2018). All the models explained above have concentrated on specific precursors, but do not refute the notion that when marital disagreement and depression are connected, anyone can lead to other (Coyne, 1976; Hammen, 1991, 2018).

One of the more recent interpretations of the cause of depression is the silencing self-theory, which holds that women are more depressed because they have a tendency to silence themselves in close relationships in order to maintain harmony and congruence in relationships and to adhere to the conventional female role that society has set. Silencing the self, which encompasses the suppression of one's true thoughts and feelings by other people, can result in a divided self where the compliant self that is existing outside becomes inconsistent with the subjective feelings that are existing inside (Jack & Dill, 1992). There might be feelings of anger and self-regret, which can make women more vulnerable to depressive symptoms. Self-silencing is started to reduce the interpersonal struggle in a close relationship and to obey the ideal images of good women as responsible, loving, caring, and compassionate in a marital relationship (Jack & Dill, 1992).

The conception of self has always fascinated

psychologists, philosophers, spiritual leaders, and thinkers from every domain of life. The journey of self in the field of psychology properly began with the work of Wilhelm Preyer, who published his book "The Mind of the Middle Child," and he used the word self for the very first time in this book. In the book, Wilhelm frequently discussed the concept of self in the perspective of children (Damon & Hart, 1991; Oppenheimer, 1991). Methods like self-observation were encouraged during the preliminary schools of psychology like structuralism. Self also attracted some realists, like William James (1980). His contributions led to the classification of the self into different categories like social, spiritual, and material self (Harter & Leahy, 2001; James, 1980). Another concept explains the impossibility of having a self without having its association with others (Lawrence, 2022). Therefore, it is necessary to study and understand oneself in association with others and with societal backgrounds. Similarly study highlighted the social aspect of self, and he considered self to be an important fundamental social structure that can arise only in social experiences (Zheng et al., 2022).

A massive amount of work has been dedicated to finding out the favorable and unfavorable consequences that self-silencing can have and its impact on the strength and wellbeing of the relationship among individuals. Within intimate relationships, sacrifice is considered an essential element and love is defined in terms of sacrifice, often by people (Lewandowska-Walter & Błazek, 2022). People who are involved in self-silencing view sacrifice as an integral part of their caring behavior, and they make sacrifices to maintain harmony and intimacy in the relationship. A complex connection has been found between sacrifice and close relationships. Sometimes sacrifice is made with willingness and having approach motivation behind it, and then it leads to the building of a strong bond and improvement of trust among partners in the relationship (Impett et al., 2005). However, on the other hand, when there is avoidance motivation, then sacrifice in intimate relationships results in poor commitment and becomes potentially harmful for the self (Impett et al., 2005). In the case of self-silencing, the motivation behind sacrifice is to avoid disapproval and the worst consequences as a result of conflict, rather than to obtain contentment and satisfaction in relationships (Whitton et al., 2007).

Therefore, if there is a sacrifice component in a relationship with avoidance motivation, then there are more chances of negative consequences. Behind self-silencing there are three kind of fears which act as a driving force. Firstly, when women are not financially independent, they are dependent on their partners for the security of themselves and their children as well. They have fear of annihilation that's why they choose fake compliance and silence themselves. Secondly, women suppress their voices and authentic selves when they consider themselves unlovable and unworthy. Thirdly, when they feel that expression of emotions will lead to rejection from others, their feelings are not appropriate to express. In all situations, women tend to stay silent so that they can save their close relationships (Blatt & et al, 1982).

According to the cognitive model of depression, negative cognitive schemas and essential beliefs play a significant role in the development of depression and they develop during the early stages of learning (Beck, 1979; Beck et al., 1988, 1996; Beck & Bredemeier, 2016). Individuals' interpersonal experiences are always inextricably linked to their cognitive schemas. That's why concepts of relatedness, attachment, and dependency are connected with symptoms of depression (Abi-Habib & Luyten, 2013; Blatt & et al, 1982; Jacobson et al., 1996). Silencing the self-theory considers both cognitive schemas and social aspects as leading factors in the development of depression (Blatt & et al, 1982).

A study conducted by Uebelacker et al. (2003) established that self-silencing plays the role of mediator in the relationship between marital conflict and depression. Another similar association was observed in another study (Fung et al., 2020; Uebelacker et al., 2003). Therefore, the primary aim of the current study will be to reexamine the hypothesis that self-silencing plays the role of mediator in the relationship between marital conflict and depressive symptoms among married madrassa and non-madrassa women in Pakistan. Secondly, women who are involved in self-silencing behaviors also internalize their feelings of anger and aggression and don't express them. If there is any danger to the relationship, a fake submission and compliance are chosen.

On the other hand, the dissociation theory of Pierre Janet, which explains that the inability of an individual to carry out well-adapted actions leads to the development of emotions such as anger and fear, Such unexpressed violent emotions have a disintegrative effect on the mind and they damage an individual's ability to synthesis and assimilate new information, and in vulnerable individuals they cause dissociations (Zelekha & Zelekha, 2020). Women who are involved in self-silencing behaviour also internalize their feelings of anger and aggression and don't express them. Fake submission and compliance are chosen if there is any danger to the relationship and feelings of anger are not expressed. As a result, they are more vulnerable to psychological problems like dissociation. So, the second goal of our study will be to check the hypothesis that there will be a positive correlation between self-silencing and dissociation in married madrassa and non-madrassa women in Pakistan. Individuals with dissociative experiences may have symptoms that meet the criteria for persistent depressive; major depressive; or other specified or unspecified depressive disorders and adjustment disorders (Barch et al., 2013; Heckers et al., 2013).

The concomitant effects of marital conflict, self-silencing, and dissociation on the onset of depression have never been studied before (Naeem, Aqeel, & de Almeida Santos, 2021; Rashid et al., 2021). The purpose of the present study was to investigate the association between marital conflict, self-silencing, depression, and dissociation in married Madrassa and non-madrassa women. Moreover, this study investigated the mediating role of self-silencing and dissociation in the relationship between marital conflict and depression. Additionally, it also examined the prevalence of symptoms of dissociation and depression in married madrassa and non-madrassa women. Moreover, this study also investigated group differences among all study variables.

## Method

### Research design

Purposive sampling technique was used based on cross-sectional design.

### Research Hypotheses and Objectives

The present study aimed to examine the association among marital conflict, self-silencing, depression, and dissociation in married madrassa and non-madrassa women. Moreover, this study investigated the mediating role of self-silencing and dissociation in the relationship between marital conflict and depression. Additionally, it also examined the prevalence of symptoms of dissociation and depression in married madrassa and non-madrassa women.

### Participants and Procedure

This cross-sectional research was carried out and approved by the ethical review board of Foundation University Islamabad, Pakistan from January 2019 to December 2019. The WHO sample size calculator was applied to calculate the desired sample size for the present research. A non-probability sampling technique as a purposive sampling method was employed to choose 300 married women, categorized into two groups (madrassa = 150; non-madrassa, n = 150). Madrassa women (hafiz-e-Quran or enrolled in Master's Degree) currently in intimate relationship for the last two years, age range between 18 and 50 years, were recruited from government madrassas in Rawalpindi, Islamabad, and Azad Kashmir, Pakistan. Non-madrassa women not working, currently in intimate relationships for the last two years and with an age range of 18–50 years were recruited through different housing societies in Rawalpindi, Islamabad, and Azad Kashmir, Pakistan. Similarly, non-madrassa women were approached through different housing societies through door-to-door surveys, advertisements in newspapers, and referrals from other participating families. Consent to the study was approved by married women, and a questionnaire was administered to collect the data. All participants were assured that their privacy and information would be kept confidential.

### Instruments

Four standardized psychological instruments were used to assess marital conflict, self-silencing, depression, and dissociation in married madrassa and non-madrassa women.

**A Self-Silencing Scale (Jack & Dill 1992).** A self-silencing scale introduced by Jack & Dill (1992) was used to measure cognitive style and to access the silencing behavior of participants in intimate relationships (Jack & Dill, 1992). It has four subscales: Externalized Self-perception, Care as Self-sacrifice, Self-silencing, and Divided Self. It has 31-items and ratings are given on a 5-point Likert scale. Each item has a degree level (1-Strongly disagree; 2-somewhat disagree; 3-neither agree nor disagree; 4-somewhat agree; 5-strongly agree). Total scores range from 31 to 155, with higher scores reflecting greater self-silencing. The reliability of the scale ranges from .88 to .93.

**A Dissociative Experience Scale (Holtgraves & Stockdale, 1997).** It was used to measure the dissociative experiences of participants. The scale consists of 28 statements (Holtgraves & Stockdale, 1997). DES scores will be the average of all answers on the scale. Scores include a drop of zero from the percentage of each question. For instance, 20% = 2; 40% = 4. A total is

calculated by adding all the numbers. An average score is calculated by multiplying total scores by ten (10) and then dividing them by twenty-eight (28) (the total number of questions in the scale). The cutoff score is 30. Below 30 indicates low levels of dissociation and above 30 indicates a high level of dissociation (Holtgraves & Stockdale, 1997).

**The Revised Dyadic adjustment scale (RDAS; Busby et al., 1996).** It was used to access the different relationship dimensions in three overarching categories, including consensus (Con), satisfaction (Sat), and cohesion (Coh) (Busby et al., 1995; Naeem et al., 2021). It is a 5 or 6 point Likert scale, consisting of 14 items which measure certain aspects of the marital relationship. Scores range from 0 to 69. Relationship satisfaction is indicated by high scores above the cutoff scores of 47, and relationship distress is indicated by low scores in RDAS below the cutoff scores of 47. Cronbach's alpha reliability of RDAS is .90 and the correlation between RDAS (revised dyadic adjustment scale) and the original scale of dyadic adjustment (DAS) was .97.

**The Beck Depression Inventory (Beck & Steer, 1984).** It was the most frequently used to measure the symptoms of depression. It consists of 21 items. The total score ranges from 0–63 (Beck & Steer, 1984). It is a 5 point Likert scale. 0-11 are considered normal, 11-16 are mild mood disturbances, 17-20 are borderline clinical depression, 21-30 are moderate depression, 31-40 are severe depression, and over 40 are extreme depression). The BDI is considered a substantially valid measure of depression and has been used in research before. Test-retest reliability of the scale ranges from .60 to .83; internal consistency from .73 to .95; and concurrent validity with clinical diagnoses and other psychometric measures ranges from .60 to .76.

### Analysis plan

First of all, the missing values of the marital conflict, self-silencing, depression, and dissociation were dealt with on SPSS-18 with an imputation method. Secondly, the Pearson correlation method was used to examine the association among marital conflict, self-silencing, depression, and dissociation in married madrassa and non-madrassa women. Finally, a multiple mediation analysis was applied to investigate the mediating role of self-silencing and dissociation in the relationship between marital conflict and depression. (Baron & Kenny, 1986).

### Results

Table 1 shows the overall Cronbach's for all scales, which are satisfactory. Findings of the present study demonstrated that marital conflict was positively associated with self-silencing, dissociation, and depression in married madrassa and non-madrassa women. Moreover, self-silence was also positively associated with dissociation and depression in married madrassa and non-madrassa women.

In Table 2, findings of the study revealed that madrassa women had more experience of self-silencing and depression as compared to non-madrassa women. While there are no differences on the basis of dissociation and marital conflict.

In table 3, marital conflict positively predicts self-silencing ( $\beta=.84$ ;  $\beta=.53$ ,  $p<.000$  for married madrassa and non-madrassa women, respectively), self-silencing positively predicts depression ( $\beta=.33$ ,  $p<.008$ ;  $\beta=.75$ ,  $p<.000$  for married madrassa and non-madrassa women, respectively), and

marital conflict positively predicts dissociation ( $\beta=.41$ ). The results also demonstrated a non-significant positive relationship between marital conflict and dissociation ( $\beta=.10$ , n.s for married madrassa and non-madrassa women, respectively). Serial mediation findings revealed that self-silencing and dissociation indirectly mediated the association among marital conflict and depression in married madrassa women and directly mediated the relationship in non-madrassa women. The findings of the current study reveal that marital conflict is associated with a higher level of depression because it favours a higher level of self-silencing and dissociation in married madrassa women. However, results also demonstrated that that marital conflict is associated with higher level of depression because it favors off higher level of self-silencing and dissociation in married non-madrassa women. Non-madrassa women are more predisposed to depression because of higher levels of marital conflict, self-silencing, and dissociation as compared to madrassa women.

### Discussion

The present study aimed to examine the association among marital conflict, self-silencing, depression, and dissociation in married Madrassa and non-madrassa women. Moreover, this study investigated the mediating role of self-silencing and dissociation in the relationship between marital conflict and depression. Additionally, it also examined the prevalence of symptoms of dissociation and depression in married madrassa and non-madrassa women.

The first study hypothesis, that marital conflict will be positively correlated with self-silencing, depression, and dissociation in both married madrassa and non-madrassa women, was proven according to the results. Our findings are in accordance with previous research investigating the positive relationship between marital conflict, self-silencing, and depression (Chiang & Bai, 2022; Dong et al., 2022; Lawrence, 2022; Majani et al., 2022). These studies have clearly established that marital discord plays a significant role in the development of depression and is an important risk factor for depression in married individuals. On the one hand, increased stressors and conflict, on the other hand, and the decrease in accessible support, on the other hand, are understood to create the strong link between marital discord and depression. This research has also indicated that increased self-silencing leads to depression. Moreover, women in our culture are encouraged to have conflict-free and pleasant relationships with other people, and above all, with their spouses and family members. To maintain the harmony within the bond, women engage in interpersonal behaviours like self-silencing or overpowering their thoughts and feelings when they are in a conflicted relationship. So, they find a way to uphold the relationship, but it puts them at an increasing risk for depressive-related disorders and other psychological problems (Aqeel et al., 2022; Aqeel & Akhtar, 2017; Aqeel & Rehna, 2020; Azhar et al., 2018; Goldfarb et al., 2007; Naeem, Aqeel, & de Almeida Santos, 2021; Rashid et al., 2021; Sarfraz et al., 2021; Zheng et al., 2022).

The second hypothesis, that self-silencing will be positively associated with depression and dissociation in both married madrassa and non-madrassa women, was also proven according to the results.

**Table 1**

Correlation matrix for Marital Conflict, Self-Silencing, Dissociation and Depression among Madrassa and Non-Madrassa women (N=300).

	M( $\alpha$ )	N.M( $\alpha$ )	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1 DES	.94	.98	-	.54**	.45**	.42**	.44**	.45**	.42**	-.53**	-.50**	-.51**	-.52**	-.54**	-.43**	-.40**	-.42**	-.35**
2 BDI	.77	.81	.63**	-	.69**	.65**	.68**	.65**	.64**	-.80**	-.77**	-.77**	-.79**	-.79**	-.65**	-.63**	-.56**	-.59**
3 Stss	.97	.94	.59**	.78**	-	.97**	.98**	.97**	.96**	-.85**	-.83**	-.85**	-.82**	-.81**	-.80**	-.73**	-.72**	-.73**
4 Esp	.95	.94	.61**	.77**	.95**	-	.93**	.92**	.93**	-.82**	-.81**	-.81**	-.78**	-.79**	-.77**	-.70**	-.70**	-.69**
5 Cas	.77	.68	.54**	.70**	.94**	.85**	-	.94**	.93**	-.83**	-.81**	-.83**	-.82**	-.80**	-.78**	-.71**	-.68**	-.73**
6 Sts	.84	.81	.56**	.77**	.97**	.91**	.87**	-	.93**	-.81**	-.79**	-.80**	-.78**	-.77**	-.76**	-.70**	-.68**	-.70**
7 Ds	.95	.86	.58**	.78**	.96**	.91**	.85**	.92**	-	-.80**	-.77**	-.80**	-.77**	-.76**	-.77**	-.70**	-.71**	-.70**
8 SI	.98	.92	-.62**	-.34**	-.27**	-.27**	-.23**	-.27**	-.29**	-	.98**	.97**	.97**	.97**	.81**	.74**	.73**	.76**
9 Cet	.93	.90	-.58**	-.32**	-.26**	-.26**	-.21**	-.25**	-.29**	.93**	-	.94**	.93**	.94**	.81**	.74**	.72**	.76**
10 Pmp	.92	.51	-.53**	-.22**	-.18*	-.16	-.16*	-.18*	-.20*	.82**	.69**	-	.94**	.92**	.79**	.71**	.72**	.74**
11 Ta	.92	.80	-.61**	-.35**	-.28*	-.29**	-.23**	-.29**	-.31**	.91**	.89**	.65**	-	.95**	.79**	.71**	.71**	.72**
12 Cse	.91	.80	-.45**	-.30**	-.23*	-.24**	-.20*	-.23**	-.23**	.81**	.65**	.53**	.66**	-	.80**	.73**	.71**	.74**
13 DA	.91	.93	-.33**	-.47**	-.50*	-.47**	-.46**	-.49**	-.50**	.23**	.23**	.21**	.25**	.08	-	.93**	.89**	.89**
14 Con	.72	.89	-.30**	-.42**	-.47*	-.43**	-.41**	-.46**	-.47**	.18*	.18*	.19*	.21**	.02	.94**	-	.75**	.74**
15 Sat	.89	.81	-.27**	-.44**	-.46*	-.43**	-.43**	-.45**	-.45**	.23**	.21**	.22**	.25**	.10	.89**	.78**	-	.71**
16 Coh	.88	.85	-.33**	-.44**	-.44*	-.42**	-.41**	-.42**	-.42**	.23**	.24**	.18*	.23**	.11	.88**	.72**	.68**	-

Note.  $\alpha$  (M) alphas required for Madrassa sample;  $\alpha$  (NM) alphas require for Non-Madrassa sample. Values above the diagonal = Madrassa sample; values below the diagonal = Non Madrassa sample. DES = Dissociative Experiences Survey; BDI = Beck Depression Inventory; Stss = Silencing the Self-Scale; Esp = Externalized self-perception; Cas = Care as self-sacrifice; Sts = Silencing the self; Ds = Divided self; SI = Spiritual Intelligence; Cet = Critical existential thinking; Pmp = Personal meaning production; Ta = Transcendental awareness; Cse = Conscious state expansion; DA = Dyadic Adjustment; Con = Consensus; Sat = Satisfaction; Coh = Cohesion In table 1, values above the diagonal reveal relationship between marital conflict, self-silencing, depression, dissociative experiences and spiritual intelligence for Madrassa sample (N= 150) and values below the diagonal reveal the relationship between marital conflict, self-silencing, depression, dissociative experiences and spiritual intelligence for Non-Madrassa sample (N= 150).

**Table 2**

*Mean differences between madrassa and non-madrassa women on marital conflict, self-silencing, dissociation and depression (N=300).*

variable	Madrassa		Non madrassa		<i>t</i>	<i>p</i>	95% CI		<i>Cohen's d</i>
	<i>M</i>	<i>S.D</i>	<i>M</i>	<i>S.D</i>			<i>LL</i>	<i>UL</i>	
Dissociation	20.16	30.38	23.46	25.04	-1.02	.30	-9.62	3.02	-.20
Depression	8.60	5.62	6.34	5.63	3.46	.001	.97	3.53	.24
STSS	83.04	32.20	75.42	28.36	2.16	.03	.69	14.53	.12
Externalized self-perception	15.92	7.56	14.20	6.41	2.12	.03	.13	3.32	.12
Care as self-sacrifice	24.04	9.68	22.45	8.70	1.48	.13	-.51	3.68	.08
Silencing the self	23.46	9.49	21.66	8.10	1.76	.07	-.20	3.80	.10
Divided self	19.46	6.25	17.00	6.38	3.37	.001	1.02	3.89	.19
Spiritual intelligence	58.52	26.07	69.33	18.08	-4.17	.000	-15.90	-5.70	-.23
Critical existential thinking	17.30	7.58	20.45	5.51	-4.12	.000	-4.65	-1.64	-.23
Personal meaning production	12.42	5.76	14.92	5.14	-3.96	.000	-3.74	-1.25	-.22
Transcendental awareness	16.08	7.52	19.16	4.84	-4.21	.000	-4.51	-1.64	-.23
Conscious state expansion	12.70	5.67	14.81	4.99	-3.41	.001	-3.32	-.89	-.19
Dyadic adjustment	48.58	12.53	50.24	10.17	-1.25	.20	-4.25	.93	-.07
Consensus	20.90	5.59	21.59	4.64	-1.15	.24	-1.85	.48	-.06
Satisfaction	14.00	3.99	14.51	2.92	-1.25	.21	-1.30	.28	-.07
Cohesion	13.67	4.16	14.14	3.62	-1.03	.30	-1.35	.42	-.06

*Note. CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit.*

**Table 3**

The mediating role of self-silencing and symptoms of depression between marital conflict and dissociation in married madrassa women and non-madrassa women (N= 300).

Variables	Madrassa women											
	DA			STSS			DIS			DEP		
	B	S.E	$\beta$	B	S.E	B	B	S.E	$\beta$	B	S.E	$\beta$
DA				-1.72	.14	.84***	-2.32	1.39	-.27	.53	.20	.33**
Con	1.3	.10	.88***									
Sat	.95	.07	.85***									
Coh	1.00		.85									
Stss							.94	.65	.22	.21	.09	.28**
Esp				1.00		.96						
Cas				1.30	.04	.97***						
Sts				1.26	.04	.96***						
Ds				.83	.02	.96***						
DIS										.04	.01	.26***
Non-madrassa women												
DA				-1.12	.17	.53***	-.26	.72	.03	-.16	.11	.08
Con	1.43	.11	.90***									
Sat	.87	.07	.86***									
Coh	1.00		.80									
Stss							2.42	.33	.59***	.57	.06	.62***
Esp				1.00		.95						
Cas				1.27	.06	.89***						
Sts				1.28	.04	.96***						
Ds				1.00	.03	.95***						
DIS										.05	.01	.22***

Note. DA = Dyadic Adjustment; Con = Consensus; Sat = Satisfaction; Coh = Cohesion; Stss = Silencing the self-scale; Esp= Externalized self-perception; Cas; Care as self-sacrifice; Sts = Silencing the self; Ds = Divided self; DIS= Dissociative Experiences; DEP = Depression.

Analyses confirmed the second hypothesis, that self-silencing is associated with depression and dissociation in both married and non-married madrasa women. These findings are in line with the previous literature, which has repeatedly confirmed a strong link between self-silencing behaviour and the symptoms of depression (Azhar et al., 2018; Goldfarb et al., 2007; Naeem, Aqeel, & de Almeida Santos, 2021; Rashid et al., 2021; Sarfraz et al., 2021; Zheng et al., 2022). Some women tend to be less expressive, and they always interpret their individuality and roles in society from the perspective of other people because they have an external locus of control. Their primary and utmost goal will be to keep other people happy, even if it's on account of their own happiness. The unending pressure to force the identity of a "good lady" or a "good spouse" contributes to a cycle of stress, sacrifice, and reward. Even if the reinforcement is insignificant, the woman then tries to accomplish greater recognition by an even greater sacrifice. On this journey, they not only lose connection with their self-identity but also become more susceptible to anxiety and depressive symptoms (Azhar et al., 2018; Goldfarb et al., 2007; Naeem, Aqeel, & de Almeida Santos, 2021; Rashid et al., 2021; Sarfraz et al., 2021; Zheng et al., 2022).

Our results also supported a theory, the dissociation theory of Pierre Janet, which explains that the inability of an individual to carry out well-adapted actions leads to the development of emotions such as anger and fear. Such unexpressed violent emotions exert disintegrative effects on the mind, and they damage an individual's ability to synthesize and assimilate new facts, and in predisposed individuals they cause dissociations. Women who are involved in self-silencing behaviour also internalize their feelings of anger and aggression and don't express them. Fake submission and compliance are chosen if there is any danger to the relationship and feelings of anger are not expressed. As a result, they are more vulnerable to psychological problems like dissociation. So, our hypothesis that self-silencing is positively co-related with dissociation was supported in both madrasa and non-madrasa women (Goldfarb et al., 2007; Zheng et al., 2022).

Finally, it was assumed that self-silencing and dissociation would play the role of mediator in this relationship. After performing analysis independently for all dimensions of marital conflict, the direct effect of the impact decreases for both madrasa and non-madrasa women samples, but is statistically insignificant only for non-madrasa women samples, if mediators, self-silencing, and dissociation are considered simultaneously. According to the findings, a higher level of self-silencing, marital conflict, and a proclivity for dissociation lead to a higher intensity of depression in a romantic relationship. Study findings provided evidence supporting the objective, which stated, "To study the mediating role of self-silencing and dissociation among marital conflict, dissociation, and depression among married madrasa and non-madrasa women." Results indicated that self-silencing and dissociation mediated the relationship between marital conflict and depression in married madrasa and non-madrasa women. Prior study results are consistent with current study results (Goldfarb

et al., 2007; Zheng et al., 2022). These studies have established that, for both males and females, the relationship between marital conflict and depressive symptoms was mediated significantly by self-silencing. Both sexes, when confronted with contentions in their relationship, manage with that by making an effort to conceal and suppress their emotional states and pretending to go along with their partner's sentiments when they are not unable to express what they feel. Such unexpressed violent emotions exert disintegrative effects on the mind, and they damage an individual's ability to synthesize and assimilate new facts, and in predisposed individuals they cause dissociations. So the finding revealed that marital conflict is associated with a higher level of depression because it favours a higher level of self-silencing and dissociation in married madrasa women and non-madrasa women. However, non-madrasa women are more predisposed to dissociation and depression because of a higher level of marital conflict and self-silencing as compared to madrasa women (Goldfarb et al., 2007; Zheng et al., 2022).

### **Limitations and future implications**

Our study has some limitations as well, and results should be considered according to those limitations. Firstly, there are chances of various response biases because we relied on self-reported data. For example, couples did not feel relaxed, revealing the extent to which they were involved in physical and verbal violent behavior, possibly minimizing the importance of their occurrence in this sample and minimizing the importance of the link between conflict and depressive symptoms. Secondly, participants in our study were not previously diagnosed with depression but data was collected from a normal population. Our study findings cannot be generalized on individuals with clinical depression. Generalizability was further limited because the sample was self-selected. Finally, the study design was cross-sectional. Therefore, further explanations of our study results are also possible. For example, there is a possibility that depressed individuals are more expected than non-depressed individuals to conform to their intimate partners regardless of feeling annoyed and resentful, which may lead to marital conflict among couples.

### **Conclusion**

This study suggests that marital conflict and self-silencing could trigger mental issues such as depression and dissociation in married madrasa and non-madrasa women. Further, results of a study illustrated that marital conflict could stimulate symptoms of depression because it favours a higher level of self-silencing and dissociation in both married madrasa and non-madrasa women. Moreover, non-madrasa women more often faced marital conflict, self-silencing, symptoms of depression, and dissociation as compared to madrasa women. Based on the results of our study, it is recommended that substantial energy should be dedicated to designing and implementing the programmes envisioned to deal with marital dysfunction so that it can be prevented before it occurs. Therefore, through marital adjustment improvement programs, what is existing psychologically in individuals can be acknowledged and enhanced to

produce a higher level of well-being and functioning so that one can develop fully in what is already healthy rather than designing remedies to handle intrapersonal deficits.

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### Ethical Consideration

The study was approved by the Foundation University Islamabad, Pakistan. Pakistan. Consent Form was taken before taking data and participants were asked to take voluntary participation.

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### Availability of data and materials

The data sets used and analyzed during the current study are available from the corresponding author on reasonable request.

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