

Marital Conflict, Self-Silencing, Dissociation, and Depression in Married Madrassa and Non-Madrassa Women: A Multilevel Mediating Model

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Abstract

Background: In the perspective of married women's psychological and physiological health many assumptions have been made to explain for their increased vulnerability to certain mental health issues in Pakistan context. However, supposed the multifacetedness of topic, no single description is established adequate in itself. 'Silencing the Self' approach provided new evidence on above subject matter since it recognizes the importance of culture and social processes. The relationship among marital adjustment, dissociation and depression in married women is well recognized. However, there is a scarcity of study on this topic and the interaction among self-silencing, marital conflict, depression, and dissociation. The purpose of current study was to investigate the mediating role of dissociation and self-silencing in the relationship between marital conflict and depression in Madrassa and Non-Madrassa women.

Methods: A simple random sampling technique and comparative study design were applied to perform this present study. Three hundred participants (Madrassa Married Women, $n=150$; Non-Madrassa Married Women, $n=150$), with age ranged between 18 to 30 ($M=24.10$, $SD=6.01$) years were incorporated from different public and private Madrassas and housing societies of Rawalpindi, Islamabad and Azad Kashmir, Pakistan.

Results: This study's findings illustrated that there was positive association among self-silencing, marital conflict, dissociation and depression. Further, this study revealed that self-silencing and dissociation partial mediated in the relationship between marital conflict and depression in Madrassa and Non-Madrassa women.

Conclusions: This study recommended that complex interaction between self-silencing and marital conflict can be triggered symptoms of dissociation and depression in Madrassa and Non-Madrassa women. Prospectively, higher level of marital conflict with self-silencing significantly predicts the occurrence of dissociation and depression disorder in married women. Additionally, this study demonstrated the need for initial detection for identifying and comprehend nature of marital conflict and self-silencing for management of the risk of depression and dissociation in Pakistan context.

Keywords: Self-silencing, marital conflict, dissociation, depression and married women.

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Background

It is well-recognized that physical and mental health of women is not completely rely on the variation in biological risks. The most important of social and cultural factors, particularly related to gender roles as well as power dynamics is of extreme necessity in above subject matter (Abbas et al., 2019a; Maji & Dixit, 2019; Pietromonaco et al., 2021; Saif et al., 2021). A few women involve in interpersonal behavior's problems, including silencing or suppressing their legal or right voice and feelings, once they experience themselves in problematic relations and situation that sustain harmony among them however at the price of enhancing women risk for mental health issue including depression, dissociation, mood swings, anxiety and stress. Over the year, it can drag toward problematic situation wherein women cannot describe their inner feelings and thoughts to due social pressure and demands that creates conflict in intimate relationships. Thus, silencing or suppressing their feelings would have significant effect on the marital life and quality as well as mental or physiological health of women globally (Whiffen, Foot, & Thompson, 2007). Within many intimate relationships, there is a struggle between remaining true to oneself and conforming to the role expected by one's intimate partner. This struggle often leads people to silence their feelings to salvage the relationship and avoid further conflict. However, the act of self-silencing can create the opposite effect; instead, the person is left feeling unsatisfied within his/her relationship and depressed since he/she is unable to express his/her true emotions (Inman & London, 2021; Iordachescu et al., 2021).

Silence has been a pervasive topic of interest in the different fields of study on women. Therefore, this study used silencing the Self-Theory (STST) which developed by Jack (1992), he proposed a set of cognitive schemata and behaviors which depicts women's experience in romantic heterosexual relationships (Jack & Dill, 1992). This study explored an association of women's physical and mental health with socially and culturally set gender roles as well as interpersonal self of women. Moreover, this theory described that women are under strong pressure to conform to societal norms and feminine ideals prescribing silence. In conforming to these roles, women actively suppress their own thoughts and feelings if these conflict with their romantic partners (Hafsa et al., 2021; Maisonneuve et al., 2018; Maji & Dixit, 2019; Rashid et al., 2021).

Silencing is referred as to the unwillingness or inability of the affected individual to share their personal experiences and suppressing their feelings or thoughts due to confirm cultural and societal norms (Gammeltoft, 2016; Traeen et al., 2021). Silencing or disclosure of marital conflict is the consequence of difficult interactions between environmental and individuals factors and leads toward mental health issues (Alaggia et al., 2012). Many previous study found that self-silencing was a positive coping mechanism which used to deal with traumatic experiences of martial conflict (Gammeltoft, 2016). This study demonstrated two kinds of self-silencing, subconscious and deliberate. Deliberate self-silence is refereed as a person have conscious control of their feelings. Whereas, subconscious self-silence is defined as an individual have control on their feelings without knowing about their feelings (Gammeltoft, 2016).

This study examined association among self-silencing, martial conflict and mental health problems in married women.

There is an agreement among research scholars that marital conflict takes place because of economic, social and physical causes. It is majorly experienced because of incapability of couple to fulfill each other's social and sexual demands, as well as particularly incapability of family's in charge to fulfill physical, economic, and social the family's demands (Ahmed & Iqbal, 2019). A similar study illustrated several hidden conflicts in married couples which drag toward divorce and fail marriage. These are many character differences, intellectual, educational differences, spiritual differences, vocational choices, age of marriage, role conflict, family crises, in laws difficulties, sexual challenges, premarital cohabitation, use of money, no religious affiliation and remarriages (MacIntosh & Johnson, 2008). Communication on the other hand is an important tool for married couples, because it is through this, that the couple will know and understand each other better. Lack of adequate communication between husband and wife may lead to marriage failure (Olayinka, 2000). Close relationships are of considerable importance to women's sense of self and women are highly motivated to have conflict free, harmonious relationships with significant others, particularly spouses and family members (Whiffen et al., 2007). Avoidance of conflict leads to inhibition of one's own feelings and opinions results in a fall in self-esteem and feelings of a loss of self, thus heightening women's vulnerability to depression and other psychological problems (Kurtiş, 2013).

Nowadays, many clinical psychologists have interested to examine association among self-silencing, marital conflict, and mental health issues in married couples for several decades. Over 40 years ago, Brown and Harris (1978) introduced their first influential model of depression that was well known Psychosocial Causation Model, wherein they recognized and explained poor an intimate relationship between married couples as a primary susceptibility factor for triggering different mental health problems including depression and anxiety (Brown & Harris, 1978). Nearly a decade later, Weissman (1987) demonstrated in a cross-sectional study that there was a 25-fold enhanced risk of mental health issues specially depression in marital conflict (Weissman, 1987). Many previous studies have been established the association between marital conflict and symptoms of depressive in women (Goldfarb et al., 2007). For example, Whisman (2001) found marital conflict explained 18% and 14% of the variance of depression disorder in female and male, respectively. Additionally, the relationship between depression and marital dissatisfaction falls from the moderate-to large effect size range in different studies (Whisman, 2001). Although aforementioned researches are imperative, they are conducted based mainly on correlational data, permitting only to recommend that there is a positive relationship between marital conflict and depression. Experimental studies can useful explain cause inferences. Opportunely, a few experimental researches have been conducted but have provided mixed findings as to the causal inferences of aforementioned factors. Among abovementioned researches, several have illustrated that

marital conflict and psycho-social factors dragged increases in mental health issues such as depression, dissociation, anxiety and mood swings (Mamun et al., 2011; Sarfraz et al., 2021; Toqeer et al., 2021; Vento & Cobb, 2011)

Many prior study findings have found and described reciprocal relationship among above mentioned variables and remain open for further discussion in different samples (Craft et al., 2021; Fincham, 2003; Kouros & Cummings, 2011; Noor et al., 2016). Epidemiological researches recommended that women were more experienced mental health issues such as depression as compared to men (Hammen, 2018). The findings of earlier studies revealed that self-silencing was positively associated with marital conflict and different mental health problems both externalizing and internalizing. It is associated with symptoms of depression, anxiety, mood swings, dissociation (Abbas et al., 2019b; Ahmed & Iqbal, 2019; Bob et al., 2015; Maisonneuve et al., 2018; Maji & Dixit, 2019; Maroufizadeh et al., 2018).

Depression is a common psychological state affecting over 350 million people from all age groups. The prevalence of depression is higher in women than in men. It is marked as one of the most common unidentified mental health problems in Pakistan, masked by long-term illnesses and psychological disturbances, depression plays a key role in worsening the prognosis of chronic diseases. The risk of developing depression in the general population is 10%-25% in females and 5%-12% in males (Godil et al., 2017). The finding of similar female male prevalence ratios in developed countries and globally suggests that the differential risk may primarily stem from biological sex differences and as well on race, culture, diet, education and numerous other potentially confounding social and economic factors. According to cognitive model of depression negative cognitive schemas and essential beliefs play significant role in the development of depression and they developed during the early stages of learning (Beck, Rush & Shaw, 1979; Jacobson et al., 1996). Interpersonal experiences of an individual are always inseparable from cognitive schemas. That's why concepts of relatedness, attachment and dependency are connected with symptoms of depression (Abi-Habib & Luyten, 2013; Blatt & Zuroff, 1992; Blatt et al, 1982). Silencing the self-theory considers both cognitive schemas model and social aspects as leading factors in development of depression.

The purpose of current research was to investigate the association among self-silencing, marital conflict, depression, and dissociation in Madrassa and Non-Madrassa women. Furthermore, to examine the mediating role of dissociation and self-silencing in the relationship between marital conflict and depression. Additionally, this study explored the prevalence and differences among self-silencing, marital conflict, depression, and dissociation in Madrassa and Non-Madrassa women.

Method

Research design

A simple random sampling technique and comparative study design were applied to perform this present study.

Objectives

1. To examine the association among self-silencing, marital conflict, depression, and dissociation in Madrassa and Non-Madrassa women

2. To investigate the mediating role of dissociation and self-silencing in the relationship between marital conflict and depression in Madrassa and Non-Madrassa women.
3. To examine the prevalence and differences among self-silencing, marital conflict, depression, and dissociation in Madrassa and Non-Madrassa women.

Hypotheses

1. Marital conflict was positively associated with self-silencing, dissociation and depression among married madrassa and non-madrassa women.
2. Self-silencing was positively associated with dissociation and depression among married madrassa and non-madrassa women.

Participants

A simple random sampling technique and comparative study design were applied to perform this present study. The sample consisted three hundred participants (Madrassa Married Women, n =150; Non-Madrassa Married Women, n= 150), with age ranged between 18 to 30 (M = 24.10, SD = 6.01) years. 150 married Madrassa women were included from different public and private Madrassas of Rawalpindi, Islamabad and Azad Kashmir, Pakistan, in 2019. Remaining 150 Non-Madrassa married women were incorporated from different public and private housing societies of Rawalpindi, Islamabad and Azad Kashmir, Pakistan for comparison reason. The following exclusion and inclusion criteria was set to recruit both Madrassa and Non-Madrassa married women in present study: only those Madrassa and Non-Madrassa women were participated in this study who had intimate relationship for last two years.

An inclusion criterion was followed to enroll Madrassa women as those women who have completed their Hafiz-e-Quran degree. On the other hand, an inclusion criterion was also followed to incorporate Non-Madrassa women as those women who did not obtain formal religious education from any Madrassa, they were declared as Non-Madrassa women. Those women who fulfill the abovementioned criteria and they were participated and those women who did not fulfill the aforementioned criteria were excluded from present study.

Measures

Four standardized measures, Silencing the Self-Scale, Dissociative experiences scale, Revised Dyadic Adjustment Scale, and Beck Depression Inventory were used to measure Self-Silencing behavior, depression disorder, experience of Dissociation symptoms and marital conflict in Madrassa and Non-Madrassa women.

Revised Dyadic Adjustment Scale (RDAS; Busby et al., 1995). It is a self-report instrument that measures 7 dimensions of couple's intimate relationships. It consists of three board subscales

including Satisfaction in the couple relationship related to stability as well as conflict management, Consensus in values, affection, and decision making and Cohesion as observed by discussion and activities (Busby et al., 1995). It is an 14-items instrument use to measure marital adjustment and conflict in couples. Higher scores on whole scale and three sub-dimensions revealed higher prevalence of marital conflict. However, lower scores on whole scale and three sub-dimensions shown lower prevalence of marital conflict in couples. This scale illustrated adequate validity and reliability for both samples of present study.

Silencing the Self-Scale (STSS; Jack & Dill, 1992). This scale was derived from an experimental research on women with clinical symptoms of depression. It assess particular schemas related how to develop and retain intimacy relationship in women (Jack & Dill, 1992). This instrument is used to *measure* the cognitive style some individuals use to understand their intimate relationships. Each item of scale is rating of the level of agreement on a scale from 1 (*not at all applicable*) to 5 (*extremely applicable*). It is an 31-item measure which is included four subscales: Externalized Self-perception, Care as Self-sacrifice, Self-silencing, and Divided Self (Jack & Dill, 1992). Higher scores on whole and four subscales revealed higher prevalence and tendency of self-silencing behavior. However, lower scores on each subscale and whole scale shown lower prevalence and tendency of self-silencing behavior. This scale illustrated adequate validity and reliability for both samples of present study.

Dissociative experiences scale (DES; Carlson & Putnam, 1993). This scale is used to measure dissociative symptoms. It consists of 28 items **which** is envisioned to be a diagnostic tool for normal and clinical samples (Carlson & Putnam, 1993). High and Low scores of DES scale reflects tendency of dissociative symptoms for example more than 30 scores of this scale revealed higher prevalence of dissociative symptoms. However, this scale scores between 0-29 demonstrated lower prevalence of dissociative symptoms. This scale illustrated adequate validity and reliability for both samples of present study.

Beck Depression Inventory (BDI; Beck, 1996). It is a self-report clinical instrument that measures depression disorder in normal and clinical population (Beck et al., 1996). It consists of 42 items which is used to measure the symptoms of depression in both the healthy and psychiatric population. Each item of scale is rated on a four-point Likert scale between 0 (*symptom absent*) to 3 (*severe symptoms*). The total of scores is categorized in three form of severity: severe

depression (29–63), moderate depression (20–28), mild depression (14–19), and Normal depression (0–13). The BDI scale has revealed sufficient validity and reliability.

Procedure

This current research was carried out in accordance with the ethical guidelines of institutional Ethical Review Committee of Foundation University Islamabad, Pakistan and American Psychological Association. This study's protocols were approved and developed as per abovementioned ethical committees to collect data. Three hundred Madrassa and Non-Madrassa Married Women were incorporated from different public and private Madrassas and housing societies of Rawalpindi, Islamabad and Azad Kashmir, Pakistan. Informed consent to data collection was took from all participants of study. Only those volunteer Madrassa and Non-Madrassa Married Women were enrolled in present study who expressed their willingness for participating. Four standardized psychological measures, silencing the self-scale, dissociative experiences scale, revised dyadic adjustment scale, and beck depression inventory were used to measure self-silencing behavior, depression disorder, experience of dissociation symptoms and marital conflict. Participants were requested to complete a set of demographics variables and scales within time of 30 minutes. Permission to perform this study was obtained from the higher Madrassa's authority after explaining nature and purpose of this study and ensuring participants that participant's information would be kept confidential.

Analysis plan

First of all, missing values of the self-silencing behavior, depression disorder, experience of dissociation symptoms and marital conflict handled by well-established an imputation method on Spss-20 (Field, 2017). Secondly, it was used the product-moment correlation method to examine the relationship among self-silencing, marital conflict, depression, and dissociation in Madrassa and Non-Madrassa women (Field, 2017). Thirdly, multiple mediation analysis was carried out to confirm the mediating role of dissociation and self-silencing in the relationship between marital conflict and depression in Madrassa and Non-Madrassa women through the Statistical Software of Structural equation modeling (Baron & Kenny, 1986). Finally, independent samples t-test analysis was used to examine the prevalence and differences among self-silencing, marital conflict, depression, and dissociation in Madrassa and Non-Madrassa women.

Results

Table 1

Mean standard deviation, correlation matrix and alpha coefficient among self-silencing, marital conflict, depression, and dissociation in Madrassa and Non-Madrassa women (N= 300)

		M(α)	NM(α)	1	2	3	4	5	6	7	8	9	10	11
1	DES	.94	.98	-	.54**	.45**	.42**	.44**	.45**	.42**	-.43**	-.40**	-.42**	-.35**
2	BDI	.77	.81	.63**	-	.69**	.65**	.68**	.65**	.64**	-.65**	-.63**	-.56**	-.59**
3	STSS	.97	.94	.59**	.78**	-	.97**	.98**	.97**	.96**	-.80**	-.73**	-.72**	-.73**
4	ESP	.95	.94	.61**	.77**	.95**	-	.93**	.92**	.93**	-.77**	-.70**	-.70**	-.69**
5	CAS	.77	.68	.54**	.70**	.94**	.85**	-	.94**	.93**	-.78**	-.71**	-.68**	-.73**
6	STS	.84	.81	.56**	.77**	.97**	.91**	.87**	-	.93**	-.76**	-.70**	-.68**	-.70**
7	DS	.95	.86	.58**	.78**	.96**	.91**	.85**	.92**	-	-.77**	-.70**	-.71**	-.70**
8	DA	.91	.93	-.33**	-.47**	-.50*	-.47**	-.46**	-.49**	-.50**	-	.93**	.89**	.89**
9	CON	.72	.89	-.30**	-.42**	-.47*	-.43**	-.41**	-.46**	-.47**	.94**	-	.75**	.74**
10	SAT	.89	.81	-.27**	-.44**	-.46*	-.43**	-.43**	-.45**	-.45**	.89**	.78**	-	.71**
11	COH	.88	.85	-.33**	-.44**	-.44*	-.42**	-.41**	-.42**	-.42**	.88**	.72**	.68**	-

Note. α (M) alphas required for Madrassa sample; α (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; DA = Dyadic Adjustment; CON = Consensus; SAT = Satisfaction; COH = Cohesion, * $p < .01$, ** $p < .00$, *** $p < .000$.

Table 2

Mean differences between Madrassa and Non-Madrassa women on self-silencing, marital conflict, depression, and dissociation (N=300)

variable	Madrassa women (N=150)		Non-Madrassa women (N=150)		95% CI				
	M	SD	M	SD	t	p	LL	UL	Cohen's d
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	.000	.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
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 dissociation and self-silencing in the relationship between marital conflict and depression in Madrassa and Non-Madrassa women (N= 300)

<i>Madrassa women(N= 150)</i>												
Variables	DA			STSS			DIS			DEP		
	B	S.E	β	B	S.E	β	B	S.E	β	B	S.E	β
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***
<i>Non-Madrassa women (N= 150)</i>												
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, * $p < .01$, ** $p < .00$, *** $p < .000$

Figure 1. The mediating role of dissociation and self-silencing in the relationship between marital conflict and depression in Madrassa.

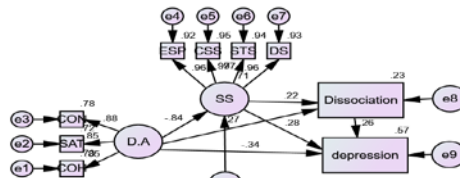
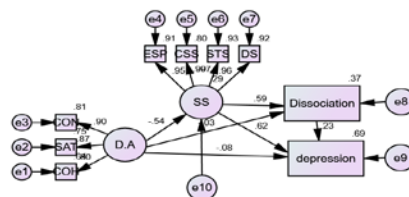


Figure 2. The mediating role of dissociation and self-silencing in the relationship between marital conflict and depression in Non-Madrassa women.



Results

In Table 1, values above the diagonal illustrate association among self-silencing, marital conflict, depression, and dissociation in Madrassa (N= 150) and values below the diagonal demonstrate among self-silencing, marital conflict, depression, and dissociation in Non-Madrassa women (N= 150).

The Alpha Cronbach coefficients of self-silencing, marital conflict, depression, and dissociation scales were suitable for both Madrassa and Non-Madrassa women samples. In Table 1, the findings of present study demonstrated that self-silencing was statistically positively significant related with depression, and dissociation in Madrassa and Non-Madrassa women samples. Moreover, this study's results revealed that self-silencing was statistically negatively significant associated with marital conflict and along its subscales in Madrassa and Non-Madrassa women. Additionally, this study found that marital conflict was statistically negatively significant associated with depression, and dissociation in Madrassa and Non-Madrassa women.

In Table 2, the findings of independent samples *t*-test revealed that there was found statically significant differences between Madrassa and Non-Madrassa women on depression ($t = 3.46, p > .000$) and self-silencing ($t = 2.16, p > .03$) along its subscales. The findings of present study illustrated that Madrassa women ($n = 150, M=8.60, SD = 5.62$) were exposed higher tendency of depression disorder as compared to Non-Madrassa women ($n = 150, M = 6.34, SD = 5.63$). Additionally, this study shown that Madrassa women ($n = 150, M=83.04, SD = 32.20$) were exhibited more tendency of self-silencing as compared to Non-Madrassa women ($n = 150, M = 75.42, SD = 28.36$). However, the findings revealed that there was found non-significant differences between Madrassa and Non-Madrassa women on dissociation and marital conflict along its subscales.

In Table 3, the findings of current study revealed model fit indices which was examined the mediating role of dissociation and self-silencing in the relationship between marital conflict and depression in Madrassa and Non-Madrassa women. The results of this study demonstrated that the current model of study fit sufficiently; $\chi^2 (4) = 8.4, \chi^2/df = 2.1, p < .07, RMSEA = .06 (.00, .12), IFI = .90, CFI = .90, NFI = .91, TLI = .93$. This study's findings shown that marital conflict was statistically significant positively predicting self-silencing in both Madrassa and Non-Madrassa women. However, marital conflict was only statistically significant positively predicting to self-silencing in Madrassa women. Additionally, this study's results revealed that self-silencing was statistically significant positively predicting to depression in both Madrassa and Non-Madrassa women. Moreover, this study's results exhibited that dissociation was statistically positively significant predicting depression in Madrassa and Non-Madrassa women. These results of present study exhibited that self-silencing and dissociation partial mediated in the relationship between marital conflict and depression in Madrassa and Non-Madrassa women.

Discussion

The present study investigated the association among self-silencing, marital conflict, depression, and dissociation in Madrassa and Non-Madrassa women. Furthermore, to examine the mediating role of dissociation and self-silencing in the relationship between marital conflict and depression. Additionally, this study explored the prevalence and differences among self-silencing, marital conflict, depression, and dissociation in Madrassa and Non-Madrassa women. This cross-sectional design with data from a large community-dwelling sample of married women permitted us to spread awareness on above mention subject matter through choose a representative sample consisted of entirely married Madrassa and Non-Madrassa women .

This study was conducted to verify the assumptions related to the association among marital conflict, self-silencing, depression and dissociation across married Madrassa and Non-Madrassa women in Pakistan context. The findings of present study revealed that self-silencing was associated with higher level of depression and dissociation in both Madrassa and Non-Madrassa women. Further, this study's results illustrated that self-silencing was associated with lower level of marital conflict and its subscales in both Madrassa and Non-Madrassa women. The findings of present study confirmed our first objective and hypotheses. Moreover, the findings described that self-silencing and dissociation partial mediated in the relationship between marital conflict and depression in Madrassa and Non-Madrassa women. The findings of this study also confirmed our second objective. This study's results are consistent with earlier study's findings (Abbas et al., 2019b; Ahmed & Iqbal, 2019; Bob et al., 2015; Maisonneuve et al., 2018; Maji & Dixit, 2019; Maroufizadeh et al., 2018). These studies have clearly illustrated that marital discord plays an important role in the development and maintenance of depression in married couples. Previous numerous studies found that those married couples who had marital conflict with high level of stress, they were more inclined toward mental health issues such as depression and dissociation. Furthermore, similar studies have indicated that self-silencing is one of most important other factor to enhance mental health problems such as dissociation and depression in married women (Bob et al., 2015; Maroufizadeh et al., 2018). Interestingly, it was observed that women are highly motivated to have conflict free and harmonious relationship with others particularly, with spouse and family members In Pakistan culture. To maintain the harmony among relationship women engage in interpersonal behaviors like self-silencing or suppressing their thoughts and feelings when they find themselves in conflicted relationship. So they find a way to maintain the relationship but at the cost of increasing risk for depression and other psychological problems.

Furthermore, our results supported and add more knowledge the dissociation theory of Pierre Janet (Van der Hart & Horst, 1989) and self-silencing (Jack & Dill, 1992), according to dissociation theory, negative emotions such as extreme fear and anger occur when individual is not capable of carrying out well adapted

actions. Vehement emotions exert disintegrative effect on mind and they impair individual's ability to synthesize and integrate new information and in susceptible individuals it cause dissociations (Van der Hart & Horst, 1989). Women who are involved in self-silencing behavior also internalize their feelings of anger and aggression and don't express it. When they perceive their relationship to be in danger they choose fake compliance to hide their anger. 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 madrassa and non-madrassa women.

On the other hand, according to self-silencing theory, they believed that women who are less expressive and maintain an external locus of control tend to interpret their own identity from the eyes of other people. Their primary focus is to keep others happy even if it is on the account of their own contentment. The continuing pressure to impose the identity of a 'good woman' or a 'good wife' contributes to a cycle of stress, sacrifice and reward. Even if the reinforcement is small, woman then try to achieve greater acceptance by an even bigger sacrifice. Along this way, they not only lose contact with their self-identity but also become more prone towards anxiety and depressive symptoms (Abbas et al., 2019b; Reyome et al., 2010; Van der Hart & Horst, 1989).

This study was also performed to explore differences between married Madrassa and Non-Madrassa women on marital conflict, self-silencing, depression and dissociation. The findings of present study illustrated that Madrassa women were exposed higher tendency of depression disorder as compared to Non-Madrassa women. Additionally, this study shown that Madrassa women were exhibited more tendency of self-silencing as compared to Non-Madrassa women. However, the findings revealed that there was found non-significant differences between Madrassa and Non-Madrassa women on dissociation and marital conflict along its subscales. The findings of this study supported our third objective. This study's findings added more information in previous studies related to group difference on abovementioned variables. This study's results are consistent with earlier study's findings. Previous studies found that the risk of developing depression in the general population is 10%-25% in females and 5%-12% in males (Godil et al., 2017). Weissman (1987) demonstrated in a cross-sectional study that there was a 25-fold enhanced risk of mental health issues specially depression in marital conflict. Many previous studies have been established the association between marital conflict and symptoms of depressive in women (Goldfarb et al., 2007; Weissman, 1987). For example, Whisman (2001) found marital conflict explained 18% and 14% of the variance of depression disorder in female and male, respectively (Whisman, 2001).

Limitations and Recommendations

It is very important to highlighted few limitations of the current research. Information related study variables was collected with self-report questionnaires that could be considered a possible source of errors and different

biases. Further, it was performed by quantitative nature and cross-sectional design, the causal inferences cannot draw on association among self-silencing, marital conflict, depression, and dissociation in Madrassa and Non-Madrassa women. Finally, participants in our study were not previously diagnosed with depression but data was collected from normal population. So our study findings cannot be generalized on individuals with clinical depression. Generalizability was further limited because sample was self-selected.

Future study is required to better comprehend the way marital conflict, dissociation, self-silencing and depression interrelate with each other in married Madrassa and Non-Madrassa women. A multi-wave research may possibly well explain and identify the way marital conflict, self-silencing and mental health problems effect one another over the period time at different age group in married women. Moreover, it could be noteworthy to recognize if these findings could be replicated and generalized in a clinical population of married women experience depression and dissociation. Whereas study on the prospective relationship among self-silencing, marital conflict with mental health problems has not yet been conducted in a population of abnormal older married women.

Implications of study

This study provided insight to comprehend and treatment of mental health problems particularly depression and dissociation in married women samples. These results are not only provided knowledge in development of the new intervention of depression and dissociation but it also helpful to understand the causes and consequence of marital conflict in married women that could increase the risk of self-silencing and these causal factor may also lead psychiatrist illness in women. This current study's findings recommended that new interventions should be developed for treatment of marital conflicts and its associated mental health problems in Pakistani married women.

Conclusion

It is well-recognized that married women with marital conflict, self-silencing experienced a noteworthy high risk of psychiatrist problems including mood swings, stress, anxiety, depression and dissociation in Pakistan context. This study's results recommended that marital conflict and self-silencing can be stimulated psychiatric illness in married women. Moreover, this study also suggested that marital conflict was associated higher level of self-silencing, depression and dissociation in married women. This study highlighted that new prevention and interventions should be developed in Pakistan context to marital issues and mental health problems of married women.

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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.

Authors' contributions/Author details

Miss Bushra Naeem performed the main study under the supervision of Muhammad Aqeel. Dr. Zeimara de Almeida Santos wrote the article under the guidelines of Nature-Nurture Journal of Psychology.

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Ethics declarations

Ethics approval and consent to participate

This study was approved by the Institutional Review Board (Foundation University Islamabad). A written informed consent was obtained from all participants.

Consent for publication

Not applicable.

Competing interests

The authors declare to have no competing interests.

Additional Information

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Ethical Consideration

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

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