2 - MARITAL MALADJUSTMENT AND DEPRESSION IN WOMEN: MEDIATING ROLE OF SELF-REPRESSION

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**Abstract**

Introduction: Depression disorder is one of the most common mental disorders. For different reasons, women are more vulnerable to depression than men. The aim of present study was to investigate the relationship between marital maladjustment and depression in women, by considering self-silencing as mediator variable. Methods: To reach this aim, 151 married women through available and purposeful sampling were selected and participated in this study. All participants were asked to complete the Beck Depression Questionnaire (BDI-II), Jack Silencing Self Scale (STSS) and Spanier Marital Adjustment Questionnaire (DAS). Data were analyzed by Structural Equations Modeling (SEM) and LISREL software. Results: findings demonstrated that there was significant positive correlation between women depression symptoms and marital maladjustment. Marital maladjustment directly influences women depression and it also indirectly through mediator self-silencing variable leads to depression in women. Conclusion: Considering the importance of women depression and its effects on marital life, recognizing factors effective in depression symptoms appearance and

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way of coping women with marital problems can lead to deeper recognition of women depression to prevent and present suitable therapeutic methods.

1. INTRODUCTION/THEORETHICAL FRAMEWORK

Major depressive disorder is serious and pervasive mental health problem throughout the world (Zimmerman, McDermut & Mattia,2014). Prevalence of it have been reported during life in 5 to 15% (Angst, Cui, Swendsen, Rothen, Cravchik, Kessler, & Merikangas, 2010) and in the United States between 2.5 to 17.1 percent (Kasper, Hajak, Wulff, Hoogendijk, Luis Montejo, Smeraldi & Baylé, 2010).Types of depressive disorders include major depression disorder and dystonic disorder which are the most common mental disorders that women experience (Viguera,Nonacs, Cohen, Tondo, L., Murray & Baldessarini,2014). Women are almost twice than men suffer from clinical depression (Pan, Lucas, Sun, van Dam, Franco, Manson et al.,2010; Evans, Ten Have,Douglas, Gettes, Morrison, Chiappini et al.,2014).Series of factors such as environmental factors, growth factors, psychological factors such as avoidance coping style and rumination coping style the interpersonal tendencies and self-suppression in social interaction and factors such as gender and community-living pressures are involved in depression and no single factor is not conclusive as predictor of depression (Mitchell, Chan, Bhatti, Halton, Grassi, Johansen & Meader, 2011).

Developmental and psychological factors in women are one of the risk factors and causes of depression in women than in men at risk for depression. Growth, especially in women occurs in a context of interpersonal relationships (Cohen,Soares, Poitras, Prouty, Alexander & Shifren,2014), based on a relational perspective, relationship-oriented women are more sociable than men, focus more on others' emotions and needs (sometimes at the expense of ignoring their needs and emotions) and actively participate in the growth of others (Jacka, Pasco, Mykletun, Williams, Hodge, O'Reilly et al.,2010).

Psychological differences between men and women partly are product of social and gender role socialization. Gender identity and gender role socialization processes that make women feel about themselves in relation to others in organization (Cherepanov, Palta, Fryback & Robert,2010) and the importance of close relationships has substantially in their self-concept (Sbarra & Borelli,2013). The mental health in women than in men depends on the quality of relationships

and interpersonal problems, especially in women who have close relation with depression (Kendler, Gardner & Prescott,2014).

Undoubtedly one of the most important interpersonal relationships is marital relationship. Studies show that marital maladjustment and depression in men and women are significantly correlated with each other (Jang, Kawachi, Chang, Boo, Shin,Lee, & Cho,2009). People who are dissatisfied with their relationship, most of the people who are satisfied with their sex, are prone to depression (Chachamovich, Chachamovich, Fleck,Cordova, Knauth & Passos,2009). A. Modeling studies suggest that for women, marital incompatibility good predictor for depression, while for men, depression predicts maladjustment (Babarskiene & Tweed,2009). So investigation of marital relationship to understand the causes of depression, especially in women is important (Mamun, Clavarino, Najman, Williams, O'Callaghan & Bor,2009). Literature review relationship between depression and marital maladjustment suggests that recently more have been investigated this relationship as mediator variable (Sbarra, Emery, Beam & Ocker, 2014). Jack in the 1991(quoted by Waitem Luo & Lewin, 2009) presented his model to explain relationship between marital conflict and women's depression. According to Jack, many women have internalized the belief which to be "good woman", "good wife" and " good mother". So the problems are related to the severity of the threat to women's self-concept; because they believe that only are good that can be successful in the role of motherhood and marriage. They involved in interpersonal behavior as censoring or hold off their feelings during conflict to reduce conflict and balance in the relationship and do not express their real needs. The self-Silencing is suppression of the expression of the needs, emotions and opinions in order to establish and maintain a balance in the relationship and prevent rejection (Negy, Hammons, Ferrer & Carper, 2010). According to this model, suppressing their attempts to cope with marital conflict; in this case, which led to his marital incompatibility becomes oppressive, repressive and radical self-censorship also led to the emergence of passivity and feelings of alienation and anger that eventually leading to their vulnerability to depression (Kim & Moon,2011).

High self-silencing is deeply rooted in gender socialization; women are became sociable that be more obedient, compliant, sacrifice and unobtrusive and believe that it should express negative emotions in their marital relationship (St John, 2009). Although idealized image of "good woman" among different cultures, the core assumption is that women are unequal to men in quality of their responsibilities. Women have a lot of energy that seems to be happy and obedient,

so it is important for women to adapt with normal culture (Van Mill, Hoogendijk, Vogelzangs,Van Dyck & Penninx,2010).

Self-silencing and its relationship with marital conflict have been confirmed in many studies and several studies have examined its role of the mediator. But it seems that this concept has not been studied in Iran. Since self-silencing in women largely is result of culture and its use in shaping gender roles and stereotypes based on an idealized image of a woman is good and selfless and since the socialization of gender roles vary somewhat from culture to culture; study the status of this concept and its relationship with marital maladjustment and depression in order to better understand the purpose of this research is depressed women.

2. METHOD

Method this research is descriptive and correlation type. Population of the study consisted of all women who live in Tehran. According to nature and type of study; 150 people was selected by using purposive sampling method.

2.1. INSTRUMENTS

Beck Depression Inventory (BDI-II): Beck Depression Inventory for the first time in 1961 was developed by Aaron Beck and its second edition (BDI-II) which is used in the present study was released in 1996 by Beck, Steer & Brown. The most common means of self-report questionnaire was used to measure the severity of depression. Its main advantage is to measure depression in clinical populations and has been validated in the normal population (Williams, Williams, Freedman, Deci, 1998). Beck Depression Inventory consists of 21 items, each item of depressive symptoms (cognitive, emotional and physical) measures. These symptoms include depressed mood, hopelessness about the future, feelings of failure, guilt, frustration, a sense of discipline, to their disappointment, self-blame, suicidal tendencies, like crying, irritability, apathy of the people, the inability to decide making one's conception of his appearance, inability to work, no-sleep, appetite, fatigue, anorexia, weight loss, decreased libido concerns about your health and evaluates. Each item is scored from 0 to 3 which 0 score in each item indicates absence of depressive symptoms and a score of 3 indicates severe depression. Total score range of 0 to 63 are placed in the questionnaire. The higher the total score achieved, is more severe depressive symptoms. Beck, Steer, and Garbin (1988) obtained with high internal consistency alpha coefficients 0.73 to 0.93.

Psychometric properties of the questionnaire are as follows: The 0.91 for alpha coefficient, 0.89 for correlation coefficient between the two halves, 0.94 for one-week test-retest coefficient, 0.93 for its correlation with the Beck Depression Inventory First Edition (Fata, Birashk, Atef-Vahid, , Dabson, 2005). Also Dobson and Mohammad Khani (2007) obtained alpha coefficient for outpatient 0.92 and 0.93 to 0.93 for students with test-retest coefficient during a week and to evaluate the psychometric characteristics of the questionnaire have been calculated reliability coefficient 0.87.

Dyadic Adjustment Scale (DAS): This scale was designed in 1976 by Spainer and is widely used in assessing the compatibility relations and it is one of the most versatile tools in the area of family and couples (South, Krueger & Iacono,2009). This 32-item instrument for measuring the quality of the marital relationship and made the following four measures, Dyadic Satisfaction (DS), Dyadic Consensus (Dcon) , Dyadic Cohesion (Dcoh) and Affectional Expression. The overall score scale from 0 to 151 and the sum of the scores obtained for each item. Higher scores indicate higher marital adjustment. Scores equal to or greater than 100 mean higher compatibility and marital adjustment's scores were below 100 means. Spainer (1976) reported reliability of this scale 0.96 by Cronbach's alpha.

Bookwala, Sobin & Zdaniuk, (2005) obtained 0.86 by using test-retest interval 37 days on 92 people. In addition, internal consistency was obtained 0.95 and simultaneous implementation of this questionnaire and Locke Wallace's questionnaire Marital Adjustment Scale correlation coefficient for 76 couples with similar samples obtained 0.90. In addition, internal consistency was obtained 0. 95. Also in research of Darvizeh and Kahaki (2008) reported 0.94. self-silencing scale(STSS):This scale was developed in 1992 by Jack and Dale and is self-report scale that determines how much participants in suppress themselves in relation their spouse. The scale consists of 31 items on 5-point scale from "strongly agree" to "strongly disagree" graded. This is total score and four scores on the four subscales. The minimum and maximum total score ranged from 31 to 155, with higher scores indicating higher self-repression. Cognitive subscale items outside the scope of the measure to the respondents themselves are judged by external criteria.

Cramer (2011) has been approved construct validity of this scale for men and women. Although the results of this analysis suggested that items 1 and 11 should be omitted. Although the results of this analysis suggested that items 1 and 11

should be omitted. Test-retest reliability for the overall score was 0.88 to 0.93 and internal consistency with Cronbach's alpha coefficients was calculated for both men and women 0.85 to 0.89(Cramer,2011). Psychometric properties of this scale in the country for the first time in this study were calculated. The internal consistency of items 1, 11, 13 and 21 subscales, Cronbach's alpha for the items was below 0.70. As result, these items were removed from the scale. Subscale internal consistency of the total scale; 0.79, the amount is relatively modest. The internal consistency of the subscales out 0.72, 0.60 subscales attention as self-sacrifice, self-repression subscales 0.77 and 0.54 subscale of self was divided.

3. RESULTS

Because of the structural equation model includes variables are not observed and the model parameters to the link between variances and covariance of observed variables and model parameters to be estimated. The covariance equations to calculate the estimated covariance matrix of the estimates based on a number of assumptions and estimates as to the fitness of the model has been applied to the data (Doloi, Sawhney & Iyer, 2012).

Before describing method of fitting structural models, assumptions, including: 1) normal distribution of variables, 2) there is a linear relationship between them, 3) variants observed multiple (at least two exogenous and endogenous latent variable for each variable), 4) over-specified model, 5) absence of multicollinearity between exogenous and endogenous latent and 7) of the distance scale is investigated. In the present study, and all of them were approved and comply with them. First observation of default with respect to the results of univariate and multivariate normality was evaluated in LISREL software and due to the rejection of the hypothesis of normality of the number of variables method was used to estimate the resistance of normal violation that in the estimation of the parameters to be addressed.

The results of the LISREL software, and find fitting structural models showed that the presuppositions "over-specified model" and "lack of multicollinearity" between the observed variables. Multiple default variables observed in the measurement model (confirmatory factor analysis) were considered. Also assumption of a linear relationship In study covariance matrix, ultimately, the measure distance and correlation assumptions regarding the nature of the data were confirmed. The proposed causal model: SEM can be used as a single factor

analysis and path analysis to take into account. The reason is that in the SEM There are two types of models: a measurement model and a structural model. Measurement model shows that indicator variables how describe true nature hidden factor. This model is essentially confirmatory factor analysis for latent variables. The structural model is similar to the path analysis, because it directs our attention to the relationships between the main variables of the theory itself (Briere, Hodges & Godbout,2010).

The model assumed in this study because of the small scale for each latent variable scale, and thus the presence of the SEM.

Exogenous latent variables (independent) were called marital incompatibility and two endogenous latent variable names as a mediator of their oppression and depression as the dependent variable. The method of maximum likelihood, the standard parameters of the structural model and measurement model are estimated along with the diagram below:

The proposed causal model:
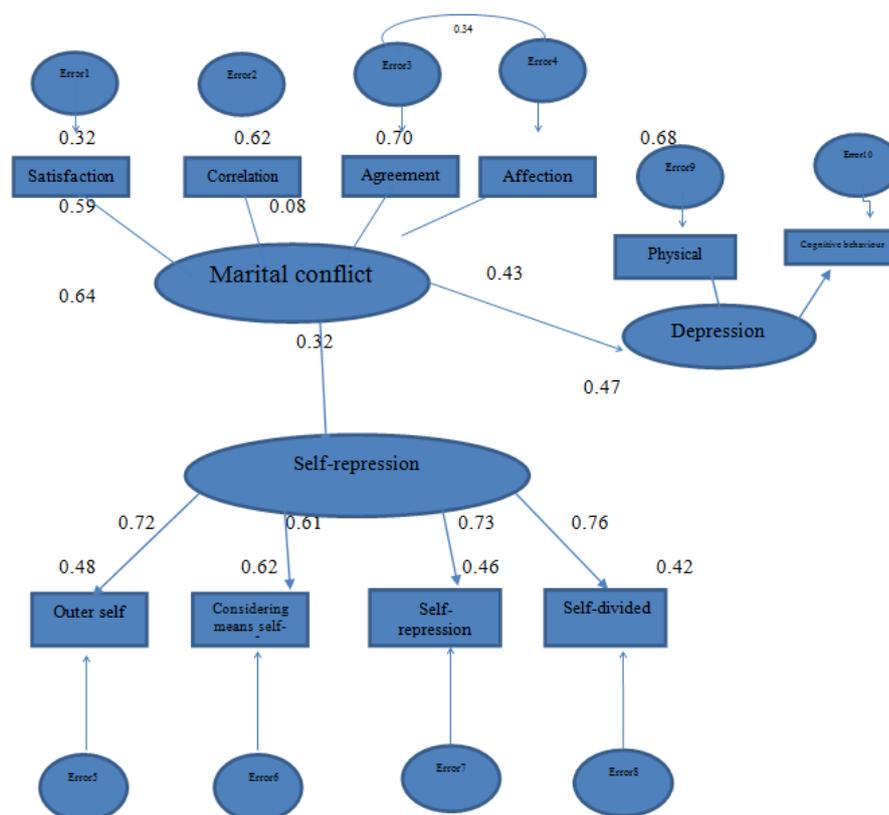
As can be seen in the diagram above, the parameters of the structural model, the path coefficients are beta coefficients in the regression equation,correlation coefficients between latent variables and indicators (measured variables) associated with the variance of the measurement error model based markers.

Marital incompatibility between exogenous latent variables and indicators respectively is correlation 0.82, 0.62,0. 54 and 0.56 /, between latent variables and indicators of indigenous self-repression, respectively correlation 0.72, 0.61, 0.73 and 0.76 and there is correlation between latent variables and their indicators indigenous depression, 0.64 and 0.96. In this section we examine the relationship between latent variables (direct effects, indirect and total incompatibility of their marriage on women's oppression and depression), which is derived from the structural model, is discussed.

Table 1: direct effect marital maladjustment on women's depression

path direction	Not	standardized parameter (β)	standard error of estimate (S.E)	Significance test (t)
marital maladjustment → depression	0.72	0.43	0.12	6.26

Table 1 shows the direct effect of marital maladjustment on in women's depression. Standardized path coefficient (β) is 0.43. Based on the significance test t,t value should be higher than 2.58 until approved path. Therefore, marital maladjustment path on depression in women is statistically significant (p <0.01, t=6.27, SE=0.12,β=0.43) and there is positive correlation between depression and marital maladjustment.

Table 2: the direct effect of marital conflict on women's self-repression

path Direction	Non-standardized parameter(b)	standardized parameter(β)	standard error of estimate (S.E)	Significance test (t)	Variance(R^2)
marital conflicts → Self-repression	0.18	0.32	0.06	3.07	0.10

According to Table 2, it can be concluded that the coefficient of marital discord path to self-repression is statistically significant (P<0.01, t=3.07,SE=0.06, β=0.32) and the variance of self-repression is explained by marital conflict, is 0.01. Accordingly, marital conflict and depression in women were significantly positively correlated with each other and marital conflict might have caused the self-repression of women directly.

Table 3: self-repression direct effect on depression in women

path Direction	Non-standardized parameter(b)	standardized parameter(β)	standard error of estimate (S.E)	Significance test (t)
Self-repression ⟶ Depression	1.05	0.47	0.20	5.25

As can be seen in Table 3, the direct effect on depression in women was considered self-repression. According to the results, the coefficient of self-oppressive way to depression in women is statistically significant(p<0.01, t=5.25, SE=0.20, β=0.47). So there is a positive correlation between self-repression and depression in women.

For the self-repression mediate between marital conflict and depression examine women, have a direct effect on depression and marital conflict, indirect effect on depression and marital discord overall effect is that the total direct and indirect effect is examined do. The direct effect of marital conflict on depression was confirmed, following the indirect effects and is generally dealt with:

Table 4: indirect effect of marital conflict on the depression in women

path Direction	Non-standardized parameter(b)	standardized parameter(β)	standard error of estimate (S.E)	Significance test (t)	Variance(R2)
Conflicts ⟶ Self-repression ⟶ Depression	0.19	0.15	0.06	3.19	0.53

In Table 4, the role of mediator variables was analysed self-repression. According to the results table, the indirect effect of marital conflict on depression in women through self-repression is statistically significant (P<0.01, t=3.19, SE=0.06,β= 0.15) and the variance of depression and self-repression by marital conflict explained is 0.53. It can be concluded that self-repression, the role of mediator between marital conflict and depression in women.

Table 5: The overall impact of marital conflict on depression in women

path Direction	Non-standardized parameter(b)	standardized parameter(β)	standard error of estimate (S.E)	Significance test (t)
Marital conflicts ⟶ Depression	0.72	0.58	0.12	6.72

In Table 5, the overall impact of marital conflict on depression in women is changing. According to the table, we can conclude that path coefficient of marital conflict to conflict on depression and depression that the sum of the direct path coefficient multiplier conflict on depression indirectly through the mediating role of self-repression is not statistically significant(P<0.01, t=6.27, SE=0.12, β =0.58)

Indicators of model: model indicators suggest that the model assumed a relatively good fit to the data. Some of these indicators include: Chi-square index Satvra- Bentley (χ^2), goodness of fit index (GFI), adaptive goodness of fit index (AGFI), comparative fit index (CFI), the root mean square error of approximation (RMSEA) and root mean square residual (RMR).

Chi-square, if not statistically significant, suggests a very good fit. If index-by CFI AGFI, GFI RMSEA and RMR indexes greater than 0.95 and smaller than 0.08, it indicates good fitness(Bentley, 1975; Hu & Bentler, 1999). This model measures proposed in the table below:

Table 6: Indicators of model fitting

χ^2	GFI	AGFI	CFI	RMSEA	RMR
=0.11 P33.99	0.95	0.91	0.99	0.03	0.05

According to Table 6, Chi-square index is 33.99 and insignificant that indicates good fit. Values of CFI, GFI and AGFI as 0.99, 0.95 and 0.91, since these indicators are higher than 0.90, this model is a good fit to the data. RMSEA and RMR are respectively 0.03 and 0.05 and also were less than 0.08 and 0.03 so it indicates good fit. The parameters of the model showed good fit between the data and the proposed model.

4. CONCLUSIONS

Results showed that marital maladjustment and depression were significantly positively correlated with each other. Standardized path coefficient is significant and it can be concluded that marital incompatibility direct effect on women's depression. So when women faced conflicts in their marital life are more likely to be depressed. Consistent with our results, correlation studies have confirmed the association between marital dissatisfaction and depression in women and men and people who are experiencing marital conflict, ten times more than those who have marital problems, depression experience (Simon & Barrett,2010), but this relationship is stronger in women (Oquendo, Ellis, , Greenwald, Malone, Weissman & Mann,2014). Bakhshi and others (2007) also found that the inverse

relationship between depression and marital relations are satisfied. Longitudinal research also suggests that marital problems, especially in women is predictive of subsequent depression and marital dissatisfaction play important role in the onset and persistence of depression especially in women (Goldbacher, Bromberger & Matthews, 2009).

Modeling studies on gender differences in causal link between depression and marital satisfaction found. Marital incompatibility good predictor for depression in women, while for men, depression predicts maladjustment;

In other words, for men causal direction is from depression to marital dissatisfaction, while for women is vice versa (Kannegaard, Van der Mark, Eiken & Abrahamsen, 2010).

Mental growth occurs in a context quite interpersonal relationships and self-concept and self-esteem of the birth of their formation is central. Part of the individual tendencies, product and innate psychological differences between men and society-gender role is part of the product. These two factors are dependent on relationships, caring for others, dedication and passive in relation to the women inside.

The mental health in women than in men depends on the quality of relationships and interpersonal problems; especially in women with symptoms of depression are closely (Kerchner, Lester, Stuart, & Dokras, 2009). For women most important interpersonal relationships are sex and the quality of the relationship between self-esteem and therefore closely related to their mental health.

In this study, the causal pathway to depression and marital incompatibility is significant, the conflict of married women also precede the symptoms of depression. Given the role of cultural factors and the emphasis that we are gregarious culture on interpersonal relationships, especially the marital relationship and given that traditional female stereotypes, the greatest achievement of the women's success in the marital relationship, the conflict and marital satisfaction underlying depressive symptoms in women, it seems logical.

Qasim, Mehboob, Akram & Masrour(2015) showed significant negative correlation between satisfaction with relationship between women's oppression and repression, and his romantic relationships with multiple aspects, such as communication patterns, the quality of the relationship between person's self and function.

Many women have internalized the belief itself to be "good woman", "good wife" and " good mother". This is an important implication: communication

problems threaten women are strongly self-concept; women who believe that only good can be successful in the role of motherhood and marriage. They feel they need to protect themselves and their concept of imbalance and avoid conflict.

They see it as a good wife and mother, his wife and their child's needs and feelings before your own needs and feelings; they do this for two reasons: because they think otherwise would be selfish and cannot keep a good wife image and the other is to reduce the likelihood of conflict and instability know the needs of others ahead of their own. When women are in the position of the head, focus on the needs of others before their own needs some women feel disconnected from themselves and their relationships are not supported. Moreover, as women internalize social values, to begin the process of judging. When the supervisor's role in relationships and even when they share in their relationships, feelings of isolation, and to conform to the standards of the conflict are critical. It is not surprising that women are under such pressure to censor themselves accurately and in an attempt to control their behavior in relationships, they suppress. Findings of Kraft-Terry, Gerena, Wojna, Plaud-Valentin, Rodriguez, Ciborowskiet al,. (2010) showed that the oppression of women is linked to factors related to their marriage. Also leads to the oppression of women, marital maladjustment. Because of the matter is that sex for women, it is very important to maintain it.

It seems that they are at odds for several reasons, such as illness and end the conflict or the child to try emotions, desires, and they do not express their opinions. This short-term solution, they lose the connection is secure or rejection balance at least temporarily, the relationship between returns and wife are satisfied. Due to the impact of gender role socialization and self-repression on women and culture because we live in a traditional society, it can be said that traditional female stereotypes may even be more visible in Iran. Therefore idealized image of a good woman, a woman who devoted, unobtrusive and is dependent on the feelings and needs are expressed not in dispute, even if it really is-a feeling of dissatisfaction.

Research of Tiggemann and Williams (2012) showed that women with higher depression have higher scores in anger than women with lower depression and gained all subscales of anger suppression and repression. Harper, Dickson and Welch (2006) found that those who had higher sensitivity to rejection, depression, and self-reported more repressive and repressive role of mediator between the sensitivity to rejection and depression. Gladstone, Parker, Mitchell, Malhi,Wilhelm & Austin(2014) showed that women more than men were depressed and have more to gain and maintain relationships were suppressed.

Self-repression to suppress the expression of needs emotions and opinions in order to establish and maintain balance in relationship and prevent rejection. Suppress their true feelings of self-alienation, anger and depression causes (Tharbe,2013). When women try to hide their anger, an internal slot to expand a share includes an outer and artificial reluctant to subdue hostile. The color of their appearance, social norms on women's well-being, accepts and tries to agree with them (Yang, Hu, Fu & Quo,2013), while the real person inside out.

So women disconnect themselves in their intimate relationships experience. This divided self, feelings of alienation and despair increases that are associated with depression.

Based on these findings, it seems that women in Iran, the real demands and to reduce stress suppress their anger and self-censor. Self-censorship and suppressed anger, passivity and eventually led to the emergence of depressive symptoms in women. The results suggest that the repression, the role of mediator between depression and marital incompatibility women. These findings are consistent with previous findings:

When women see themselves in an intimate relationship opposing repressive model of depression, is used. When women encounter conflict in their marriage, try to hide their anger and be agree with the opinions or wishes of their souse to deal with conflicts which they encountered and accept harsh critics. Spouse criticism and self-criticism increase risk of depression (Peterson & Smith,2010)

Marital incompatibility and self-repression to a considerable extent can predict depression in women. Given the role of cultural factors in the repression of women, it seems that the Jack's ability to generalize our community. In other words, when women disagree with his wife, his true feelings and needs in order to reduce tension suppress. Not satisfy the needs of repressed anger leads to despair, passivity and ultimately underlie the symptoms of depression.

Quality of relationship, especially marital ones effect on quality of life and mental health of women. When women in their relationship with the problems encountered and feel that the relationship is taken to the balance, the balance and keeping your relationship ever. In case of disagreement, if women feel that their needs and express their true feelings, worse and more restless, they prefer to express it.As long as there is a problem, and women do not express their discontent, anger toward her husband takes shape over time. They suppress their anger and show his face happy and obedient, to be consistent and compatible waiting outside of a good woman.

Quality of marital relationship, especially couple's relationship effect on quality of life and mental health of women.

Comply with the standards and judgments of others, leading to hide the true self. It continues to express dissatisfaction with its failure to maintain an important role in marriage and motherhood, which makes them sacrifice their married life demands and expectations of others. Repressed anger and express their wishes not lead to passivity, helplessness, alienation, and self-criticism and eventually becomes depressed mood. It seems that women in the context of the emergence of depressive symptoms creates marital conflict, marital maladjustment itself, but also how to deal with marital problems and how to express desires, emotions, frustration and anger.

Understanding the concept of repression and how it leads to depressed mood, depression can lead to a better understanding of the relationship and helps to prevent the symptoms of depression; and also replacement the correct way of expressing dissent, real feelings and desires during conflict rather than repression can be a useful way to treat this type of depression in women, so they can come along with marital problems in a more appropriate manner.

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