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Clinical Psychology

SILENCING OF SELF AND DEPRESSION: A GENDER PERSPECTIVE

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ABSTRACT **Background:** Jack's self silencing theory is consequential in postulating how females form concepts about self, based on their relationships with valued others and if an attempt at it fails, then an extreme set of cognitive schemas ensues. These schemas are named as silencing of self. Jack has conjectured that silencing of self has purpose in manifestation and maintenance of depression. The manner in which it plays a role is different for both males and females, where initial theory and a plethora of research have found it to be higher in the later than in the former, while some have had contrary findings. The existing pool of research does not give explorations of these variables in an Indian context. Therefore this study is a humble effort to make these inquisitions**.**

Method: The study was conducted on the patients undergoing treatment for depression in Dayanand Medical College and Hospital. The study was undertaken involving 100 cases of depression and 100 healthy volunteers as controls after obtaining ethical clearance and informed consent of all the study subjects. Information was collected via predesigned questionnaires. All statistical calculations were done using SPSS 21 version statistical program for Microsoft Windows.

Conclusion: Results showed that depressed subjects showed higher silencing of self as compared to their non-depressed counter parts. Overall, males showed higher silencing of self as compared to females.

KEYWORDS : Depression, silencing of self, gender.

INTRODUCTION

Depression has been bedeviling scientists and clinicians for thousands of years now. The brightest of minds have been brainstorming to understand it from various perspectives. The plethora of literature pertaining to depression is impressive and so is the profuseness of the problem. The existing literature is full of orientations that enlighten the construct of depression, where largely ascribe its existence to the sufferer. Various theorists from psychoanalytic, ego-analytic, existential, cognitive, and behavioral schools have given their viewpoints, some supported by research and some others less substantiated by empirical demonstrations of their principles. The prevailing psychoanalytic view of depression is that of 'anger inward' [1, 2]. It is to be held liable for egocentricity and impatience. However, this view does not take into consideration the close companions of the depressed and their interpersonal circumstances [3]. For Beck, depression is a result of aberrant cognitive processes. According to this viewpoint the qualities of depressive cognitive style are self reproach, low self esteem, self- criticism, pessimism, decreased motivation, snowballing of sadness and apathy. Skinner and Lazarus have described depression to be an outcome of enervation of one's behavior repertoire, which in turn is a consequence of insufficient positive reinforcement. Many empirical investigations have postulated that depressed individuals perceive themselves as failure and people who have lost something of value [4,5].

The concept of learned helplessness has prevailed in literature for quite some time now. The theory of which has been widely accepted, however, it is to be noted that the research pertaining to it has been largely based on laboratory manipulations, which do not bear much resemblance to real life situations.

Aforementioned schools albeit different, bear a resemblance in the sense that they have studied the depressed individuals in relative isolation, i.e. they do not give due importance to their companions. There exist a few theories that give importance to the interactional system, where attempts to study their relationships are made [6-8]. They do so under the premise that the behavior of the significant other is in some manner deviant. Research has found marital difficulties to be the most commonly reported problems among their depressed subjects [9]. The theories like Beck's cognitive theory [10] and the hopelessness model [11] help explain the cognitive operations and personal experiences that help in the manifestation and maintenance of depression. However, Jack's theory on self-silencing takes into consideration the interactional pattern between the depressed and their significant other. In addition to this it also caters to the understanding of gender differences in rates of depression which some of the aforementioned studies do not [12]. Jack's theory on self-silencing that imbibes certain assumptions from the attachment theory [13] and relational-self theory [14] explains the significant gender gap in depression.

The self-silencing theory is based on the longitudinal work done with clinically depressed females by Dana Jack [11]. According to which females use silencing of self as a relational strategy, whereby they silence certain thoughts and feelings of their own to hold onto their intimate relationships [15]. The theory holds that female's concept of self is based on their involvement in close relationships with valued others and when efforts to sustain or establish these relationships fail, their sense of self esteem and identity can be damaged. The theory explains that how silencing their voices led to a loss of self, guilt, hopelessness and frustration over emotions of confinement and self-betrayal [16-18]. It is to be noted that silencing of self is somewhat ingrained in the social structure and the gender norms formed by it. It has been put forth that [19] the inner self-talk of depressed females, between the 'I' (i.e., voice of self) and the 'Over-Eye' (i.e., the social, moralist voice that condemns for leaving the culturally prescribed 'shoulds') had self-monitoring and negative self-evaluation in their arguments. In an effort to sustain their relationships, female's inner arguments as a result of self-silencing expose their divided selves. Although outwardly they present pleasing and obedient selves, inwardly they endure rage and frustration that is a result of efforts to live up to the cultural expectations. This remains true even in the midst of fraying marriages, abuse or the falling apart lives. In a research, some respondents in a study completed certain measures where self-silencing was found to be a significant mediator in the relationship between isolation and self-criticism [20]. Empirical investigations have related depression to self-concealment and the fact that people keep distressing information to themselves leads to an increase in depressive symptomatology [21]. Since self-silencing to some degree necessitates concealment of one's real feelings from others, it can have adverse effects where it can lead to a sense of divided self, where in, the self that is presented to the outside world is incongruent with the personal feelings [22]. The sense of divided self are often pursued by anger and self-condemnation that in turn lead to an

increased vulnerability to depression in females [22].Gender specific forbiddance on exhibition of anger and aggression in females further deters the expression of such feelings [22]. Higher levels of self-silencing in females have been found to be associated with decreased marital satisfaction [23], greater perception of marital partner as intolerant [24] and greater depression [24-27]. Self-silencing, therefore is not independent of the social structure, rather it is deeply embedded in gender specific cultural norms. However, some of the literature that the researchers came across purported the levels of self-silencing to be equal in both males and females [25,28], while some studies found them to be higher in former than in latter[26,27,29,30,31]. It ha s also been purported in the existing literature that though males experience higher self-silencing, they also report of reduced depression [30,32]. Therefore, these contravening findings call for a further analysis of the relationship, levels of self-silencing and the implications they have on depression in either gender.

AIMS AND OBJECTIVES

To study:

1. The relationship between silencing of self in individuals with and without depression.
2. The gender differences between silencing of self in individuals with and without depression.

MATERIALS AND METHODS

The study was conducted on 100 (50 males and 50 females) subjects undergoing treatment for depression (for study group) from Dayanand Medical College and Hospital and on 100 (50 males and 50 females) subjects who did not have symptoms of depression (for control group) from the general population of the age range 18-60 years. The information was collected using a pre-designed proforma after obtaining informed consent in written. The tools used were: Beck Depression Inventory[33], Hamilton Rating Scale for Depression[34], Silencing the Self Scale[35] and General Health Questionnaire – 12[36].

For study group subjects the subjects with a diagnosis of moderate and severe depression were included and subjects with any other major psychiatric illness or any organic illness were excluded.

For control group subjects without a diagnosis of depression were included and subjects with any other major psychiatric illness or any organic illness were excluded.

Statistical analysis: Data were described in terms of range; mean ±standard deviation (± SD), frequencies (number of cases) and relative frequencies (percentages) as appropriate. To determine whether the data were normally distributed, a Kolmogorov-Smirnov test was used. Comparison of quantitative variables between the study groups was done using Student t-test. For comparing categorical data, Chi square ($\chi 2$) test was performed and exact test was used when the expected frequency is less than 5. Logistic regression analysis was used for analysis of independent factor with the outcome of the patients. A probability value (p value) less than 0.05 was considered statistically significant. All statistical calculations were done using (Statistical Package for the Social Science) SPSS 21version (SPSS Inc., Chicago, IL, USA) statistical program for Microsoft Windows.

DISCUSSION OF RESULTS

The current study intended to study the relationship and gender differences between silencing of self and depression. The demographic profile of the depressed and non depressed subjects was found to be non-significant showing that the baseline parameters were comparable (Table 1). In order to adjudicate the aforesaid intention the first objective to study the relationship between silencing of self in individuals with and without depression (Table 1 and 2) found that depressed subjects showed increased silencing of self in comparison with their non depressed counterparts. The current findings are in line with the existing literature where an association between silencing of self and depressive symptomatology is reported [27,29].

The second objective of the present work was to study gender differences between silencing of self in individuals with and without depression (Table 2). The results showed significant findings on the subscale of care as self sacrifice and divided self in depressed sample as compared to their non depressed counterparts. The results showed that males reported of higher levels of silencing of self overall and particularly on the scales of externalized self perception, silencing the self and divided self whereas, females showed higher level of care as self sacrifice. Furthermore, analysis showed that females showed higher care as self-sacrifice while males showed divided self.

Table 1: Shows comparison between demographic variables and silencing of self in depressed and non depressed subjects

	Depressed (n=100)		Non-Depressed (n=100)		t/Chi-square value	p-value
Age	39.44	12.47	38.74	11.67	0.41	0.682
SES						
L	1	1%	0	0%	3.398	0.334
LM	69	69%	77	77%		
UL	14	14%	14	14%		
UM	16	16%	9	9%		
Overall						
STSS	108.67	15.74	85.27	16.27	10.336	<0.001
ESP	22.3	5.14	16.1	5.16	8.507	<0.001
CSS	28.36	5.11	22.12	3.9	9.706	<0.001
STS	31.23	5.89	26.14	6.03	6.04	<0.001
DS	27.62	3.95	21.47	4.5	10.261	<0.001
Female						
STSS	107.94	16.45	77.94	16.77	9.029	<0.001
ESP	21.12	4.98	13.9	4.85	7.344	<0.001
CSS	29.8	5.99	20.72	3.81	9.05	<0.001
STS	30.34	6.27	22.84	5.95	6.135	<0.001
DS	27.42	4.13	20.68	4.83	7.503	<0.001
Male						
STSS	109.4	15.12	92.6	12.01	6.152	<0.001
ESP	23.48	5.08	18.3	4.52	5.385	<0.001
CSS	26.92	3.56	23.52	3.51	4.814	<0.001
STS	32.12	5.4	29.44	3.97	2.827	0.006
DS	27.82	3.8	22.26	4.05	7.075	<0.001

Table 2: shows logistic regression analysis of relationship between depression and silencing of self

	p-value	Exp(B)	95% C.I. for EXP(B)	
			Lower	Upper
OVERALL-DEPRESSION				
ESP	0.985	0.999	0.904	1.104
CSS	0.002	1.262	1.088	1.464
STS	0.961	0.998	0.919	1.083
DS	0.003	1.188	1.062	1.328
Female				
ESP	0.975	1.003	0.848	1.186
CSS	0.003	1.458	1.135	1.873
STS	0.307	1.071	0.939	1.22
DS	0.763	1.03	0.85	1.249
Male				
ESP	0.486	1.053	0.911	1.218
CSS	0.549	1.067	0.863	1.319
STS	0.477	0.954	0.837	1.086
DS	0.001	1.297	1.109	1.517

CONCLUSIONS

Silencing of self has been found to be an important factor in depression and more so in males where they scored higher on the scales of externalized self perception, silencing the self and divided self whereas, females showed higher level of care as self sacrifice. Therefore, assessing this variable is important to understand clinical manifestations of depression and would help in treatment.

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