

Self-criticism, Self-Silencing and Depressive Symptoms in Adolescents

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The present study aimed at examining the relationship between self-criticism, self-silencing and depressive symptoms among adolescents. It was hypothesized that there is likely to be a positive relationship between self-criticism, self-silencing and depressive symptoms. A sample of 121 adolescent boys (n=61) and girl (n=60) of mean age 17.95 (SD= 1.09) was selected through probability random sampling strategy based on the inclusion criteria recruited from government sector colleges of Lahore. The English version of ‘Depressive Experience Questionnaire (Blatt, D’Affliti & Quinlan, 1995), Silencing the self-scale (Jack & Dill, 1992), and Centre for epidemiological studies depression-Revision (Eaton et. al., 2004) were administered to the participants. Pearson product moment correlation showed a significant positive relationship among self-criticism, self-silencing and depressive symptoms. A hierarchical regression analysis depicts that both self-criticism and self-silencing significantly predict depressive symptoms in adolescents. Moreover, girls are more likely to experience depressive symptoms. The findings of the present study help in identifying the psychological issues and vulnerable population of adolescents who can be referred for psychological intervention.

Keywords. Self-criticism, depressive symptoms, self-silencing, adolescents¹

Introduction

Adolescence is regarded as a critical period of development beginning usually at 12 years of age to 18 years during which individuals are emotionally charged, liable to rapid and unpredictable changes. These changes when combined with destructive habits like self-criticism and self-silencing becomes one of the casual factors for anxiety and depression among adolescents (Zhang et al., 2019; Maji & Dixit, 2019). G. S. Hall’s

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in 1904, coined the term “Stress and Strom” to describe the period of adolescent development, during which adolescents are likely to experience physical, social, cognitive and psychosocial changes. Healthy development results into healthy adults in later age, however, stressors encountered during this period of development makes adolescents vulnerable towards depressive symptoms (Prasla, 2012). Previous literature provides evidence of adolescent’s depressive symptoms and stressors that contribute towards causing these symptoms. Research evidence shows that personality factors can also contribute towards depressive symptoms. One of these factors was described by Sydney Blatt in his theory of depression vulnerability. According to Blatt (2004), self-criticism and dependency are two personality factors that has a significant association with depression among individuals.

Self-criticism, as identified by Blatt (2004) is an important personality trait that can contribute towards expressing depression. Self-criticism is generally defined as an affinity to critically evaluate oneself, based on harsh personal standards. It is frequently concerned with feelings of guilt, worthlessness, hopelessness, unable to meet set standards and failure to develop relationship (Zuroff et al., 2005; Castilho et al., 2015). According to Blatt and Zuroff (2002), self-criticism is self-defining dimension of personality which is an interjective orientation and is associated with achievement of personal goals, standards and being highly competitive. They further described that individuals with self-critical tendencies face self-created problems due to their harsh standards and internalized social values for self-evaluation, as a result they are unsure of their thoughts, feelings and emotions. The feelings of uncertainty can in turn result into depression, loneliness and other psychopathologies. Zuroff, Santor and Mongrain (2005) identified that self-criticism is trans-diagnostic process that contribute towards the development of depression, anxiety, self-injurious behaviors and personality disorders. According to Whelton and Greenberg (2005), self-criticism is an individual’s ability to examine and evaluate one’s own behaviors, recognizing weaknesses, shortcomings and errors. The self-critical abilities usually involve comparing one self with others and highlighting negative traits.

A substantial amount of research findings suggests the association of self-criticism and depressive symptoms. According to Mongrain and Leather (2006), increased levels of self-criticism makes an individual vulnerable towards depressive tendencies. Similar research findings have been reported by Flett et al. (2007) and Besser, Flett and Davis (2003), the findings of research suggest that individuals with higher levels of self-

criticism are sensitive to external feedbacks. Failure to meet these external feedbacks combined with internal standards of satisfaction leads to feelings of worthlessness, guilt, lower self-esteem and depressive tendencies. Self-criticism has been identified as a significant predictor of depressive symptoms (Cohen, 2012; Compos et al., 2012; Zhang et al., 2019).

Self-silencing is another variable that has been an area of interest for various research scholars. According to Jack (1999) self-silencing is defined as an inability to express one's thoughts, emotions and feelings in an intimate relationship or lack of expression in a relationship. Some of the researchers have explained how self-silencing is linked with depressive symptoms. Jack (2001) explained the role of self-silencing in causing depression among women with initial studies focusing mainly on depressed women; this notion was later denied by various researches explaining that men and women are both prone to self-silencing tendencies in order to make their relationships work (Abrams et al., 2019; Granski et al., 2020).

In 1991, Jack proposed a theory of "silencing the self", based on a longitudinal study of 12 clinically depressed women. Jack (1991) proposed that women have schemas about building and maintaining successful intimate relationships which have relationships in causing depression. In order to sustain intimate relationships, women indulge in silencing their feelings, thoughts and emotions. The inability of expression contributes to a fall of self-esteem and feelings of a loss of self. As these feelings continue to increase, the repressed emotions change to feelings of anger which ultimately results in causing depression in women. The silencing of the self contributes to a decline in dignity, regard and feelings of worthlessness. Self-silencing individuals are the self-sacrificing individuals who repress their sentiments and emotions in an effort to keep their relationships and seek approval, resulting in depression (Jack, 1991).

Maji & Dixit (2020) have described three basic components in which a person exhibits self-silencing:

- 1- External perception of self as a result of social interaction. This perception lays the base for self-concept and a weaker self-concept often leads to low self-esteem.
- 2- Self-silencing in the name of sacrifice and care in protecting one's relationships.
- 3- Repressing own negative feelings or emotions to fit the set standard of 'Good woman/ man' or to avoid conflicts.

- 4- In case of women another motive for self-silencing is to fit to the feminine traits defined by the society they live in.

Jack (1991, 1999) proposed that women's social inequality and social expectations regarding gender give rise to specific cognitive schemas about the self in relationships that guide their thoughts and behaviors. Theorists have argued that these cognitive schemas can create a vulnerability to depression through directing women to defer to the needs of others, censor self-expression, repress anger, judge the self against an ideal and inhibit self-directed action, thus limiting both intimacy and autonomy (London et al., 2012; Chisale, 2018). Recent researches have strengthened this idea by explaining that despite of feeling stressed, people still find it difficult to open up and deal with the situation effectively. Individuals tend to succumb their feelings and lack expression (Abrams et al., 2019). While living in a Pakistani society, self-silencing among young adults specially women prevails in the form of sacrifice for their families, obeying elders, in the form of refraining from disrespect or saving one's relationship, where individuals tend to suppress their negative emotions and which eventually lead to low self-esteem, frustration and ultimately depressive symptoms (Ahmed & Iqbal, 2019).

There is a lack of literature explaining occurrence of depressive symptoms among adolescents due to factors like self-criticism and self-silencing in Pakistani context, however, according to one systematic review the overall prevalence of depression and anxiety is 34% in Pakistan, with a high prevalence of symptoms among women as compared to men. It has been found that depressive symptoms are common among girls as compared to boys during adolescent years (Rahman & Ahmed, 2006). According to Naz and Kausar (2013) depressive symptoms are highly prevalent among adolescents in Pakistan population. The focus of the present study was to assess occurrence of depressive symptoms due to self-criticism and self-silencing among adolescents. Balance in self-critical abilities enable adolescents to evaluate themselves on a moderate and appropriate level, as well as, to voice their feelings in an appropriate and effective way but being too critical of oneself lowers one's self esteem and proves to be destructive. In Pakistani society, adolescents are under constant parental and societal pressures related to education, moral values, relationships and employment issues. Adolescents, on one hand, are under constant pressure from their parents in terms of education and field of study while on the other hand are under the pressure of social comparisons made by parents with other individuals of society. Due to these pressures, they began to critically evaluate themselves and hide their feelings, emotions

and thoughts. These repressed feelings and critical self-evaluation becomes a serious problem for them later in life. Present study is aimed to study these factors. The findings will also help in psychoeducation of parents and society about building confidence in their children rather than decreasing their morals and damaging their personality. The results of the study will also help mental health professionals and student counsellors to provide guidance and support to adolescents.

Aims and Objectives

The present study aimed at examining the effect of self-criticism and self-silencing as a predictor of depressive symptoms among adolescents.

Hypotheses

It was hypothesized that

(a) Self-criticism and self-silencing are likely to be the positive predictors of depressive symptoms among adolescents

Method

Research Design

Correlational research design was used

Sampling strategy

Random sampling was used based on inclusion and exclusion criteria.

Sample

A total sample of 121 adolescents (N=121) comprising of adolescent boys (n=61) and girls (n= 60) were recruited from different government sector colleges. The sample selected was within an age range of 15-19 years (M= 17.95, SD= 1.09). Sample size was determined through G-power by keeping $p=0.05$, with medium effect size.

Inclusion Criteria

The participants for the study were included in the study based on the following inclusion criteria, (a) Participants from registered Government sector colleges, (b) Age range of 16-20 years for adolescents, (c) Participants without history of any physical disability and (d) psychological disorder identified through mental health screening questionnaire.

Table 1*Descriptive Statistics for Demographic Variables (N=121)*

Variables	Adolescents							
	Boys (n= 61)				Girls (n=60)			
	M	SD	f	%	M	SD	f	%
Age (years)	17.59	1.31	-	-	18.32	.62	-	-
Education (years)	1.39	.49	-	-	1.42	.49	-	-
Family income	37000	26000	-	-	51000	26000	-	-
Family System	2.31	.81			2.53	.68		
Joint			14	26.2			9	15
Nuclear			47	73.8			51	83

Note. M=Mean, SD= Standard Deviation, f= frequency, %= percentage

Measuring Instruments

Demographic Questionnaire. A demographic questionnaire was prepared to gather personal information about the participant. The demographic sheet comprised of questions related to participant's age, religion, name of institution to which they belong, year of education and relationship status of the participant. The demographic also covered family dynamics and relationship of participant with family. Questions related to average hour of study, grades or percentage and satisfaction with grades were also included in demographic form.

Depressive Experience Questionnaire (DEQ). This measuring instrument was originally developed by Blatt, D'Affliti and Quinlan (1995) to assess self-criticism and dependency. The questionnaire comprised of 66 items which were rated on 7-point Likert scale with 1 corresponding to strongly disagree while 7 corresponds to strongly agree. The factor analysis of this instrument shows three factors: self-criticism, dependency and self-efficacy. Higher scores showed greater self-criticism and dependency of the participant. Internal Consistency Reliability of DEQ in the present study was $\alpha=0.81$.

Silencing the Self Scale (STSS). This was a 31-item instrument developed originally by Jack and Dill (1992) which was used to measure individual's ability to suppress emotions and feelings. The scale was used in present study to identify the effect of self-silencing as a covariate. It consists of four subscales which were Externalized self-perception, Care as self-sacrifice, silencing the self and divided self. The items were rated on 5 points Likert scale with 1 corresponding to "strongly disagree" and 5 means "strongly agree". This scale has a well-defined validity with a test retest reliability ranging 0.88 to 0.94.

Centre for Epidemiological Depression-Revised (CESD-R). A 20-item depression scale was used to assess depressive symptoms in

participants. CESD-R was originally developed by Radloff (1977) and later revised by Eaton et al. (2004) to assess depressive symptoms in non-clinical samples. The participants were required to rate the feeling that were associated with symptoms of depression during a period of past 2 weeks. The questionnaire was based on 4-point Likert scale where 0= not at all, 1= 1-2 days for a week, 2=3-4 days a week, 3= 5-7 days and 4= nearly every day for 2 weeks. This scale has well explained psychometric properties with internal reliability of 0.90.

Mental Health Screening Questionnaire (MHSQ;) This indigenous questionnaire developed by Mirza & Kausar in 2012 was used to rule out exclusion criteria for any psychological illness. It is a 5-item self-reporting questionnaire having each item referring to a clinical disorder like depression, anxiety, obsessive-compulsive disorder, schizophrenia and general medical condition. It is an indigenous tool that was used to efficiently screen the sample and to assist in the exclusion of the sample with co-morbid mental conditions (Mirza & Kausar, 2012).

Procedure

The permission for the use of measuring instruments were taken from the original authors. Permission from concerned authorities was taken prior to beginning of pilot study.

Pilot study was carried out to assess the effectiveness and efficiency of the present study, as well as to assess the time taken to fill the complete set of questionnaires and to assess clarity and difficulty level of items. The main study was done after incorporating suggestions received during pilot study. The data collection for the main study was carried out after seeking permissions from concerned authorities. The instruments were group administered with 5 to 7 students at maximum. All the instruments were self-administered by the participants; however, researcher was readily available wherever help was needed regarding any item. A total of 135 participants were approached amongst which 14 forms were discarded as they were left incomplete by the participants.

Ethical Considerations

All the ethical considerations were followed during the whole research process such as debriefing about the aims and objective of the study through a participant information sheet. Written consent was obtained and confidentiality was maintained. Their names and provided information were added in computer by assigning codes. Data was entered and analyzed genuinely.

Results

Statistical Package for Social Science (SPSS)-23 was used to analyze results. Table 3 shows higher internal consistency (Cronbach's α) of the measuring instruments. Depressive Experience Questionnaire (DEQ), Silencing the Self Scale (STSS) and Centre for Epidemiological Depression Scale (CESD-R) used in the current study.

Table 2

Mean, Standard Deviation and Cronbach's Alpha for Measuring Instruments.

Instruments	(M)	(SD)	(α)
Depressive Experience Questionnaire			
Self-Criticism	12.27	5.04	0.81
Dependency	13.97	3.09	0.84
Silencing the Self Scale			
Externalized self-perception	45.49	8.24	0.86
Care as self-sacrifice	7.72	2.08	0.76
Silencing the self	35.33	12.54	0.78
Divided self	22.34	4.32	0.79
Centre for Epidemiological Depression Scale	51.66	27.76	0.75

Pearson Product moment correlation was done to find the correlation between. The results of correlational analysis are tabulated in the following table.

Table 3

Summary of Intercorrelations, Means, and Standard Deviations for Scores on Self-criticism, Self-silencing and Depressive Symptoms among Adolescents

Variables	1	2	3	4	5	6	7	8	9	10	11	M	SD
1. Gender	-	.34**	.10	.26**	.07	.02	.03	.15	.13	.18**	.12*	1.50	.50
2. Age		-	.10	.05	.03	.04	.09	.15	.06	.03	.11	17.95	1.09
3. Fam. System			-	.19**	.01	.14	.06	.14	.10	.13	.10	1.81	.39
4. Fam. Income				-	-.13	.18	.07	.02*	.19	.17	.08	43673.64	26813.98
5. Self-criticism					-	.10	.05	.11*	.23*	.36**	.12	106.3	10.72
6. Dependency						-	.41**	.10	.03	.04	.14	.36	1.06
7. Self-silencing							-	.09	.16	.07*	.17	30.77	4.34
8. Exter. self-perception								-	.10	.12	.13	20.95	4.26
9. Care as self-sacrificing									-	.11	.14	21.32	4.78
10. Divided the self										-	.15	24.01	15.54
11. Depressive symptom											-	45.77	8.93

Note. N= 121 *p< .05, **p< .01.

The results of the correlation analysis indicated that gender (female) showed positive significant correlation with depressive symptoms indicating that women are more prone to experience depressive symptoms. Self-criticism also showed a significantly positive relationship with depressive symptoms indicating that individuals who excessively criticize their self are more likely to experience depressive symptoms. Self-silencing also showed a significant positive correlation with depressive symptoms indicating that people are more likely to silence their emotions or opinions are more prone to experience depressive symptoms.

Table 4

Multiple Hierarchical Regression Analysis predicting Depressive Symptoms from Covariates and Self-criticism among Adolescents

Predictors	Depressive Symptoms	
	ΔR^2	β
Model I	.04	
Gender		.06
Age		.18
Family system		.01
Model II	.09***	
Self-criticism		.34***
Dependency		.12
Self-silencing		.14*
Exter. self-perception		.10
Care as self-sacrificing		.09
Divided the self		.09
Total ΔR^2	.13***	
N	121	

Table 5 presents the result of multiple hierarchical regression analysis. The results indicate that model 1 explains 4 % of variance of demographic variables on dependent variable (depressive symptoms). Whereas model 2 over all explains 9% of variance on dependent variable. Self-criticism is predicting 34% variance in depressive symptoms whereas self-silencing is predicting 14% change in dependent variable (depressive symptoms).

Figure 1: Emerged Model

Predictors Outcome

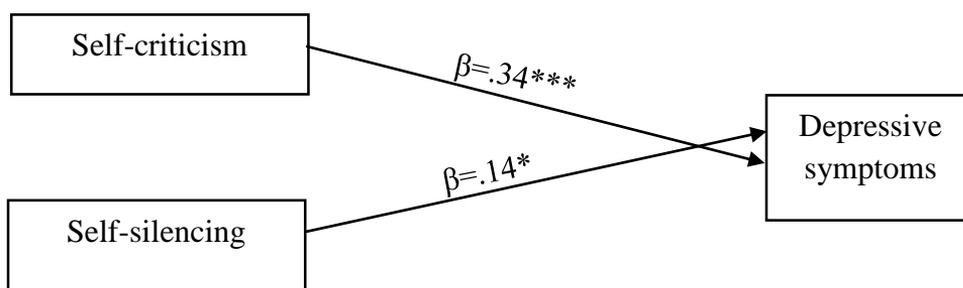


Figure 1 Represents self-criticism and self-silencing as predictor variables and depressive symptoms as outcome variable

Discussion

The present study is a beneficial addition to the literature assessing psychological etiological factors of depressive symptoms. Present study consisted of 121 adolescents from age ranging from 15 to 19 years and was aimed to find the relationship between self-criticism, self-silencing and depressive symptoms. Following section is going to highlight the blend of present findings and support from existing literature.

Correlational analysis revealed that gender (female) was significantly correlated with depressive symptoms indicating that females are more likely to experience depressive symptoms. This finding is consistent with precious literature which suggest that females are more prone to experience disorders like anxiety and depression (Wang et al., 2017). Lewis (2010) found that stress symptoms are associated with higher depressive symptoms for girls as compared to boys during adolescent years.

The first hypothesis of the current study was that self-criticism has a positive relationship with depressive symptoms. Results of the correlation and regression analysis indicated that self-criticism showed a significant positive relationship with depressive symptoms. This is also supported by previous literature which indicate that self-criticism and dependency, the two-personality predisposition identified by Blatt (2004), have significantly higher association is causing depression among adolescents. Similarly, Wiseman (2012) suggested that adolescents with greater self-critical abilities are likely to develop depression, anxiety and

self-esteem issues. The findings are also supported by a recent research which reinforces the notion that self-criticism and lack of self-compassion lead to depressive symptoms (Zhang et al., 2019). The findings of the study are further consistent with the culture and context of Pakistan, where, adolescents are under constant parental and societal pressures. During this period of development, adolescents are likely to gain independence, develop new peer relationships, transition from school to college after completing matriculation, thus experiencing a variety of new situations (Gong et al., 2019). Furthermore, they are constantly criticized for not being able to obtain desired results, failing to get into the professions chosen by their parents sometimes lead them at the direct target of their parent's criticism and harsh judgments (Gittins & Hunt, 2019). During this phase, adolescents are likely to become critical about their behaviors in new environment. To maintain a balance between new situation and parental, societal expectations, adolescents are likely to develop their own harsh standards of evaluation and failure to achieve, results in depressive symptoms (Kopala-Sibley et al., 2015).

The next hypothesis of the study was that self-silencing is the positive predictor of depressive symptoms. Results of the correlation and regression analysis indicated that self-silencing was significantly correlated with depressive symptoms. This is further supported by previous literature which suggest that despite of feeling stressed, people still find it difficult to open up and deal with the situation effectively. Individuals tend to succumb their feelings and lack expression (Abrams et al., 2019). Similar results have been reported by Dekker et al. (2007) and Chaiton (2013) as developmental theories suggest that adolescent period is marked by maturational as well as psychological changes. Adolescent girls achieving puberty have to undergo greater stressful period as they lack acceptance towards the phenomena which make it difficult for girls to overcome stresses of biological changes. Moreover, with changes in trend and modernity. In context of Pakistan's culture, lack of expression is one of a common dilemma of girls. They are given less chances for their expression of thoughts and feelings. The harsh home environment made girls to develop symptoms of loneliness and depression more frequently than boys (Ahmed & Iqbal, 2019; Manan, 2018).

Conclusion

The results and discussion of the present study suggested that the tendency towards self-criticism and self-silencing are more likely to experience depressive symptoms among young generation. Girls are likely to be more prone to experience depressive symptoms as compared to boys.

Limitation and Suggestions.

The current research comprised of a sample of late adolescents between the ages ranges of 16-20 years. It would be beneficial to study these constructs, self-criticism and self-silencing among early and middle adolescents as the major developmental transitions begins as the puberty is achieved.

Future Implications

The present study will be helpful for mental health professionals, student counsellor as well as parents to understand the issues of adolescents. It will help student counsellor to draw basic lines to psycho-educate parents to help foster confidence and healthy personality traits to avoid incidence of depressive symptoms and loneliness in adolescents. The present research can identify the major psychological issues as experienced and reported by adolescents It can further help psychologists and school counsellors working in school setup to devise plans that will foster confidence in school children, as major issues began in early adolescent period and continues in later life.

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