Policy Research Journal
ISSN (E): 3006-7030 ISSN (P) : 3006-7022 Volume 2, Issue 4, 2024

UNSPOKEN BURDENS: HOW GUILT FEELING AND SELF-SILENCING INFLUENCE DEPRESSION THROUGH COGNITIVE VULNERABILITY

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DOI:https://doi.org/10.5281/zenodo.17205775

Keywords
Guilt feelings, Self-silencing, Cognitive vulnerability, and Depression.

Article History
Received: 14 September2024
Accepted: 01November2024
Published: 15 December2024

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Abstract
The purpose of the present study was to examine the direct and indirect effect of guilt feelings, and self-silencing on depression through cognitive vulnerability among depression patients. This study comprised the depression patients from Faisalabad division (N = 250). Purposive sampling technique was used in the present. The Shame and Guilt Scale by Marschall, Sanftner, and Tangney, (1994), The Silencing the Self Scale constructed by Dill and Jack (1992), Cognitive Dysfunctional Attitude Scale by Weismann and Beck (1978), and the subscale of depression from DASS scale constructed by Lovibond and Lovibond (1995) were used in the study. To achieve the objectives multiple statistical analyses were also conducted including descriptive statistics, reliability analyses and Pearson correlation of the variables. Mediation was computed with PROCESS for examine the direct and indirect effect.Statistical analysis revealed that all variables were correlated in the expected directions. Cognitive vulnerability mediated the relation of self-silencing and guilt feeling with depression. Finally, implications of these results and limitations of the study were discussed in line with the literature and suggestions for future studies were reflected upon.

INTRODUCTION

Depression is a serious mental health problem that affects many people worldwide. Emotions like shame and guilt can play a strong role in causing or worsening depression. People who feel shame or guilt may try to hide their feelings or avoid sharing their thoughts, a behavior known as self-silencing (Maji & Dixit, 2019). This means they keep their emotions inside instead of expressing them, which

can make them feel even worse over time. The way these emotions affect depression may be influenced by cognitive vulnerability, which is a tendency to think in negative or unhelpful ways. Individuals with higher cognitive vulnerability may interpret situations more negatively, which increases the risk of depression (Beck, 2008). By studying how shame, guilt, and self-silencing lead to depression through cognitive vulnerability, researchers can better understand depression and find ways to help people express their feelings and reduce negative thinking patterns.

Guilt is a painful emotion that arises when a person believes they have violated a moral or ethical standard. It often involves self-reflection and moral judgment about one's actions, sometimes influenced by the expectations of others (Van Laarhoven et al., 2012). While past actions cannot be changed, people may feel intense guilt, especially when depressed, which can distort their perception of past events and become overwhelming. Research shows that guilt and depression are often closely linked (Sedas, 2018). Shame and guilt are both negative self-conscious emotions, but they differ in focus and outcomes. Guilt focuses on specific actions and can motivate individuals to correct their behavior, making it potentially adaptive (Tangney, 1996; Tangney & Dearing, 2007). Shame, on the other hand, is related to feelings about the self as a whole and is often connected with feelings of worthlessness, exposure, and wanting to hide or escape (Sabini & Silver, 1997; Tangney et al., 2007). Research suggests that guilt-proneness is linked to more adaptive outcomes, such as lower risk of substance misuse, while shame-proneness is associated with negative outcomes, including alcohol problems and maladaptive behaviors (Dearing et al., 2005).

Although guilt and shame are related, they influence emotional outcomes differently. Guilt is associated with constructive actions to repair harm and is less likely to be linked with depression or other negative outcomes. Shame, however, focuses on perceived personal flaws, does not necessarily lead to corrective actions, and is associated with higher levels of depression, withdrawal, and anger (Woien et al., 2003; Luyten et al., 2002; Ghatavi et al., 2002). People who are prone to depression or currently experiencing it often show higher levels of trait guilt. Self-silencing is when a person hides their feelings, needs, or opinions to avoid conflict or keep peace in relationships. This behavior is common among women, often because of social or cultural expectations. While it might help in the short term, constantly silencing oneself can lead to mental health problems, especially depression. Women who self-silence are more likely to feel sad, hopeless, or anxious because they do not express their true emotions. Understanding self-silencing can help psychologists and therapists support people in speaking up for themselves and improving their mental well-being (Jack, 1991; Maji & Dixit, 2019)

Self-silencing is the suppression of certain emotions, thoughts, and feelings in order to maintain relationship. As Individual start to silenced their emotions, certain thoughts, event perform and feelings. Originally, the idea of self-silencing was devised among females whose depressive experiences were said to be caused by the silencing of their strong selves with respect to those of men (Jack, 1991). Throughout psychological literature, self-silencing has been observed to represent in both females and males despite its gender-oriented origins, by way of different significant routes (Ussher & Perz, 2010). The difference between self-silencing of females and males might be characterized of social participants who are normally attributed to the gender.

Model combines diverse domains of women exposure to the symptoms of depression which include cognitive theories of depression, different theories of attachment, and relational theories. Depression syndrome is interpersonal for male and female as by attachment perspective. Attachment theory given by Bowlby (1980) focused the crucially the impact of that dependent, negative or insecure relationships and relationships in human development both affected by self-silencing (Mikulincer & Shaver, 2007). According to Cacioppo, Visser, and Pickett (2006) approved by conclusions, that children not only but also adults showed biosocial motivation to make secure, basic, intimate relationship with the people. Threats to the social belonging and interpersonal relationships is an alarm that warns of social separation that symptoms of depression occur slowly in the mind of humane

Cognitive vulnerability is an apparent belief of an individual; referring to predisposition of him to psychological disorders. However, before the existence of the symptoms of psychological disorder, the vulnerability to that disorder is already existed in an individual. The cognitive vulnerability forms maladaptive thoughts and behavior that increase the likelihood of a psychological disorder in an individual after which individual encounters stressful situations (Riskind et al., 2005). For past two decades, the focus of psychological research has been on depression (Abramson et al., 2002).

These cognitive depressive symptoms relate with the individualistic insight about his past failure and it involves a pattern of cognitive organization. These cognitive models depend upon the assumption that is the cornerstone of the cognitive models. In these models, overestimation and appraisal of threat evoking by the external or internal bodily stimuli is anxiety. It is a crucial factor that affects the abilities and capabilities of an individual to perform tasks, thereby leading to symptoms of depression (Trivedi, 2001). Cognitive symptoms of depression receive less concentration compared to other type of disorders. These symptoms including fatigue, dull, less concentration, mood sinking, loss of mood. Poor concentration can cause low communication to others in society, either with friend's society or family members. Cognitive dysfunction often involve disturbance to daily routine work. Slowly, symptoms of depression get started (Gauthier, 2006). All these maladaptive regulations including negative cognitive attitudes and cognitive vulnerabilities with harmful events collaborate and presume the variations in the symptoms of depression prospective as well as fluctuations in depressive symptoms. Some studies reported that negative styles predict average negative events, inferences and depressive episodes in daily routine. Negative inferential style when combined with stressor of negative events linked with increased risk for long lasting symptoms of depression or negative mood equally in both males and females (Hankin et al., 2005).

Cognitive dys-functioning often involve disturbance to daily routine work. Slowly, symptoms of depression get started (Gauthier, 2006). All these maladaptive regulations including cognitive vulnerability, negative cognitive attitudes and cognitive vulnerabilities with harmful events collaborate and presume the variations in the symptoms of depression prospective as well as fluctuations in depressive symptoms. The increasing number of depressive phases increases the dysfunctional attitudes or negative cognition. There is critical role of cognitive vulnerability in the origin of depression disorder (Alloy et al., 2000)

Depression is a mental disorder that affects a person's thoughts, feelings, and daily functioning. It is often marked by continuous low mood, reduced motivation, lack of energy, poor concentration, disturbed sleep, low self-esteem, and feelings of guilt or shame (WHO, 2017). Symptoms can vary from person to person, and depression can affect both men and women by lowering mental, physical, and cognitive abilities. Some individuals may experience mild depression, struggling with routine tasks, while severe depression can prevent a person from engaging in daily activities entirely. Research indicates that depression is generally more common among women than men (WHO, 2017; Keck, 2015).

Depression arises from a combination of biological, psychological, and social factors. Brain function, especially communication between neurons through chemical neurotransmitters, is influenced by depressive symptoms. Women may be more vulnerable due to hormonal, psychological, and biological factors. Changes such as childbirth, postpartum adjustments, and menopause increase the risk of developing depression in women, partly due to physical and hormonal changes during these periods (Eskandari et al., 2007).

The impact of depression on daily life is significant. People with depression often experience feelings of hopelessness, low motivation, and disturbances in social and biological routines (Rost & Smith, 2001; Rapmund & Moore, 2002). Children may show milder symptoms, but these often intensify during adolescence, a critical period when major depressive disorders can emerge. Depression is generally characterized by persistent sadness and negative emotions, which often begin in adolescence and can continue into adulthood (Santor & Kusumakar, 2001; Hammen & Rudolph, 2003).

Beck's cognitive theory suggests that depression is linked to negative thinking patterns. People with depression tend to interpret situations in a pessimistic way, which influences their emotions and behaviors. These cognitive distortions may occur before or during the onset of depressive moods, showing how thoughts directly affect mental health. The cognitive approach emphasizes that by understanding and addressing these negative thought patterns, interventions can help reduce depressive symptoms (Beck, 1972).

Literature review

Recent studies have consistently reported that self-silencing is a risk factor for depression. According to Jack and Ali (2018) reviewed women's health research and concluded that self-silencing is strongly associated with depressive symptoms. In another study conducted by Coroiu et al. (2024) showed that self-silencing behaviors were directly linked to depressive symptoms and suggesting that silencing may operate as a central node in psychopathology networks. These findings confirm that self-silencing is a critical interpersonal risk factor for depression

Guilt has also been highlighted as an important emotional predictor of depression. According to Muris and Meesters (2024) reviewed psychiatric literature results shows that guilt feeling are associated with heightened depressive symptoms. A study conducted by Basile et al. (2024) showed that shame and guilt feeling activates brain regions responsible for self-referential processing and negative self-evaluation, mechanisms strongly implicated in depression. Another study conducted by Rahman and Javed (2024) reported that guilt feeling mediated the relationship between parenting stress and depressive symptoms among Pakistani mothers, indicating that chronic guilt feeling may drive depressive cognition. These studies emphasize that guilt feelings plays a causal role in the development of depression.

Cognitive vulnerability, defined as negative attributional style, maladaptive beliefs, and rumination, has been tested as a mediator of depression. A longitudinal study by Stange et al. (2020) demonstrated that cognitive vulnerabilities interact with stress to predict depression in adolescents, providing evidence for the cognitive vulnerability–stress model.While self-silencing and guilt have independently been linked to depression, limited studies have tested them in a single model with cognitive vulnerability as a mediator. For instance, Tariq and Batool (2022) found that self-silencing predicted depression through lower self-esteem and negative automatic thoughts, suggesting cognitive mediation. Similarly, Muris and Meesters (2024) highlighted that maladaptive guilt is linked with rumination and hopeless cognitions, which in turn predict depression. However, most of these studies are based on community or student samples, and few focus on clinically depressed patients. This highlights a gap that the present study aims to address.

Conceptual framework

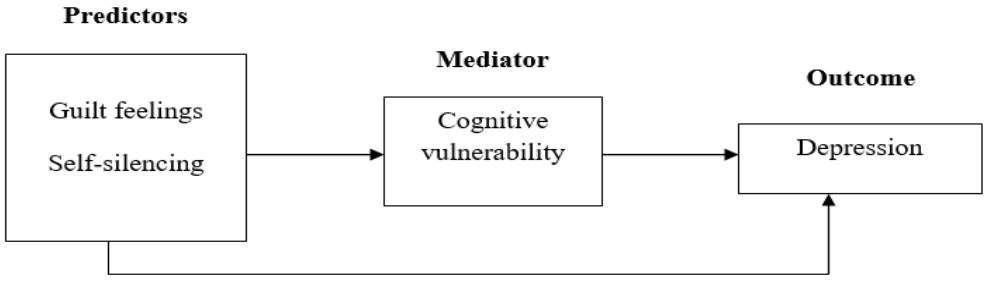


Figure 1.The figure 1 representing the direct and indirect relation of guilt feelings, and self-silencing on depression. Mediating role of cognitive vulnerability between predictors and outcome.

Objective

1. To examine the effect of guilt feelings and self silencing on the prediction of depression among patients of depression from Faisalabad.
2. To examine the mediating role of cognitive vulnerability between guilt feeling, self silencing and depression among patient of depression from Faisalabad

Hypothesis

H1. Self-silencing will positively predict the symptoms of depression among patients of depression in Faisalabad.
H2. Guilt feeling will positively predict the symptoms of depression among patients of depression in Faisalabad.
H3. Cognitive vulnerability will mediate the relationship between self-silencing and depression among patients of depression in Faisalabad.
H4. Cognitive vulnerability will mediate the relationship between guilt feeling and depression among patients of depression in Faisalabad.

Participants

The present study was based on cross-sectional survey research design. Sample of the study was consisted of (N = 250) in this present study. Data was collected from the hospitals of Faisalabad division. Purposive sampling technique was used for data collection. Informed consent was obtained from the participants before administering the questionnaires.

Inclusion criteria. Patients selected from Faisalabad division. Patients whose are willing to participate were included in the present research.

Exclusion criteria. Patients whose are outside from Faisalabad division and patients whose were not willing to participate are excluded.

Instruments

The Silencing The Self Scale

The Silencing the Self Scale constructed by Dill and Jack (1992) .It consisting of 31-item The scale are rated on 5-point likert type response pattern ranging from strongly disagree = 1 to strongly agree = 5.Individual can minimum obtain scores 31 whereas maximum scores cannot exceed than 155. Obtained scores on this scale were interpreted in terms of low and high scores rather than cut off scores.

Shame and Guilt Scale (SSGS)

The SSGS scale developed by Marschall, Sanftner, and Tangney (1994). It is consisted of 15 items. Items are rated on a 5-point Likert type response rate 1 = Not feeling this way at all to 5 = Feeling this way very strongly. Individual can minimum obtain scores 15 whereas maximum scores cannot exceed than 75. Obtained scores on this scale were interpreted in terms of low and high scores rather than cut off scores. Alpha reliability of this scale was .84

Cognitive Dysfunctional Attitude Scale

Cognitive dysfunctional attitude Scale originally developed by Weismann and Beck (1978). It consisted of 9 items. Items are rated on 5-point likert type response pattern ranging from 1 = strongly disagree to 5 = strongly agree. Individual can minimum obtain scores 9 whereas maximum scores cannot exceed than 45. Obtained scores on this scale were interpreted in terms of low and high scores rather than cut off scores.

Depression Anxiety Stress Scale (DASS)

This scaleoriginally constructed by Lovibond (1995). It is consisted of 21 items. There are 3 subscales in this depression, anxiety and stress. Each subscale equally divided into 7 items. In this study depression subscale consisting of items 2, 4, 7, 9, 15, 19, and 20 will be used. The rating scale is as follows: 0 mean never, 1 mean sometimes, 2 mean often, 3 represent almost always. The alpha reliabilities of the DASS-21 scales were .88 forDepression.

Procedure

With official permission, the researcher personally contacted the participants and gave a short introduction about the study's purpose, importance, and goals. They were encouraged to take part and assured that the research was only for academic use, and their information would stay confidential. Participants were given brief instructions on how to complete the scales. The researcher stayed present while they filled them out and helped if anyone faced difficulties or had questions. After completion, the researcher sincerely thanked the participants for their voluntary contribution without any reward and acknowledged that their involvement added valuable knowledge to the field of psychology.

Main study results

Pearson Correlation among study variables

Variables	M	SD	A	1	2	3	4
Guilt feeling	31.17	6.87	.89	--	.29***	.37***	.55***
Self silencing	100.22	13.23	.75		--	.43***	.40***
Cognitive vulnerability	29.14	7.36	.83			--	.58***
Depression	13.36	4.64	.78				--

Note: $N = 250$, ***$p < .001$, **$p < .01$, *$p < .05$

Table 3 shows Pearson correlation among study variables. The findings indicate that guilt feeling have significant positive correlation with self silencing ($r = .29$, $p < .001$), cognitive vulnerability ($r = .37$, $p < .001$) and depression ($r = .55$, $p < .001$). The findings indicate that self silencing have significant positive correlation with cognitive vulnerability ($r = .43$, $p < .001$) and depression ($r = .40$, $p < .001$). The findings indicate that cognitive vulnerability have significant positive correlation with depression ($r = .58$, $p < .001$).

Table 02

Direct and Indirect Effect of Guilt Feelings on Depression through Cognitive Vulnerability

		Direct Effect			Indirect Effect		
			95% CI			95% CI	
Outcomes	Predictors	*B*	*LL*	*UL*	*B*	*LL*	*UL*
Cognitive vulnerability	Guilt feeling	.41***	.27	.49			
Depression	Cognitive vulnerability	.30***	.21	.33	.13[a]	.08	.19
	Guilt feeling	.26***	.16	.32			

Note. $N = 250$, [a]Sobel's Z = 5.93; ***$p < .001$

Table shows direct and indirect effect of guilt feeling on depression. The R^2 value of .15 indicates that guilt feeling explained 14% variance in cognitive vulnerability with F (1, 248) = 52.29, $p < .001$. The R^2 value of .48 indicates that cognitive vulnerability and guilt feelings explained 48% variance in depression with F (2, 297) = 133.62, $p < .001$. The Sobel's Z value of 5.93, $p < .001$ confirmed the partial mediating effect of cognitive vulnerability between guilt feeling and depression.

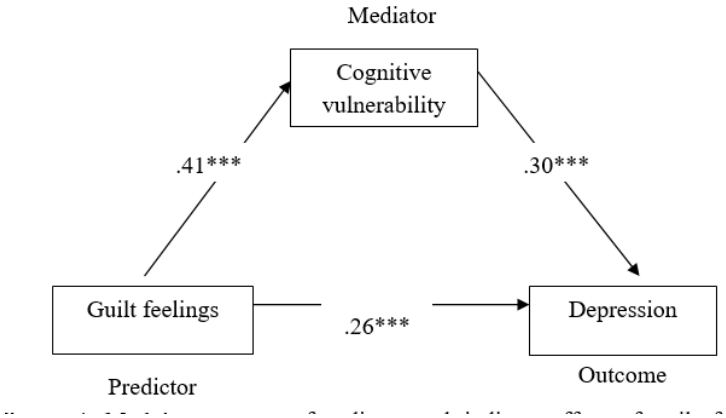


Figure 4. Modular summary for direct and indirect effect of guilt feelings on depression, explain that Guilt feeling have significant positive effect on cognitive vulnerability and depression. Cognitive vulnerability also has significant positive effect on depression.

Table 15

Direct and Indirect Effect of Self Silencing on Depression through Cognitive Vulnerability

		Direct Effect			Indirect Effect		
			95% CI			95% CI	
Outcomes	Predictors	*B*	*LL*	*UL*	*B*	*LL*	*UL*
cognitive vulnerability	Self silencing	.27***	.19	.32			
Depression	Cognitive vulnerability	.38***	.28	.37	.09[a]	.07	.16
	Self silencing	.09*	.11	.21			

Note. $N = 250$, [a]Sobel's Z = 6.45; ***$p < .001$

Table shows direct and indirect effect of self silencing on depression. The R^2 value of .18 indicates that self silencing explained 18% variance in cognitive vulnerability with F (1, 248) = 72.66, $p < .001$. The R^2 value of .41 indicates that cognitive vulnerability and self silencing explained 41% variance in depression with F (2, 247) = 92.71, $p < .001$. The Sobel's Z value of 6.05, $p < .001$ confirmed the partial mediating effect of cognitive vulnerability between self silencing and depression

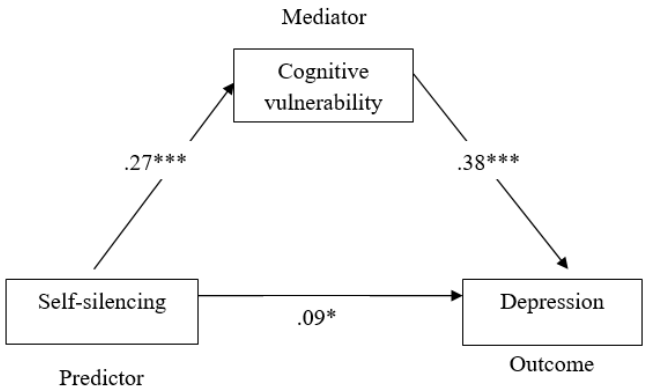


Figure 3.Modular summary for direct and indirect effect of self-silencing on depression, explain that self-silencing have significant positive effect on cognitive vulnerability and also positive on depression. Cognitive vulnerability also has significant positive effect on depression.

Discussion

Everyone feels sad or low sometimes, but these feelings usually pass with a little time. Depression causes distressing symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. Depression is directly related with mental health. Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, tendencies, feelings, and sense of well-being. According to Rost and Smith (2001) individual's life is affected by depression on various stages. Usually depression considered as "affective condition" that is closely linked with pathology and marked with feeling of helplessness and hopelessness and low level of psycho physiologically activities.

All hypotheses were supported in the present study. Results of this study show that significant correlations and associations were found in between variable. Self-silencing significantly predicted depressive symptoms, supporting. This aligns with recent research indicating that self-silencing is a risk factor for depression. A study conducted by Demir Kaya and Kaya (2023) found that self-silencing was associated with general distress and similarly, Naeem et al. (2024) reported that self-silencing negatively impacted mental well-being in married individuals. These findings confirm the role of self-silencing in depression. When a person suppresses their emotions, feelings and thoughts for maintain relationship this lead to depression.

Guilt feelings significantly predicted depression. This is consistent with recent studies highlighting the role of guilt in depressive symptoms. For example, a study by Ghaffari et al. (2023) found that guilt feeling predict positively to depression. Moreover, a meta-analysis by Smith et al. (2023) confirmed that guilt is a strong predictor of depression across various contexts. These findings support the current study's results and extend them by demonstrating the same association in a sample of depressive patients.

Another study conducted by Berrios et al. (2018) results shows that feelings of guilt have significant positive effect on depression. Depression is a common mental disorder associated with feeling of sadness, guilty feeling, Guilt is often defined as our conscience telling us that we have done something wrong. It's usually a helpful tool to keep us accountable for what we do.Every person in his daily life is surrounded by tensions in his life which unintentionally disturbed person's life. There is need to know about the intensity about symptoms of depression. Feelings of guilt can be intense when we are depressed and our perception of the past becomes skewed and these guilty feelings can become such a burden that we feel overwhelmed, unable to see realistically.

Cognitive vulnerability mediated the relationship between self-silencing and depressive symptoms. This finding is consistent with the cognitive vulnerability–stress model, which suggests that maladaptive cognitive patterns act as mechanisms that translate interpersonal risk factors into depression. Recent studies have provided empirical support for this pathway. For instance, Manshadi et al. (2024) reported that cognitive overgeneralisation mediated the association between negative self-referent biases and depression, indicating that maladaptive cognitive styles effect the psychosocial vulnerabilities on depressive outcomes. Similarly, Liang et al. (2024) found the effect of dysfunctional cognitive styles on depressive symptoms, further confirming the role of cognitive vulnerability as a mediator. Although these studies focused on different mediators, they converge with the present findings by illustrating that self-silencing influences mental health indirectly through intrapersonal mechanisms. Oflazian et al. (2022) showed that depressive rumination mediated the effects of guilt and shame on psychological outcomes, suggesting that self-blaming emotions exert their influence on mental health largely through repetitive negative thinking

Implications

These findings are important because they suggest that depression is not only caused by emotions like guilt or behaviors like keeping silent, but also by the harmful thoughts that grow from them. This means that treatment for depression should help people not only manage guilt and self-silencing but also learn how to change unhealthy thinking patterns, such as blaming themselves too much or overthinking problems. The results also suggest that early support and prevention programs can focus on

people who show high levels of guilt and negative thinking; so that depression can be reduced before it becomes severe. The study highlights the need for approaches that address both feelings and thoughts together in order to better prevent and treat depression.

Conclusion

The present study found that self-silencing and guilt are linked with higher levels of depression, and that this link works mainly through cognitive vulnerability. In other words, people who silence themselves or feel excessive guilt are more likely to develop negative ways of thinking, which then increase their risk of depression. These findings support the idea that both emotions and thought patterns play an important role in mental health. Overall, the study highlights the need for prevention and treatment programs that focus not only on reducing guilt and self-silencing but also on changing unhealthy thinking patterns that make people more vulnerable to depression.

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