



Original Article

Self-criticism, internal religious orientation, depression, and feeling of loneliness with mediation of silencing the self among students involved in romantic relationships: A path analysis model

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Abstract

Introduction: Developing a model based on research literature for people who have failed and experienced frustration in romantic relationships can be a solution to their problems and confusions in different areas of life. This study was done with the aim of investigating self-criticism, inner religious orientation, depression, and feeling of loneliness with mediation of silencing the self among Shahid Chamran University students involved in romantic relationships in the academic year of 2012-2013.

Materials and Methods: In this path analysis study, 272 students (88 men and 184 women) involved in romantic relationship were selected through snowball sampling method. They completed the Self-Criticism Scale, Inner Religious Orientation Questionnaire, Beck Depression Questionnaire, Feeling of Loneliness Scale, and Silencing the Self Questionnaire. The data of the proposed model were analyzed using path analysis by Amos and SPSS-21 software.

Results: Data indicated that there are significant positive path coefficients of self-criticism with silencing the self ($P < 0.001$), self-criticism with depression ($P < 0.001$), negative path coefficients of inner religious orientation with depression ($P < 0.005$), and indirect path coefficients of self-criticism with depression with mediation of silencing the self ($P < 0.050$).

Conclusion: Despite the linear and direct relationship between self-criticism and depression, silencing the self has an important role between these two variables and causes harm to one's self-esteem and identity. Further, among those involved in a romantic relationship, people with more inner religious orientation would experience less depression.

Keywords: Depression, Loneliness, Relationship, Religion, Romantic, Self-criticism, Silence

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Introduction

Harvey and Wanzel (referred to 1) argued that the need to belonging is a human characteristic and people develop romantic relationships to fulfill their need to belonging. A healthy romantic relationship includes trust, commitment, and intimacy (2). Three components of romantic relationships are: 1- Being romantic a relationship and a progressive pattern of interaction between two individuals, which takes form of a brief courtship relationship or a long-term committed relationship; 2- The romantic relationship is voluntary in most western cultures. Thus, being romantic is a personal choice and means that

romantic relationships are fragile and delicate; 3- There are some kinds of passionate and desires in romantic relationships that are more intense than sexual behavior (3). Romantic relationships provide opportunities for either happiest or worst moments in life (4).

These relationships are associated with positive mental health such as providing social support, increased self-esteem, and intimacy and with negative mental health such as depression and loneliness especially among girls (5). Despite of gender, however, feeling of rejection, failure, and low quality of romantic relationships may lead to depression among romantic partners (6). Aydak, Bowney, and Kim argue of negative influences of initial romantic relationships such as dating in transitions from adolescence to adulthood and their associations with early sexual activities, behavioral

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problems, decreased academic achievement, decreased self-esteem, and depression (7). In a study, it was observed that girls were more likely at the risk of depression in responding to the problems in romantic relationships (8). Adolescents and adults who have the experience of stress of romantic relationships exhibit higher levels of depression in their relationships (9). The aggression caused by failure of romantic relationships is related with psychological maladjustment, social anxiety, depression, and loneliness (10). Harper, Dickson, and Welsh argued that loneliness is one of the upsetting and incompatible factors in romantic relationships (6). Some believe that feeling of loneliness is the result of rupture of others and takes place when people feel like they are not supported and acknowledged by the others in their social relationships (11). Besser, Fleet, and Davis showed that following a conflict, there would be decreased quality of relationship, anger, frustration, and loneliness in romantic relationships (12). It seems that the fear of losing a significant relationship effects on romantic relationship and thereby it leads to silencing the self, especially among women.

Thus, effort to develop and maintain the romantic relationship leads to a cognitive schema which is named silencing the self (13). Jack (cited from 14) expressed four components for silencing the self: 1- Externalized self-perception (judging oneself based on others' perception and external standards); 2- Cares self-sacrifice (secure attachment through placing others' needs over own ones); 3- Silencing the self (deter statements and prevent expressing emotions in an effort to avoid conflict and possible loss of relationship); 4- divided self (experiences of showing an obedient outer self to live with the roles that are necessarily feminine, while the inner self raises with feelings of anger and hostility).

Women typically suppress their thoughts and opinions to keep a relationship or to not to lose a romantic partner and intimate relationship, while men typically use self-closure in order to control the relationship. Even though silencing the self is meant to maintain the relationship, persistent suppress of a romantic partner's thoughts and opinions theoretically leads to reduced self-esteem, depression, and loneliness (15). Harper et al., showed that silencing the self was highly predicting depression among girls involved in romantic relationships but not boys, and boys' silencing the self-behaviors were not related with their weak performance (6).

Blat (referred to 16) described self-criticism and dependence as two personality structures which are

critical in development of depression. Self-criticism is characterized with sense of worthlessness and guilt. People high in self-criticism feel they have failed in their lives. In a study, it was observed that self-criticism was highly predictor of depressive moods among female students involved in romantic relationships. Zuroff, Igerja, and Mongerin showed that self-criticism is a strong predictor of depressive moods among female students (17). Mongrain and Leather found that people who have high levels of self-criticism are especially more likely to be exposed to depression (18). Therefore, it seems that self-criticism is highly related to depressive symptoms and loneliness (14).

On the other hand, clinical observations have showed that depression is simultaneously related to some aspects of religion. In other words, religious orientation has been described as giving authority to the structure of human relations in all its aspects in the light of man's relationship with God (19). Religious psychology has a critical role in study of depression treatment. Researchers have reported a negative relationship between depression symptoms and religious engagements (20). People with inner religious orientation experience less depression (21) and people with outer religious orientation experience more depression (22).

In our country, Iran, girls and boys experience serious heterosexual relationships for the first time in university. Therefore, the lack of knowledge and lack of experience may lead to emotional problems among them. Sometimes encounter of girls and boys at university leads to romantic relationships among them which may result in romantic failure. This failure leads to a feeling of resignation, loneliness, depression, and psychological problems. Also, from an Islamic perspective, one of principles ruling on girls' and boys' relationship is that it has to be in accordance with principles and rules of religious morality. Since these relationships are inconsistent with religious and moral norms and traditions of society, individuals feel regret and guilt following having these relationships. Due to lack of research in the area of relationships among girls and boys in Iran, there is no clear information about these relationships. A study shows that 50% of female students have relationship with opposite sex and 25% of them have sexual contact (23). Given the mentioned literature about romantic relationships among youths which can have undesirable consequences in adolescents' and adults' lives and prevent them from academic, work, and life circles, this study has paid attention to examine the mediator model of silencing the self between self-criticism

and inner religious orientation and depression and loneliness.

Materials and Methods

The current study has a correlative of path analysis design. Two hundred and seventy-two students (88 male (32.4%), 184 female (76.6%)) involved in romantic relationships were selected among B.A., M.A., and Ph.D. single students of Shahid Chamran University of Ahvaz in 2012-13 academic year using snowball sampling method. This sampling method would be used in the cases in which respondents are not identifiable and they are identified via a referral network (24). Using this method, some people who were involved in romantic relationships were initially identified based on research ethics principles and their tendency to take participate in the research and they were assured that all of their information would be kept confidential. Then, they were asked to introduce people or friends who were or are currently in romantic relationships. It is worth noting that all of students who were introduced by their friends had oral consent. The Counseling Department, the Research Office of Faculty of Education and Psychology, and the Research office of Shahid Chamran University have confirmed the research.

Research instruments

- *Self-Criticism/Attacking and Self-Reassuring Scale (FSCRS)*: This instrument is developed by Gillbert, Kelark, Hampel, Miles, and Irons in 2004 and consists of 22 items and 3 subscales of inadequate self, hated self, and reassert self. The items of this scale are arranged either in a 5-point Likert range (disagree=0 to completely agree=4). The score range (domain) varies from 0 to 88, where a high score indicates high self-criticism. The Cronbach's alpha of entire scale was reported 0.90 (25, 26). Rajabi and Abbasi have reported the Cronbach's alpha of .83 for entire sample, 0.78 in men, and 0.85 in women (25). In this study, the Cronbach's alpha of the self-criticism scale in entire sample was 0.64 and its divergent validity coefficient with Rosenberg Self-esteem Scale (27) on 50 individuals was -0.36 which both were statistically significant.

- *Inner Religious Orientation Questionnaire (ROQ)*: This scale was developed by Allport and Ross in 1950 in order to examine inner and outer religious orientation and consists of 21 items scored on a 4-point Likert type scale (from completely disagree to completely agree). In this questionnaire, options of statements 1 to 12 which assess outer

religious orientation are from completely disagree to completely agree. The answers of statements 13 to 21, which assess inner religious orientation, are reversed, i.e., the answers are from completely agreed to completely disagree. This scale is Likert type and scores are ranged from 1 to 5. The validity coefficient between outer and inner religious orientation obtained -0.21 (28). In this study, the reliability coefficient of the inner religious orientation in entire sample was 0.85 and its divergent coefficient with outer religious orientation obtained -0.005 which was not significant.

- *Silencing the Self Scale (STSS)*: This questionnaire was developed Dana Crowley Jack in 1991 in consists of 31 items with a 5-point Likert scale (from completely disagree to completely agree) and has four subscales: 1- Perceived own appearance (items 6, 7, 23, 27, 28 and 31); 2- Consciously sacrificing oneself (items 1, 3, 4, 9, 10, 11, 12, 22 and 29); 3- Silencing the self (items 2, 8, 14, 15, 18, 20, 24, 26 and 30); And (4) dividing oneself (items 5, 13, 16, 17, 19, 21 and 25). Of course, items 1, 8, 11, 15, and 21 are scored reversely. The minimum and maximum scores are between 31 and 155. This instrument is specific to the schemas that are related to maintain and retain intimate relationships which are related to women's depression (29). The Cronbach's α coefficient of the questionnaire was 0.86 among female students, 0.89 among pregnant women, and 0.94 among refugee women, and the convergent validity coefficient of the instrument with the Beck Depression Inventory (21-BDI) questionnaire in all three groups was statistically significant (13). In this study, Cronbach's α reliability of the questionnaire for the whole sample was 0.79 and its divergent validity with 12-item Bagby Emotional Skill Scale (30) on 50 individuals obtained 0.19 which was not significant.

- *Beck Depression Inventory-Short Form (BDI-13)*: This is a 13-item self-report measure of depression that assesses various cognitive, behavioral and physiological symptoms associated with depression. The participant is asked to choose an item from a group of choices that best reflects his or her experiences over the past two weeks (cited from 31). Rajabi found the BDI-13 Cronbach's alpha reliability coefficient as satisfactory and a significant correlation between BDI-13 and the original form BDI-21. He also found two factors namely negative emotion towards the self and lack of enjoyment in a factor analysis (31). In this study, the Cronbach's α of the questionnaire was 0.90 for the entire sample and its convergent validity with

Beck Depression Inventory-Second Edition (32) on 50 individuals was obtained 0.82.

- *University of California Los Angeles Loneliness Scale (UCLA)*: This questionnaire was developed by Russell and Cutrona and consists of 20 items which is scored on a 3-point Likert type (0 = Never, 1 = rarely, 2 = sometimes, and 3 = often). Also, items 1, 4, 5, 6, 10, 15, 16, 19, and 20 are scored reversely. The Cronbach's α and a test-retest coefficients of the scale were obtained 0.71 and 0.77, respectively, and the correlation between the scale and Original Loneliness Scale has been reported 0.91 (33). In this study, the Cronbach's α of the scale was 0.44 for the entire sample and its concurrent validity with Beck Depression Inventory-Second Edition (38) on 50 individuals was obtained -0.06.

In this study, descriptive statistics such as mean, standard deviation, and correlation coefficients were initially used, and the path analysis method was used to examine the fitness of the hypothetical model using Amos and SPSS-21 soft wares.

Results

Mean and standard deviation of participants' age were 22.78 and 2.792 years old, respectively; the youngest and oldest were 18 and 35; least involving time and most one 1 and 144 months (12 years); 41.2% (n=12) natives and 58.8% (n=168) non-native; 68.4% (n=186) of the participants at undergraduate level, 29.4% (n=80) master's degree, and 2.2% (n=6) at the doctorate level. 51.9% (n=149) of the participants had one romantic relationship before the recent relationship, 27.9% (n=76) two relationships, 10.7% (n=29) three, 3.7% (n =10) four, 2.2% (n=6) 0.7% (n=2) six, 1.5% (n=4) seven, 1.1% (n=3) eight, and 0.4% (n=1) nine romantic relationships. Finally, 48.9% (n=133) had not failure in their previous relationships, 34.2% (n=93) one failure, 12.1% (n=33) two, 2.2% (n=6) three, 0.7% (n=2) four, 0.4% (n=1) five, 0.7% (n=2)

six, and 0.7% (n=2) seven failures in their previous romantic relationships experiences.

Table 1. Descriptive statistics and correlations among independents variables with dependent variables among university students

Variable	2	3	4	5	M	SD
Self-criticism	-0.05	.39**	.44**	.07	48.11	8.38
Inner religious orientation	-	.02	.13*	.06	23.64	7.47
Silencing the self	-	-	.42**	.09	94.30	14.61
Depression	-	-	-	.13*	8.10	7.67
Feeling of loneliness	-	-	-	-	18.63	5.66

P<0.05*, *P*<0.01**

As shown in Table 1, the mean and standard deviation of self-criticism, inner religious orientation, silencing the self, depression, and feeling of loneliness variables were 48.11 (SD=8.38), 23.64 (SD=7.47), 94.30 (SD=14.61), 8.10 (SD=7.67), and 18.63 (SD=5.66), respectively. This table shows the correlation coefficients between self-criticism with silencing the self (r=0.39), self-criticism with depression (r=0.44), inner religious orientation with depression (r=0.13), and silencing the self-silencing with depression (r=0.42).

These results have been shown in assessment of model appropriation: chi-square of the proposed model with one degree of freedom was estimated to be 2.47, the index was not significant (*P*>0.116), which at the first glance suggests that the proposed model is appropriate and fitted to population. Other fitness indices such as goodness of fit index (GFI=0.99), normative fitness index (NFI=0.98), the comparative fit index (CFI= 0.99), and adjusted goodness of fitness index (AGFI=0.94) are all higher than 0.90 and are close to 1, and root mean square error of approximation (RMSEA) is 0.07 which provides an acceptable error rate of the model.

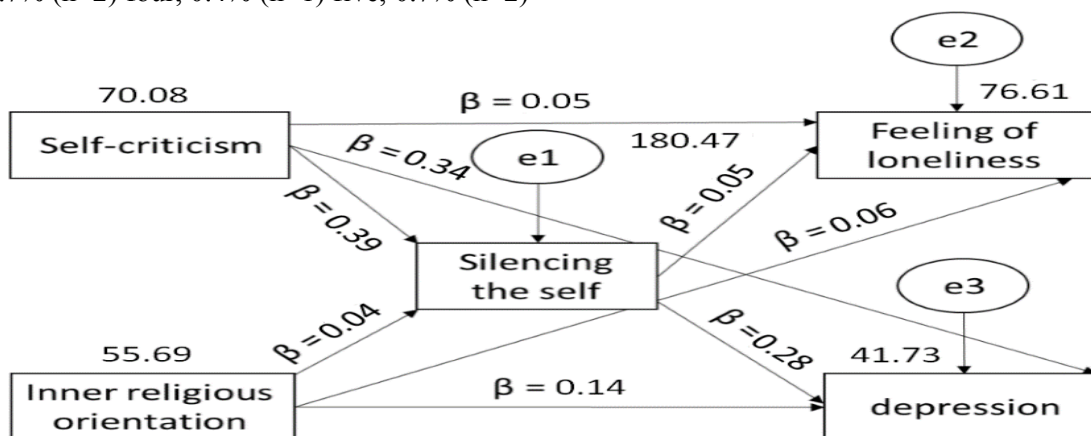


Figure 1. The proposed model

Figure 1 shows that the coefficients of the direct path from self-criticism to silencing the self ($\beta=0.39$, $P<0.001$), from silencing the self to depression ($\beta=0.28$, $P<0.001$), from inner religious orientation to depression ($\beta=0.14$, $P<0.005$), and from self-criticism to depression ($\beta=0.34$, $P<0.001$) are significant. But the coefficients of the direct paths from inner religious orientation to silencing the self ($\beta=0.04$, $P=0.415$), from silencing the self to loneliness ($\beta=0.05$, $P=0.385$), from self-criticism to loneliness ($\beta=0.05$, $P=0.385$), and from inner religious orientation to loneliness ($\beta=0.06$, $P=0.295$) are not statistically significant. Also, only the indirect standard coefficient of self-criticism to depression with mediation of silencing the self ($\beta=0.11$, $P<0.050$) in confidence interval of 0.06 to 0.17 suggests the mediating effect of variable silencing the self between self-criticism and depression.

Discussion

This study aimed to examine the proposed model of the relationship of self-criticism, inner religious orientation, depression, and feeling of loneliness with mediation of silencing the self. The results showed that there is a significant positive relationship between self-criticism and depression. The findings of Zuroff and colleagues; Mongrain and Leather; Brown and Silberschatz confirmed this result (17,18,34). Self-criticism is one of the personality traits vulnerable to depression. This trait not only makes the depression occurs, but it also is under effect of symptoms of depression. Especially, self-criticized people create a deleterious social context for themselves which intensifies and spreads their affective discomforts. They have too much need to be verified and maintain the position and their own values by others. So when their needs to achieve success face with threat and failure, they become apt to depression through feelings of guilt, failure, and humiliation (35). These people set unrealistic standards and adopt a tough punitive stance, and when these standards are not practical and attainable they get depressed (36).

Other findings showed that there is a positive relationship between self-criticism and silencing the self. This result is consistent with findings Besser and colleagues. Despite of communication statuses that people have, higher levels of self-criticism is closely associated with silencing the self. Most people as increase their self-criticism will be more sensitive to external feedbacks, thus they become more aware of contradictions and conflicts of public and private aspects of their personality, so they

adopt a conservative approach in their relationships with others, especially with their romantic partner, thus in attempt to maintain or improve their relationships they become involved in silencing the self-behaviors. When these people engage in conflict resolution activities in their close relationships they don't express their feelings and thoughts toward their partner animosity and hostility and silence themselves (12). Another finding was that there was a significant negative relationship between depression and inner religious orientation, which these findings are consistent with the study of Parker and colleagues (37). Religious teachings and beliefs can guide people toward perfection, growth, and thus toward mental health. Faith in God gives a person so much force that can serve to eliminate depression (38). So in mind of a religious person, all events even disasters and calamities are divine tests from God. Such people won't get disappointed or anxious through adversity because they consider God as their supporter (39). In contrast, Ward stated that people with outer religious orientation have more intense depression (40).

The study found that there is a significant positive relationship between silencing the self and depression, which is consistent with a number of findings (6,12,41). It seems that the fear of losing a close and romantic relationship leads to silencing the self among people especially women. Low quality of romantic relationships makes them to adopt specific strategies so that they can avoid the feeling of rejection and conflict in the relationship. One of these strategies is to suppress affections, thoughts, and ideas which make people vulnerable to depression (42). On one hand, people and in particular women build their understanding of their identities based on real participation and close relationships with others, and when they fail in efforts to maintain or reconstruction a relationship their sense of their identity or confidence hurt and ultimately leads to depression (15).

In this study, the indirect path coefficient of silencing the self mediating between self-criticism and depression was significant, which is consistent with the findings of Besser and colleagues (12). People with high levels of self-criticism have harsh punishment evaluations and high levels of shame about some aspects of their character and behavior. The concerns related to self-evaluations play a critical role in the tendencies related to silencing the self. People with high levels of self-criticism and silencing the self experience feelings of malaise and boredom far more than the others. It is likely that one of the ways in which self-criticism results in

malaise, boredom, and depression is because of the certain connections that this trait has with silencing the self, because silencing the self is the believe that the person has lost part of his/her identity. In the cases that people with high social standards fail to meet those standards, this sense of loss might cause disappointment and finally lead to depression (43). On the other hand, there was not any observed relationship between self-criticism and loneliness, silencing the self and loneliness, inner religious orientation and loneliness, inner religious orientation and silencing the self-, self-criticism and loneliness with mediation of silencing the self, inner religious orientation and loneliness with mediation of silencing the self, and between the inner religious orientation and depression with mediation of silencing the self. However, disapproval of these findings could be due to other variables that could also affect the research variables. For example, this study was conducted only on the individuals involved in a romantic relationship, so the findings could be affected by limiting the society. In other words, this factor can play the role of confounding variable result in not finding a significant relationship between the variables. Furthermore, it can be said that disapproval of these findings could be because the Russell Loneliness and Allport Religious Orientation questionnaire that were used as the main tools for measuring feeling of loneliness and inner religious orientation had not adequate internal reliability and validity, therefore this could be a cause of the disapproved findings.

The first limitation of this study was that the study was a cross-sectional study which examined the participants in a specific period of time and that this makes it difficult to generally conclude. And two,

References

1. Uzgle B. The prediction of psychological distress following romantic relationship dissolution: Relationship characteristics, problem solving skills, and self-esteem. Master of Science. Turkey: Middle East Technical University, 2004.
2. Weichold K, Germany J, Barber LB. Introduction to qualities of romantic relationship in adolescence and adulthood. Newsletter 2008; 53: 1-4.
3. Furman W, Brown BB, Feiring C. The development of romantic relationships in adolescence. Cambridge: Cambridge University, 1999: 1-16.
4. Whisman MA. Childhood trauma and marital outcomes in adulthood. *Pers Relat* 2006; 13: 375-86.
5. Davila J, Steinberg S, Kachadourian L, Cobb R, Fishman F. Romantic involvement and depressive symptom in early and late adolescence the role of a preoccupied relational style. *Pers Relat* 2004; 1: 161-78.
6. Harper SM, Dickson WJ, Welsh PD. Self-silencing and rejection sensitivity in adolescence romantic relationships. *J Youth Adolesc* 2006; 35: 459-67.
7. Shalman RS, Scarf M. Adolescent romantic behaviors and perception: Age and gender-related difference, and links with family and peer relationships. *J Res Adolesc* 2004; 10: 99-118.
8. Teeruthroy VT, Bhowon U. Romantic relationships among young adults: An attachment perspective. *Int J Human Soc Sci* 2012; 10: 145-55.
9. Davila J. Depressive symptoms and adolescent romance: Theory, research, and implications child development perspective. *J Adolesc* 2008; 2: 26-31.

because the society of students involved in a romantic relationship is hidden, use of random sampling method was not possible. It is recommended that future research consider two separate models for girls and boys and analyze them separately.

Conclusion

Generally speaking, it can be said that among the people involved in romantic relationships like others, self-criticism as a personality trait vulnerable to depression is related with silencing the self and depression. Self-criticized people have low self-disclosure, they are cold and hollow-hearted in their romantic relationships, and they take less responsibility within their romantic. Also due to trying to build, rebuild, and maintain intimate relationships, those involved in a romantic relationship may suppress their feelings, beliefs, and values, which, in turn, makes the people present themselves as a successful person, while they feel inside violence and hostility and this would ultimately result in depression among them. Further, among those involved in a romantic relationship, people with more inner religious orientation would experience less depression.

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10. Peplau LA, Perlman D. Loneliness. A sourcebook of current theory, research and therapy. New York: Wiley and sons; 1998: 571-81.
11. Townsend K, Whirter MCB. Connectedness: A review of the literature with implications for counseling, assessment, and research. *J Couns Dev* 2005; 83: 191-201.
12. Besser A, Fleet GL, Davis RA. Self-criticism, dependence, silencing the self, and loneliness: A test of a meditational model. *Pers Individ Dif* 2003; 23: 1735-52.
13. Jack DC, Dill D. The silencing the self scale schemas of intimacy associated with depression in women. *Psychol Woman Q* 1992; 16: 97-106.
14. Cramer MK, Thompson N. Factor structure of the silencing the self scale in woman and men. *Pers Individ Dif* 2003; 35: 525-35.
15. Jack DC. The anger of hope and the anger of despair: How anger relates to women's depression. In: Stoppard J, McMullen L. (editors). *Situating sadness: Women and depression in social context*. New York: New York University; 2003: 62-87.
16. Enns MW, Cox BJ. Perfectionism and depression symptom severity in major depressive disorder. *Behav Ther* 1999; 37: 783-94.
17. Zuroff DC, Igeja I, Mongrain M. Dysfunctional attitudes, dependency, and self-criticism as predictors of depressive mood states: A 12 month longitudinal study. *Cogn Ther Res* 2005; 3: 315-26.
18. Mongrain M, Leather F. Immature dependence and self-criticism predict the recurrence of major depression. *J Clin Psychol* 2006; 62: 705-13.
19. Bahrami F. [The role of external and internal religious beliefs in mental health and amount depression of elderly]. *Journal of rehabilitation, University of social welfare and rehabilitation sciences* 2005; 6(1): 42-7. (Persian)
20. Smith TB, McCullough ME, Poll J. Religiousness and depression: Evidence for a main effect and the moderating influence of stressful life events. *Am Psychol Assoc* 2003; 4: 614-32.
21. Parker ML, Roff L, Klemmack DL, Keeing HG, Baker P, Allman RM. Religiosity and mental health in southern, community-dwelling older adults. *Aging Ment Health* 2003; 7: 390-7.
22. Ward AM. The relationship between religious coping to stress reactivity and psychological well-being. Ph.D. Dissertation. Georgia State University, 2010.
23. Khalajabadi Farahani F, Mehryar AH. [The role of family in premarital heterosexual relationships among female university students in Tehran]. *Journal of family research* 2001; 6(4): 449-68. (Persian)
24. Johnson B, Christensen L. *Educational research, quantitative, qualitative, and mixed approaches*. 3rd edition. UK: Sage, 2008.
25. Rajabi Gh, Abbasi GH. [Investigation relationship between self criticism, social anxiety and fear of fail with same among students]. *Journal of research clinical psychology and consultation* 2011; 1: 171-82. (Persian)
26. Gilbert P, Clarke M, Hempel S, Miles J, Irons C. Criticizing and reassuring oneself: An exploration of forms, styles and reasons in female students. *Br J Clin Psychol* 2004; 43: 31-50.
27. Rajabi Gh, Bohulul N. [Evaluation reliability and validity Rosenberg Self-esteem Scale among Shahid Chamran freshman student]. *Research educative and psychology* 2007; 2: 33-48. (Persian)
28. Allport GW, Ross JM. Personal religious orientation and prejudice. *J Pers Soc Psychol* 1967; 5: 432-43.
29. Jack DC. *Silence the self: Woman and depression*. Cambridge. Harvard University, 1991.
30. Bagby RM, Taylor GJ, Proker JDA. The twenty-time Toronto Alexithymia Scale: Convergent, discriminate, and concurrent validity. *J Psychol Som Res* 1994; 38: 33-40.
31. Rajabi Gh. Psychometric properties of Beck Inventory Short Form Items (BDI-13). *Iranian Psychological Association* 2005; 1(4): 291-8.
32. Rajabi Gh, Karjoo Kasmaiee S. [Investigation structure two element Persian counterpart Rosenberg Self-esteem Scale]. *Journal of ways in models of psychology* 2012; 2(6): 33-43. (Persian)
33. Russell D, Peplau LA, Curtone CE. The revised UCLA loneliness scale: Concurrent and discriminate validity evidence. *J Pers Soc Psychol* 1980; 39(3): 477-80.
34. Brown JD, Silberschatz G. Dependency, self-criticism, and depressive attritional style. *J Abnorm Psychol* 1989; 98: 187-8.
35. Blatt SJ. *Experiences of depression, theatrical, clinical and research perspectives*. Washington, DC: American Psychological Association; 2004: 203-30.
36. Shahar G, Blatt SJ, Zuroff DC, Kapermine GP, Leadbeater BJ. Reciprocal relations between depressive symptoms and self-criticism (but not dependence) among early adolescent girls (but not boys). *Cogn Ther Res* 2006; 28: 85-103.
37. Parker M, Roff L, Klemmack DL, Keeing HG, Baker P, Allman RM. Religiosity and mental health in southern, community-dwelling older adults. *Aging Ment Health* 2003; 7: 390-7.
38. Bayani AA, Goodarzi H, Bayani A, Koochaki AM. [Relationships between religious orientation with anxiety and depression among students]. *Journal of fundamentals of mental health* 1998; 10(3): 209-14. (Persian)
39. Ehteshamzadeh P, Bournia MR, Yousefi M. [Relationship between religious orientation and irrational beliefs and depression in MS patients]. *New findings in psychology* 2010; 5: 55-67. (Persian)

40. Ward AM. The relationship between religious coping to stress reactivity and psychological well-being. Ph.D. Dissertation. USA: Georgia State University, 2010.
41. Little KC, Welsh DP, Darling N, Holmes RM. Brief report: I can't talk about it: sexuality and self-silencing as interactive predictors of depressive symptoms in adolescent dating couples. *J Adolesc* 2011; 34: 789-94.
42. Thompson JM, Whiffen VE, Aube JA. Does self-silencing link perceptions of care from parents and partners with depressive symptoms? *J Soc Pers Relat* 2001; 18: 503-16.
43. Besser A, Flett GL, Hewitt PL. Silencing the self and personality vulnerabilities associated with depression. In: Jack D, Ali A. (editors). *Silencing the self across cultures: Depression and gender in the social world*. New York, NY: Oxford University, 2010: 285-312.