

Original research

## Modeling Structural Relationships of Marital Attachment Behavior and Mother-Child Relationship: The Mediating Role of self-silencing

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### Abstract:

**Introduction:** The quality of parental relationships, especially the mother-child relationship, plays a decisive role in shaping the child's personality, social and cognitive functioning, as well as their mental health in the future. The aim of the present study was to investigate the structural relationships between marital attachment behaviors and the mother-child relationship, with the mediating role of self-silencing among mothers.

**Research method:** The research method was correlational and employed structural equation modeling (SEM). For this purpose, 255 married mothers with children were selected through convenience sampling and completed the Mother-Child Relationship Evaluation (MCRE), Marital Attachment Behavior (BARE), and Self-Silencing (STSS) questionnaires. Data analysis was conducted using SPSS 24 and LISREL version 8.8.

**Findings:** The results showed a significant negative relationship between marital attachment behavior and self-silencing ( $r = -0.33$ ). Additionally, there was a negative relationship between all components of self-silencing and the child acceptance component ( $r = -0.30$ ), and a significant positive relationship between marital attachment behavior and one of the components of the mother-child relationship, namely child acceptance ( $r = 0.20$ ). Furthermore, the mediating role of self-silencing in the relationship between marital attachment behavior and the mother-child relationship was confirmed. Considering the indices, the model demonstrated good fit.

**Conclusion:** The research findings showed that self-silencing mediates the relationship between marital attachment behaviors and the mother-child relationship. Marital attachment behaviors, which including accessibility, responsiveness and engagement, impact the quality of the mother-child relationship through their effect on the mothers' self-perception.

**Keywords:** Mother-child relationship, Marital attachment behavior, Self-silencing, Mothers

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**Introduction:**

Numerous studies have identified the mother-child relationship as the most significant factor influencing human development (1, 2, 3, 4). In research, the mother-child relationship is evaluated with an emphasis on acceptance, support, rejection, and extreme permissiveness concerning the child (5), which is a significant factor in children's social and emotional health. Attachment theory provides a good framework for understanding the dynamics of the parent-child relationship. Bowlby believes that the potential interactions between parents and children are key to developing secure attachment (6). According to this view, when children's emotional signals are addressed in a secure and responsive manner, parents become a secure base, and by creating an Internal Working Model (IWM) in the child's mind, the possibility of forming a secure relationship with the environment and others throughout life is facilitated (7). Parent-child interactions help develop self-regulation and exploration of the environment, leading to psychosocial adjustment in the child. Children with caregivers who are capable of sensitive responsiveness are less likely to have behavioral problems (8) and experience lower levels of anxiety and depression (9). Conversely, insecure parent-child relationships cause infants and young children to be less able to regulate stress and have lower self-confidence (10). The importance of parents' psychological characteristics in forming secure attachment and psychological health in children highlights the need to examine variables related to maternal behavior more closely.

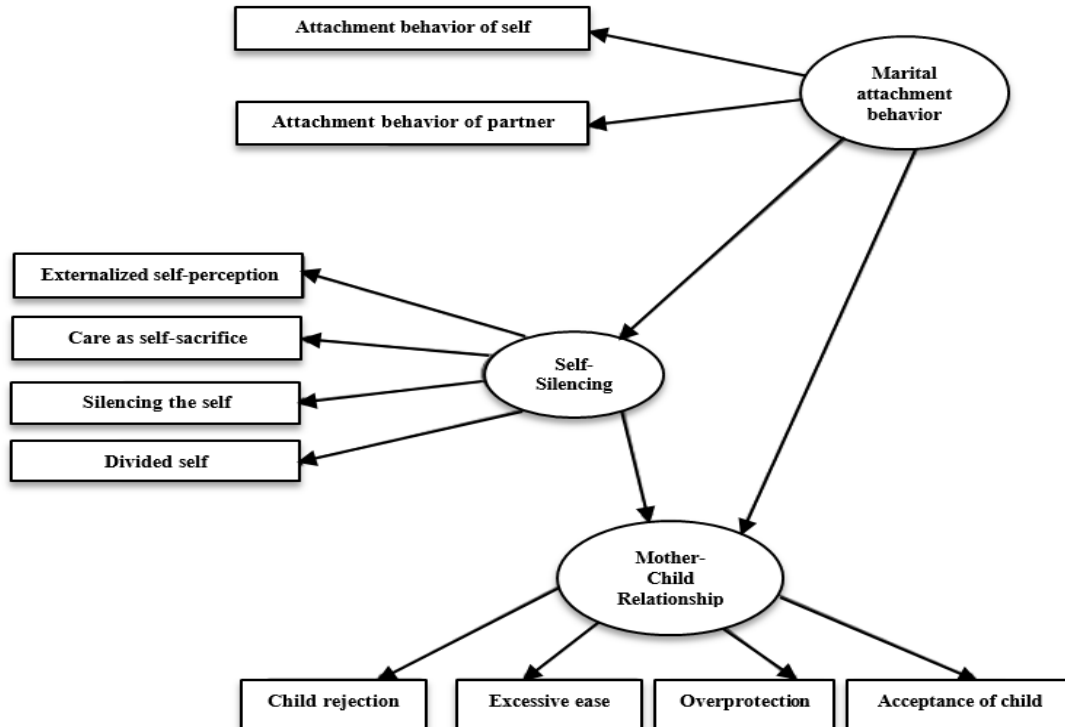
Research has shown that the quality of marital relationships has a significant impact on the mother-child relationship (11, 12, 13, 14). Eiden and colleagues (1995) concluded that the maternal working model and marital adjustment interactively affect child behavior and the child's sense of security. In this study, children of mothers with insecure attachment who experienced higher marital adjustment had a greater sense of security. Based on specific attachment styles, researchers have identified key behaviors in couples' relationships that play a crucial role in forming strong attachment bonds (15, 16). Marital attachment behavior, focusing on availability, responsiveness, and engagement in the relationship (17), is a scale of effective behaviors in marital communication (13). Bowlby spoke of availability and responsiveness as key behaviors in a relationship that determine an individual's state of anxiety or sense of security. The third component, responsiveness, for identifying connection behaviors between couples, is engagement in the relationship, which was proposed by Johnson (18). If a partner is to become a supportive or protective figure, mere availability (physically, psychologically, and emotionally) without sufficient nurturing and soothing will not be enough. When a couple in distress can express specific expectations for approaching their partner, and the other responds in a soothing manner, companionship occurs, which is a key attachment factor in marital relationships (17).

Based on the explanation provided, marital attachment behavior impacts the quality of the mother-child relationship. It was mentioned that a conflicted and insecure marital relationship affects maternal behavior quality, suggesting that mothers' coping styles with these conflicts play a determining role in the mother-child relationship. This study aims to examine the mediating role of self-silencing as one of the variables related to mothers' intrapsychic states, which is said to

influence women's relationships with their spouses and children. The self-silencing model, proposed by Jack (19), suggests that when women suppress their emotions and thoughts to avoid conflict, they are prone to depression. According to this compulsion, women's identity is constructed based on their acceptance in a male-dominated world (20). Jack (1992) developed the self-silencing theory based on the concept that women consider themselves important through participation in close and genuine relationships with others (21). Jack's theory includes four components (22): 1) externalized self-perception (judging oneself based on others' perceptions and external standards), 2) conscious self-sacrifice (caring for others at the expense of oneself), 3) self-silencing (withholding statements and suppressing emotions to avoid conflict and possibly losing the relationship), and 4) divided self (experiencing an obedient external self to fit into traditionally feminine roles while the inner self grows with feelings of resentment and hostility). Self-silencing, or "silencing the self" in women, is not an individual choice but a compulsion stemming from a patriarchal culture, affecting the individual's psychological well-being and marital relationships.

Self-silencing is an important variable in terms of satisfaction or dissatisfaction with marital life (23, 24). This is because individuals engage in self-silencing with the intention of maintaining the relationship (21). A relationship that is ineffective may lead to higher levels of self-silencing among women. The results of the study indicate that women who perceive their marriage as more conflict-ridden are more likely to hide their anger, start pretending according to their partner's views and desires, and are more inclined to judge themselves based on external standards. Marital conflicts resulting from self-silencing methods in dealing with marital issues can lead to higher depression levels in women (25), and maternal depression is a significant factor affecting the mother-child relationship (26, 27).

Based on what has been said, marital issues can affect the quality of maternal behavior and influence the mother-child relationship. Therefore, researchers have investigated the role of self-silencing as a mediator in the relationship between marital attachment behaviors and the mother-child relationship, with the aim of examining the variables involved in how marital behaviors impact maternal behavior.



**Figure 1.** Conceptual Model of the Research

#### Research Method:

This study is a fundamental research study using a correlational method. The method employed in this research was Structural Equation Modeling (SEM). The statistical population of this research includes all married women in the city of Mashhad who have at least one child, totaling approximately 2.6 million individuals. The sample size consisted of 255 participants, who were selected using a convenience sampling method. It is noted that the required sample size should be between 5 and 20 times the number of estimated parameters (28). Research tool:

**Mother-Child Relationship Evaluation (MCRE):** This attitude scale was published by Robert Ross in 1961 and consists of 48 items. It evaluates mothers' views on four styles of interaction with their child. Each subscale contains 12 statements and covers the following areas: child acceptance, excessive support of the child, excessive ease, and child rejection. Each item is rated on a five-point Likert scale (Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree). The cut-off scores for each domain vary: 41 for acceptance, 34 for excessive support, 31 for excessive ease, and 32 for rejection. The factor structure of the questionnaire has been examined and confirmed by (29) Whitman and Zachary (1986). Additionally, the reliability of the test has been confirmed by experienced scholars, with validity coefficients of 0.44 for child acceptance, 0.42 for child rejection, 0.44 for excessive ease, and 0.41 for excessive support. In this questionnaire, a higher subscale score indicates a higher level of attitude, while a lower score indicates a lower level of attitude. Its validity and reliability were assessed by Zamiri in 2005, with

internal consistency coefficients of 0.77 for child acceptance, 0.72 for child rejection, 0.71 for excessive ease, and 0.78 for excessive support (30).

**The Brief Accessibility, Responsiveness, and Engagement (BARE) Scale:** A Brief Scale for Accessibility, Responsiveness, and Pursuit of Companionship for Measuring Attachment Behavior in Marital Relationships: This self-report scale, designed to measure attachment behavior in marital relationships, includes 12 items and 6 subscales. The subscales cover accessibility, responsiveness, pursuit of companionship, spouse's accessibility, spouse's responsiveness, and spouse's pursuit of companionship. This scale assesses the level of attachment behaviors in marital relationships for both the respondent and their partner. For each statement in the scale, there are 5 response options: (1) Never, (2) Rarely, (3) Sometimes, (4) Usually, and (5) Always. Respondents select one of these options based on their marital relationship. The responses are scored between 1 and 5, with the total score ranging from 12 to 60. Higher scores on this scale indicate a higher level of attachment behaviors in the marital relationship. The Cronbach's alpha for all subscales of the BARE scale and the partner (spouse) ranged between 0.66 and 0.85. Test-retest reliability for the 6 subscales was found to be between 0.60 and 0.75. The construct validity of this scale was evaluated using confirmatory factor analysis, and the results indicated that the model fits the data excellently (17). Concurrent validity was assessed by correlating the total scores on the BARE scales with measurements obtained using the RELATE tool, which has been extensively evaluated and used in published research for relationship satisfaction, relationship stability, and positive and negative communication (31). In a study conducted by Rasooli et al. (2018) in Iran, the Cronbach's alpha coefficients for all questions were 0.86, and the test-retest reliability was 0.90. The Cronbach's alpha for the components of self-accessibility, self-responsiveness, self-pursuit of companionship, spouse's accessibility, spouse's responsiveness, and spouse's pursuit of companionship were 0.82, 0.77, 0.84, 0.74, 0.76, and 0.90, respectively. In the study by Ferdosi (2018), the validity was calculated using Kendall's coefficient of concordance, with a validity coefficient of 0.65 for all questions. Internal consistency of the questionnaire was assessed using Cronbach's alpha, with an overall alpha coefficient of 0.90 for all questions (32).

**Silencing the Self Scale (STSS):** The Self-Silencing Questionnaire was developed by Jack and Dill in 1991 and consists of 31 five-option items (ranging from Strongly Disagree = 1, Disagree = 2, Neutral = 3, Agree = 4, and Strongly Agree = 5) across four subscales: Perceived External Self, Self-Sacrifice, Self-Silencing, and Dividing Self. Items 1, 8, 11, 15, and 21 are reverse-scored, and the total scores for this instrument range from 31 to 155. Jack and Dill (1992) stated that the items in this tool do not represent personality traits but rather a combination of cognitive and cultural schemas that guide women's social behavior and self-assessment. Jack and Dill (1992) found the Cronbach's alpha reliability coefficient for this questionnaire to be 0.86 for female students, 0.89 for pregnant women, and 0.94 for refugee women. The validity coefficient of this tool with the 21-item Beck Depression Inventory (BDI-21) was significant across all three groups (33). Zabihi Dan (2010) reported the overall scale reliability between 0.88 and 0.93, with both validity and reliability being satisfactory (34).

After collecting the research data, a set of relationships between the variables in the path analysis diagram was examined, predicted, and analyzed using the structural equation modeling (SEM) method. To review the data, descriptive statistics and data preparation were analyzed using SPSS software version 21. To examine the structural equation model to show the mediating relationship, LISREL software version 8 was used.

### Findings:

The analysis of the research data showed that the average age of the subjects was 33.96 years (standard deviation 8.52) and 89 percent of them had one or two children, while 11 percent had three or more children. Table 2 presents the descriptive statistics of the research variables.

**Table 2.** Descriptive Indicators of Research Variables

| Variables                                 | Descriptive Indicators |       |
|---|------------------------|-------|
|   | mean                   | SD    |
| marital attachment behavior (total score) | 48/47                  | 7/55  |
| Attachment behavior of self               | 23/63                  | 4/37  |
| Attachment behavior of partner            | 24/83                  | 3/94  |
| Self-Silencing (total score)              | 91/50                  | 15/44 |
| Externalized self-perception              | 17/27                  | 4/21  |
| Care as self-sacrifice                    | 25/70                  | 5/29  |
| Silencing the self                        | 27/62                  | 3/87  |
| Divided self                              | 20/89                  | 5/23  |
| Mother-Child Relationship                 |                        |       |
| Acceptance of child                       | 32/18                  | 4/43  |
| Overprotection                            | 34/77                  | 6/48  |
| Excessive ease                            | 37/83                  | 5/26  |
| Child rejection                           | 42/94                  | 5/08  |

To investigate the research question, Pearson correlation coefficient and structural equation modeling were used, the results of which are presented below. Table 3 shows the results of the Pearson correlation coefficient between the research variables.

**Table 3.** Pearson correlation coefficients between the research variables

| Variables                    | Mother-Child Relationship |                |                |                 |
|------------------------------|---------------------------|----------------|----------------|-----------------|
|                              | Acceptance of child       | Overprotection | Excessive ease | Child rejection |
| Externalized self-perception | -0/30***                  | 0/21***        | 0/22***        | 0/16**          |



|   |          |         |         |        |
|---|----------|---------|---------|--------|
| Care as self-sacrifice                    | -0/27*** | 0/19**  | 0/20*** | 0/10   |
| Silencing the self                        | -0/12*   | 0/08    | 0/17**  | 0/08   |
| Divided self                              | -0/26*** | 0/16**  | 0/22*** | 0/19** |
| Self-Silencing (total score)              | -0/30*** | 0/20*** | 0/24*** | 0/16** |
| Attachment behavior of self               | 0/20***  | -0/11   | -0/02   | 0/02   |
| Attachment behavior of partner            | 0/16**   | -0/07   | -0/01   | 0/02   |
| marital attachment behavior (total score) | 0/20***  | -0/10   | -0/02   | 0/02   |

\*\*\* $p < 0/001$ , \*\* $p < 0/01$ , \* $p < 0/05$

As shown in Table 3, all components of self-silencing and the overall score of this variable have a negative and significant relationship with the variable of child acceptance. The negative nature of these relationships means that the higher the level of self-silencing in the women participating in the study, the significantly lower their child acceptance scores were. Additionally, the relationships between all components of self-silencing and the total score of this variable with the three other components of the mother-child relationship -namely, overprotection, excessive permissiveness, and child rejection- were positive. However, some of these positive relationships were significant, while others were not. Therefore, regardless of the significance, the positive nature of these relationships indicates that the higher the level of self-silencing in the women participating in the study, the higher their scores for overprotection, excessive permissiveness, and child rejection were as well.

To examine the mediating role of self-silencing in the relationship between marital attachment behaviors and the mother-child relationship, the model was tested using the structural equation modeling method with the help of LISREL software. As shown in Figure 2, in this model, three variables—marital attachment behaviors, self-silencing, and the mother-child relationship—were considered as latent variables, and the component scores of these three variables were examined as observable variables. Examining the assumptions of structural equation modeling is of great importance. To assess the normality of the variables, skewness and kurtosis were used. The skewness of the observable variables ranged from an absolute value of 0.07 to 0.52, and their kurtosis ranged from an absolute value of 0.01 to 0.89. According to Chou and Bentler (1995), a skewness value within  $\pm 3$  is considered appropriate. For the kurtosis index, values greater than  $\pm 10$  generally pose a problem in structural equation modeling. The obtained values for the skewness and kurtosis of the variables indicate that the normality assumption for the research variables is met. The second assumption, multicollinearity diagnosis, was also examined. A common method for checking multicollinearity is to review the correlation matrix between the observable variables. The correlation matrix between the observable variables indicated no multicollinearity among them. The correlation coefficients for the hypothetical research model were less than 0.80 (with the highest being 0.64). Correlation coefficients above 0.85 can create multicollinearity problems, complicating the accurate estimation of the model (35). Additionally, to check the assumption of no multicollinearity, the variance inflation factor (VIF) and tolerance

index statistics were used. Since all tolerance index values were between zero and one, and none of the VIF values exceeded 10, the assumption of no multicollinearity can be assured. Given that the assumptions of structural equation modeling are satisfied, the model was analyzed.

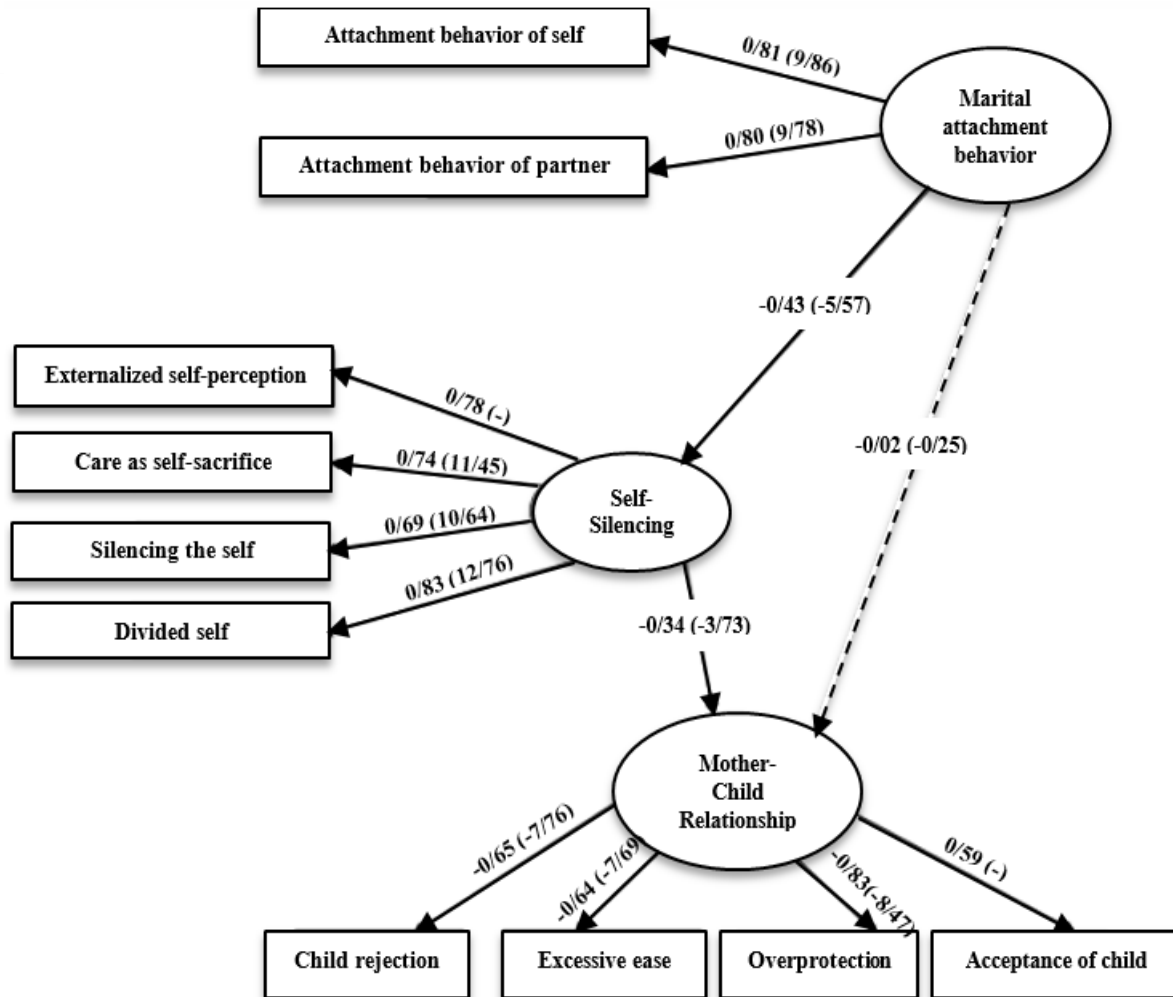
**Table 4.** General Fit Indices

| Indicator                                       | Acceptable level | Calculated value |
|---|------------------|------------------|
| $\chi^2$  | -                | 61/31            |
| $\chi^2/df$                                     | <3               | 1/91             |
| Comparative fit index (CFI)                     | >0/90            | 0/97             |
| Incremental Fit Index (IFI)                     | >0/90            | 0/97             |
| Goodness-of-fit index (GFI)                     | >0/90            | 0/95             |
| Root mean square error of approximation (RMSEA) | <0/08            | 0/06             |
| Standardized root mean square residual (SRMR)   | <0/08            | 0/03             |

The model fit indices presented in Table 4 indicate a good fit for this model. Absolute and comparative fit indices were used to determine the fit of the hypothetical model. Absolute indices assess the model fit without comparison to a baseline model, which is essentially an independence model. These indices include Chi-square, Chi-square to degrees of freedom ratio, RMSEA, and SRMR. Comparative or incremental indices compare the fit of the hypothetical model to the baseline model, and CFI and IFI are among these indices.

Although the chi-square index was used to evaluate the overall fit of the model in the present study, this index is highly influenced by sample size and generally shows a good fit for the model in large samples (37). Given this limitation, the ratio of chi-square to degrees of freedom is usually reported, which minimizes the impact of sample size on the chi-square index. While there is no collective agreement on the acceptable value of this index, values less than 3 generally indicate a good fit for the model. RMSEA and SRMR are also among the main indices of model fit. For an optimal model fit, the RMSEA value should be less than 0.1, and preferably less than 0.08. Similarly, the SRMR value should be less than 0.08. For the CFI and IFI indices, values above 0.9 indicate model acceptance, and values above 0.95 indicate a good fit (35). As shown in Table 4, the fit indices of the structural model indicate a suitable fit. All model indices fall within the acceptance range, therefore the hypothetical model structure of the research is confirmed. The research model, along with the standardized path coefficients and corresponding t-values, is shown in Figure 2.





**Figure 2.** The conceptual model of the research along with the standardized path coefficients and t-values (in parentheses)

Figure 2 shows the structural model of the research. In this figure, significant paths are shown as solid lines and non-significant paths are shown as dashed lines. According to this model, the direct path from the variable of marital attachment behavior to the mother-child relationship variable is not significant ( $\beta = -0.02$ ,  $t = -0.25$ ). The direct path from the variable of marital attachment behavior to the self-silencing variable is significant ( $\beta = -0.43$ ,  $t = -5.57$ ). Also, the direct path from the self-silencing variable to the mother-child relationship variable is significant ( $\beta = -0.34$ ,  $t = -3.73$ ).

Additionally, according to Figure 2, the amount of the indirect effect of marital attachment behavior on the mother-child relationship is  $0.14 = (-0.34) \times (-0.43)$ . Based on the Sobel test and using the formula below, the Z-statistic for this was calculated. Considering that the obtained Z value is greater than 1.96, it can be said with 95% confidence that the indirect effect of the variable of marital attachment behavior on the mother-child relationship through self-silencing is

significant. In other words, self-silencing plays a significant mediating role in the relationship between these two variables.

$$Z = \frac{a \times b}{\sqrt{(b^2 \times S_a^2) + (a^2 \times S_b^2) + (S_a^2 \times S_b^2)}} = \frac{0/14}{0/03} = 4/66$$

a: Path coefficient from the independent variable to the mediator

b: Path coefficient from the mediator to the dependent variable

Sa: Standard error from the independent variable to the mediator

Sb: Standard error from the mediator to the dependent variable

### Discussion and conclusion:

The findings of this research indicated that self-silencing plays a mediating role in the relationship between marital attachment behaviors and the mother-child relationship. Marital attachment behaviors, including availability, responsiveness, and engagement in the relationship (17), affect the quality of the relationship with the child through their impact on women's self-perception. Research has shown that close relationships significantly influence women's self-perception (25). Marital problems and conflicts in close relationships are significant predictors of distress and depression in both women and men, although it is said that the effect size is larger in women than in men (38). The behaviors of availability, responsiveness, and engagement in the relationship, by influencing mothers' self-silencing, help improve the quality of the mother-child relationship. If the relationship environment is secure due to the psychological maturity of the couple, confronting the conflicts and psychological difficulties arising from the challenging aspects of motherhood will not be suppressed.

Previous studies have shown that marital conflicts and distress negatively impact the mother-child relationship (39, 40, 41). Examining these results suggests that the effect of the family system and parental relationships on the child occurs either directly, through the child's frequent observation of parental conflicts, or indirectly, by affecting the mother's psychological state, and thereby influencing the mother-child relationship. In the first case, when a child is exposed to parental disagreements and conflicts, not only is their perception of a healthy and flawless family affected, but their beliefs about the possibility of their needs being met by the mother are also impacted (42). In the second case, the indirect effect of the couple's distress on the mother's psychological state will affect her interactions with her child. Some of these psychological traits of the mother relate to her personal and developmental history, which affects her maternal performance,

including her attachment style (7). In addition to the mother's individual characteristics, the quality of interactions between the couple, including attachment behaviors, also influences the mother-child relationship. This influence can be significant enough to mitigate the effect of the mother's psychological problems on the mother-child relationship. As research (12) has shown, when marital adjustment is higher, the sense of security in children of mothers with insecure attachment significantly improves.

It is said that the psychological conditions associated with depression in mothers interfere with their relationships with their children, affecting mother-child interactions and potentially increasing the risk of intergenerational transmission of depression (43). Jack's model of depression in women is based on the concept of self-silencing. Self-silencing results from cognitive schemas about how to create and maintain intimate relationships (33) and is said to manifest as the suppression of thoughts and feelings to avoid conflict (25). Research has shown that when women fail in their efforts to maintain and establish close relationships, their self-esteem and identity are damaged (44). Self-silencing can be categorized into four dimensions: 1) apparent self-perception, 2) deliberate self-sacrifice, 3) self-silencing, and 4) self-division. Self-silencing leads to depression by directing women towards compliance and acceptance of others' needs, censoring their experiences, suppressing anger and frustration, preventing self-directed activities, and judging themselves based on a culturally defined "good woman" (45). This situation places women in a neutral state where they end up blaming themselves when facing problems. On the other hand, marital attachment behaviors include key behaviors (availability, responsiveness, seeking companionship) in the husband-wife relationship that are essential for forming strong attachment bonds. These strong attachment bonds can provide a safe haven for an individual, helping to protect against the effects of stress and uncertainty, while also enhancing the self-confidence needed for risk-taking, learning, and continuously updating models of self, others, and the world (46). When there is a high level of marital attachment behaviors between spouses and secure attachment is established among them, indicators such as sustained trust in relationships, strong self-esteem, ease in sharing feelings and emotions, and seeking social support can be observed. These aspects contrast with the components of self-silencing, where women are forced to suppress their feelings and prioritize the needs of others to appear good, and also sacrifice themselves and suppress their needs to maintain good relationships with others (33).

Based on the results obtained in this study, it seems that training in self-expression for women, combined with training in attachment-based marital behaviors, may help reduce conflicts and increase the effectiveness of these practices in improving the mother-child relationship. This research has also faced some limitations. To obtain more comprehensive information in this area, it is suggested that future studies place greater emphasis on theoretical and research aspects concerning the role of fathers in child and family health. The variables related to fathers should also be investigated. It is recommended that the variable of marital attachment behaviors and its relationship with father-child relationships be examined. Additionally, to achieve more precise

information about the mother-child relationship, tools such as observation, mother-child interactions, and interviews with mothers should also be used.

### References:

1. Ali E, Letourneau N, Benzie K. Parent-child attachment: A principle-based concept analysis. *SAGE Open Nursing*. 2021; 7:23. <https://doi.org/10.1177/23779608211009000>.
2. Anaya LY. Marital conflict and child-mother attachment relationships. 2015.
3. Hollenstein T, Tighe AB, Loughheed JP. Emotional development in the context of mother-child relationships. *Current opinion in psychology*. 2017; 17: 140-4. <https://doi.org/10.1016/j.copsyc.2017.07.010>
4. Adare AA, Zhang Y, Hu Y, Wang Z. Relationship between parental marital conflict and social anxiety symptoms of Chinese college students: mediation effect of attachment. *Frontiers in psychology*. 2021; 12:640770. <https://doi.org/10.3389/fpsyg.2021.640770>.
5. Kinsey CB, Hupcey JE. State of the science of maternal-infant bonding: A principle-based concept analysis. *Midwifery*. 2013; 29(12): 1314-20.. <https://doi.org/10.1016/j.midw.2012.12.019> .
6. Cassidy J, Jones JD, Shaver PR. Contributions of attachment theory and research: A framework for future research, translation, and policy. *Development and psychopathology*. 2013;25(4pt2):1415-34.. <https://doi.org/10.1017/S0954579413000692>.
7. Little KK, Sockol LE. Romantic relationship satisfaction and parent-infant bonding during the transition to parenthood: An attachment-based perspective. *Frontiers in psychology*. 2020;11:2068 <https://doi.org/10.3389/fpsyg.2020.02068>.
8. McClain Z, Peebles R. Body Image and Eating Disorders among Lesbian, Gay, Bisexual, and Transgender Youth. *Pediatr Clin North Am*. 2016;63(6):1079-90.
9. Bradford AB, Burningham KL, Sandberg JG, Johnson LN. The association between the parent-child relationship and symptoms of anxiety and depression: The roles of attachment and perceived spouse attachment behaviors. *Journal of marital and family therapy*. 2017;43(2):291-307. <https://doi.org/10.1111/jmft.12190>.
10. Krauss S, Orth U, Robins RW. Family environment and self-esteem development: A longitudinal study from age 10 to 16. *Journal of personality and social psychology*. 2020;119(2):457. <https://doi.org/10.1037/pspp0000263>.
11. Mark KM, Pike A. Links between marital quality, the mother-child relationship and child behavior: A multi-level modeling approach. *International Journal of Behavioral Development*. 2017;41(2):285-94. <https://doi.org/10.1177/0165025416635281>.
12. Eiden RD, Teti DM, Corns KM. Maternal working models of attachment, marital adjustment, and the parent-child relationship. *Child development*. 1995;66(5):1504-18. <https://doi.org/10.2307/1131660>.
13. Feeney JA. Adult romantic attachment: Developments in the study of couple relationships. 2008.
14. Mikulincer M, Shaver PR. "Can't buy me love": An attachment perspective on social support and money as psychological buffers. *Psychological Inquiry*. 2008;19(3-4):167-73.
15. Cordova JV, Scott RL. Intimacy: A behavioral interpretation. *The Behavior Analyst*. 2001; 24: 75-86. <https://doi.org/10.1007/BF03392020>.
16. Gottman JM, Coan J, Carrere S, Swanson C. Predicting marital happiness and stability from newlywed interactions. *Journal of Marriage and the Family*. 1998;5-22..

17. Sandberg JG, Busby DM, Johnson SM, Yoshida K. The brief accessibility, responsiveness, and engagement (BARE) scale: A tool for measuring attachment behavior in couple relationships. *Family Process*. 2012; 51(4):512-26.<https://doi.org/10.1111/j.1545-5300.2012.01422.x>.
18. Johnson SM. *Couple and family therapy: An attachment perspective*. 2008.
19. Jack DC. *Silencing the self: Women and depression*: Harvard University Press; 1991.
20. Swim JK, Eyssell KM, Murdoch EQ, Ferguson MJ. Self-silencing to sexism. *Journal of Social Issues*. 2010;66(3):493-507.<https://doi.org/10.1111/j.1540-4560.2010.01658.x>
21. Jack DC, Ali A. *Silencing the self across cultures: Depression and gender in the social world*: Oxford University Press; 2010.  
<https://doi.org/10.1093/acprof:oso/9780195398090.001.0001>.
22. Cramer KM, Thoms N. Factor structure of the silencing the self-scale in women and men. *Personality and Individual Differences*. 2003; 35(3): 525-35.  
[https://doi.org/10.1016/S0191-8869\(02\)00216-7](https://doi.org/10.1016/S0191-8869(02)00216-7).
23. Ahmed F, Iqbal H. Self-silencing and marital adjustment in women with and without depression. *Pakistan Journal of Psychological Research*. 2019; 34(2): 311-30.  
<https://doi.org/10.33824/PJPR.2019.34.2.17>.
24. Maji S, Dixit S. Self-silencing and women's health: A review. *International Journal of Social Psychiatry*. 2019;65(1):3-13. <https://doi.org/10.1177/0020764018814271>
25. Whiffen VE, Foot ML, Thompson JM. Self-silencing mediates the link between marital conflict and depression. *Journal of Social and Personal Relationships*. 2007; 24(6):993-1006.<https://doi.org/10.1177/0265407507084813>.
26. Dib EP, Padovani FHP, Perosa GB. Mother-child interaction: implications of chronic maternal anxiety and depression. *Psicologia: Reflexão e Crítica*. 2019; 32: 10.  
<https://doi.org/10.1186/s41155-019-0123-6>.
27. Gueron-Sela N, Camerota M, Willoughby MT, Vernon-Feagans L, Cox MJ. Maternal depressive symptoms, mother-child interactions, and children's executive function. *Developmental psychology*. 2018; 54(1):71.<https://doi.org/10.1037/dev0000389>.
28. Gall MD, Gall JP, Borg WR, editors. *A. Method of the Study. A Cohesion and Coherence on Students' exposition Writing*; 2017.  
<https://books.google.com/books?id=E9DhnQEACAAJ>.
29. Whitman B, Zachary RA. Factor Structure of the Mother-Child Relationship Evaluation'. *Educational and psychological measurement*. 1986; 46(1): 135-41  
<https://doi.org/10.1177/0013164486461012>.
30. Shahi, Arjamandania, Afrooz, Gholamali, Qavami, Farah. The effectiveness of the transformative relationship therapy program on improving mother-child interaction with autism spectrum disorder. *Psychology of exceptional people*. 2022; 12(47):1-32.
31. Busby DM, Walker EC, Holman TB. The association of childhood trauma with perceptions of self and the partner in adult romantic relationships. *Personal Relationships*. 2011;18(4):547-61.<https://doi.org/10.1111/j.1475-6811.2010.01316.x>.
32. Mohsen R, Mohsen Beg, Reza D. Assessing the psychometric properties of the short scale of accessibility, responsiveness and companionship (BARE): a tool for measuring attachment behavior in marital relationships. 2018.
33. Jack DC, Dill D. The Silencing the Self Scale: Schemas of intimacy associated with depression in women. *Psychology of women quarterly*. 1992;16(1):97-106.  
<https://doi.org/10.1111/j.1471-6402.1992.tb00242.x>.

34. Zabihi Dan S. "The relationship between family communication patterns and feelings of loneliness with the mediation of self-criticism and self-exclusion". Specialized thesis, Faculty of Humanities, Shiraz University, 2010.
35. Filip F, Marascu-Klein V, editors. The 5S lean method as a tool of industrial management performances. IOP conference series: materials science and engineering; 2015: IOP Publishing.
36. Raykov T, Marcoulides GA. Estimation of generalizability coefficients via a structural equation modeling approach to scale reliability evaluation. *International Journal of Testing*. 2006; 6(1):81-95.
37. Whisman MA. The association between depression and marital dissatisfaction. 2001.. <https://doi.org/10.1037/10350-001>
38. Erel O, Burman B. Interrelatedness of marital relations and parent-child relations: a meta-analytic review. *Psychological bulletin*. 1995; 118(1):108.
39. Krishnakumar A, Buehler C. Interparental conflict and parenting behaviors: A meta-analytic review. *Family relations*. 2000; 49(1):25-44.
40. Twenge JM, Campbell WK, Foster CA. Parenthood and marital satisfaction: a meta-analytic review. *Journal of marriage and family*. 2003; 65(3): 574-83. <http://www.jstor.org/stable/3600024>.
41. Davies PT, Cummings EM, Winter MA. Pathways between profiles of family functioning, child security in the interparental subsystem, and child psychological problems. *Development and psychopathology*. 2004; 16(3): 525-50. <https://doi.org/10.1017/s0954579404004651>.
42. Humphreys KL, King LS, Choi P, Gotlib IH. Maternal depressive symptoms, self-focus, and caregiving behavior. *Journal of affective disorders*. 2018; 238:465-71. <https://doi.org/10.1016/j.jad.2018.05.072>.
43. Thompson CB. Apoptosis in the pathogenesis and treatment of disease. *Science*. 1995; 267(5203): 1456-62.
44. Maji S, Dixit S. Self-silencing and women's health: A review. *International Journal of Social Psychiatry*. 2019; 65(1):3-13.. <https://doi.org/10.1177/0020764018814271>.
45. Johnson DW. Social interdependence: interrelationships among theory, research, and practice. *American psychologist*. 2003; 58(11):934.