Rahman Institute of Higher Education

Journal of Modern Psychology

The Relationship between Self-blame, Rumination, and Emotional Suppression in Students with Depressive Symptoms

Elham Farokhzadeh*[1], Rahimeh Beyrampour[1], Maryam Farhadi[1]

1. M.A. in General Psychology, Department of Psychology, Afaq Institute of Higher Education, Urmia, Iran

10.22034/jmp.2026.590456.1179

Spring 2026, Volume 6, Issue 2, Pages 46 - 54

Abstract

Objective: *Self-blame, rumination, and emotional suppression are among the cognitive and emotional processes associated with depressive symptoms. Therefore, the present study aimed to investigate the relationship between Self-blame, rumination, and emotional suppression in students experiencing depressive symptoms.*

Methods: *A descriptive-correlational research design was employed. The study population consisted of graduate students at Afaq University, Urmia, during the 2023-2024 academic year. A sample of 60 participants was selected using purposive sampling. Data were collected using the Beck Depression Inventory-II (BDI-II), Weinberger Adjustment Inventory (WAI), and The Cognitive Emotion Regulation Questionnaire (CERQ). Data analysis was performed using SPSS-26, and Pearson correlation coefficients were calculated at a significance level of $p<0.05$.*

Results: *The findings revealed significant correlations between Self-blame, rumination, and emotional suppression among students with depressive symptoms ($p<0.05$).*

Conclusion: *Based on these results, it is suggested that implementing emotion regulation training through educational workshops could effectively reduce Self-blame and rumination in students exhibiting depressive symptoms.*

Keywords: Depression; Emotional Suppression; Rumination; Self-blame

Article Info: Receive date 24 Jan. 2026 Revise date 01 Mar. 2026 Accept date 25 Mar. 2026

Citation: Farokhzadeh, E; Beyrampour, R; Farhadi, M. (2026). The Relationship between Self-blame, Rumination, and Emotional Suppression in Students with Depressive Symptoms. *Journal of Modern Psychology, 6(2)*, 46-54. https://doi.org/ 10.22034/jmp.2026.583043.117

* Corresponding Author.

E-mail: neginf200018@gmail.com

1. Introduction

Depression is one of the most prevalent and debilitating psychological disorders, characterized by low mood, anhedonia (diminished interest or pleasure), feelings of worthlessness, hopelessness, impaired concentration, and a decline in individual, social, and academic functioning. This disorder not only compromises an individual's quality of life but is also closely linked to academic decline, impaired interpersonal relationships, increased avoidant behaviors, and diminished mental health (American Psychiatric Association, 2022). Due to the critical developmental stage they inhabit—marked by academic pressures, career anxieties, shifting social roles, and newfound independence from familial support—students represent one of the most vulnerable populations to depressive symptoms. Consequently, identifying the cognitive and emotional factors that contribute to the persistence of depression in this group is of paramount importance (Badan firoz et al., 2017; World Health Organization, 2023).

In recent years, emotional suppression has emerged as a central construct of interest among researchers. Emotional suppression is defined as the conscious effort to inhibit or mask the outward expression of emotions, particularly negative ones, following their experience (Gross & John, 2003). Although this strategy may facilitate short-term control over emotional behaviors, in the long term, it is associated with increased physiological arousal, impaired interpersonal relationship quality, deteriorated mental health, and the exacerbation of depressive symptoms. From a process-oriented perspective, emotional suppression occurs in the late stages of the emotion regulation process; that is, once the emotional response has already been elicited, the individual merely prevents its external manifestation. Consequently, rather than reducing the experience of emotion, this strategy often perpetuates negative affect and heightens psychological distress (Gharadaghi, 2023; Scott et al., 2015).

To explain emotional suppression, researchers have emphasized the role of maladaptive cognitive processes, most notably Self-blame. Self-blame is a maladaptive cognitive emotion regulation strategy in which individuals attribute the causes of unpleasant events to their own perceived flaws and shortcomings, continuously blaming themselves for failures and negative outcomes (Garnefski & Kraaij, 2007). The persistence of this cognitive pattern fosters feelings of guilt, shame, and self-reproach, diminishes self-esteem, and reinforces negative self-schemas, thereby creating a fertile ground for the intensification of depressive symptoms. Numerous studies have demonstrated that Self-blame is one of the most potent predictors of depression, anxiety, and psychological distress, and is positively correlated with maladaptive emotion regulation strategies, including avoidance and emotional suppression (Aldao et al., 2010).

Another cognitive process closely linked to depression is rumination. Rumination refers to frequent, passive, and repetitive mental preoccupation with the causes, consequences, and symptoms of negative emotions. Instead of seeking solutions or employing adaptive coping mechanisms, individuals prone to rumination repeatedly revisit negative thoughts and feelings. This process leads to the maintenance of negative affect, reduced psychological flexibility, and increased vulnerability to depression

(Watkins, 2008). According to Response Styles Theory, rumination is considered a critical factor in the onset, maintenance, and recurrence of depression, showing strong associations with increased depressive symptom severity, impaired problem-solving abilities, heightened Self-blame, and the use of maladaptive emotion regulation strategies (Nolen-Hoeksema et al., 2008).

Theoretically, Self-blame and rumination may reinforce one another, thereby increasing the likelihood of employing emotional suppression. Individuals who attribute negative events to personal traits are more likely to become trapped in cycles of repetitive, self-critical thoughts; as a result, rather than expressing emotions adaptively, they resort to suppression. The persistence of this cycle leads to the prolongation of negative affect, increased helplessness, diminished psychological adjustment, and the exacerbation of depressive symptoms. Therefore, a simultaneous investigation of these three variables is essential to achieve a more nuanced understanding of the cognitive and emotional mechanisms underlying depression (Aldao et al., 2010; Watkins, 2008).

In the Iranian context, there is a scarcity of research directly investigating the interplay between these specific variables. Nevertheless, Dadfarnia et al. (2020) demonstrated that maladaptive cognitive emotion regulation strategies, particularly self-blame, are positively and significantly correlated with depressive symptoms. Parnian Khooy et al. (2025) reported that emotional suppression is positively associated with psychological vulnerability and insecure attachment styles. Furthermore, Rahimi and Asghari (2024) found that metacognitive therapy exhibits greater efficacy in reducing emotional suppression in depressed adolescents compared to compassion-focused therapy, while Taheri et al. (2022) reported that self-compassion training effectively reduces emotional suppression among students presenting with psychosomatic symptoms.

Despite the growing body of literature on depression and its cognitive and emotional regulation strategies, the simultaneous role of Self-blame and rumination in predicting emotional suppression among students with depressive symptoms remains underexplored. Most domestic studies have focused on the efficacy of therapeutic interventions or the individual relationships between these variables and depression. Meanwhile, international research has predominantly been conducted on clinical populations or the general public. Consequently, it remains unclear how much unique variance Self-blame and rumination contribute to the prediction of emotional suppression in students experiencing depressive symptoms. This research gap underscores the necessity of the present study. Accordingly, the current research was conducted to investigate the relationship between Self-blame, rumination, and emotional suppression in students with depressive symptoms.

2. Methods

The methodology of the study, including the research design and sampling, instruments, and data collection procedure, is described below.

2.1. Research Design, Population, and Sampling

The present study is applied research, utilizing a descriptive-correlational design to examine the relationships between the variables. The statistical population consisted of master's students enrolled at Afaq University, Urmia, during the 2023-2024 academic year. Based on the recommendation that correlational studies should maintain a minimum sample size of 50 participants (Delavar, 2025), a sample of 60 students was selected using a purposive sampling technique.

The inclusion criteria for participants were a high score on the Beck Depression Inventory (BDI) and the absence of other psychiatric disorders, such as anxiety, as verified through academic and clinical record reviews. Conversely, the exclusion criteria included the presence of comorbid psychiatric disorders (e.g., anxiety) and non-cooperation during the data collection process.

2.2. Instruments

The following instruments were used to assess the study variables and collect the required data.

Beck Depression Inventory-II (BDI-II)

Originally developed by Aaron Beck (1996), this 21-item self-report inventory assesses various dimensions of depression. Each item is scored on a 4-point Likert scale ranging from 0 to 3. The scale comprises five subscales: affect (2 items), cognition (11 items), overt behavior (2 items), somatic symptoms (5 items), and interpersonal symptoms (1 item). Total scores range from 0 to 63, where higher scores indicate increasing severity of depressive symptoms. While the original version reported reliability and validity coefficients exceeding 0.92 (Beck, 1996), the Persian version has also been validated in previous studies. For instance, Ataei et al. (2012) reported a test-retest reliability of 0.81 after a one-week interval and a correlation coefficient of 0.61 with the Beck Anxiety Inventory.

Weinberger Adjustment Scale (WAS)

Originally designed by Weinberger (1971), this instrument consists of 84 items across 10 subscales. It is designed to evaluate long-term functioning in both clinical and non-clinical populations. The scale measures three primary constructs: *Distress* (comprising anxiety, depression, low self-esteem, and low well-being; 29 items), *Self-Control* (comprising anger/aggression suppression, impulse control, consideration of others, and responsibility; 30 items), and *Defensive States* (comprising suppressive defense and denial of distress; 22 items). Responses are recorded on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Regarding psychometric properties, Weinberger (1971) reported Cronbach's alpha coefficients of 0.91, 0.87, 0.75, and 0.89 for distress, self-control, denial of distress, and suppressive defense, respectively. In Iran, by Parnian Khooy (2025) with an alpha of 0.79. In the present study, the Cronbach's alpha for this scale was 0.81.

Cognitive Emotion Regulation Questionnaire (CERQ)

Developed by Garnefski et al. (2007), this 36-item self-report instrument utilizes a 5-point Likert scale (ranging from 1: *never* to 5: *always*). The scale evaluates nine cognitive strategies: self-blame, acceptance, rumination, positive re-focus, planning, positive re-appraisal, catstrophizing, and other-blame. Garnefski et al. (2007) reported robust validity and reliability, with Cronbach's alpha coefficients for the subscales ranging from 0.71 to 0.81. The Persian version was validated by Ashori et al. (2007), who reported high reliability coefficients

2.3. Procedure

Following the acquisition of necessary institutional approvals, the researcher visited Afaq University and identified students exhibiting depressive symptoms through purposive sampling and the Beck Depression Inventory. Subsequently, the Emotional Suppression and Cognitive Emotion Regulation questionnaires were administered to the 60 selected participants. Participants were informed that their responses would remain strictly confidential, and written informed consent was obtained from all individuals. Once the data were collected, they were analyzed using Pearson correlation coefficients via SPSS version 26, with the significance level set at α=0.05.

3. Results

The demographic characteristics of the participants are summarized as follows: Regarding gender, females accounted for 76.7% (n=46n = 46n=46) of the sample, while males represented 23.3% (n=14n = 14n=14). In terms of marital status, 48.3% (n=29n = 29n=29) of the participants were single, and 51.7% (n=31n = 31n=31) were married. The age distribution indicated that the majority of participants were in the 24–29 age group, whereas the least frequent age group was 41 years and older. Regarding employment status, 55% (n=33n = 33n=33) of the students were employees, 23.3% (n=14n = 14n=14) were self-employed, and 21.7% (n=13n = 13n=13) were unemployed.

Table 1

Descriptive statistics of the study variables

Variable	Mean	SD
Self-blame	48.51	11.40
Rumination	17.63	32.83
Emotional Suppression	28.54	12.95

Table 1 shows the mean and standard deviation of the study variables

Table 2

Correlation matrix of the study variables

Variable	1	2	3
1. Self-blame	1		
2. Rumination	0.40**	1	
3. Emotional Suppression	0.33**	0.48**	1

**P<0.01

Table 2 demonstrates significant positive correlations among the study variables. Specifically, a significant positive relationship was observed between self-blame and rumination ($p<0.01p < 0.01p<0.01$). Furthermore, self-blame was positively correlated with emotional suppression ($p<0.01p < 0.01p<0.01$). Finally, a significant positive correlation was also found between rumination and emotional suppression ($p<0.01p < 0.01p<0.01$).

4. Discussion

The findings of the present study indicate that self-blame and rumination are positively associated with emotional suppression in students at risk of depression. These results are consistent with previous research, including studies by Parnian Khooy et al. (2025), Rahimi and Asghari (2024), Gharadaghi (2023), Dadfarnia et al. (2020), Dadfarnia et al. (2020), Badan Firoz et al. (2017), Scott et al. (2015), Garnefski and Kraaij (2007), and Watkins (2008).

The current findings can be interpreted within the framework of emotion regulation models and cognitive theories of depression. According to the Process Model of Emotion Regulation, cognitive and emotional strategies operate at various stages of emotional processing. When primary, adaptive strategies—such as cognitive reappraisal—fail, individuals often resort to more reactive and maladaptive strategies, such as emotional suppression (Gross & John, 2003).

In this context, self-blame, as a maladaptive cognitive emotion regulation strategy, involves a persistent focus on personal flaws and the attribution of negative events to oneself. This process intensifies feelings of guilt and shame while diminishing self-esteem. Such heightened negative affect increases an individual's tendency to avoid expressing emotions in social contexts, thereby elevating the likelihood of employing emotional suppression. Previous research has established that negative self-oriented strategies, such as self-blame, are closely linked to increased emotional distress and depressive symptoms (Garnefski & Kraaij, 2007; Aldao et al, 2010).

Similarly, rumination is one of the most potent factors in the maintenance of depression, trapping individuals in a cycle of repetitive negative thinking. This process diminishes the capacity for adaptive emotional processing, leading individuals to rely on external emotion control rather than problem-solving or cognitive reappraisal. According to Response Styles Theory, rumination intensifies negative affect by increasing focus on the consequences and causes of adverse events, subsequently driving individuals toward avoidant coping mechanisms, such as emotional suppression (Nolen-Hoeksema et al, 2008; Watkins, 2008).

From the perspective of the emotion regulation model, emotional suppression occurs during the late stages of the emotion regulation process. It is activated when an individual lacks the cognitive resources or capacity for effective regulation during the earlier stages. Consequently, individuals with high levels of self-blame and rumination—due to constant cognitive engagement and intense negative affect—are more likely to utilize emotional

suppression as an immediate, albeit maladaptive, strategy to manage the social consequences of their emotions Gharadaghi (2023).

In summary, self-blame and rumination facilitate the use of avoidant strategies like emotional suppression by increasing negative self-awareness, intensifying unpleasant emotions, and reducing cognitive regulation capacity. This process, in the long term, may lead to the persistence of depressive symptoms and a decline in psychological adjustment.

The present study has several limitations that should be considered when interpreting the findings. First, the reliance on self-report measures for data collection is a notable constraint. Given that the variables under investigation—self-blame, rumination, and emotional suppression—are internal cognitive and emotional processes, participant responses may be subject to response biases, social desirability, or a lack of complete self-awareness regarding their internal states. Second, the study utilized a cross-sectional design. Consequently, the relationships between the variables were examined at a single point in time, which precludes definitive causal inferences. Therefore, the findings should be interpreted as correlations rather than causal links between self-blame, rumination, and emotional suppression. Third, the sample was restricted to university students exhibiting depressive symptoms, which may limit the generalizability of the findings to other age groups, non-student populations, or individuals with varying levels of depression severity. Building upon these limitations, future research should consider employing longitudinal designs to track the directional and causal relationships among self-blame, rumination, and emotional suppression over time, thereby clarifying the predictive role of each variable more precisely. Furthermore, replicating this study with clinical samples, adolescents, and the general population would enhance the generalizability of these findings and help elucidate how these cognitive-emotional patterns function across diverse groups. Finally, it is recommended that future studies investigate the role of potential mediating and moderating variables, such as psychological flexibility, self-esteem, adaptive emotion regulation, and social support, to develop more comprehensive models of the processes underlying depression.

5. Conclusion

In conclusion, the findings suggest that self-blame and rumination, through increasing negative cognitive engagement and reducing emotional flexibility, serve as precursors to the use of maladaptive emotion regulation strategies, specifically emotional suppression. This pattern underscores the necessity of integrating cognitive processes with emotional interventions in the prevention and treatment of depression-related issues among university students.

Acknowledgements

The authors gratefully acknowledge the cooperation of the nursing administration offices and all nurses who participated in this study.

Conflict of interest

The authors declare that there is no conflict of interest

References

Aldao, A., Nolen-Hoeksema, S., & Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical Psychology Review, 30*(2), 217–237. https://doi.org/10.1016/j.cpr.2009.11.004

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Ashori, M. , Ghasemzadeh, S. and Safarpour, F. (2020). Investigating Psychometric Properties of the Persian Version of Behavioral Emotion Regulation Questionnaire. *Psychology of Exceptional Individuals, 10*(38), 117-142. https://jpe.atu.ac.ir/article_12104.html?lang=en

Ataei,B , Javadi,A A , Salehi,M , Mortazavi,R , Kassaian,N , Babak,A , Nokhodian,Z and Ataei,M . (2012). Relative Frequency of Depression and Anxiety in Chronic Hepatitis C Pa-tients. *Journal of Isfahan Medical School*, *29*(165), 2208-2220. https://jims.mui.ac.ir/article_13617.html?lang=en

Badan Firoz A, Makvand Hosseini S, Mohammadifar M A. (2017). The relationship of emotion regulation with depression and anxiety symptoms of university students: The Mediating Role of Mindfulness. *Shenakht Journal of Psychology and Psychiatry; 4* (2) :24-38 http://shenakht.muk.ac.ir/article-1-269-en.html

Beck A.t, Steer R.A. (1996). *manual for the beck depression inventory. san antonio, tx: the psychological corporation*. www.doi:10.1207/s15327752jpa6703_13

Dadfarnia S, Hadianfard H, Rahimi C, Aflakseir A. (2020). Predicting Depression Based on Cognitive Emotion Regulation Strategies. *The Journal of TOLOO-E-BEHDASHT.; 19* (1) :32-47. https://tbj.ssu.ac.ir/article-1-2947-en.html

Delavar, A. (2025). *Research Methods in Psychology and Educational Sciences*. Tehran: Ravan Publication. (In Persian).

Garnefski, N., & Kraaij, V. (2007). The Cognitive Emotion Regulation Questionnaire: Psychometric features and prospective relationships with depression and anxiety in adults. *European Journal of Psychological Assessment, 23*(3), 141–149. https://doi.org/10.1027/1015-5759.23.3.141

Gharadaghi, A. (2023). Investigating the Effect of Painting Therapy on Alexithymia and Emotional Suppression in Students. *Journal of Modern Psychological Researches*, *18*(69), 205-210. https://psychologyj.tabrizu.ac.ir/article_13461.html?lang=en

Gross, J. J., & John, O. P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology, 85* (2), 348–362. https://doi.org/10.1037/0022-3514.85.2.348

Nolen-Hoeksema, S., Wisco, B. E., & Lyubomirsky, S. (2008). Rethinking rumination. *Perspectives on Psychological Science, 3*(5), 400–424. https://doi.org/10.1111/j.1745-6924.2008.00088.x

Parnian Khooy M, Basharpoor S, Atadokht A, Mikaeili N. (2025). A model of vulnerability to addiction in adolescents based on affective-emotional temperaments with the mediating role of sensitivity to rejection. Journal of Child Mental Health; *12* (2) : 7 http://childmentalhealth.ir/article-1-1522-en.html

Rahimi, F. and Asghari, A. (2024). Comparing the Effectiveness of Metacognitive Therapy and Compassion-Based Therapy on Emotional Suppression and Self-Disclosure in Adolescents with Depression. *Journal of Modern Psychological Researches*, *18*(72), 135-143. https://psychologyj.tabrizu.ac.ir/article_17344.html?lang=en

Scott, L. N., Pilkonis, P. A., Hipwell, A. E., Keenan, K., & Stepp, S. D. (2015). Non-suicidal self-injury, suicide attempts, and emotional processes among adolescents: A systematic review. *Clinical Psychology Review, 54*, 25–44. https://doi.org/10.1016/j.comppsych.2014.12.011

Taheri A, Marashi S A, Hamid N, Beshlideh K. (2022). The Effectiveness of Compassion-Focused Therapy on Psychological Well-Being and Meaning in Life of Mothers of Children With Intellectual and Developmental Disorders. *Iranian Journal of Psychiatry & Clinical Psychology; 28* (1) :20-33. https://ijpcp.iums.ac.ir/article-1-3308-en.html

Watkins, E. R. (2008). Constructive and unconstructive repetitive thought. *Psychological Bulletin, 134*(2), 163–206. https://doi.org/10.1037/0033-2909.134.2.163

Weinberger, D. A. (1971). *Social – emotional adjustment in older children and adults: Psychometric properties of the Weinberger Adjustment Inventory.* Case Western Reserve University, Cleveland. http://www.selfdefiningmemories.com/WAI_Scoring_Manual.pdf

World Health Organization. (2023). *Depression*. https://www.who.int/news-room/fact-sheets/detail/depression