

Negative Affect as Mediator on the Relationship between Shame and Depression

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Abstract. This cross-sectional study designs to examine the mediator of the negative effect on the relationship between shame and depression. The participants comprised 344 university students, consisting of 119 males and 225 females. A technique of systematic random samples was used to collect the data. Data were collected by using three standardized questionnaires: Other as Shamer scale to measure shame, Negative affect and Positive affect scales to measure negative affect, and General Health Questionnaire to measure depression. Results showed that negative affect and shame were modestly correlated to depression. Multiple regression analysis has shown that negative affect partially mediated the relationship between shame and depression. The Sobel test confirmed the mediation effect of negative affect on the relationship between shame and depression. Discussion was focused in terms of social contexts.

Keywords: Negative Affect, Shame, Depression, Mediator.

1. Introduction

Depression is the most common mental disorder and is treatable. In Malaysia, the prevalence rates of depression are significantly comparable with Western countries [1]. Social researchers suggested that socio-demographic factors (e.g., age, marital status, low income, jobless), stressful life events (e.g., divorced, separated) and personality disorders are all risk factors of depression [2; 3; 4; 5]. In most cultures, twice as many females experience depression [6]. Marital status indicated that separated/divorced/widowed individuals are reported to have significantly higher rates of depression than married individuals [7].

Studies on shame have suggested its link with depression [8; 9; 10], other mental disorders [11; 12], both in clinical and non-clinical settings, and early experiences of abuse [13]. Shame is considered as the social hallmark of depression [14] and components of affect. Shame is defined as “an experience in which the entire self is viewed as bad following a transgression” (p. 438). It is also characterized by feelings of distress arising in response to personal transgression. Shame focuses on one’s self. Shame is evoked by self-evaluation and self-reflection. It also refers to moral emotions. In terms of emotions, shame can range from mild to intense with some feelings of powerlessness, inferiority, helplessness, and self-consciousness. Shame can be categorised into two domains: external shame and internal shame. External shame is evaluation of the self by other people whilst internal shame is evaluation of one’s own self or self-devaluation. Shame can also be seen from different aspects, such as the body image, behaviour or character. However, it is unclear how shame can be linked with negative affect. Shame is expected to be significantly related to negative affect and depression. This perhaps can be done by revealing negative information about the self according to other people’s judgment, which has a great impact on shame, thus increasing the risk of depression.

Negative affect refers to the general dimension of subjective distress, and unpleasurable engagement consists of various aversive mood states (e.g., anger, contempt, disgust, guilt, fear, and nervousness [15]). Negative affect reflects, to some extent, that a person feels calmness and serenity. Negative affect has been reported to be related to stressful life events, anxiety and depression. Therefore, excessive negative affect is likely to increase depression. This means that depression is characterized by high levels of negative affect. The negative affect scale was reported to have shame items, therefore it is expected that shame will be significantly correlated with negative affect. Since negative affect is also considered as an aversive mood state, a high correlation between negative affect and depression is expected.

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Both shame and negative affect are significantly related to depression. High shame is related for instance, to higher social anxiety, to higher fear in interpersonal relationships, to lower emotional well-being, poor adaptation and coping skills. Furthermore, high shame and negative affect are related to the greater severity of depression symptoms. However, studies on meditational effect of negative affect on the relationships between shame and depression are scant. Thus, this study aims to examine the mediation effects of negative affect on the relationship between shame and depression.

2. Method

2.1. Participants

The participants for this study comprised 35% males ($n=119$, $M_{age}=21.13$, $SD=1.34$) and 65% females ($n=225$, $M_{age}=21.23$, $SD=1.6$). No comparison study was made based on gender. The data were obtained from resident students of one public university in Selangor, Malaysia. In terms of ethnicity, 87% ($n=300$) were Malay, 12% ($n=41$) Chinese and others 1% ($n=3$). Most Malays claimed themselves to be Moslems (88%, $n=302$), while the other ethnic groups comprised Buddhists (9%, $n=30$), and Christians (4%, $n=12$). The mean income of participants' parents was RM2090.6, which is considered to be above the poverty line. No comparison was made based on ethnicity and religion.

2.2. Measures

The Positive and Negative Affect Schedule is straightforward items [15]. The PANAS comprises 20 words that are used for measuring feelings and emotions (e.g., distressed, upset, guilty, scared, hostile, irritable). This scale has two subscales: positive affect and negative affect. The ratings were based on a 5-point Likert scale from 1 (very slightly or not at all) to 5 (extremely), to tap feelings and emotions of the participants. Negative affect was calculated in this study. The Cronbach's alpha of this scale was .78. When two items were removed (interested, hostile), the value of Cronbach's alpha was increased (.82). The Cronbach's alpha for negative affect was .81.

The Other as Shamer scale measures external shame [16; 17]. This scale consists of 18 items rated on a five-point scale according to the frequency of evaluations about how others judge themselves, (0 = Never to 4 = Almost always). Items include: 'I feel other people look down on me', 'other people see me as somehow defective as a person' and 'other people always remember my mistakes'. The published internal consistency of Cronbach's alpha was .92. The value of Cronbach's alpha was achieved satisfactorily. The Cronbach's alpha of this scale was .92.

The General Health Questionnaire-30 [18] measures depression symptoms. The GHQ-30 was selected because of its high level of internal consistency as a screening tool for mood disorders and had been tested in Malaysia [1]. The GHQ-30 comprises a set of questions on depressive symptoms over the past few weeks. The items included symptoms, such as loss of sleep, loss of concentration, unhappiness, and depression. The ratings were based on a 4-point Likert scale (better than usual, same as usual, less than usual, much less than usual). The GHQ-30 was tested using Cronbach's alpha and a high coefficient of .92 produced. This indicates a satisfactory internal consistency of the scale items, well above the required .70.

2.3. Procedure

This cross-sectional study employed a technique of systematic random sample to select the participants. Three steps were used: 1) calculate the sampling interval, 2) select a random sample start between 1 and the sampling interval, and 3) repeatedly add sampling interval to select subsequent student residents. The data were distributed using the door-to-door technique. The measures in this study were self-administered, and each participant completed the questionnaire without the other roommates being aware of his or her responses. All participants were given two weeks to complete the questionnaire, and which time the assistant researchers collected them back. The participants received a brief explanation concerning the study and issues of confidentiality. Any questions on the instruments were handled by the principal researcher (PI). The study protocol was considered to be exempt from the university ethics committee.

2.4. Analysis

Pearson correlations were used to examine the correlations between shame, negative affect and depression. Multiple regression analysis and the Sobel test were used to examine mediation.

3. Results

3.1. Descriptive Statistics

The descriptive statistics and bivariate correlations for the studied variables are presented in Table 1. Both the skewness and kurtosis values were found to be within acceptable limits for normal distribution. Depression was significantly correlated with shame and negative affect.

Table 1: Inter-correlations and descriptive statistics for all the variables studied

	1	2	3	M	SD	Skewness	Kurtosis
1 Depression	-			32.28	13.41	.84	.49
2 Shame	.35	-		26.71	12.29	.19	-.48
3 Negative affect	.44	.34	-	24.74	7.14	.35	.20

Note: All correlations are significant at the .001 level.

3.2. Baron and Kenney's Steps of Mediation Analysis

To test the mediator effects, four criteria must be met [19]. First, the predictor variable (shame) is correlated with the outcome (depression). Second, the predictor (shame) is correlated with the mediator (negative affect). Third, the mediator variable (negative affect) is correlated with the outcome (depression). Fourth, after controlling for the effects of the mediator, the relationships between the predictor and the outcome must be significantly decreased. To test this, a series of three regressions were conducted. First, the negative affect was regressed on shame ($\beta=.34$, $p<.001$). Shame contributed a significant amount of variance to negative effect (11%). Second, depression was regressed on shame ($\beta=.35$, $p<.001$). Shame explained a significant amount of variance to depression (12%). In the third equation, depression was simultaneously regressed on both shame ($\beta=.22$, $p<.001$) and negative affect ($\beta=.37$, $p<.001$). Finally, the regression model contributed a significant amount of variance to depression (24%).

The Sobel test was used to examine the mediation effect. The analysis of mediation effects of negative affect on the relationship between shame and depression are presented in Fig. 1. In line with Baron and Kenny, mediation is said to have occurred when (1) the independent variable (shame) significantly affects the mediator (negative affect), (2) the independent variable (shame) significantly affects the dependent variable (depression) in the absence of the mediator (negative affect), (3) the mediator (negative affect) has a significant unique effect on the dependent variable (depression), and (4) the effect of the independent variable (shame) on the dependent variable (depression) shrinks upon the addition of the mediator (negative affect) to the model.

As shown in Fig. 1, the beta weight when shame was regressed alone on depression was .37. The beta weight decreased from .37 to .24 when the negative affect was added into the equation. The Sobel test revealed that the negative affect significantly mediated the relationship between shame and depression ($z=4.98$, $p<.001$). According to Baron and Kenny (1986), full mediation obtains when the predictor (shame) has no significant effect on the outcome (depression) when the mediator (negative affect) is controlled. Therefore, these results indicated that negative affect only partially mediated the relationship between shame and depression.

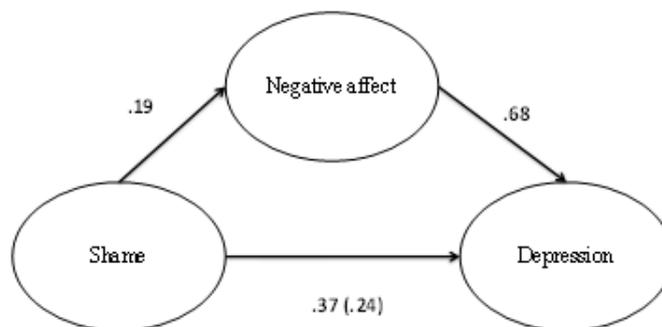


Fig. 1. Model of the meditational of negative effect in the relationship between shame and depression; the values in parentheses in the increased correlation coefficient when the mediator is present

4. Discussion

This study aims to examine the mediation effects of negative affect on the relationship between shame and depression. The results revealed that negative affect was partially mediated on the relationship between shame and depression. This is shown by a reduction of the regression coefficient value when negative affect was added into the model. A path analysis, as recommended by Baron and Kenny (1986), was carried out to test the mediation effect of the negative affect on the relationship between shame and depression. It was found that even though negative affect mediated the impact of shame on depression to a degree, shame was still significantly related to depression after controlling for the mediating influence of negative affect. It can be concluded that shame is a key determinant and that negative affect mediates its effect on depression.

The mediating role of negative affect, even if partial, is remarkable and revealing of the possible relation between shame and depression. In fact, negative affect reflects the present and current emotions, not the intensity but emphasises on its frequency. This explains that experience of negative affect is linked to the perception of criticism, put-down, and negative life events and that the expressive of negative affect evokes shame, withdrawn behaviour, hostility and anger, thus perpetuating depressive symptoms. This explains the cognitive processes in terms of judgment. If judged as potentially disgraceful/shameful, negative affect will follow and lack of coping strategies exacerbate the negative affect. In relation to cognitive theories, shame is precipitated by a negative evaluation of the self as a whole. Shame is also activated in the increasing of negative affect [20], which, in turn, will promote disengagement of individuals in social activities.

Clearly, the main concern arises in the use of student samples; therefore, the findings cannot be generalized to more clinical populations, psychopathological processes, or general populations. It is suggested that a replication study be carried out among general populations to see if the impact of shame on depression is mediated by other risk factors, such as insecure attachment styles. However, these findings suggested the importance of the relationships between shame, negative affect and depression. As noted, the association between shame and depression is only partially mediated by negative affect. Future research may study external shame and internal shame in relation to depression, mediated by insecure attachment style and self-other blame. Studies could further explore the roles of insecure style and self-other blame as the most crucial themes that spirals a person's emotions and personality.

5. References

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