Depression Symptomology in Men: A Moderation Analysis of Shame Proneness and Financial Difficulty

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Shame is an aversive emotion central to men's depressive experiences. Determination of key moderator variables in this relationship may assist to identify men at elevated suicide risk. In the context of the global financial crisis, the current study explored the effects of serious financial difficulty on the relationship between internalised shame and depressive symptomology. Longitudinal data were analysed from 120 males at Time 1, and again 15 weeks later. Results indicated significant proximal and distal effects. Shame-prone men experiencing high levels of financial difficulty were at elevated risk of depressive symptoms at Time 2. Findings are consistent with self-discrepancy theory, and implications are discussed within the context of traditional gender role expectations and help seeking.

Key Words: Men, depression, shame, financial difficulty, gender role expectations

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Editor's Note: This edition of New Male Studies is dedicated to the late Barry Fallon (July 14, 1943-June 26, 2013). The following tribute is by his colleague, Simon Rice.

One of Barry Fallon's last contributions was as co-author of an article appearing in this issue, "Depression Symptomatology in Men." Barry served as Honorary Professor of Psychology at Deakin University, Melbourne. As a psychologist and academic, he made a career-long contribution to the profession, his discipline, and the fields of research he pursued. While Barry occupied significant positions with the Psychology Board of Australia and the Australian Psychological Society, his passion was research. His interests were broad, spanning men's mental health, gender and masculinity, adaptive change, relationship functioning, job satisfaction, spirituality, and help seeking. He was an outstanding thinker, ceaselessly providing fresh insights into research findings. Perhaps most important, he was committed to the development of others, and was forever encouraging and supportive. He cared little for status, but deeply valued relationships with his family, friends, and networks of peers, colleagues and students. Barry leaves a significant legacy, having played a central role in the training and development of practitioners and researchers over four decades. He is missed by many. *Vale* Barry.

Shame is an aversive emotion involving feelings of inferiority and powerlessness (Tangney, Miller, Flicker, & Barlow, 1996) and is characterised by negative self-evaluation that one's defective self will be displayed to others (Tangney, 1995). Amongst men, shame has been found to precipitate maladaptive behaviours (Jennings & Murphy, 2000), symptoms of depression (Mahalik, 2008), and suicide attempt (Kolves, Ide, & De Leo, 2011). Despite clinical literature conceptualising shame as central to men's depressive experiences (e.g., Osherson & Krugman, 1990; Rabinowitz & Cochran, 2008; Scheff, 2001, 2009) empirical studies are yet to adequately evaluate the role of shame in the aetiology of depressive symptomology (Kim, Thibodeau, & Jorgensen, 2011), or in the treatment of mental health problems in men (Addis & Cohane, 2005). Given men's suicide rates remain alarmingly high – four times those of women's (Centres for Disease Control and Prevention, 2010), focussed study of factors related to men's depression and suicide risk remains of critical social and clinical importance (Rutz & Rihmer, 2009).

Shame is theorised to result from discrepancy between one's actual self and one's idealized self, and is elicited upon failure to meet internalized cultural or peer group standards (Krugman, 1995). According to self-discrepancy theory (Higgins, 1987), failure to match the ideal state that one believes significant others hope that one will attain is expected to result in significant loss of esteem (thus promoting feelings of shame), while failure to match the ideal state that one holds for oneself is expected to result in unfulfilled hopes or wishes, leaving one vulnerable to depression. It has been hypothesised that men's affective experiences of shame may be linked to failure to achieve male gender role norms such as achievement (Wright, 2011) financial success (Springer & Mouzon, 2011) and financial status (Axelrod, 2003; Evans, Frank, Oliffe, & Gregory, 2011). Work tends to be intrinsically related to men's identity and self-worth (O'Neil, 2008), with men reporting stronger feelings regarding the link between their income and success than do women (Deutsch, Roksa, & Meeske, 2003; Dyke & Murphy, 2006).

Within recent years the global financial crisis (GFC) has generated a noticeable increase in serious mental health problems amongst some groups of men (Konodo & Oh, 2010; Verick, 2009; Wang et al., 2010). For men, socioeconomic variables such as unemployment and financial difficulty have been identified as key risk factors for depression and suicidal ideation (Alston, in press; Hudd et al., 2000; Montgomery, Cook, Bartley, & Wadsworth, 1990), with men who adhere to norms of financial success and achievement more likely to experience depressive symptoms immediately following unemployment (Syzdek & Addis, 2010). Furthermore, the ongoing effects of the GFC are expected to result in continued elevated rates of depressive disorders (Dunlop & Mletzko, 2011) and suicide risk/attempt in males (Pitman, Kryinska, Osborn, & King, 2012). For some men, failure in meeting or maintaining financial achievement within the work domain may precipitate feelings of failure and a heightened state of self-discrepancy (e.g., O'Neil, 2008). Such self-discrepancy may in turn reflect a differential between one's idealised self and one's actual self, thus exacerbating feelings of shame that may impede help seeking (e.g., by promoting secrecy and reducing likelihood of accessing social support).

The present exploratory study sought to provide preliminary data on the relationships between internalised shame and serious financial difficulty in the expression of men's depressive symptomology. A moderation effect (shame × financial difficulty) was predicted to show higher depression scores in men reporting greater shame proneness and high levels financial difficulty compared to men reporting high shame proneness but low levels financial difficulty. This effect was expected to increase as men's awareness of self-discrepancy increased over time.

Method

Participants

Data were analyzed from 120 males (mean age = 38.73 years, SD = 14.77). Cases used for analysis provided complete data at both time points with a 60.99% attrition rate. Whilst relatively high, such attrition rates can be expected in community longitudinal studies (e.g., Khadjesari et al., 2011).
A total of 30.8% of the sample was married. A total of 67.5% of the sample were from a metropolitan area, 20.0% regional and 12.5% rural. A total of 64.1% earned under $50,000, 28.2% between $51,000 and $100,000, and 7.7% above $100,000. A total of 22.7% finished formal education prior to graduating high school, 19.2% graduated at high school, 17.5% had a trade qualification, 30.8% had an undergraduate degree, and 16.7% had a postgraduate degree. A total of 42.0% were working full time / part time, 20.8% studying, 4.2% job seeking, 16.7% identified as other (e.g., retired, incapacitated, stay at home dad). A total of 38.3% of the sample indicated they had received a previous diagnosis of depression.

Measures

Serious financial difficulty was assessed using the Stressful Life Events Checklist (SLEC; Costello & Devins, 1988). The SLEC comprises 22 severe life events to which participants respond in the context of the previous three months where; 0 = NA, 1 = minor stress caused, 6 = major stress caused. The present study utilised the single SLEC item 'Serious financial difficulties' as the moderating variable. As the SLEC requires respondents to identify particular life events, it is not amenable to conventional reliability analysis. However, items from the SLEC have been successfully used in previous research to identify males at risk of psychological distress (e.g., Magovcevic & Addis, 2008; Nazroo, Edwards, & Brown, 1997).

Shame was assessed by an abbreviated version of the Experiences of Shame Scale (ESS; Andrews, Qian, & Valentine, 2002). Three ESS items were utilised; 'Have you felt ashamed of the sort of person you are?', 'Have you worried about what other people think of the sort of person you are?', and 'Have you tried to conceal from others the sort of person you are?'. These items were selected as they best conceptualised global self-perception of shame. Items referred to the previous 12 months. Responses reflected 1 = not at all, 4 = very much. Previous research has demonstrated the factor structure validity and psychometric properties of the ESS (e.g., Qian, Andrews, Zhu, & Wang, 2000). To ensure construct validity for the present study, principal components analysis was undertaken on the abbreviated ESS, indicating a unifactorial scale structure at both Time 1(1 factor accounting for 82.64% of scale variance) and Time 2 (1 factor accounting for 76.71% of scale variance).

Depression was assessed by the Patient Health Questionnaire (PHQ-9; Kroenke, Spitzer, & Williams, 2001). The PHQ-9 corresponds to the DSM-IV diagnostic criteria for Major Depressive Disorder and assesses symptoms over the previous 2 week period (e.g., 'Feeling down, depressed, or hopeless'). Participants endorse their responses on a four-point scale; 0 = not at all, 3 = almost every day. The PHQ-9 has high sensitivity and specificity in comparison to clinical interview (e.g., Lowe, Kroenke, Kerzog, & Grafe, 2004; Richardson et al., 2002).

Procedure

Human Research Ethics approval was obtained for the project. All data were collected online. Participants were recruited via online advertisements displayed to Australian members of the Facebook social networking site. These advertisements appeared as banner ads on potential participants facebook pages. All responses were provided anonymously. All participants were 18 years of age and above. Participants were made aware that their consent to participate could be withdrawn at any

stage prior to submission of data.

At Time 1 (T1), participants provided data on basic demographics, serious financial difficulty (with regard to the previous three months), and internalised shame and depression. At the conclusion of the questionnaire participants were invited to provide email addresses. At week 12, a bulk email invitation was sent inviting participants to complete the Time 2 (T2) measures (shame and depression). At week 13, a final combined thank-you and reminder email was sent. On average, 15 weeks (mean = 102.81 days, SD = 7.12 days) elapsed between the provision of data at T1 and T2.

Results

Data were screened for univariate and multivariate outliers. Consistent with assumptions of multiple regression, visual inspection of normality plots, P-P plots and predicted versus residual plots indicated normally distributed variables. Scale reliabilities were satisfactory for both the ESS (T1 α = .90, T2 α = .85) and the PHQ-9 (T1 α = .91, T2 α = .91). Means, standard deviations, and Pearson intercorrelations were calculated (see Table 1). Shame scores and financial difficulty scores were significantly correlated with depression at both T1 and T2. Depression scores were equivalent at T1 and T2. Shame scores at T1 were significantly higher than at T2, $F(1, 118) = 44.57$, $p < .001$, $\eta p2 = .117$.

Table 1

Descriptive Statistics and Intercorrelations for the Study Variables

	Descriptive statistic				Pearson correlation				
	M	SD	95%	CI	1.	2.	3.	4.	5.
Time 1									
1. Depression	7.12	6.59	5.85	– 8.22	–				
2. Financial difficulty	2.73	2.22	2.26	– 3.06	.36**	–			
3. Shame	6.42	3.00	5.85	– 6.94	.60**	.20**	–		
Time 2									
4. Depression	6.42	5.99	5.26	– 7.40	.73**	.27**	.43**	–	
5. Shame	5.56	2.53	5.09	– 6.01	.55**	.25**	.64**	.68**	–

** $p < .001$

Prior to undertaking hierarchical regression moderation analysis (see Table 2 for ordering of variables), values were centered (e.g., Frazier, Tix, & Barron, 2004). Model 1 tested for moderation of T1 financial difficulties between T1 shame and T1 depression. Model 2 tested for moderation of T1 financial difficulties between T2 shame and T2 depression (e.g., time-lag effect of financial difficulty). As can be seen in Table 2, both T1 shame and T1 financial difficulty (but not their interaction) were significant predictors of T1 depression.

Providing partial support for the hypothesis, Table 2 indicates that moderation was achieved for Model 2, but not model 1. Consistent with prediction, and indicative of a significant difference between the regression slopes, the Model 2 interaction of T2 shame and T1 financial difficulty predicted a small (2.5%), but statistically significant ($p = .017$), increase in predicted T2 depression variance.

Table 2

Summary of Moderation Analysis

Variables	B	SE B	β	ΔR2
Model 1 (T1 Depression)				
Step 1				.38***
Constant	7.02	.47		
Shame (T1)	3.72	.48	.57***	
Financial difficulty (T1)	1.29	.47	.20**	
Step 2				.02
Shame × financial difficulty	.87	.44	.15	
Model 2 (T2 Depression)				
Step 1				.48***
Constant	6.21	.40		
Shame (T2)	3.87	.42	.66***	
Financial difficulty (T1)	.41	.41	.13	
Step 2				.03*
Shame × financial difficulty	.91	.38	.17*	

Model 1: Dependent variable = T1 depression. Model 2: Dependent variable = T2 depression * p < .05, ** p < .01, *** p < .001. Variables were entered in the order as specified in the table.

A test of simple slopes for Model 2 was undertaken. Testing the statistical significance of regression slopes enables examination of the relationship between the predictor (e.g., shame) and the outcome (e.g., depression) at specific values of the moderator variable (e.g., financial difficulty) (Frazer, Tix, & Barron, 2004). The test of simple slopes indicated that regression slopes for those reporting low financial stress (e.g., 1 SD below the mean) and those reporting high financial stress (e.g., 1 SD above the mean) were both significantly different from zero, and that the slope for those reporting high financial stress (b = 4.79, t = 8.91, p < .001) was significantly steeper than the regression slope for those reporting low financial stress (b = 2.96, t = 5.16, p < .001). The relationship between shame and depression was both positive and significant at low and high levels of financial stress. Furthermore, figure 1 shows how financial difficulty moderated the relationship between shame and depression (e.g., financial difficulty exacerbated the relationship between high shame proneness and depression, but had little effect for low shame prone individuals).

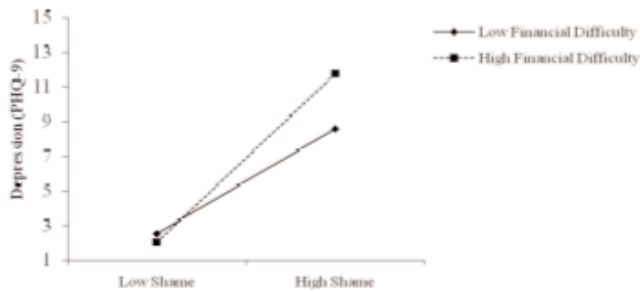

Figure 1. Regression slopes for the relationship between shame and depression as moderated by financial difficulty (Model 2).

Discussion

The current study investigated whether experiences of significant financial difficulty interact with internalized shame to place shame-prone men at heightened risk of depressive symptomology. Results indicated that both T1 shame and T1 financial difficulty (but not their interaction) were significant predictors of T1 depression, and that moderation occurred when T2 depression was used as the outcome variable. Moderation failed to occur when immediate effects were analyzed (e.g., Model 1), despite higher shame scores at T1 compared to T2. Hence, while serious financial difficulty may co-occur with higher immediate shame experiences, the flow on effect to depressive symptomolgy may take some weeks to occur.

The present findings are broadly consistent with self-discrepancy theory (Higgins, 1987). Shame is a highly aversive emotion yielding preoccupation with one's own personal distress, and disparity with an idealized self (Kim, Thibodeau, & Jorgensen, 2011; Tangney & Dearing, 2002). In the case of financial difficulty, awareness of the discrepancy between the actual and idealized self may become greater (and possibly more aversive) over time, possibly due to a gradual realization of changed financial circumstance (e.g., defaulting on loan repayments, threats of repossession, inability to maintain prior lifestyle) and/or difficulty re-entering the labour force (e.g., rising unemployment).

The present findings also align with reports of worsening mental health in some groups of men in the context of the GFC (Konodo & Oh, 2010; Verick, 2009; Wang et al., 2010). Indicative of the strong association between shame and depression (e.g., Kim, Thibodeau, & Jorgensen, 2011), the significant moderation model (e.g., Model 2) accounted for over 50% of the variance in depression scores. While the interaction of shame and serious financial difficulty made only a small contribution towards this, it was nonetheless statistically significant. Analysis of regression slopes indicted that men reporting high shame and high financial difficulty (e.g., one SD above the mean) corresponded to the 'moderate depression' range on the PHQ-9 (Kroenke, Spitzer, & Williams, 2001), while men reporting low shame were likely to fall within the 'minimal depression' range. While further research is required to replicate this effect, for shame prone men the experience of serious financial difficulty may be sufficient to induce a symptomatic depressive state.

Implications

Shame has been implicated in both men's depression and suicide (e.g., Kolves, Ide, & De Leo, 2011), and may contribute to the use of defensive thoughts or behaviours (e.g., denial, substance use) that guard against painful negative self-evaluations (Mahalik, 2008). Interpersonal avoidance and disconnectedness are behavioural markers of shame (Dorahy, 2010), and these factors further impede adaptive help seeking for depression (Liu, 2005). Traditional male gender role expectations also dictate that men be stoic, independent, suppress vulnerable emotions and maintain emotional control (e.g., Fields & Cochran, 2011). Unfortunately however, such characteristics place men at higher risk of both depression and suicide, in addition to a range of medical illnesses including heart disease, hypertension and substance abuse disorders (Wilhelm, 2009).

Some researchers have suggested that shame be added to the diagnostic criteria for major depressive disorder (e.g., Kim, Thibodeau, & Jorgensen, 2011). This assertion is supported by clinical literature emphasising the role of shame in men's depression (e.g., Osherson & Krugman, 1990; Rabinowitz & Cochran, 2008; Scheff, 2001, 2009). Given the relatively poor detection rates of depressed and suicidal men (Rutz & Rihmer, 2009), it is possible that the inclusion of shame to diagnostic schedules may aide in improving identification and intervention in otherwise at-risk males. This is an area requiring focussed research attention.

The present findings also beckon comment regarding possible prevention and intervention strategies. Greater community awareness may be generated through appropriate social marketing campaigns targeting men (e.g., Robinson & Robertson, 2010), with a view to ameliorating detrimental health outcomes of serious financial difficulty (e.g., enacting the provision of informal emotional and social support from family, friends, and organisations at crisis times such as unexpected job loss). One such vehicle for this may be the international promulgation of the Men's Shed movement which seeks to deemphasise the deficit view of men, and instead focuses on building men's collective

strengths (e.g., MacDonald, 2011). Other services may be provided by formal outreach programs designed to support men struggling not only financially, but also with the emotional burden of failing to meet internalized gender role standards. Drawing men's attention to some of the harmful aspects of adhering to masculine norms that prioritize, amongst other things, work over relationships (e.g., Wright, 2011) may assist in attenuating idealized notions of financial success in the longer term.

Limitations & Future Research

The present findings must be considered within the context of the study's limitations. The use of convenience sampling in the present study limited the range of experiences of financial difficulty, which in turn was assessed by a single scale item. As the study was exploratory, the chronicity, severity and consequence of the degree of financial difficulty experienced were not assessed. Future research should look to incorporate a ranging socioeconomic sample, and consider interview methodologies to ascertain the subtleties and consequences of serious financial difficulties (e.g., Gorman, 1993). In addition, the present study assessed shame by a subset of items taken from the ESS. Future research drawing on larger samples may seek to differentiate aspects of shame (e.g., state versus trait), and examine group differences related to financial difficulties (e.g., long standing versus acute, those with dependents versus those without). Further, the measure of depression used in the present study was developed as a screening tool only, and does not necessarily indicate diagnosable disorder. Future research should supplement the present findings with structured clinical interviews and assess broader psychosocial consequences of financial difficulty. Data for the present study was collected from an Australian sample and replication of the present findings amongst other economies is warranted.

Conclusion

The current study found that financial difficulty enhanced the relationship between shame and depression for men, but only after a time lag of several months. This time lag may indicate increasing awareness of self-discrepancy related to men's failure to achieve financial status as dictated by masculine norms. While further research is required to determine the relationship between differential aspects of shame and depression, such cognitions of failure, which are likely to be aversive in their own right, appear to result in an escalation of feelings of dejection and depression amongst shame prone men in the longer term. Further research is warranted into community based interventions that can effectively support men at such times of crisis.

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