Using a Moderation Model to Assess the Relationships Between Shame, Blaming Others,

Forgiveness, and Depression

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We have no known conflict of interest to disclose.

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Abstract

This paper aims to examine the relationship between shame-proneness and forgiveness and their impact on depression, as well as study whether forgiveness acts as a protective factor against the impact of shame on depression. The study used self-report measures from a sample size of participants ages 18-77 (n=1,275) utilizing the Depression Anxiety Stress Scale (DASS), the Test of Self-Conscious Affect (TOSCA), and the Heartland Forgiveness Scale. (HFS) We hypothesize that forgiveness moderates the relationship between shame proneness and depression. A second hypothesis proposes that the interaction between blaming others and forgiving others moderates the effects of shame on depression. We initially used a Hayes Model 3 to illustrate our hypothesis but then determined that a Hayes Model 2 would be more effective for this study. The outcome shows that shame is associated with increased depression, and that forgiveness can moderate this relationship. These results can inform strategies for clinicians when working with clients who struggle with depression.

Keywords: shame, depression, forgiveness, externalization, moderation

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Forgiveness, and Depression

This article is aimed at informing clinical mental health clinicians and researchers on the related topic of the relationship between shame, blaming others, forgiveness, and depression. The study used self-report measures from a sample size of participants age 18-77 (n=1,275) utilizing the Depression Anxiety Stress Scale (DASS), the Test of Self-Conscious Affect Scale (TOSCA), and the Heartland Forgiveness Scale (HFS).

According to the National Institute of Mental Health, depression impacts people of all ages and stages of life and is one of the most common mental disorders in the United States; symptoms range from mild to severe and can be disruptive to daily life (https://www.nimh.nih.gov/health/topics/depression). Recent studies have demonstrated the strong association of shame to experiencing depressive symptoms (Kim, et al., 2011). However, self-forgiveness may serve as a protective role for those at risk for depression because it is related to self-acceptance and self-compassion, both of which serve as protective factors against depression (Liao & Wei, 2015). Dispositional self-forgiveness is the ability to "abandon self-resentment in the face of one's own acknowledged objective wrong, while fostering compassion, generosity, and love toward oneself" (Carpenter et al., 2016, p. 1). A study by Liao and Wei concluded that higher levels of self-forgiveness result in weak or zero depressive symptoms and that self-forgiveness is considered a personality trait because it remains constant across time and situations (Liao & Wei, 2015). Kim et al., contend that forgiveness is a moral virtue that embodies a more holistic approach to self-forgiveness that includes feelings, thinking, and behavior toward oneself, not simply a psychological construct, and concerns the good of human welfare (Kim, et al., 2022). Conversely, unforgiveness by others, or when a wrongdoer does not

feel forgiven by the person they have wronged, has been associated with depression in later life (Kim, et al., 2022). According to Enright, forgiveness is defined as a "willingness to abandon one's right to resentment, condemnation, and subtle revenge toward an offender who acts unjustly, while fostering the underserved qualities of compassion, generosity, and even love toward him or her" (Enright, 1996, p. 108). And Chung found that a lack of forgiveness is correlated to depressive symptoms, while self-compassion is correlated to decreased depressive symptoms (Chung, 2016). However, it is noteworthy to mention that self-forgiveness is only relevant when there is an awareness of the self-offense; self-forgiveness must originate with an awareness of the wrongdoing and still be chosen in spite of the awareness (Kim, et al., 2022). Self-forgiveness is a process that shifts the focus from self-condemning emotions to self-affirming emotions, lending itself to internal transformation (Kim, et al., 2022).

In their seminal work on distinguishing shame, guilt, and embarrassment, Tangney (1996) found that not only are these emotions different, but they can also lead to different manifestations of emotional and mental health concerns. Shame has been characterized as universal self-criticism and a feeling of being insignificant and this leads to challenging behaviors such as eating disorders (Porter et al., 2018), suicidality (Linn et al., 2022), and depression (Young et al., 2016). As Carpenter et al. (2016) observed, shame proneness negatively correlates with self-forgiveness, and individuals with high self-forgiveness had lower indices of depression. These findings provide evidence to support the inference of a correlation between shame-proneness, forgiveness, and depression.

Of note, experiencing higher levels of shame is associated with increased depressive symptoms (Kim, et al., 2011). A meta-analysis by Kim, et al., (2011) illustrated the strong association of shame to experiencing depressive symptoms, which further supported the findings

that experiencing higher levels of shame are associated with increased depressive symptoms.

This data illustrates the damaging effects of shame and its impact on depression. Conversely,

Zahn et al. (2015) assert that people who externalize their shame by blaming others could have a

lower likelihood of experiencing depressive symptoms. Blaming others is a way to avoid

experiencing negative emotions, and this is found most prevalent in people who have minimal

skills to cope with these emotions (Kaufmann et al., 2022). There has been extensive research on

the connection between shame and depression, but to date there is a lack of agreement among

researchers on how externalizing shame by blaming others impacts one's symptoms of

depression.

In contrast to the harmful effects of shame, forgiveness has the potential to impact these

maladaptive responses and act as a buffer or protective factor (Martinčeková & Enright, 2020).

Though it is multifaceted in nature, forgiveness is neither a state nor a trait that informs the way

that it is measured (Kim & Enright, 2016). A longitudinal study demonstrated that people are

generally more forgiving of others than they are of themselves, and self-forgiveness seems to

improve gradually over time (Krentzman, et al., 2018), which further emphasized that

forgiveness towards self and toward others influence and impact one another (Krentzman, et al.,

2018). Also, Ermer and Proulx (2015) demonstrated in their study how self-forgiveness protected

against external unforgiveness leading to depression.

Callow et al. (2021) focused specifically on how a version of shame, which they termed

external shame, had an effect on emotional and mental health, including both depression and

anxiety. Their results indicate that self-compassion moderated their participants' reports of

anxiety and depression. Self-compassion is also seen to reduce a person's feelings of shame

(Cândea & Szentágotai-Tătar, 2018). This finding is significant due to the lack of evidence

supporting Cognitive Behavioral Therapy, the current benchmark treatment for mental health concerns, in effectively addressing shame. These results suggest that treatment could become more efficacious by integrating components of self-compassion into existing therapeutic frameworks (Cândea & Szentágotai-Tătar, 2018). Furthermore, Mróz and Sornat (2022) described self-compassion as a necessary characteristic for self-forgiveness. They determined a higher degree of self-forgiveness resulted in reduced experiences of shame.

Upon further examination, Kim et al., (2023) suggests that there is a neurological connection between self-forgiveness, shame, and possibly depression. This paper aims to examine the relationship between shame-proneness and forgiveness and their effect on depression, as well as study whether forgiveness acts as a protective factor against the relationship between shame and depression. We hypothesize that forgiveness moderates the relationship between shame proneness and depression. A second hypothesis proposes that the interaction between blaming others and forgiving others moderates the effects of shame on depression.

This Present Study

For this study, we used Hayes' (2022) model 3 to illustrate the hypothesis. This model explains how there is a three-way interaction between two moderators (W and Z) and the independent variable (X) which impacts the dependent variable (Y) (Hayes, 2022). Figure 1 visually represents the hypothesis that a participant's externalization of blaming others impacts their forgiveness, which in turn hypothetically has a more significant impact on the participant's relationship between shame proneness and depression. During the process of analyzing the results from our hypothesis, we determined that using Hayes' model 2 would be more effective. Figure 2 represents this model which separates the three-way interaction into two two-way

interactions using blaming others and forgiveness as independent moderators. Additionally, we

gathered data on the multiple dimensions of forgiveness to understand which had the most

significant impact.
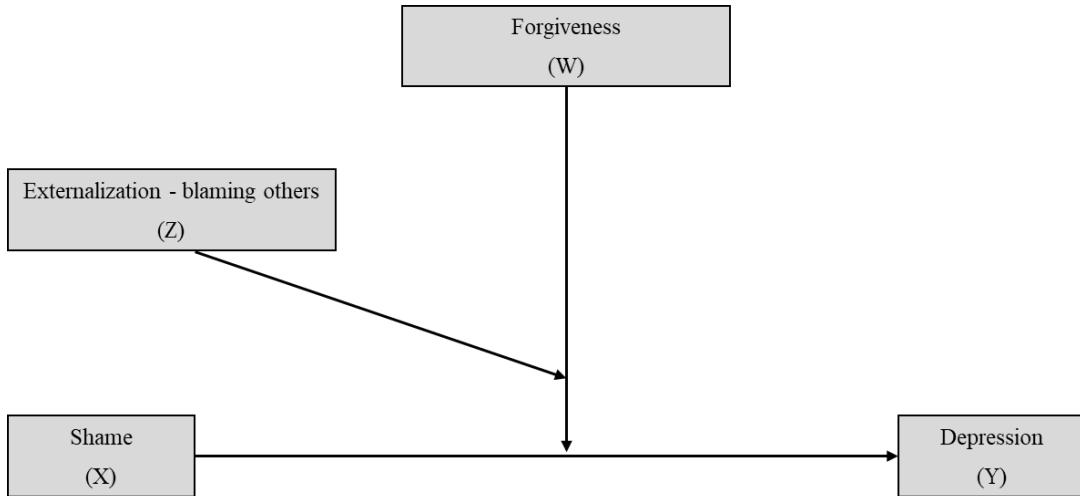
Figure 1. Moderated Moderation Model (Model 3, Hayes, 2022, pp. 346-347) Note. Conceptual

diagram showing the moderated moderation of externalization in the form of blaming others (Z)

and forgiveness (W) on the association between shame (X) and depressive symptoms (Y).
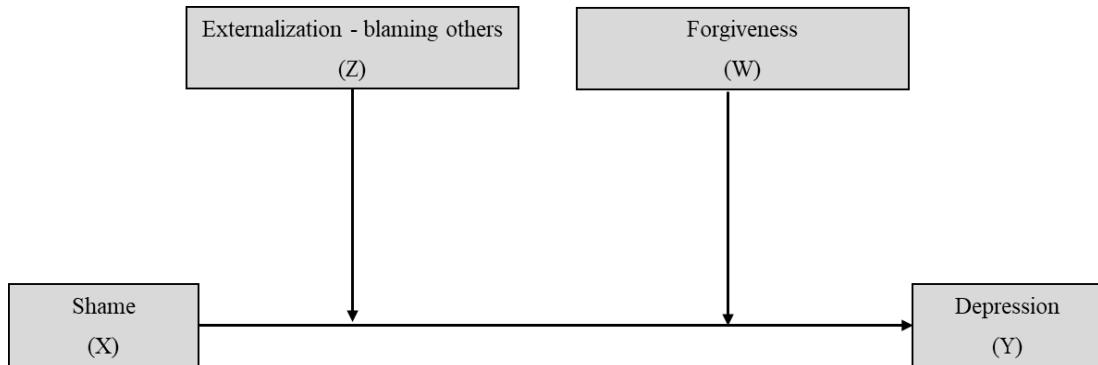
Figure 2. Multiple Moderation Model (Model 2, Hayes, 2022 pp. 346-347) Note. Conceptual

diagram showing externalization in the form of blaming others (Z) and forgiveness (W) as

moderators of the association between shame (X) and depressive symptoms (Y).

Method

Participants and Procedures

The sample for this study was collected in 2018 and recruited through an Amazon Mechanical Turk (MTurk), an online micro tasking site used for clinical research. Participants provided informed consent and completed the survey voluntarily. They were subsequently paid $1.50 for their involvement. The participants were selected from a larger sample of respondents in a wider study including additional measures not employed in the current research. After systematic removal of responses that were incomplete, demonstrated signs of inattentive responding, or multivariant outliers, the final sample sized was 1,275.

The age range of the sample was between 18 and 77 with a mean of 36.68 and standard deviation of 11.773 years. 746 of the sample identified as female (58.5%) with the remainder identifying as male (40.5%) and other (1%). The racial configuration of participants was predominately White (77.7%), with the remaining identifying as African American/Black (8.9%), Hispanic, Latino or of Spanish origin (5.5%), Asian, (5.0%), Other (2.1%), and Native American and Alaska Native (0.5%). Religious affiliation of participants varied with the majority identifying as None (35.8%) followed by Christian, non-denominational (18.2%), Protestant (15.5%), Catholic (14.3%), Other (7%), New age/Wiccan (3%), Jewish (2.4%), and Hindu (1.1%), Buddhist (0.9%), Mormon (0.6%), Muslim (0.6%), and Jehovah's Witness (0.2%), and Taoist (0.2%).

Measures

Depression

The DASS is used to measure depressive symptoms in this model. The DASS is a validated measure that has been compared to the Beck Depression Inventory with a high degree of validity, but it is set apart because it also measures participants' levels of stress (Lovibond & Lovibond, 1995). Its strong construct and convergent validity (Crawford and Henry, 2003) and

proven efficacy in both clinical and general population participants (Taylor et al., 2005) support

its use for this study. The subscale for depression consists of seven items (eg: I felt that life was

meaningless) wherein participants are asked to identify how frequently each occurred over the

past week, 0 (never) to 3 (almost always). The dimensions of depression are the calculation of

the sum of responses multiplied by two and and range from normal (0-9) to extremely severe

(28+) (Lovibond & Lovibond, 1995; Parkitny & McAuley, 2010). Use of the shorter DASS 21 is

proven to mirror the original DASS (Antony et al., 1998) and was used to measure depression

among participants in this study with a Cronbach's alpha of 0.932.

Shame

The Test of Self-Conscious Affect-3 short version (TOSCA) is an instrument designed to

measure an individual's tendency to experience shame. The TOSCA presents respondents with

11 hypothetical scenarios (eg: You break something at work and then hide it."). Within each

scenario, the participant is given four potential responses depicting different emotional reactions

(eg: You would think about quitting; You would think: "A lot of things aren't made very well

these days.") Respondents use a five-point scale that ranges from 1 (not likely) to 5 (highly

likely). Each of the four responses align with a respective subscale in the TOSCA (Tangney et

al., 2000). Measuring shame is more advantageous than guilt, as shame has been shown to have a

positive correlation with psychological symptoms especially those associated with distress and

difficulty coping with one's environment (Tangey et al.,1992). Cronbach's alpha for the shame

scale was 0.796 for this study.

Externalization

The TOSCA, Externalization of Blame subscale (Broerman, 2020) was used to measure

proneness to blaming others. Examples of responses aligned with the blame subscale include:

You would think: "My boss distracted me just before lunch.", You would think: "The instructor doesn't like me.". TOSCA has demonstrated acceptable to good internal consistency across its six indices, and its scenario-based design sets it apart from common adjectival checklists. Tangney and Dearing (2002) reported strong psychometric properties for the externalization subscale through Cronbach's alpha values of .75. Its ability to signify externalization, or inclination to blame others in participants, measures the proclivity of casting blame on others, rather than self (Broerman, 2020). Cronbach's alpha for externalization was 0.785 in this study.

Forgiveness

HFS is a validated measure for participants to rate their ability to forgive themselves and others across various scenarios and over time. The HFS measures forgiveness across dimensions including forgiveness of self, others, and situations. Respondents utilize a seven-point Likert scale ranging from 1 (almost always false of me) to 7 (almost always true of me). A sample item from the forgiveness of self-subscale which measures forgiveness toward oneself for mistakes or wrongdoing is: Although I feel bad at first when I mess up, over time I can give myself some slack. The forgiveness of others scale measures general willingness to forgive those who have caused harm (eg: I continue to punish a person who has done something I think is wrong). In the forgiveness of situations scale one's willingness to let go of negative emotions related to circumstances outside their control is evaluated (eg: With time I am understanding of bad circumstances in my life). Higher scores indicate a higher level of forgiveness within each subscale and the totality of the instrument (Thompson et al., 2005). Within this study, Cronbach's alpha for the subscales of self, others, and situations were 0.799, 0.815, and .818, respectively. The α for the entire HFS measure was 0.898.

Data Processing and Analysis

The Statistical Product and Service Solutions (SPSS, version 29) software macro PROCESS (Hayes, 2022) was used to test the study's hypothesis. (Model 3 enabled analysis of moderating factors (W and Z) on the impact of X to Y.) Descriptive statistics and reliability coefficients for all measures are displayed in Table 1. The DASS exhibited the highest reliability while TOSCA's reliability for shame and externalization were strong. HFS demonstrated ample reliability across its subscales and excellent reliability in totality. These results demonstrate that the instruments used deliver internally consistent measurements suitable for analysis.

Table 1

Internal Consistency Reliability of Measures

Scale	Cronbach's α	N of Items	Mean	Variance	Std. Deviation
DASS Depression	.932	7	5.25	31.659	5.627
TOSCA Shame	.796	11	36.15	68.484	8.275
TOSCA Blaming Others	.785	11	24.40	58.772	7.666
HFS Forgiveness of Self	.799	6	28.22	50.942	7.137
HFS Forgiveness of Others	.815	6	28.37	50.723	7.122
HFS Situations	.818	6	27.96	50.339	7.095
HFS Forgiveness Total	.898	18	84.55	325.455	18.040

Results

Conditional Process Analysis

A conditional process analysis was used to determine the effect of shame, blaming others, and forgiveness on participants' depression. Hayes' (2022, pp. 233-237) moderation model was used to understand how participants' depression was moderated by their tendency to blame others and their forgiveness dispositions based on the focal antecedent of their proneness to shame. Figure 1 represents the use of Hayes' Model 3 where we used HFS Total as the primary moderator and TOSCA blaming others as the secondary moderator (Hayes, 2022, pp. 346-347). Due to reasons stated below, Hayes' Model 2 was subsequently used to analyze the effect of the two moderators individually on the dependent variable, which is depicted in Figure 2.

Description Of Moderation Effects

Table 1 describes how participants' proneness to shame does increase their depression, but the biggest impact on depression is their level of forgiveness which acts as a protective factor to reduce depression *(p=.00)*. Blaming others also increases depression *(p=.030)*, but when correlated with shame there is no significant effect *(p=.396)*. Also, there is no statistically significant three-way interaction between shame, forgiveness, and blaming others (*p=.906*), which led to the decision to use Hayes' model 2 to analyze forgiveness and blaming others as independent moderators (Hayes, 2022, pp. 336-338).

Table 2
Model 3 Moderated Moderation

Source	b	se	t	P	LLCI	ULCI
DASS Depression $R=.510$, $R^2=.260$, $F=83.758$, $p=.000$						
TOSCA-Shame (Shame)	.180	.036	5.015	.000	.109	.250
HFS Total	-.267	.017	-15.353	.000	-.302	-.233
Shame X HFS Total	-.004	.002	-2.473	.014	-.008	-.001
TOSCA-Blaming Others (BO)	.093	.043	2.171	.030	.009	.178
Shame X BO	-.004	.004	-.849	.396	-.012	.005
HFS Total X BO	-.004	.002	-1.792	.073	-.009	.000
Shame X HFS Total X BO	.000	.000	-.118	.906	.000	.000

Table 2 shows the same significant impacts that shame *(p=.00)* and forgiveness *(p=.00)* have on depression as independent variables that Table 1 described. The difference in Table 2 shows that the interaction between shame and blaming others does decrease depression, but the significance *(p=.871)* is even less than Table 1. Tables 3, 4, and 5 depict the impacts of each HFS subscale on depression, illustrating the distinct influences of the various forgiveness dispositions.

Table 3
Simple Moderation with HFS Total

Source	b	se	t	P	LLCI	ULCI
DASS Depression $R=.508$, $R^2=.258$, $F=116.699$, $p=.000$						
TOSCA-Shame (Shame)	.180	.036	5.026	.000	.110	.250
HFS Total	-.262	.018	-14.770	.000	-.297	-.228
Shame X HFS Total	-.005	.002	-2.573	.010	-.008	-.001
TOSCA-Blaming Others (BO)	.100	.039	2.552	.011	.023	.176
Shame X BO	-.001	.004	-.163	.871	-.008	.007

Table 3 illustrates the large effect that self-forgiveness and blaming others both

independently have on reducing depression and they are both statistically significant (*p*=.000).

The effect between self-forgiveness and depression is the most notable out of all three types of

forgiveness in this study. The impact of self-forgiveness is visually represented in Figure 3. The

interaction between shame and self-forgiveness and shame and blaming others is shown to

decrease depression, but the interaction of self-forgiveness and shame is statistically significant

(*p*=.011) while the interaction with blaming others is not (*p*=.826). Table 4 tells us that the

independent effect of participants' ability to forgive others does reduce depression and is

statistically significant (*p*=.000). Conversely, the interaction between shame and forgiveness of

others has a minimal impact on increasing depression, and it is not statistically significant

(*p*=.487). Table 5 describes the unanticipated results that a participants' ability to forgive

situations independently had a large impact on depression, which is also statistically significant

(*p*=.000). Additionally, the interaction between forgiveness of situations and shame also showed

to reduce depression at a lower effect and the result was still statistically significant (*p*=.001).

Table 4
Exploratory Model 2 with HFS Self-forgiveness

Source	*b*	*se*	*t*	*P*	LLCI	ULCI
DASS Depression *R*=.529, *R²*=.280, *F*=120.589, *p*=.000						
TOSCA-Shame (Shame)	.121	.037	3.242	.001	.048	.194
HFS Self-forgiveness (Self)	-.707	.044	-15.958	.000	-.794	-.620
Shame X HFS Self	-.011	.004	-2.534	.011	-.020	-.003
TOSCA-Blaming Others (BO)	.153	.039	3.974	.000	.078	.229
Shame X BO	-.001	.004	-.220	.826	-.008	.006

Table 5
Exploratory Model 2 with HFS Others

Source	*b*	*se*	*t*	*P*	LLCI	ULCI
DASS Depression *R*=.372, *R²*=.138, *F*=61.929, *p*=.000						
TOSCA-Shame (Shame)	.341	.036	9.487	.000	.270	.411
HFS Forgive Others (Others)	-.255	.046	-5.495	.000	-.346	-.164
Shame X HFS Others	.003	.005	.695	.487	-.006	.013
TOSCA-Blaming Others (BO)	.171	.042	4.115	.000	.090	.253

| Shame X BO | .001 | .004 | .153 | .878 | -.007 | .009 |

Table 6
Exploratory Model 2 with HFS Situations

Source	b	se	t	P	LLCI	ULCI
DASS Depression R=.512, R^2=.263, F=108.908, p=.000						
TOSCA-Shame (Shame)	.180	.036	5.008	.000	.109	.250
HFS Forgive Situations (Sit)	-.668	.044	-15.262	.000	-.754	-.583
Shame X HFS Sit	-.013	.004	-3.211	.001	-.021	-.005
TOSCA-Blaming Others (BO)	.117	.039	3.005	.003	.041	.193
Shame X BO	-.002	.004	-.467	.641	-.009	.006

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┌─────────────────────────────┐
│   Forgiveness and Shame     │
│           (XW)              │──── b= -.011 ────┐
└─────────────────────────────┘                  │
┌─────────────────────────────┐                  │
│        Forgiveness          │                  ▼
│           (W)               │──── b= -.7.07 ───┐ ┌──────────────┐
└─────────────────────────────┘                  │ │  Depression  │
┌─────────────────────────────┐   b=.121         │ │     (Y)      │
│          Shame              │──────────────────┤ └──────────────┘
│           (X)               │                  │
└─────────────────────────────┘   b= .153        │
┌─────────────────────────────┐                  │
│ Externalization - blaming others │─────────────┤
│           (Z)               │                  │
└─────────────────────────────┘   b= -.001       │
┌─────────────────────────────┐                  │
│ Externalization - blaming others and │─────────┘
│          Shame              │
│           (XZ)              │
└─────────────────────────────┘
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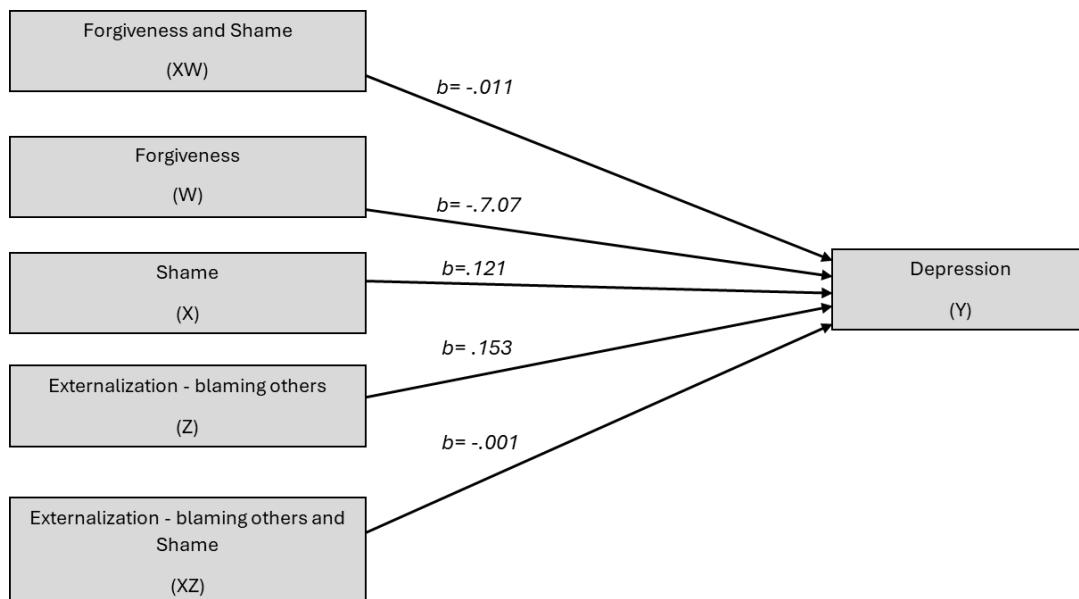
Figure 2. Multiple Moderation Statistical Diagram (Hayes, 2022, pp. 336-338) Note. Statistical

diagram showing externalization in the form of blaming others (Z) and forgiveness (W) as

moderators of the association between shame (X) and depressive symptoms (Y) with each

individual *b* value.

Discussion

The findings of this study confirm our initial expectations that shame has a positive effect

on depression, and that forgiveness can act as a moderator between shame and depression. The

additional hypothesis that there is a three-way interaction between blaming others, forgiveness,

and shame on depression was not supported in this study. This particular result corroborates our previous claims that there is still much to be understood concerning the intersection of blaming others and depressive symptoms. Previous studies have shown the effect that shame has on emotional and mental health issues (Linn et al., 2022; Porter et al., 2018), such as depression (Callow et al., 2021; Kim et al., 2011; Young et al., 2016), and the findings from this present study are consistent with those results. Our results are consistent with previous studies' (Kim et al., 2023; Toussaint et al., 2008) claims of the connection between forgiveness and depression. Additionally, the results of this study are also consistent with Sanchez et al.'s (2019) findings that shame has a significant impact on internalizing behaviors such as depression.

Individuals with high measures of shame often demonstrate a reduced capacity for self-forgiveness (Carpenter et al., 2016; Mróz & Sornat, 2022). Given that shame proneness may inherently limit one's capacity toward self-forgiveness, the current study's findings, that self-forgiveness may serve as a protective factor against depression, are particularly significant. Contrary to Kim and Enright's (2016) postulation that forgiveness cannot be separated into either a state or a trait, the results of this study theoretically support the idea that forgiveness is a trait. Despite the differences in seeing forgiveness as a state or trait, both the results from this study and Kim and Enright's (2016) study indicate that forgiveness is a protective factor against depression. Finally, it is of importance to note that the most significant effect on depression was seen in the specific forgiveness type of self-forgiveness. A focus on incorporating self-forgiveness tactics into therapeutic interventions can be impactful as they will be able to address internalized experiences around self-criticism and identity struggles that result from shame experiences (Porter et al., 2018).

Limitations and Future Research

This present study used cross-sectional data, so a causal relationship cannot be concluded, but evidence of effect is present. To address this limitation, future research could focus on studying shame, depression and forgiveness in an experimental study. An additional limitation is that 77% of the participants noted their race as White, so the results could be seen as not generalizable to all races/ethnicities. Finally, the results could potentially not be applicable to a clinical population due to the participants not coming from a clinical sample. Additional research could mitigate these limitations by drawing from a clinical sample and also ensuring that there is an equitable balance of representation in participants' race.

Conclusion

The value of understanding protective factors against depression can be a critical and impactful strategy for clinicians. Understanding how clients' internalization of behaviors impacts their functioning is key but knowing where to bolster their opportunities for growth and healthy behavior can change the course of treatment. The emphasis on assisting clients with forgiveness was proven in this study to have an impact on reducing their depression, which can be heavily influential on their health and wellbeing. Further research on the relationship between forgiveness dispositions and the types of shame a client presents with could give greater clarity for clinicians on how to support the use of forgiveness as a protective factor.

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