



Marital Breakdown, Shame, and Suicidality in Men: A Direct Link?

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The influence of feelings of shame originating from marital breakdown on suicidality is examined. The role of mental health problems as probable mediating factors is also considered. Internalized shame, state (related to separation) shame, and mental health problems were significantly correlated with the score for suicidality during separation in both genders. Tested structural equation model indicated that internalized shame was not directly linked to suicidality, but was mediated either by state shame or mental health problems in males in the context of separation. Our findings seem to indicate that separated males are more vulnerable to the experience of state shame in the context of separation, which might lead to the development of suicidality.

Shame is a widely recognized human emotion, which is yet to be consistently defined. During the last three decades, shame has been explored by various disciplines, especially psychology, psychoanalysis, and sociology, and different views, approaches, and theories have been proposed (Gilbert, 1998; Pattison, 2000). In an interdisciplinary perspective, Scheff (2000) argued that feelings of shame occur when social bonds between

individuals are threatened. Scheff and Retzinger (2001) believed that “the primary characteristic of shame is that it is always social: it involves simultaneous involvement between self and other, concern about other images of oneself” (pp. 65–66).

Gilbert (1998) observed that “theories of shame seem to focus on either the social world (beliefs how others see the self), internal world (how one sees oneself) or both (how one sees oneself as a consequence of how one thinks others see the self)” (p. 17). “Internal” shame would be related to negative self-evaluation: “We are most vulnerable to internalizing shame when our social needs for love, affiliation, belonging, and status are thwarted” (Gilbert, 2002, p. 20). Shame internalization can begin in childhood and continue throughout a person’s life (Gilbert, 2002). “External” shame would instead be related to how persons think they are perceived by others, which, in turn, can be linked to stigma (Gilbert, 2000). Internal shame and external shame are frequently correlated (Gilbert, 1998, 2000). However, a distinction between state and trait shames could also be proposed. In fact, while state shame can be defined as related to a specific

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This study was performed through a grant from the Australian Research Council (DP0558922, An Investigation into Suicidal Behaviors by Males during the Process of Marital and De Facto Separation). We are deeply indebted with all the members of Relationship Australia-Qld, Family Relationship Centre-Qld, Mensline, Lifeline, and Centacare who have rendered this investigation possible. Thanks also to Dr. Marianne Wyder, who participated in the early stages of the research process.

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event, trait shame could be conceived as a pervasive and internalized feeling, which would represent a relatively enduring and stable personality characteristic (del Rosario & White, 2006).

Overall, women tend to express their emotions more overtly and intensely than men, especially in Western cultures (Ferguson & Eyre, 2000; Fisher & Manstead, 2000). This is seen to be more acceptable within the social construct of femininity than that of masculinity (Ferguson & Eyre, 2000; Fisher & Manstead, 2000). Similarly, it has been reported that females demonstrate higher levels of shame than males (Fisher & Manstead, 2000; Tangney, 1990).

In addition, several authors have observed an important link between shame and anger (Tangney & Dearing, 2002; Tangney, Wagner, Fletcher, & Gramzow, 1992). It has been argued that shame triggers intense feelings of hostility and anger toward self; this is such an aversive experience, the individual may diffuse these feelings outward to cope with the experience (Lewis, 1971, 1992; Tangney & Dearing, 2002). However, Lewis (1992) argued that depression could often be the consequence of rage turned inward. The existence of a link between shame and affective disorders has already been discussed in the literature (Gilbert, 2000; Lewis, 1987, 1992; Tangney, Wagner, & Gramzow, 1992).

There is limited research examining the role of shame in suicidality. Shneidman (1996) stated that suicides tend to fall into one of five clusters of psychological needs, which would reflect different kinds of psychological pain. One of the clusters is "assaulted self-image and the avoidance of shame, defeat, humiliation and disgrace—related to frustrated needs for affiliation, defendance and shame-avoidance" (Shneidman, 1996, p. 25). Within the micro-sociological theory of human motivation, Scheff (1990) formulated the "zeroth approximation of a theory of suicide," which centered on social bonds and shame. Based on his analysis of Goethe's *Sorrows of Young Werther*, Scheff proposed that suicide (or other desperate acts) would be the result of

(1) deep humiliation; (2) being unacknowledged by the person; and (3) those who did not have anyone to turn to during adversities (no secure social bond). Mokros (1995) argued that the person to turn to during adversities might be oneself. If the individual is unable to support himself/herself, then suicide is likely to occur.

Although a number of theories acknowledge the link between shame and suicide, only a few empirical studies exist on the topic; among these are the observations by Lester (1997) and Hastings, Northman, and Tangney (2000), who evidenced the existence of a correlation between shame and suicidal ideation in college students. However, these studies only analyzed trait shame, which indicates internalized feelings and eventually shame-proneness (del Rosario & White, 2006). State shame, related to a specific event such as divorce (Orth, Berking, & Burkhardt, 2006), remains insufficiently explored. Furthermore, research examining gender differences in shame and suicidal behaviors is scarce, although some studies have found associations between shame and nonfatal suicidal behaviors in female patients with borderline personality disorder (Brown, Linehan, Comtois, Murray, & Chapman, 2009; Crowe, 2004).

Based on the existing literature discussed earlier, it is possible to assume that there are gender-specific pathways from internalized (trait) shame to mental health problems such as depression, anxiety, and alcohol abuse. Furthermore, internalized shame might directly lead to suicidal behaviors or be mediated by mental health problems. An event like relationship separation might trigger state shame. Separation may constitute a serious attack toward self, as it creates a sense of failure in social roles and breaks important social bonds (Scheff & Retzinger, 1997). In this way, people who have higher shame proneness (trait shame) are also more vulnerable to state shame in the context of marital/de facto separation. Consequently, state shame could directly link to suicidal behaviors and/or be a mediator for internalized shame. Based on our

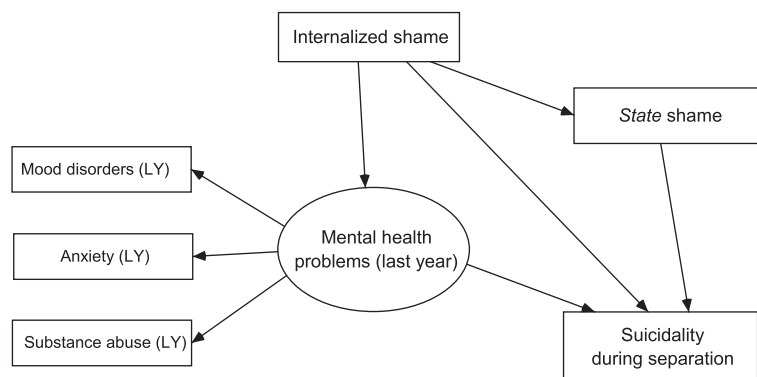


Figure 1. Constructed model of suicidality during marital/de facto separation.

assumptions, we hypothesized that (1) internalized shame directly leads to suicidality; and (2) internalized shame is mediated by mental illness or state shame, which leads to suicidality. Based on our hypotheses, we constructed the following model (Figure 1).

METHODS

As Australian males commit suicide approximately four times more frequently than females (Australian Bureau of Statistics, 2007), it was decided to examine the impact of relationship breakdown by primarily focussing on males. To do so, the study considered three different groups of subjects: separated males (Study Group), separated females (Control Group 1), and males who were married/de facto or single (Control Group 2). Separated participants were required to be 18 years or older, reside in Australia, and have separated (but not yet divorced) from their married or de facto partner within the previous 18 months.

Due to difficulties in recruiting subjects with a recent history of separation and willingness to participate in the study without being paid significant money, a sample of convenience was utilized. Separated subjects who had contacted relationship counseling services (Relationship Australia-Qld, Family Relationship Centre-Qld), help-lines (Mensline, Lifeline, and Centacare), or a variety of support and self-help groups between

January 2006 and December 2007 were asked to participate. All subjects were offered a 20 dollar gift voucher for their participation. Married/de facto or single males were recruited from the general population of the Brisbane district using a randomized telephone recruitment method. Individuals who accepted to participate were asked to fill out the Relationship Breakdown and Stressor Questionnaire (see Instruments). For separated males and females, the questionnaire required approximately 45 minutes to complete; for participants who were single, married, or in a de facto relationship, it took approximately 20 minutes. A follow-up questionnaire was sent to all the participants 6 months after the administration of the initial questionnaire. The data derived from the first assessment are analyzed in this article.

Instruments

The Relationship Breakdown and Stressor Questionnaire was specifically assembled for this study. It included the 24 items of the Internalized Shame Scale (ISS; Cook, 1996) measuring trait shame or internalized shame (Cronbach's alpha = 0.96 for both genders). The ISS has shown to be a reliable instrument to measure trait shame, having high stability across test-retest periods (del Rosario & White, 2006).

State shame was measured through the following three items: "My separation made me feel like a failure," "My separation made

me question my abilities as a man/woman,” and “I was ashamed to tell people about my separation” (Cronbach’s $\alpha = 0.79$ for separated males, and 0.76 for separated females). As there are no validated scales measuring shame in response to separation, these items were developed utilizing similar items initially constructed to measure shame in response to family breakups (Cronbach’s $\alpha = 0.96$; see Orth et al., 2006).

Participants were asked to report the occurrence of any mental problem (mood disorder, anxiety, substance abuse, personality disorders, schizophrenia, and other psychotic illnesses) within the previous year.

Suicide items from Paykel, Myers, Lindenthal, and Tanner (1974) were adopted to assess suicidality during separation. The original scale consists of five items: (1) Have you ever felt that life was not worth living?; (2) Have you ever wished you were dead, for instance, that you could go to sleep and not wake up?; (3) Have you ever thought of taking your life, even if you would not really do it?; (4) Have you ever reached the point where you seriously considered taking your life or perhaps made plans how you would go about doing it?; and (5) Have you ever made an attempt to take your life? In our questionnaire, item 4 was separated into two different questions: “Have you thought seriously about committing suicide?” and “Have you made plans for committing suicide?” Participants were asked to provide *Yes/No* answers to these items in relation to their experiences during the process of their relationship separation. The use of these items organized in a hierarchical scale is already reported in the literature (Brown, 2001). In our study, subjects’ scores were recorded on the basis of the most severe level of suicidality identified by respondents.

Statistical Analysis

Student’s *t* tests and chi-square tests were employed to estimate differences between the groups, Pearson’s correlation coefficients were calculated to measure the

association between variables, and *z* statistic was used to compare correlations for males and females. A probability level of 0.05 was employed for all statistical tests. SPSS version 16.0 (SPSS Inc., Chicago, IL, USA) was used for data analysis.

In complex interactions, structural equation modeling approach was applied using AMOS 16.0 (SPSS Inc., Chicago, IL, USA). Mood disorders, anxiety disorders, and substance abuse during the previous year were used to create a latent construct of “mental health problems.” Schizophrenia and other psychotic illnesses and personality disorders were excluded because of their rare prevalence. Goodness-of-fit indices were used to assess the models. Overall fit was evaluated using the chi-square statistics, with *p* value above .05 indicating good fit. In addition, comparative fit index (CFI; with “good fit” indicated by scores > 0.90) and root mean square error approximation (RMSEA; with values < 0.05 indicating good fit) were applied.

RESULTS

In total, 228 males (Study Group) and 142 females (Control Group 1) who were separated in the previous 18 months participated in the study. In addition, 174 males who were married/de facto or single constituted Control Group 2. Separated males had significantly higher mean age than separated females (43.3 years, $SD = 10.0$ vs. 38.9 years, $SD = 11.3$), whereas there was no difference between separated males and married/single males (43.3, $SD = 10.0$ vs. 43.7, $SD = 11.3$). Only cases with complete data for all relevant variables were included in the study analyses: 218 separated males, 138 separated females, and 168 married/single males. More detailed information on participants’ sociodemographic characteristics is presented in Kolves, Ide, and De Leo (2010).

The mean scores for internalized shame, state shame, and suicidality during separation, as well as any occurrence of self-reported mental health problems during the

TABLE 1

Mean Scores of Shame and Suicidality and Frequencies of Mental Health Problems Among Separated Males and Females and Married/Single Males

	Separated males		Separated females		<i>t</i>	<i>p</i> value	Married/ single males		<i>t</i>	<i>p</i> value
	Mean	<i>SD</i>	Mean	<i>SD</i>			Mean	<i>SD</i>		
Internalized shame score	37.5	19.9	37.8	19.7	-0.15	.883	19.1	15.6	10.18	<.001
State shame score	10.0	3.7	9.5	3.6	1.12	.264	*	*	*	*
Suicidality during separation (score)	2.5	2.0	1.7	1.8	3.67	<.001	*	*	*	*
Mental health problems (yes answers)	<i>n</i>	%	<i>n</i>	%	Chi ²	<i>p</i> value	<i>n</i>	%	Chi ²	<i>p</i> value
Mood disorders	90	41.3	47	34.1	1.86	.172	14	8.3	52.34	<.001
Anxiety disorders	53	24.3	48	34.8	4.56	.033	12	7.1	19.97	<.001
Substance abuse	28	12.8	13	9.4	0.97	.324	5	3.0	11.82	.001

*not applicable.

Separated males (*n* = 218).

Separated females (*n* = 138).

Married/single males (*n* = 168).

previous year, are presented in Table 1. There were no significant differences between separated males and separated females for either internalized or state shame. In addition, scores of internalized shame for separated males were significantly higher compared with married/single males.

The suicidality score during separation was significantly higher among separated males compared with their female counterparts.

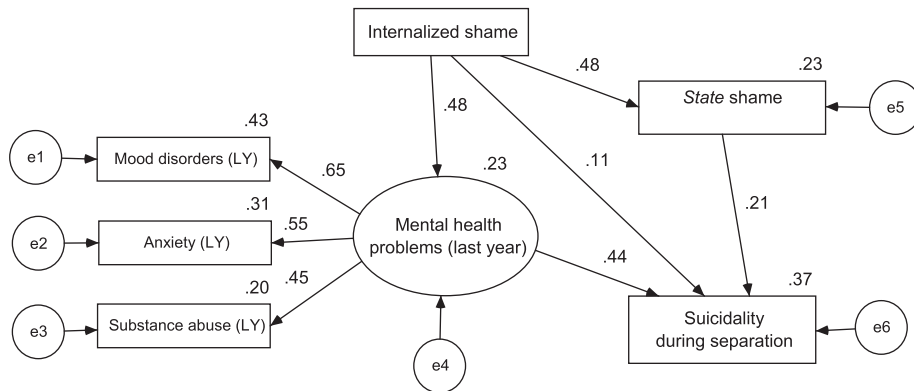
All variables were significantly correlated with suicidality during separation for both genders (Table 2). The internalized shame score was also significantly correlated

TABLE 2

Pearson Correlation Coefficients of the Measured Variables for Separated Males and Females

	1	2	3	4	5	6
Separated males (<i>n</i> = 218)						
Suicidality during separation	1					
Internalized shame (ISS)	0.42***	1				
State shame	0.38***	0.48***	1			
Depression (last year)	0.38***	0.31***	0.25***	1		
Anxiety (last year)	0.28***	0.26***	0.13	0.42***	1	
Substance abuse (last year)	0.29***	0.26***	0.10	0.26***	0.23***	1
Separated females (<i>n</i> = 138)						
Suicidality during separation	1					
Internalized shame (ISS)	0.52***	1				
State shame	0.18*	0.28***	1			
Depression (last year)	0.41***	0.32***	0.06	1		
Anxiety (last year)	0.29***	0.38***	0.05	0.41***	1	
Substance abuse (last year)	0.18*	0.02	-0.10	0.34***	0.29***	1

p* < .05, *p* < .01, ****p* < .001.



The values of R^2 are presented next to each predicted variable
e1-6 error terms

Model-Fit indices:

$\chi^2 = 6.90$, $df = 7$, $p = 0.440$; $\chi^2/df = 0.99$

RMSEA (Root-Mean Square Error of Approximation) = 0.000 (0.000-0.081)

CFI (Comparative Fit Index) = 1.000

A RMSEA value close to zero (RMSEA < 0.05) and a CFI value close to 1 (CFI > 0.90) indicate a good fitting model.

All indices suggest that the present model reasonably fits the data

Figure presents significant path coefficients ($p < 0.05$), except path from Internalised shame to Suicidality during separation.

Figure 2. Structural equation model of suicidality during separation among males. The values of R^2 are presented next to each predicted variable. e1-6 error terms. Model-Fit indices: $\chi^2 = 6.90$, $df = 7$, $p = .440$; $\chi^2/df = 0.99$. Root mean square error of approximation (RMSEA) = 0.000 (0.000-0.081). Comparative fit index (CFI) = 1.000. A RMSEA value close to 0 (RMSEA < 0.05) and a CFI value close to 1 (CFI > 0.90) indicate a good fitting model. All indices suggest that the present model reasonably fits the data. All path coefficients significant ($p < .05$), except from internalized shame to suicidality during separation.

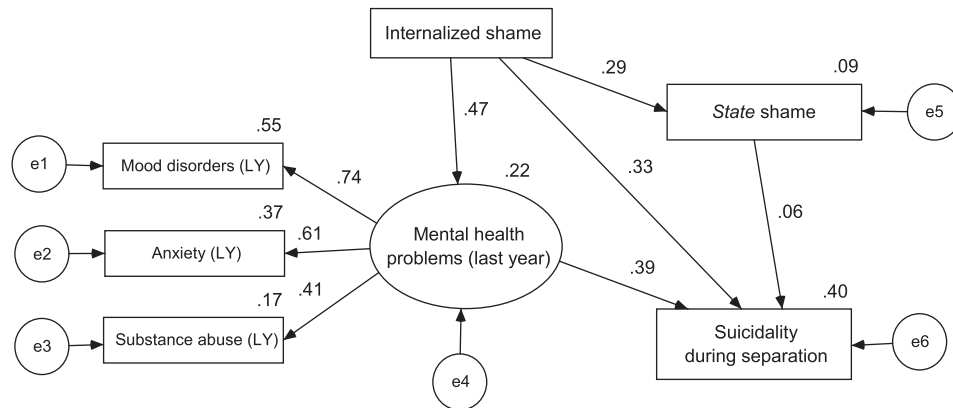
with all other variables, except substance abuse for separated females. State shame scores were not correlated with different mental health problems for separated females, but were significantly correlated with mood disorders in separated males. The correlation coefficient between state shame and suicidality was significantly lower for separated females compared with separated males (z score = 1.99 $p = .047$). Other correlation coefficients did not differ significantly between genders.

Tested structural equation models are presented for separated males (Figure 2) and for separated females (Figure 3). All indices show that the model fits well with the data for separated males [$\chi^2 = 6.90$, $df = 7$, $p = .440$; $\chi^2/df = 0.99$; RMSEA = 0.000 (0.000-0.081); CFI = 1.000]. All paths were significant ($p < .05$), except the direct path

between internalized shame and suicidality during separation. In this model, internalized shame is mediated by a latent construct of self-reported mental health problems during the previous year or by state shame. The same model did not fit with the data for separated females ($\chi^2 = 15.31$, $df = 7$, $p = .032$; $\chi^2/df = 2.20$).

DISCUSSION

Many studies and analyses on shame are based on discourse analysis or observations of facial or bodily expressions (Gilbert, 1998; Lewis, 1971, 2003; Retzinger, 1991). In this study, we used the ISS by Cook (1996). The ISS is a self-report instrument. The scale is assumed to reflect dispositional shame; hence, it does not assess the length of time in



The values of R^2 are presented next to each predicted variable
e1-6 error terms

Model-Fit indices:

$\chi^2 = 15.31$, $df = 7$, $p = 0.032$; $\chi^2/df = 2.20$

RMSEA (Root-Mean Square Error of Approximation) = 0.092 (0.025-0.155)

CFI (Comparative Fit Index) = 0.939

A RMSEA value close to zero (RMSEA < 0.05) and a CFI value close to 1 (CFI > 0.90) indicate a good fitting model.

Present model does not fit the data

Figure 3. Structural equation model of suicidality during separation among females. The values of R^2 are presented next to each predicted variable. e1-6 error terms. Model-Fit indices: $\chi^2 = 15.31$, $df = 7$, $p = .032$; $\chi^2/df = 2.20$. Root mean square error of approximation (RMSEA) = 0.092 (0.025–0.155). Comparative fit index (CFI) = 0.939. A RMSEA value close to 0 (RMSEA < 0.05) and a CFI value close to 1 (CFI > 0.90) indicate a good fitting model. Present model does not fit the data.

which these feelings have been experienced (Andrews, 1998). To compensate for this, we also measured separation-related shame using three purposely constructed items, as there are no scales measuring state (separation related) shame (Orth et al., 2006).

Our study found remarkably higher scores of internalized shame among separated males compared with married/single males. Considering that the ISS measures the tendency to experience the emotion of shame in general, this result may indicate the presence of higher levels of trait shame existing prior to separation. As expected, there was a significant positive correlation ($r = .48$ for separated males and $r = .28$ for separated females) between ISS scores and state shame for separated participants.

When gender differences in the experience of shame were measured, there appeared to be some consensus that females

express shame emotion more than males. It has been observed that girls tend to display more shame-related behaviors after failure compared with boys during childhood (Ferguson & Eyre, 2000; Lewis, 2003), and—based on self-reports—females are also more likely to experience shame reactions compared with males (Fisher & Manstead, 2000; Tangney, 1990). Furthermore, Cook (1988) found that females reported higher ISS scores than males; however, studies using the shortened version of ISS did not indicate any gender differences (Cook, 1996; Rybak & Brown, 1996). In our study, we found similar mean scores for both internalized and state shame in separated males and females.

Although both males and females had similar shame scores, we may assume that higher suicidality among males during the separation (Wyder, Ward, & De Leo, 2009) might be related to different responses to

shame. Scheff and Retzinger (1997) indicated that males experienced shame more often in a bypassed mode and females experienced it in an overt mode. Bypassed shame is associated with shame-anger loops and overt shame with shame-shame loops. Consequently, the male experience of bypassed shame is more likely to turn into anger. Within the Western concept of masculinity, expressing anger represents an acceptable form of behavior (Jansz, 2000; Kring, 2000). Consequently, this anger may be directed internally, which can lead to the development of suicidal behaviors. This assumption is worth testing in our future research on shame and suicide.

A previous study has indicated that women tend to experience greater depression than men in relation to shame (Lewis, 1992). In addition, empirical research links shame with different mental illnesses such as depression, anxiety, and alcohol abuse (Cook, 1996; Gilbert, 1998; Lewis, 1987, 1992; Orth et al., 2006; Tangney, Wagner, & Gramzow, 1992). This study showed significant correlation between internalized shame and mental health problems in both genders. However, we did not find strong associations between state shame and mental health problems, either in males or females. The only significant correlation was found between state shame and mood disorders in the separated males.

Internalized shame was significantly correlated with suicidality during the separation in both genders without significant differences. State shame was also found to be significantly correlated with suicidality in separated males and separated females. However, the correlation coefficient for females was significantly lower compared with separated males.

Furthermore, we hypothesized that (1) internalized shame directly leads to suicidality; or (2) internalized shame is mediated by mental illness or state shame, which leads to suicidality. These hypotheses were tested using a structural equation model. The result indicated that in separated males, internalized shame was not directly linked to sui-

cidality, but was mediated by mental health problems or separation-related state shame. Importantly, this state shame was directly linked to male suicidality during the separation process. However, this model did not fit for separated females. These findings may indicate that separated males are more vulnerable to the experience of state shame in the context of separation, which might lead to the development of suicidality. On the other hand, suicidality in separated females may not be strongly influenced by their experience of state shame in the context of separation. Rather, a high level of internalized shame may impact upon the level of suicidality in separated females.

LIMITATIONS

A major limitation of this investigation was the use of a sample of convenience. Due to difficulties in finding general population representatives of the recently separated subjects, the recruitment process was re-addressed to a variety of relationship counseling services. Consequently, study results should be interpreted with caution. Furthermore, it may be hypothesized that the separated individuals who chose to take part in the study may have presented different characteristics from those who decided not to participate (Etter & Perneger, 1997). Particularly in suicide-related investigations, individuals who refuse their participation to studies may actually involve greater severity of suicidal behavior (Guyll, Spoth, & Redmond, 2003). In addition, a 20-dollar gift voucher was offered to increase the number of study participants. Although a common practice in many trials, it has been reported that providing financial incentives to study participants might potentially inflate the number of less-educated recruits (Kessler, Borges, & Walters, 1999).

Another limitation is represented by the self-report nature of the questionnaire utilized. This type of questionnaire has the advantage of favoring honest responses, as it allows participants to remain anonymous.

However, the absence of interaction between researchers and participants does not permit any control on possible misinterpretation of questions, which could eventually impact on reliability of results (Burless & De Leo, 2001).

Information on mental health problems was based on participants' reports. This means that responses relied on either participants' self-diagnoses or clinical diagnoses from health professionals. Consequently, this kind of self-report measure may lack reliability and sensitivity in detecting psychological symptoms. In addition, having restricted these "diagnoses" to the previous 12 months does not completely clarify whether the participants' experiences of mental illness was a result of the relationship separation or existed prior to it (potentially influencing/causing the separation process). However, examining such causation relationships would require a longitudinal study design, which was beyond the scope of this study as it aimed to provide a static picture of associations between various sociopsychological variables and suicidality.

Individual experiences of separation need to be contextualized using factors

including length of the relationship, strength of bond, and presence of children. The experience of shame is also dependent upon one's values and beliefs about marital breakdown. As this study aimed to provide preliminary analyses between shame, mental health problems, and suicidality, we did not include other contextual factors of separation.

Finally, this study did not involve the evaluation of the role of other emotions such as guilt and pride, which have been related to shame (Ferguson & Eyre, 2000; Gilbert, 1998; Nathanson, 1992) and often studied together (Lester, 1998; Orth et al., 2006).

CONCLUSIONS

Our findings indicate that there are associations between internalized shame, state shame, mental health problems, and suicidality among people experiencing marital breakdown. State shame might lead to male suicidal behaviors. Further studies should consider measuring external shame in relation to stigma and humiliation, and their possible impact on the development of suicidal behaviors.

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Manuscript Received: March 26, 2010

Revision Accepted: November 23, 2010

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