Linking Childhood Maltreatment and Depressive Symptoms: Identity, Shame, and Age Effects

LE Labonté¹ & D Kealy¹

¹University of British Columbia, Department of Psychiatry, Vancouver, British Columbia

Introduction
Childhood abuse has been identified as an important risk factor for adverse psychiatric outcomes in adult life. Childhood abuse can be consistently associated with adult depression disorders; yet, we continue to have a limited understanding of the psychologic factors that mediate these relationships. It is thought that a poor sense of identity and self-concept and strong feelings of shame can make individuals with histories of childhood abuse more vulnerable to developing negative outcomes toward themselves and the world, resulting in depression.

Childhood abuse also negatively impacts identity development in important ways which may in turn internally feelings of shame and self-deprecation, contributing to increased susceptibility to depressive symptoms and render one more vulnerable to global devaluations of the self and proneness to shame.

Previous research has identified constructs related to identity––such as self-concept clarity and self-esteem––as mediators in identity, shame, and depressive problems among younger adults. It is thought that a poor sense of identity and self-concept and strong feelings of shame can make individuals with histories of childhood abuse more vulnerable to developing negative outlooks toward themselves and the world, resulting in depression.

The regression predicting identity dysfunction was significant, F(1, 389) = 52.617, p < .001, with significant effects for Age (b = .220, p < .001; and the Age x Childhood abuse interaction in predicting depression. Regarding indirect effects, indices of moderated mediation were significant for pathways involving identity dysfunction, F(1, 389) = 52.617, p < .001, and Shame, b = .220, p < .001; and the Age x Childhood abuse x Shame interaction, F(1, 389) = 52.617, p < .001, in parallel and sequential mediation models, indicating that a poor sense of identity and self-concept and strong feelings of shame can make individuals with histories of childhood abuse more vulnerable to developing negative outlooks toward themselves and the world, resulting in depression.

Hypotheses
1) Perceived childhood abuse would be associated with depressive symptoms and that this association would be stronger among older individuals (i.e., age as a moderator).
2) Identity dysfunction and shame were hypothesized to mediate the association between childhood abuse and depressive symptoms, both as parallel mediators (i.e., holding the other constant) and as serial mediators, whereby identity dysfunction and shame would sequentially account for this relationship.
3) Age was hypothesized to moderate these pathways, with the effects of perceived abuse conferring greater identity dysfunction and shame—as mediators to depressive symptoms—among younger adults.

Methods
Participants were 393 adults sourced through the Prolific Academic recruitment platform for completion of online study questionnaires facilitated through Qualtrics, for cross-sectional analysis.

Childhood Abuse: The Abuse subscale of the Measure of Parental Style (MOPS) was used to assess perceived abuse by parents experienced during an individual’s childhood. In the present study, we averaged the maternal and paternal Abuse scores to reflect overall experiences of abusive parenting in childhood.

Identity Dysfunction: The Self-Concept and Identity Measure (SCIM) was used to assess identity dysfunction. SCIM scores reflect a consistent self-definition, dissatisfied identity, and lack of identity contribution to a total score—used to represent present identity—reflecting overall identity dysfunction. Higher scores indicate greater severity of identity dysfunction.

Shame: Shame was assessed using the Shame scale from an abbreviated version of the Perennial Feelings Questionnaire—2 (PFQ-2). This scale contains four items referring to shame-related feelings with higher scores indicating a greater tendency to experience generalized shame.

Depressive Symptoms: The Patient Health Questionnaire-9 (PHQ-9) was used to assess depressive symptom severity. PHQ-9 scores responded to questions about the frequency of symptoms experienced over the preceding two weeks. Higher total scores indicate greater depressive severity. A cut-off score of 10 or greater indicates likely clinically significant depression.

Analysis: To examine our first hypothesis, linear regression was used to examine childhood abuse and age, with the interaction of childhood abuse x age, as predictors of depressive symptoms. Hypothesized mediations were then tested simultaneously in a conditional process model that combined moderation of childhood abuse x age on the association with identity dysfunction, shame, and depressive symptoms with parallel mediation (identity dysfunction and shame in parallel) and sequential mediation (identity dysfunction → shame), in the prediction of depressive symptoms (PROC-CES model 85).

Results

Study Participants: Average age was 34.38 (SD = 12.62), ranging from 18 to 68, with 75% participants, 69.5%, identified as women, 29.8% as men, and 1.3% as non-binary gender. 86% identified as heterosexual. Regarding ethnic identity, 78.4% identified as White, 7.8% as Asian, 3.8% as South Asian, 2.5% as African, and 7.3% as other or mixed ethnicities. Most participants were educated beyond high school, including 21.9% with partial college education, 21.9% technical or trade certificate, 29.3% with an undergraduate degree, and 19.6% with a graduate degree; 17.9% reported high school graduation or less. Nearly half, 48.6%, were employed full-time, 17% were employed part-time, 38% were students, and 2.5% were stay-at-home parents. A total of 19 participants were employed. One third, 33.5%, were single or dating casually, while 64.2% were in committed partnerships.

Table 1: Unstandardized coefficients (with standard error) and indirect effects from conditional process modeling of the association between perceived childhood abuse and depressive symptoms, mediated by identity dysfunction and shame, moderated by age.

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<th>Identity dysfunction</th>
<th>Shame</th>
<th>Depressive symptoms</th>
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<tr>
<td>Childhood abuse</td>
<td>F(1, 389) = 92.105, p &lt; .001</td>
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<td>Age</td>
<td>F(1, 389) = 92.105, p &lt; .001</td>
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<td>Childhood abuse x Age</td>
<td>F(1, 389) = 92.105, p &lt; .001</td>
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Hypothesized mediation models included identity dysfunction and shame as mediators of the effect of childhood abuse on depression.

Figure 1: Simple slopes analyses between childhood abuse and depressive symptoms (panel A), identity dysfunction (panel B), and generalized shame (panel C), by age. Interactions were calculated with 10% and 90% equivalent to age 22 and 90% equivalent to age 22 and 90% equivalent to age 22, respectively, for better comparison across age groups. Younger adults exhibiting a higher incidence of childhood abuse from parent-rated tended to endorse the more frequent depressive symptoms.

- The regression—predicting identity dysfunction—was significant, F(1, 389) = 92.105, p < .001, with a significant effect for the childhood abuse x age interaction.
- The interaction effect accounted for 1% of the variance, F(1, 389) = 92.105, p < .001.
- The interaction revealed that identity dysfunction was significantly greater for individuals younger than 43 years of age, representing 76.54% of the sample, and becoming stronger with age.

Figure 2: Model of identity functioning and shame on the effect of childhood abuse on depressive symptoms in adulthood, as moderated by age. Coefficients for this model are presented in Table 2.

Conclusions
1) Identity functioning and generalized shame may be relevant mechanisms, among younger individuals, in conferring depressive symptom distress from the experience of childhood abuse.
2) Further work is needed to understand the nature and sequencing of these mechanisms.
3) Incorporating a focus on identity and shame–proneness in clinical interventions may be useful in mitigating depression among young adults whose histories include the experience of childhood abuse.