



Feelings of Guilt: Types, Risk Factors, Etiology, Psychopathology and Management

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Abstract:

Grief is understood by many researchers to be an emotional syndrome that includes a cluster of emotional components rather than one specific emotion. Guilt, a familiar emotion within the grief syndrome, has been long-recognized by writers and widely reported by bereaved persons themselves. Guilt was included as one of the main grief reactions as early as the 1940s. It has been considered an important aspect of grief both as a normal reaction and as a manifestation of pathological grief, even being considered a reason for the development of complications in grieving. The association between guilt and psychological and somatic problems among bereaved persons has been identified in clinical case reports. The centrality of this emotion is also reflected in its incorporation as a subscale in classic grief measures, such as the Grief Experience Inventory and the Grief Experience Questionnaire. Thus, there are good reasons to argue the need for sound empirical investigation of guilt in bereavement. Despite the lack of systematic understanding of guilt in the context, some empirical evidence has accumulated.

Keywords: Feelings of Guilt, Depression, Grief.

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Introduction:

Psychologists have not reached agreement on defining guilt. The lack of conceptual convergence on guilt is well-illustrated in a recent, major review that identifies 23 psychological definitions and 25 measurements of guilt. Analyzing common features in various definitions (such as moral transgression and behavior), guilt had both affective and cognitive components, involving “moral transgressions (real or imagined) in which people believe that their action (or inaction) contributed to negative outcomes (*1*).

Guilt has been described as the place where psychology and religion meet. Guilt is conceptualized differently by various therapeutic approaches (e.g., existential practitioners speak of “existential guilt” that comes from an incomplete life or in- authentic life). Although the theoretically diverse treatment of guilt is important, our intent is to restrict our exploration of the term and the role it plays in the lives of clients (2).

Guilt is a sense of having done wrong that implies indeterminism, because if a person should have acted differently, this implies that she or he could have acted differently. As such, guilt implies self-awareness and self-consciousness and rests on the developmental mechanisms that facilitate self-awareness and self-consciousness. Guilt is also described as self-reproach and remorse for one’s behavior as if one had violated an important moral principle. This principle implies that the person in question has a moral code (3).

Guilt needs to be differentiated from shame. Guilt is described as a condemnation of a single, specific act or behavior, whereas shame is a global condemnation of the whole self. Shame is associated with a greater range of psychopathology but guilt is associated with more nonpathological tendencies toward empathy and social adjustment (4).

Types of guilt:

Three types of guilt are widely identified: pervasive trait guilt, more immediate state guilt, and guilt related to moral standards. The first of the three, pervasive trait guilt, is more problematic and closely related to shame. The current guidelines note excessive guilt as a symptom in several categories. Guilt may be assessed as appropriate or inappropriate based on clients’ self-reports. In moderate amounts, guilt serves positive functions (5).

Guilt feeling can be also classified to an adaptive or maladaptive emotional response. Guilt in moral contexts is in stark contrast to clinical conceptualizations, which refer to guilt as an expression of neuroticism and maladaptation. While the distinction between moral guilt and neurotic guilt is helpful when discussing (mal)adaptation, it is important to consider some of the broader issues that contribute to (mal)adaptive outcomes (1).

Generally, moral guilt is considered socially adaptive because it helps one react in constructive ways to wrongdoing and attempt to repair damage done. In contrast, neurotic guilt is considered maladaptive because it is neither the result of real damage nor real wrongdoing and, as such, is an irrational emotional overreaction (similar to shame). While I agree that moral guilt is for the most part adaptive, clearly, there are exceptions to this rule (6).

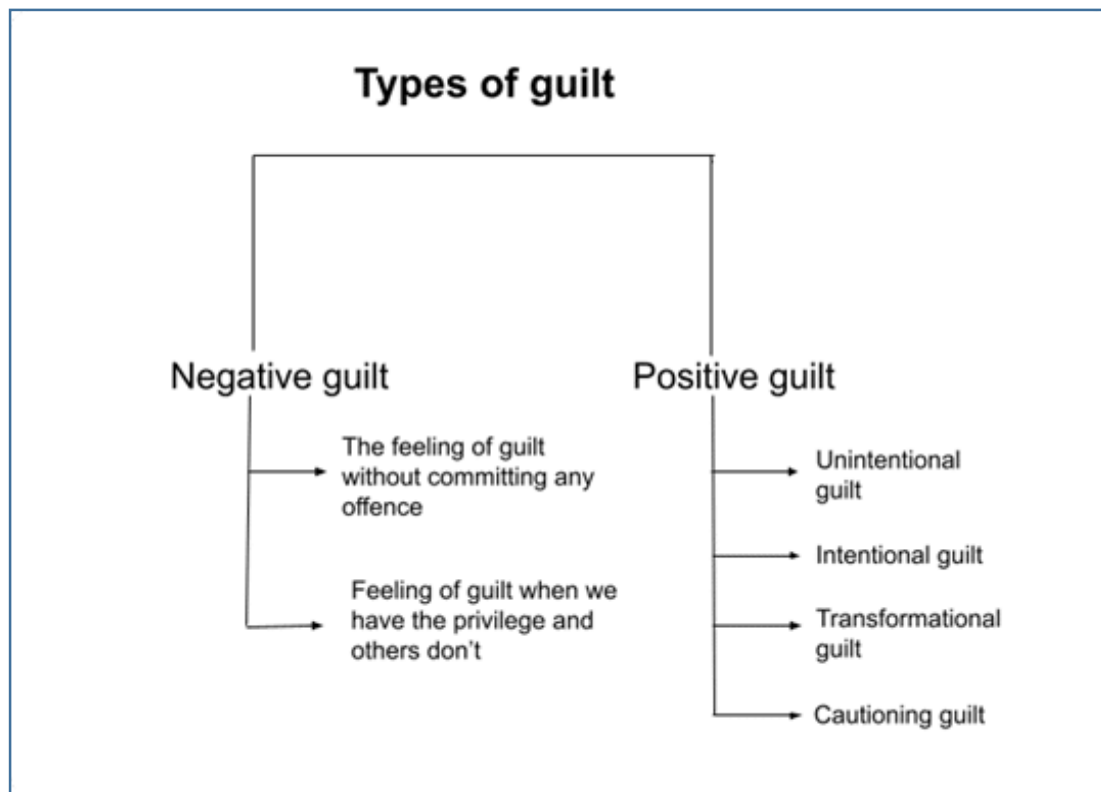


Figure (1): Types of guilt feeling (7).

For instance, if moral guilt becomes excessive, action becomes a necessity regardless of costs. Thus, excessive moral guilt can facilitate highly costly other-oriented behavior, of which the consequences for others are positive but poses great risks for one's own safety and health. Guilt include the experience of excessive guilt for living a "privileged" life by people with higher socio-economic status, and the deep insight that we are not true to our full human ability of consciousness, which has been described as "existential" guilt by philosophers (8).

Neurotic guilt refers to inappropriate guilt (typically elevated levels that are inappropriate for the context or that is experienced in disproportion to the wrongdoing) and has been associated with maladaptive outcomes in children and adolescents. Specifically, neurotic guilt is not necessarily based on real danger and/or wrongdoing (9).

For example, some victims of abuse may feel guilty for provoking their abuser. In addition, some individuals may feel monstrous responsibility for a relatively minor event with little or no objective negative consequences, leading to neurotic guilt (10).

Proneness to (neurotic) guilt has genetic and environmental components. Socialization mechanisms that have been shown to contribute to neurotic guilt in children and adolescents include parental depression and associated parental guilt induction. Both can heighten children's

over-involvement in family problems and evoke empathy-based feelings of guilt, shame, and personal failure (11).

Neurotic guilt and shame are typically closely related and lay the breeding grounds for internalizing symptoms, including anxiety, depression, and low self-esteem. Related literature has also demonstrated links between maladaptive guilt and shame, both of which are also salient factors in the prediction of depression. Moral guilt is, for the most part, adaptive, whereas neurotic guilt is inappropriate and, as such, maladaptive (2).

Risk factors of guilt:

Some factors are found to be associated with higher guilt, and they involve (a) situational factors; (b) personal factors (e.g., gender and religion); and (c) inter- personal factors (e.g., social support). Some studies reported differences according to gender and age of the deceased, but failed to eliminate possible confounding variables (3).

Etiology of guilt:

Freud theorized that a sense of guilt was the source of all religion and morality and was related to unconscious hostility toward another. According to Freud, human-kind probably acquired guilt at the very beginning of human existence as a result of negotiation of incestuous desires (12).

Many psychoanalysts moved beyond this oversimplification to the modified understanding that what significant authorities (including religious authorities) teach us in childhood about sexuality and anger affects our adult lives. In psychoanalytic theory, these teachings are embodied in the construct of the superego, which carries internalized messages from authority figures and an idealized self-image (4).

For Freud, the sense of guilt endemic to human nature did not stem from violating the injunctions of a religious doctrine but from these internalized social in-junctions. In either case, however, the presence of a moral code that has been breached is seen. Several authors outlined a psychodynamic schema of guilt as emanating primarily from the superego. The mechanisms in the superego implicated were the ideal self, the corrective self, and the punitive self (5).

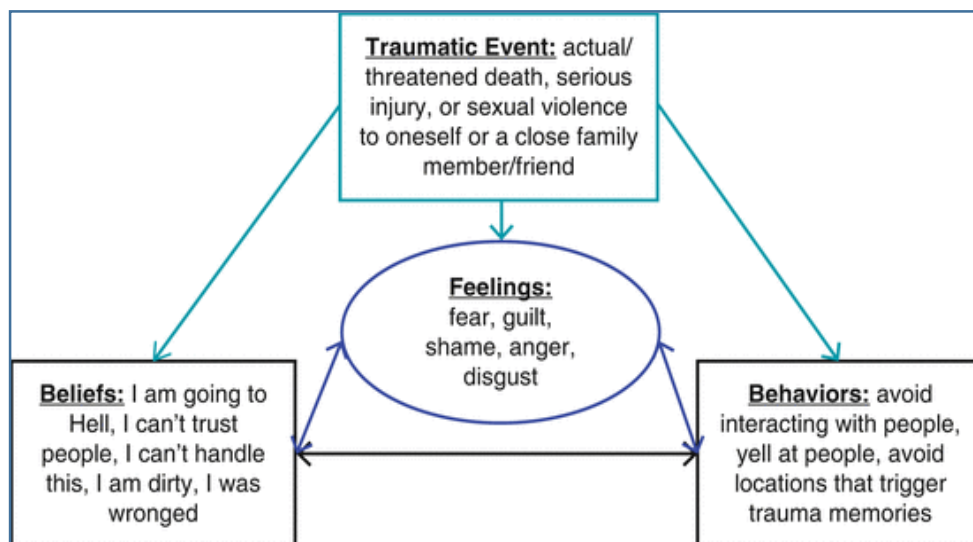


Figure (2): Conceptual model for understanding interactions between beliefs, behaviors, and feelings (13).

The ideal self is the nucleus of conscience and contains our values, standards, and aspirations. As such, the ideal self acts as a yardstick to measure our behavior and images of our self. The corrective self is the source of what is called “healthy guilt” and it is an internalization of caregiver reprimands that subjects eventually use on themselves. The punitive self is the source of what many authors called “un-healthy guilt” and has its origins in caregiver threats of punishment, rejection, or shaming (14).

Although many studies approached the etiology of guilt from a psychodynamic perspective, guilt that is related in some way to the ideal self or the punitive self could be conceptualized as what is called “maladaptive schemas.” These are “stable and enduring themes that develop during childhood and are elaborated upon throughout the individual’s lifetime”. Young noted that these schemas have their origin in the temperament of the person holding them combined with dysfunctional developmental experiences (6).

Recent interpersonal conceptualizations reject the psychodynamic perspective and instead view guilt as painful affect arising from the belief that one has harmed another. Again, it is assumed that this harm is a violation of a moral code the person abides by that instructs the person not to harm others. In this sense, guilt serves to facilitate or maintain attachments, but it can become problematic when it is exaggerated (11).

✚ Guilt-Specific Processing in the Prefrontal Cortex:

Human behavior is potently guided by emotional processes. Recent psychological and neuroscientific studies indicate that this may even be true for moral judgment and decision making, traditionally regarded as purely cognitive processes based on rational thinking. The same realization has occurred in the field of economics following findings that human economic

decisions are not purely rational (as predicted by traditional theories) but also frequently depend on emotional and motivational processing (3).

However, although recent work in neuroscience has clearly shown that the adherence to moral and social norms is closely linked to emotional processes and despite tremendous advance on the neural bases of basic emotions, it remains unknown how the more complex emotions that are crucially implicated in moral and social behavior are represented in the brain (1).

The most relevant emotion in this context is guilt because it is intimately linked to social and moral norm violations. Elucidating the exact neural circuits implicated in guilt feelings is crucial to better understand the role of guilt-related emotions in moral decisions and moral behavior. However, it is currently unknown which brain regions mediate the self-conscious guilt feelings generated by one's own social norm violations (2).

Clinical studies suggest a specific involvement of the orbitofrontal cortex (OFC) and ventromedial prefrontal cortex (VMPFC) in affective processes guiding social conduct, which might therefore also be more specifically implicated in guilt-related affective processing. Patients with OFC/VMPFC dysfunction (due to developmental brain anomalies or externally caused injuries) are remarkably insensitive to social norms and frequently display patterns of antisocial or psychopathic behavior (15).

Recent studies mathematically modeling performance of these patients during interactive economic games suggest that their reduced sensitivity to social norms and fairness might be best explained by a defective parameter akin to guilt. In fact, the lack of guilt or remorse is one of the most striking characteristics and even a defining feature of psychopathy, possibly representing a causal factor for the disregard of social and moral norms in these individuals (16).

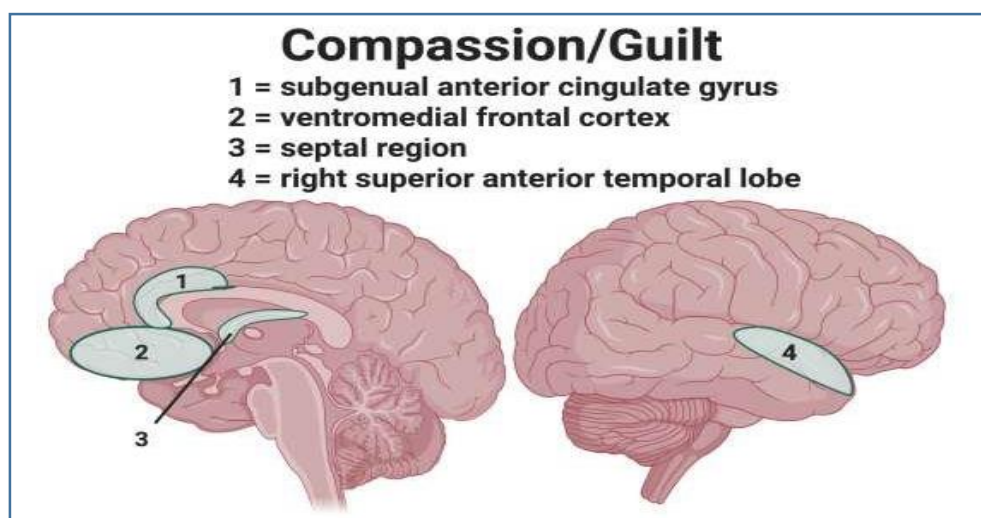


Figure (3): Regions associated with guilt feelings. Feelings of guilt and compassion are strongly associated with typical functioning of the septal region, subgenual anterior cingulate gyrus, and

ventromedial frontal cortex. Longer-term emotions, such as processing long-term consequences and conceptualizing quality of social behavior, activate the frontopolar cortex and the right superior anterior temporal lobe (17).

However, brain lesions in such patients always encompass relatively large areas within OFC and VMPFC, such that their deficits generally affect other emotions than guilt as well, depending on the exact extent of damage. Any conclusion about the role of specific prefrontal areas in guilt processing would therefore require demonstrating a selective recruitment when healthy subjects experience guilt feelings but not when they experience other negative emotions, such as shame and sadness, which are less directly connected to decisions of own norm violations (4).

In addition, guilt inherently requires the anticipation of thoughts and intentions of other persons (i.e., the victim of one's misconduct), an ability that is the hallmark of "Theory of Mind" and recruits distinct brain areas in dorsomedial prefrontal cortex (DMPFC), together with more posterior regions in superior temporal sulcus (STS) and temporoparietal junction. Parts of this network related to ToM might therefore also be implicated in the appropriate processing of guilt feelings (9).

Psychopathology of guilt:


Despite guilt is more anchored on the nonpathological end of the behavior continuum, there is evidence that correlates guilt, or specific types of guilt, with psychopathology. The extent to which guilt is directly linked to pathology is contingent on several factors. Although many authors stated that guilt is always pathological, this is a more extreme view. It is noted that guilt was involved in all psychological problems but that some of it is what has been previously mentioned as inappropriate guilt (5).

First the counselor must determine whether the guilt in question is inappropriate. If it is exaggerated or otherwise inappropriate, this should direct the counselor's intervention. The type of inappropriate guilt experienced would be related to one of the three themes emanating from the punitive self (fear of punishment, loss of self-esteem, or fear of rejection). Certain types of guilt are correlated with certain types of pathology (3).

It is noted that in the general system of classification in the Diagnostic and Statistical Manual of Mental Disorders diagnoses like major depression and posttraumatic stress disorder, survivor guilt, exaggerated guilt over uncontrollable factors, or excessive guilt are often part of the symptom profile (11).

Another theory states that emotional distress (including problems of addiction) may be closely associated with primary problems of excessive guilt. These authors viewed guilt psychodynamically as resulting from disturbing childhood experiences and underlying grim pathogenic beliefs that prevent the individual from pursuing and attaining normal goals in life. The guilt is often similar to what interpersonal theorists described as "altruistic guilt," fear of harming another person (10).

On the other hand, confession is effective in alleviating fear of punishment or fear of rejection but not as effective regarding loss of self-esteem. Those patients would typically not view themselves as worthy of the rite of confession (1).

 Guilt and prosocial behaviors:

It has been largely demonstrated that emotions play a regulatory function for society at large. More specifically, guilt occurs when an individual considers that his or her actions have violated a personal moral norm and caused harm to others. Guilt, therefore, includes a sense of personal responsibility, with some form of distress, towards others (In German, the word “schuld” refers to both “guilt” and “debt”) (2).

Guilt could then encourage confessions, apologies, excuses, or inhibitions of subsequent behaviors. The objective of these actions is to restore the relationship with others as it existed before the transgressive behavior. However, reparative actions can have a broader scope than strict interpersonal relationships and can be part of the social life: “Prosocial behaviors” benefit individuals other than the self and even society as a whole (18).

The idea of a link between guilt and prosocial behavior is fairly old, but the experimental evidence for this association is quite recent. In the 1960s, studies showed that the adoption of transgressive behavior led to a desire to repair the harm caused (12).

More recent studies have thus focused on better formalizing the specific causal relationship between guilt and pro-social restorative behavior. This causal relationship between guilt and prosocial behavior explains why this emotion is widely used in the fields of prevention or social marketing. In this type of persuasion, individuals are typically exposed to messages that both induce feelings of guilt and subsequently provide a way to reduce these feelings by adopting the proposed behavior (6).

More generally, guilt appeals are often used by companies or NGOs to promote their cause and products, as depicted at the beginning of this article. However, a closer look at the association between guilt and prosocial behaviors shows that this link is not as systematic as expected (14).

Several studies questioned the link between guilt and reparation. It therefore seems that guilt does not act as a universal trigger for restorative actions. On the other hand, a high level of guilt would be likely to cause a rejection of the persuasive message. Other studies showed that guilt appeals in mass media campaign could be counterproductive (19).

These results are suggesting a non-linear relationship between the level of guilt expressed and the persuasive effect of a message: a high level of guilt appears to be associated with a low level of persuasion, while a low level of guilt is associated with a high level of persuasion. These paradoxical results echo the concept of “reactance”. This psychological defense mechanism occurs when an individual perceives his freedom of action to be threatened (1).

An individual in a state of reactance will behave in such a way as to restore his freedom (or, at least, his sense of freedom), for example, by performing behaviors that are contrary to those required. Guilt induction led to prosocial behavior when persuasion messages contained subtle reparation proposals. When the message is presented in a blatant or overly explicit way, guilt led to reactance-like behaviors (i.e., opposed to the persuasive message request) showing that guilt by itself is not sufficient to trigger altruistic behaviors (4).

In summary, there is no systematic link between guilt and prosocial behaviors in persuasion. It also seems that the inconsistencies observed in the literature are not only due to the intensity of guilt but also to other potential factors. The current explanations for these discrepancies are not sufficient. A first explanation relies on the “unpleasant” nature of guilt. As a result of this aspect, individuals who experience guilt may experience distress and general discomfort (11).

Like other negative emotions (e.g., sadness, disgust), the goal for a person experiencing such a feeling is usually to “get out” as fast as possible and to regain a positive emotional state. Prosocial actions make it possible to return to this positive emotional state by carrying out a “positive” action. However, the mere valence of guilt is not enough to explain why the associated behavioral tendency would be prosocial behavior, i.e., specific restorative behavior, and not, for example, relaxing while watching a TV show (2).

Furthermore, several other negative emotions can also lead to prosocial behaviors, like shame, embarrassment, or regret. Conversely, other negative emotions do not lead to the behavioral tendency of reparation (e.g., fear leads, in the first place, to running away). According to the theory of “affect as information”, emotional feelings act as sources of information, in the same way as other stimuli in the environment. Guilt would also serve as an informational indicator that the behavior adopted, or soon to be adopted, is not compatible with a social norm of the person concerned (3).

Consequently, it is necessary to act in the direction of greater compliance with the standard concerned and to adopt appropriate restorative behavior (e.g., compliance with a persuasion campaign). In the case of social dilemma games, participants would attribute their guilt to poor choices in the game. Guilt would therefore only serve as valid information for those who have violated the moral standard, which would explain the effect of more prosocial behavior for those who feel guilty (9).

“The affect as information” theory may therefore be relevant to explain the consideration that a standard has been breached and that positive action must be performed to restore a deteriorated relationship. Yet, while this theory can shed light on how a person introspectively realizes that reparation must take place, it does not provide an understanding of how and by what means an individual experiencing guilt will actually repair the harm caused (5).

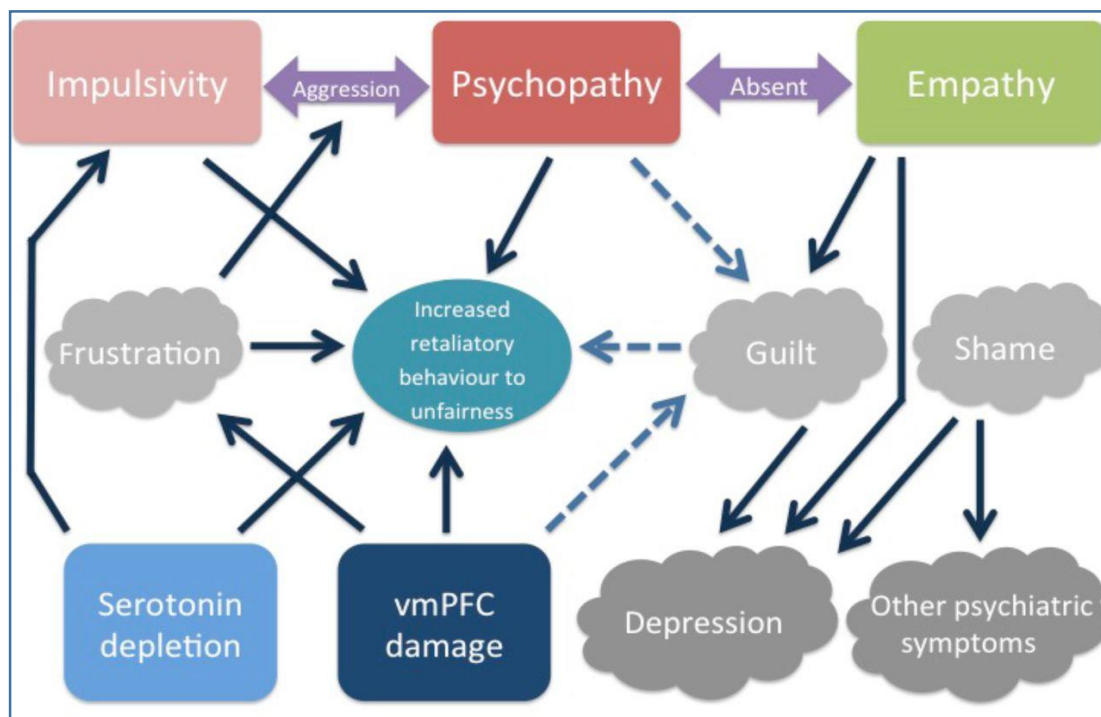


Figure (4): Psychopathology of guilt (20).

The behavioral consequences of guilt have also been explained in terms of the reciprocity standard. It is a universal human principle that many social behaviors and interpersonal relationships could be based on the expected reciprocity of behaviors. This rule has been formalized in psychology in different ways, particularly under the name of “reciprocity standard” (16).

Many studies have considered guilt and the desire not to experience this emotion (aversion to guilt) as a consequence of the norm of reciprocity. Within this theoretical framework, moral emotions and guilt, in particular, would serve as a warning that the reciprocity standard has been violated, i.e., in the statement “I wouldn’t want others to harm me, so I should not harm them”, anticipated guilt acts as a “mediator” between moral transgression and behavior, which is close to the “affect as information” theories mentioned above (10).

Taking into account this norm of reciprocity may help to understand the occurrence of guilt, but not the processes by which this emotion leads to reparation, especially since this link is not systematic. Other theories, like cognitive dissonance, have been used to explain the effects of guilt in the consumer decision-making process. However, they do not take into account the way guilt could interact with other factors and, in particular, they are insufficient to interpret its sometimes paradoxical consequences (e.g., “backfire” or reactance effects) (15).

Finally, it has also been argued that these paradoxical effects could be explained by the very nature of guilt. Some authors have addressed the explanation that guilt is not an emotion, but a

mere cognitive assessment of causing harm. Following this assessment, diverse emotions could emerge, e.g., sadness or empathy over causing harm or fear of punishment or shame because of external views of the transgression (11).

These emotions would, in turn, trigger different kinds of behavior and explain the non-linear effects of guilt. In our opinion, taking into account attentional processes could make it possible to better understand this “cocktail of emotions” potentially triggered by the emotion, or concept, of guilt (14).

In addition to that, guilt mixed with too much “shame” would, for instance, direct attention to the self and not toward reparation possibilities. In other cases, prototypical guilt would lead to attention being paid to the means provided for repair. One way to deepen the understanding of guilt’s role in persuasion is, therefore, in our view, to take cognitive mechanisms into account chronologically prior to behavior (1).

Guilt and cognitive processes:

The shift from emotion to behavior involves physiological and cognitive intermediate processes. For example, fear is often considered to indicate a danger to the individual and leads to a state of readiness to flee by directing the attention of the person in danger both to the origin of the danger (e.g., a snake) and to escape possibilities, such as a hideout (3).

Under this perspective, a large body of research has examined the role of attentional mechanisms associated with emotions. Other studies have shown that emotions make information relevant to the achievement of a behavior being more “accessible. The “feeling is for doing” approach argues for a need to be specific when investigating the impact of emotions on decision making (19).

However, many authors also pointed out that the link between emotion and behavior is not enough to understand the specificity of an emotion and that “it is time to move beyond the mere documentation of behavioral results of emotions to direct tests of the proposed mechanism underlying these effects (6).

Although many studies demonstrate congruence between observed decisional effects and emotional goals, this does not conclusively attest for the idea that goal activation as a result of emotional states causes these effects.”. In fact, little work has been done to understand the cognitive mechanisms at play in the guilt–prosocial behavior relationship. A better understanding of these processes could also provide a better understanding of the global nature of the relationship between emotions and behavior (21).

It has been shown that different types of cognitive processing can mediate the emotion–behavior relationship. As highlighted by the “feeling is for doing” approach, the allocation of specific attention modified by the emotional state might represent a relevant candidate to explain

the mediation of the emotion–behavior relationship. In other words, attention involves the exclusion or abstraction of certain objects in order to treat others more effectively (12).

Attention is thus a corollary of the inability to process, visually or cognitively, all the information available in one’s environment at one specific moment. Many studies have highlighted the existence of attentional biases towards negative stimuli or those associated with the notion of threat for people experiencing anxiety. These effects may be explained by the need to detect stimuli perceived as threatening more quickly in order to get prepared for fast action (escape) (18).

It is conceivable that the emotional state is also directed towards the means at disposal to prepare this action (e.g., the possibility to escape for fear). To date, few studies have examined the attention mechanisms specific to social and more complex emotions, such as guilt. Guilt can increase attention towards items related to reparation, but this do not imply persuasion messages or real means provided to repair (22).

This attentional selectivity towards the means of performing the action associated with the emotional state may allow for a more accurate interpretation of the behavioral effects of guilt. Most studies relying on guilt appeals use fairly similar methodologies: The first part of a message seeks to make the target feel guilty (via a sufficiently strong image or slogan) (5).

The second part of the same persuasion message makes it possible to engage in pro-social behavior (donation, involvement in health behavior, etc.) and thus reduce feelings of guilt by “repairing”. The problem with this type of message is that it is difficult to anticipate the risks of backlash and reactance (11).

Meta-analyses showing inverted U-type curves indicate a “threshold of guilt” at which too much emotional feeling causes reactance. However, they do not show the process by which this emotional “saturation” occurs, leading to a large number of persuasive messages that are relatively disappointing in their effects, even though the message intends to induce “little” guilt (4).

Another way to address these threshold effects is to take attention into account. Social marketing measurement tools have long been interested in these attentional processes, particularly in the area of health and nutrition messages. For example, studies have used eye-tracking techniques to highlight the attentional processes involved in exposure to anti-tobacco campaigns for adolescents. Many authors also showed that attention to a prevention message was increased when the number of words in the message was reduced (1).

Oddly enough, attention measurement techniques are rarely used to study the relationships between the emotional state induced by a message and adherence to it. A process such as reactance is not the mere result of “too much guilt”, but the result of an interaction between attentional processes activated by the emotional state and the possibility of reparation offered by the message (9).

In other words, it seems more relevant to us to measure the “amount” of attention allocated to a message caused by an emotion rather than the amount of emotion induced by the same message. From this attentional process could come a feeling of cognitive saturation that could lead to rejection of the message (i.e., reactance) (2).

✚ Extension to other emotions:

Taking cognitive processes into account as a mediator seems to be a way to better understand the emotion–behavior relationship. In the “feeling is for doing” approach, the transition from emotion to action through intermediate processes, such as attention, remains poorly studied. For example, attentional biases towards aggressive faces have been found for angry people compared to a control group but little research has directly examined an anger-attentional bias towards stimuli related to the attack (3).

This attentional bias towards objects related to aggressiveness (e.g., weapons, verbs such as “attack”, “strike”) could be an intermediate step between anger and aggressive behavioral tendencies. Similarly, emotions like disgust have mainly been studied in terms of increased attention to the source of this emotion (e.g., difficulty to disengage confronting a disgusting face) (19).

It is, however, imaginable that some behaviors frequently associated with disgust (e.g., object rejection) may be preceded by attentional processes directed at “how” to achieve this behavior (e.g., stimuli representing a “garbage can” or “sink” to get rid of the object causing disgust). Here again, “attentional probe” or eye-tracking experiments could highlight a possible attentional bias mediating the relationship between emotion and behavior (6).

In accordance with the “feeling is for doing” theory, studies must now be carried out to better understand the nature of the association between emotion and behavior. A large number of emotionally associated behaviors can potentially be explained by attentional biases directed at objects facilitating the motivated behavior. From this evidence may emerge a better understanding of the emotion–behavior relationship and a more precise use of emotional appeals in social marketing (15).

Guilt and Health Outcomes:

Most studies indicate the detrimental impact or, at least, association of guilt on or with maladaptive adjustment. For example, guilt is found to be concurrently or longitudinally associated with psychological distress. The association between guilt and greater maladjustment is also reflected in positive correlations between guilt and normal or complicated grief symptoms (21).

The harmful influence of guilt on health outcomes seems apparent based on the results of most studies, despite a few exceptions suggesting no relationship between guilt and psychological distress or between guilt and complicated grief. Whether guilt is causally related to complicated

grief is a matter for further investigation, particularly as there is little well-controlled longitudinal research investigating the predictive effect of guilt (14).

Guilt feeling and mental health:

Mental health is referred to as a state of balance that allows one to grow while maintaining contact with consensual reality. Guilt serves to maintain or loosen this contact with consensual reality depending on the type of guilt and the intensity of the guilt feeling. Regarding type of guilt, there is a consensus in the literature distinguishing appropriate guilt from inappropriate guilt (6).

Counselors can help clients distinguish between appropriate guilt (awareness of one's shortcomings that ultimately enhances growth) and neurotic or excessive guilt (emotional baggage that impedes growth). Existentialist writers have summarized three varieties of ontological guilt that can be the focus of therapeutic interventions. The three causes of guilt are (a) forfeiting one's potentialities, (b) never fully knowing others because as individuals our ability to do so is limited, and (c) our separation from nature (3).

All human beings participate in these forms of guilt, and, as such, they are appropriate to the human condition. They become unhealthy or inappropriate when one does not face them. Although guilt reminds us of our imperfections and limitations, it is a sign of our humanness and helps us to avoid hubris and to determine what is ethical (22).

Long-term exposure to messages inducing a particular emotion can lead to surfeit pathology, meaning too much of the emotion in question. When this happens, the emotion serves as a maladaptive schema through which experience is interpreted. With guilt this can be quite impairing and could be addressed through cognitive disputation of the maladaptive schema. The idea that most people, clients and counselors included, have an orientation to guilt ("G orientation") has also been widely discussed (2).

Both counselors and clients could be either guilt accepting ("G+") or guilt suppressing ("G-"). A guilt accepting orientation sees guilt as a sign of inappropriate behavior. In this case a G+ counselor can use the client's guilt to identify the inappropriate behavior and help the client in the direction of therapeutic change. Guilt-accepting counselors are more typically theists who see guilt as a natural and helpful response to avoiding inappropriate behaviors (1).

These counselors also differentiate appropriate from inappropriate guilt. A G- orientation views guilt as serving no purpose, producing psychopathology, and needing elimination for the client to improve, regardless of whether inappropriate behaviors are also eliminated. Counselors with G- orientations more often identify with secular values (10).

Guilt and the "moral" emotions:

Guilt is considered a self-evaluative, self-conscious emotion because it is evoked by the individual's understanding and evaluation of the self; it has also been defined as a painful feeling of regret over wrongdoing. Psychological theories of morality have described guilt as an emotion

that is a quintessential part of children's emerging morality because guilt feelings include self-evaluations and genuinely express the moral orientation of internalized norms (4).

Thus, guilt feelings are engendered by one's evaluative judgments and are intentional by nature. As such, they strongly depend on one's experiences in the social world. Guilt is comprised of an affective and a cognitive component. Specifically, the affective component is a painful feeling of disesteem for the self because one has caused harm to others. The cognitive component includes awareness of others, an understanding that others' perspectives can differ from one's own, and an understanding of the consequences of an act on others (23).

In addition, it includes an understanding of causality and that one can act as an agent of harm or good. While the affective experience of guilt is universal, the cognitive content varies with culture. In the psychological literature, self-conscious moral emotions (e.g., guilt, shame, embarrassment, and moral pride) have been distinguished from other-focused moral emotions. Researchers have also emphasized empathy and sympathy as other-oriented moral emotions (9).

Theoretically, moral emotions can be both negative and positive depending on the action from which they stem (e.g., guilt over a moral transgression, pride over a prosocial action, respectively). Previous developmental research on moral emotions has focused mostly on feelings of empathy and guilt. While it has been argued that there is conceptual overlap, such as between empathy and guilt, our research indicates that the development of guilt is qualitatively distinct from other moral emotions (5).

Guilt and the "basic" emotions:

Developmental research on children's moral emotions has focused on their self-reported emotions, which represent relatively finalized emotional states. However, unlike "basic" emotions, which need only automatic information processing mechanisms for their elicitation, moral emotions require a higher degree of cognitive infusion and emotional processing. The argument for the distinctiveness of the processes involved in moral versus basic emotions has received some support from literature on the neurophysiological correlates of such emotions (16).

For example, recent neurobiological research indicates that some distinct neural circuits are involved in the expression of guilt feelings compared to basic emotions. As can be seen, the moral emotions recruit brain regions implicated in social cognition and social interactions, whereas basic emotions appear less associated with these regions. Nevertheless, the existing data also speak for overlapping brain regions involved in guilt and the basic emotions (12).

For instance, guilt deficits in children with disruptive behavior have been associated with deficits in amygdala. The amygdala is also believed to play an important role in fear and distress-related emotional expressions. Overall, these findings align with theorizing that guilt is rooted in negatively-valenced, basic emotions (e.g., sadness, fear), but should be considered a more "complex" emotion because it often requires an understanding of the other's mind and an appreciation of why it is wrong to break moral norms of fairness, justice, and care (3).

In sum, self-evaluative moral emotions, such as guilt, are complex emotions and, as such, are conceptually distinct from the basic emotions. There also appears to be some empirical evidence for discrete neural correlates of guilt. At the empirical level, however, many authors also expect numerous relations between complex moral emotions and basic emotions, such as a positive association between self-reported guilt and spontaneously expressed basic emotions of sadness or fear. These correlations are likely to correspond with overlapping neural structures (22).

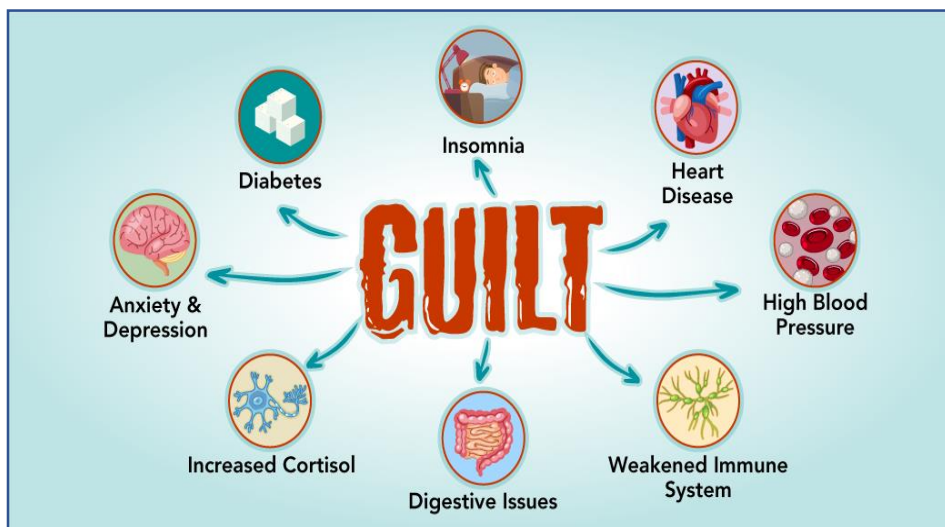


Figure (5): Dangers of guilt (*Richfield, 2023*).

Guilt Assessment:

Given the implication of guilt in psychopathological disease, various instruments have been devised to detect the presence and extent of this condition, especially in adult populations. Instruments display a broad heterogeneity in the conceptualization and validation of measures of guilt in adults, especially for the variability in the definition and measure of guilt as a state or trait-like component, an involvement in blaming toward the self or the behavior, and the relation with other overlapping constructs (2).

For example, the Guilt Inventory [IG] is an evaluation scale that separately measures trait guilt, state guilt, and moral standards. It is based on the concept that guilt is an emotion that does not coincide with moral standards and therefore requires separate measurement instruments (24).

The Interpersonal Guilt Questionnaire-67 [IGQ-67] evaluates four different types of guilt and measures them separately: survivor guilt, separation guilt, omnipotent responsibility guilt, and self-hatred guilt (25).

The Guilt and Shame Proneness (GASP) scale measures individual differences in the proneness to experience guilt and shame across a range of personal transgressions (23).

Global adjective checklists such as the Personnel Feelings Questionnaire-2 [PFQ-2] assess trait guilt by asking respondents to rate the frequency with which they experience guilt-related adjectives (26).

The Test of Self-Conscious Affect [TOSCA] yields indices of shame-proneness, guilt-proneness, externalization, detachment/unconcern, Alpha pride, and Beta pride (27).

Guilt treatment:

While patients cannot necessarily control how they feel, the right treatment can help them to establish a healthier relationship with themselves. Improving their self-esteem, and identifying what is and isn't in their control at a given moment, may reduce the intensity and frequency of guilt. If their guilt complex is affecting their quality of life, it's worth seeking support. Untamed guilt can exacerbate symptoms of depression and anxiety. They may turn to self-destructive coping responses to numb or suppress their feelings. Effective treatment can help them avoid these outcomes (6).

Therapy:

Therapy provides a safe and collaborative space for healing. These methods can help patients to understand the origin of their guilt, the role it plays in their life, and their specific triggers. Therapy may also include comprehensive treatment for other co-occurring mental health issues (9).

Therapy options for a guilt complex include:

- ❖ Cognitive-behavioral therapy (CBT): CBT focuses on changing negative thoughts into more realistic ones. Over time, this process can help improve feelings and behavioral responses.
- ❖ Trauma-focused CBT (TF-CBT): TF-CBT is a specific type of CBT that integrates psychoeducation and tools for recovering from trauma. It may be beneficial for people who have histories of trauma embedded in their guilt.
- ❖ Online therapy: Online therapy can be helpful for busy people with demanding schedules. Online therapists often implement the same approaches and techniques as in-person therapists.
- ❖ Grief counseling: Grief counseling can be beneficial for those experiencing guilt after loss. This type of counseling focuses on understanding and reconciling the role of grief in the life of patients.
- ❖ Experiential therapy: Experiential therapy may blend concepts of art, dance, music, and play to better understand feelings. This type of therapy tends to work well with children, but adults can also benefit from it (28).

Medications:

Medication can help manage symptoms of certain mental illnesses, like depression or anxiety. Medication alone will not fix or stop the feeling of guilt, but it can lessen the intensity of the stressors that may be exacerbating negative perceptions. In turn, finding the right prescription can

allow patients to develop a more rational approach to themselves and others. Antidepressants or anti-anxiety medications can help to cope with symptoms of depression or anxiety, but they may also recommend psychotherapy (3).

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