search on negative affective states. In P. C. Kendall & D. Watson, (Eds.), *Anxiety and depression: Distinctive and overlapping features.* San Diego: Academic Press.
Kendall P. C., & Watson, D. (Eds.). (1989). *Anxiety and depression: Distinctive and overlapping features.* San Diego: Academic Press.
Lewinsohn, P. M., Hoberman, H., Rosenbaum, M. (1988). A prospective study of risk factors for unipolar depression. *Journal of Abnormal Psychology, 97,* 251–264.
Meehl, P. E. (1978). Theoretical risks and tabular asterisks: Sir Karl, Sir Ronald, and the slow progress of soft psychology. *Journal of Consulting and Clinical Psychology, 46,* 806–834.
Nurcombe, B. (1992). The evolution and validity of the diagnosis of major depression in childhood and adolescence. In D. Cicchetti & S. L. Toth (Eds.), *Developmental perspectives on depression* (pp. 1–27). Rochester, New York: University of Rochester Press.
Parker, G. (1979). Parental characteristics in relation to depressive disorders. *British Journal of Psychiatry, 134,* 138–147.
Persons, J. B. (1986). The advantages of studying psychological phenomena rather than psychiatric diagnoses. *American Psychologist, 41,* 1252–1260.
Pyszczynski, T., & Greenberg, J. (1987). Self-regulatory perseveration and the depressive self-focusing style: A self-awareness theory of reactive depression. *Psychological Bulletin, 102,* 1–17.
Safran, J. D., & Segal, Z. V. (1990). *Interpersonal process in cognitive therapy.* New York: Basic Books.
Salkovskis, P. M. (1996). *Frontiers of cognitive therapy.* New York: Guilford.
Smith & Rhodewalt, (1991). In C. R. Snyder & D. R. Forsyth (Eds.), *Handbook of social and clinical psychology: The health perspective* (pp. 739–756). New York: Pergamon.
Teasdale, J. D. & Barnard, P. J. (1993). *Affect, cognition, and change.* Hillsdale, NJ: Erlbaum.
Tennen, H., Hall, J. A., & Affleck, G. (1995a). Depression research methodologies in the Journal of Personality and Social Psychology: A review and critique. *Journal of Personality and Social Psychology, 68,* 870–884.
Tennen, H., Hall, J. A., & Affleck, G. (1995b). Rigor, rigor mortis, and conspiratorial views of depression research. *Journal of Personality and Social Psychology, 68,* 895–900.
Vredenburg, K., Flett, G. L., & Krames, L. (1993). Analogue versus clinical depression: A critical reappraisal. *Psychological Bulletin, 113,* 327–344.
Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology, 54,* 1063–1070.
Watson, D., & Tellegen, A. (1985). Toward a consensual structure of mood. *Psychological Bulletin, 98,* 219–235.
Weary, G., Edwards, J. A., & Jacobson, J. A. (1995). Depression research methodologies in the Journal of Personality and Social Psychology: A reply. *Journal of Personality and Social Psychology, 68,* 885–891.

Journal of Social and Clinical Psychology, Vol. 18, No. 2, 1999, pp. 181-203

INTERPERSONAL GUILT, SHAME, AND PSYCHOLOGICAL PROBLEMS

LYNN E. O'CONNOR AND JACK W. BERRY
The Wright Institute and the San Francisco Psychotherapy Research Group

JOSEPH WEISS
The San Francisco Psychoanalytic Institute, University of California, San Francisco, and the San Francisco Psychotherapy Research Group

Recent research has focused on the positive consequences of guilt as opposed to shame. The present studies investigated the relationship between interpersonal guilt related to the fear of harming others, shame, and various measures of psychological distress and symptoms. The Interpersonal Guilt Questionnaire, The Guilt Inventory, the Test of Self-Conscious Affect, the Brief Symptom Inventory, the Beck Depression Inventory, and the Coopersmith Self-Esteem Inventory were administered to samples of college students. These results suggest that interpersonal guilt, when elevated and linked to pathogenic beliefs, may also be associated with psychological problems and indicate that there may be a down side to guilt.

The relationship between guilt and psychopathology is currently a topic of great debate. Many recent studies have reported guilt to be adaptive and related to a variety of socially valued characteristics (Baumeister, Stillwell, & Heatherton, 1994; Tangney, 1990, 1991, 1995; Tangney & Fischer, 1995; Tangney, Wagner, & Gramzow, 1992) while other studies have reported that guilt is associated with psychological problems and symptoms (Ferguson, 1996; Kugler & Jones, 1992; Harder, 1995; Harder, Cutler, & Rockert, 1992). These apparently contradictory findings demand a theoretical explanation that can account for both the adaptive

This research was supported by a grant from the Miriam F. Meehan Charitable Trusts, 1993, 1994 and 1995 and by a Broitman Foundation Grant for 1993, 1994 and 1995. The authors wish to thank Ellen Middaugh, Michael Simon, Dina Schweitzer, Elizabeth Echt, Kelly McMullin, and Sarah Carroll for their helpful contributions to the completion of these studies. The authors thank Roy Baumeister for his careful reading and helpful comments on this article.

Address correspondence to Lynn O'Connor, The San Francisco Psychotherapy Research Group, 2420 Sutter Street, San Francisco CA 94115; e-mail: LynnOC@aol.com.

and maladaptive functions of guilt. In the present paper we propose that interpersonal guilt is adaptive in its role in the maintenance of social relations; however, when linked to irrational or pathogenic beliefs, it may be maladaptive and lead to distress, inhibitions, and psychopathology. In this study we describe these maladaptive forms of guilt and present data collected to test the hypothesis that these types of guilt are associated with a variety of psychological problems.

THEORETICAL BACKGROUND

Much of the current debate about the importance of guilt has contrasted it with shame, with those who argue that guilt is primarily adaptive taking the position that shame is the emotion linked to psychological problems. Within the psychoanalytic tradition prior to the 1970s, guilt was widely regarded as the most important contributor to pathology and emotional distress (Freud, 1923, 1926, 1940; Klein, 1948; Modell, 1965, 1971). Although early psychoanalysts acknowledged shame as a problematic emotion, most often in terms of humiliation, it is only in recent years that shame has come to be regarded as a central emotion in psychopathology. Lewis (1971), Kohut (1971), and other relational theorists have brought shame to the foreground as the "sleeper in psychopathology" (Lewis, 1987), while guilt has been put on the back burner.

The recent relegation of guilt to a lesser role in psychopathology may have occurred as part of a rejection of the classic definition of guilt. In the traditional psychoanalytic view, guilt arises from moral injunctions against motives such as envy, jealousy, rage and hatred. According to this view, people are motivated by antisocial drives, and the development of conscience, or the superego, occurs with difficulty. Freud suggested that the superego "observes the ego, gives it orders, judges it and threatens it with punishments, exactly like the parents which place it has taken" (Freud, 1940, p. 62).

Current developments in social and biological science have led to a redefinition of guilt, and, seen in a new perspective, this emotion may once again move into a central position in the understanding of pathology. Influenced by the ethological, social, and evolutionary perspective on human behavior suggested in the work of Bowlby (1969) and others, and pursued in a large body of empirical and theoretical work including studies of altruism, empathy, evolutionary biology, evolutionary psychology, and psychoanalysis, many researchers and clinicians have come to define guilt as an interpersonally driven emotion, based on the need to maintain attachments to others (Batson, Fultz, & Schoenrade, 1987; Baumeister, Stillwell, & Heatherton, 1994; Baumeister & Leary, 1995; Eisenberg & Strayer, 1990; Gilbert, Pehl, & Allan, 1994; Hoffman, 1981, 1987; Jones & Burdette, 1994; Jones, Kuglar, & Adams, 1995; Modell, 1965, 1971; Neiderland, 1961, 1981; Plutchik, 1987; Sampson, 1983; Weiss, 1983, 1986; Zahn-Waxler & Kochanska, 1990). The interpersonal perspective describes guilt as deriving from altruism, a fear of harming others and related to empathy and to the maintenance of attachments.

Guilt based on a person's fear of harming others in the pursuit of his or her own goals may be divided into several types. Of special importance are survivor/outdoing guilt (guilt over surpassing or being better off than others), and separation guilt (guilt over leaving or being different than loved ones). Both survivor/outdoing and separation guilt usually involve an exaggerated or omnipotent, all powerful, sense of responsibility for others. Freud referred to survivor guilt in the wake of his father's death, in a letter to Wilhelm Fliess, in which he noted "that tendency toward self-reproach which death invariably leaves among the survivors" (Freud, 1896; cited in Jones, 1960). Survivor guilt was described by Neiderland as a psychological state common to people who escaped the prison camps of World War II (Neiderland, 1961, 1981) and who he found to be suffering from feelings of guilt for surviving loved ones who had been killed. Modell (1965, 1971) expanded the construct of survivor guilt, applying it to less catastrophic traumas common to disturbed family life. He described patients inhibiting themselves from success, or engaging in self-destructive behaviors in response to unconscious guilt towards a family member, whom they believe to be worse off than themselves. Modell also described separation guilt as a component of some psychopathology; he spoke of patients' self-sabotage and depression when they felt they were leaving or betraying family members (Modell, 1965).

The interpersonal cognitive/psychodynamic theory of mental functioning and psychopathology developed by Joseph Weiss (1983, 1986, 1993) places particular emphasis on interpersonal guilt as a primary emotion associated with psychological distress and inhibitions. Weiss's theory, sometimes referred to as Control Mastery theory, has been tested empirically in a long series of studies conducted by Weiss, Sampson, and members of the San Francisco Psychotherapy Research Group (formerly the Mount Zion Psychotherapy Research Group) (1986). According to Weiss, psychopathology is derived from pathogenic beliefs that develop in response to difficult experiences in childhood. Pathogenic beliefs warn people that if they attempt to pursue normal developmental goals, they will harm either themselves or someone they love, such as a parent or sibling or other significant person. Pathogenic beliefs that predict harming others give rise to guilt. If people then attempt to pursue these normal goals, or even consider pursuing them, they may suffer from guilt, shame, anxiety, and fear. According to Weiss's theory, people de-

velop pathogenic inhibitions in response to these beliefs, in an effort to avoid or minimize guilt. Weiss views this as a central issue even when the person appears to be more concerned about protecting himself or herself. For example, people who have been neglected or punished harshly by their parents will often develop the belief that they deserve to be punished or neglected in order to maintain the authority of the parent (Weiss, 1993). They suffer from feelings of shame and accept their parent's hatred of them. This compliance serves to protect them from experiencing the guilt they might feel were they to defy their parents' opinions. Thus Weiss sees shame and guilt both as relevant to psychopathology, and often highly connected.

EMPIRICAL RESEARCH ON GUILT, SHAME, AND PSYCHOPATHOLOGY

Empirical studies differ in their findings about the relative importance of guilt and shame to psychopathology (Ferguson, 1996; Harder, 1995; Harder, Cutler & Rockert, 1992; Jarrett & Weissenburger, 1990; Klas, 1987; Menaker, 1995; O'Connor, Berry, Weiss, Bush & Sampson, 1997; Tangney & Fischer, 1995; Tangney et al., 1992). Klas (1987) found the total Situational Guilt Scale (SGS) score to correlate significantly with all three factors—dependency, self-criticism, and efficacy—of the Depressive Experiences Questionnaire (Blatt, D'Afflitti, & Quinlan, 1975). The interpersonal harm subscale of the SGS correlated significantly with dependency and self-criticism. Jarrett and Weissenburger (1990) also found that nonpsychotic subjects diagnosed with depression had significantly elevated scores when compared to controls on the total guilt score of the SGS and on the three subscales of the SGS, Interpersonal Harm, Norm Violation, and Self Control Failure. The total guilt scores for all subjects correlated with three measures of depression, the Hamilton Rating Scale (Hamilton, 1960), the Inventory for Depressive Symptomatology (Rush, Giles, Schlesser, Fulton, Weissenburger, & Burns, 1986), and the Beck Depression Inventory (BDI; Beck, 1972). Thus these studies suggest that guilt is related to depression.

In a series of studies (Tangney et al., 1992; Tangney, Burggraf & Wagner, 1995) using the Self Conscious Affect and Attribution Inventory (SCAAI) and the Test of Self-Conscious Affect (TOSCA), Tangney found that guilt is less related than shame to psychopathology. When controlling for the shared variance between shame and guilt, guilt was negligibly or negatively correlated with psychopathology whereas shame continued to be highly correlated with all subscales of the Symptom Checklist-90 (Derogatis, Lipman, & Covi, 1973), with both Trait and State Anxiety (Spielberger, Gorsuch, & Lushene,1970) with the BDI

(Beck, 1972), and with most subscales of the Attributional Style Questionnaire (ASQ: Seligman, Abramson, Semmel, & von Bayer, 1979).

Harder et al. (1992), using the Adapted Shame and Guilt Scale (ASGS), and the Personal Feelings Questionnaire 2 (PFQ-2), found that guilt and shame were both roughly related to all major symptoms on a variety of symptom measures. The authors state that their results are at variance with Tangney's findings suggesting that guilt is minimally related to psychopathology.

These apparently contradictory findings may reflect the differences in the constructs used in the measurement of guilt, as well as differences in the specific test formats. Tangney defines guilt as a self conscious emotion related to the sense that one has done some specific wrong for which one can make reparation. This contrasts with her definition of shame, in which people feel that there is something globally wrong with them, as opposed to their doing some specific thing wrong. These definitions are reflected in her scenario-based questionnaires in which subjects are asked to respond to a situation in terms of how they might react. In the guilt scenarios, Tangney and colleagues have provided adaptive choices to be rated on Likert scales, whereas in the shame scenarios they have provided less adaptive choices for rating. Previous research has found the guilt subscale significantly correlated with empathy and good social adjustment (Tangney, 1991, 1995; Tangney et al., 1992). However guilt as measured by the PFQ-2 is not context specific and relies on the subject's own interpretations of emotion words. This test format may be susceptible to a tendency toward self-derogation (an aspect of shame) that could lead to difficulty in differentiating the self-reports of negative affects.

In an effort to further investigate the relationship between guilt and psychopathology, O'Connor, Berry, Weiss, Bush, and Sampson (1997) developed the Interpersonal Guilt Questionnaire-67 (IGQ-67), which is both context specific and theoretically related to maladaptive, irrational (linked to irrational beliefs) guilt concerning the fear of harming others. This measure was designed to assess the types of guilt emphasized in Weiss's theory and not specifically measured by existing instruments. It includes subscales of Survivor/Outdoing Guilt, Separation Guilt, and Omnipotent Responsibility Guilt, which directly assess guilt related to the fear of harming others. A fourth subscale, Self-hate, relates to a general sense of badness, proneness to shame, and indirectly relates to interpersonal guilt, according to Weiss's theory.

Survivor/Outdoing Guilt is characterized by the pathogenic belief that by pursuing normal goals and achieving success and happiness, one will cause others to suffer simply by comparison. This subscale contains items such as "I conceal or minimize my success"; "It makes me uncomfortable to receive better treatment than the people I am with." *Separation*

guilt is characterized by the pathogenic belief that to separate from or be different from loved ones will harm them and constitutes an act of disloyalty. This subscale includes items such as "I feel that bad things may happen to my family if I do not stay in close contact with them"; "I prefer to do things the way my parents did them". *Omnipotent responsibility guilt* involves an exaggerated sense of responsibility and concern for the happiness and well-being of others. People who feel survivor guilt and/or separation guilt invariably feel omnipotent responsibility guilt. However, there are instances in which a person may feel omnipotently responsible for others without specifically feeling survivor/outdoing or separation guilt. This subscale includes items such as "It is very hard for me to cancel plans if I know the other person is looking forward to seeing me"; "I can't stand the idea of hurting someone else." *Self-hate* is an extreme and maladaptive self-evaluation that may occur in compliance with harsh, punishing, or neglectful parents. The Self-Hate subscale contains such items as "If something bad happens to me I feel I must have deserved it"; "I always assume I am at fault when something goes wrong."

The construct validity of the IGQ subscales has been reported in several earlier studies. O'Connor et al. (1997) and Meehan, O'Connor, Berry, Weiss, Morrison, and Acampora (1996) report on a series of studies in which a 45 item pilot version of the IGQ (IGQ-45) was administered to a sample of 65 adult members of a community organization and a sample of 110 subjects recovering in a drug treatment program. In addition to the IGQ and the guilt and shame subscales of the Test of Self Conscious Affect, we used the Guilt Inventory developed by Kugler and Jones (1992) and the BDI. Results indicated a significant correlation between depression and the Survivor/Outdoing Guilt and Self-Hate subscales of the IGQ-45, the State Guilt and Trait Guilt subscales of the GI, and the Shame subscale of the TOSCA. As in prior studies, the Guilt subscale of the TOSCA did not correlate with depression.

The relationship between guilt and depression was examined in another study, using a revised and psychometrically improved version of the IGQ (IGQ-67; O'Connor et al., 1997). This instrument along with the GI, the TOSCA, and the BDI were administered to a sample of 111 college students. It was found that all subscales of the IGQ-67, the Trait Guilt, State Guilt, and Moral Standards subscales of the GI, and the Guilt and Shame subscales of the TOSCA, correlated significantly with depression. The shared variance with shame was partialed out from all guilt measures and the residuals correlated with depression to produce "shame-free" measures. All guilt measures continued to be significantly correlated with depression, with the exception of the Guilt subscales of the TOSCA, a finding consistent with Tangney's previous results.

Shame, however, when its shared variance with the various guilt scales is partialed out, was no longer significantly correlated with depression, except when its shared variance with guilt as measured by the TOSCA and moral standards were removed. These studies indicate that guilt as operationalized by the IGQ and the GI predict depression, whereas the guilt as measured by the TOSCA does not.

Another related study examined guilt, shame, and attributional style with the premise that a pessimistic explanatory style is indicative of a predisposition for depression (Menaker, 1995). In an investigation of 67 college students using the Attributional Style Questionnaire (ASQ), the IGQ-67, the TOSCA, and the GI, Menaker found that overall optimistic attributional style was significantly negatively correlated with the Shame and Guilt subscales of the TOSCA, and with all subscales of the IGQ-67. None of the subscales of the GI correlated significantly with optimism. Upon examination of the subscale of positive events on the ASQ, it was found that only the Survivor/Outdoing Guilt, Omnipotent Responsibility Guilt and Self-hate subscales of the IGQ-67 were significantly correlated negatively with optimism for good events. Separation Guilt approached significance ($p = .051$). However, in regard to negative events, it was found that the Shame subscale of the TOSCA, the Guilt subscale of the TOSCA, and the Omnipotent Responsibility Guilt subscale of the IGQ-67 were significantly positively correlated with a pessimistic style for negative events. This study suggests that a depressive explanatory style and the associated tendency for depression is associated with guilt, and particularly when one focuses on explanatory style for positive events. Shame on the other hand appears in this study to be more related to explanatory style for negative events.

THE PRESENT STUDIES

The present studies were designed to test hypotheses regarding the relationship between psychopathology, shame, and the types of interpersonal guilt measured by the IGQ-67. In order to investigate the differential contributions of shame and these types of guilt to a variety of symptoms, these studies used the Interpersonal Guilt Questionnaire-67 (IGQ-67: O'Connor et al., 1997); TOSCA (Tangney 1990; Tangney, Wagner, & Gramzow, 1992); the Guilt Inventory (GI; Kugler & Jones, 1992); the Brief Symptom Inventory (BSI: Derogatis, 1993), which is a shortened version of the Symptom Checklist-90; the BDI (Beck, 1972); and the Self-Esteem Inventory (SEI; Coopersmith, 1993). Following Weiss's theory, we hypothesized that the subscales of interpersonal guilt would be positively correlated with the subscales of the BSI and with the BDI, and would be negatively correlated with the SEI. In addition, following the

data analytic strategy of Tangney et al. (1992) to determine the relative contribution of shame and guilt to psychopathology, we hypothesized that the interpersonal guilt subscales would continue to be correlated with these measures after shame was partialed out. It was expected that as in the Tangney et al. (1992) studies, the TOSCA guilt subscale would not correlate with psychological problems after partialing out shame. The GI, which has been shown to correlate with psychological problems in prior research (Kugler & Jones, 1992), is used in the present study to assess the construct validity of the IGQ-67.

The rationale for these hypotheses is based on Weiss's theory, which suggests that people who are suffering from guilt tend to inhibit themselves, put themselves down, and punish themselves. Guilt-prone people may try to "even the score," that is to put others ahead of themselves, by holding themselves down in a variety of ways. These may include feelings of depression, obsessive thinking, compulsive behaviors, frightening thoughts common to phobic conditions, somatization, and hostility. In the midst of the current debate about the relative contribution of shame and guilt and the contradictory findings discussed in the literature, this study attempts to re-examine the differing roles of guilt and shame, using a measure that explicitly assesses guilt defined as an uncomfortable self-conscious affect related to the fear of harming others.

METHODS

SUBJECTS

In Study 1, subjects were 223 college students from a large state university who participated for class credit. The sample included 42.9% men and 57.1% women. The mean age of subjects was 20.1 years (SD = 3.5), with the youngest 18 and the oldest 43. The ethnic identifications of subjects included 53 (24.2%) European Americans; 19 (8.7%) African Americans; 107 (48.9%) Asian Americans; 2 (1%) Native Americans; 35 (15.9%) Latin Americans; and 3 (1.4%) Other. Of those subjects reporting a religious affiliation, 81 (38%) were Roman Catholic; 55 (25.7%) Protestant; 4 (1.9%) Jewish; 32 (15%) Buddhist; 1 (.5%) Muslim; 6 (2.8%) Hindu; 32 (15%) None; and 2 (1%) Mixed.

In Study 2, subjects were 61 college students from another large state university, who participated for credit in a psychology course. Subjects included 21 (34.4%) men and 40 (65.6%) women, with mean age 19.8 years (SD = 2.4), ranging from 18 to 29 years old. Ethnicity of subjects was 10 (16.7%) European Americans; 17 (28.3%) Asian Americans, 4 (6.7%) African Americans; 11 (18.3%) Filipino Americans; 11 (18.3%) Latin Americans; 1 (1.7%) Native American; and 6 (10%) Other. Religions reported included 24 (42.1%) Roman Catholic; 1 (1.8%) Protestant; 2 (3.5%) Jewish; 6 (10.5%) Buddhist; 1 (1.8%) Hindu; 14 (24.6%) Other; and 9 (15.8%) None.

INSTRUMENTS

The studies reported here were part of a series of larger investigations of the relationship between maladaptive guilt, shame and life experiences. Measures used in Study 1 included the IGQ-67 (O'Connor et al., 1997), the TOSCA (Tangney, 1990; Tangney et al., 1992), the GI (Kugler & Jones, 1992); and the BSI (Derogatis, 1993). Measures used in Study 2 included the IGQ-67, the TOSCA, the BDI (Beck, 1972), and the SEI (Coopersmith, 1993). Table 1 presents a summary of the guilt and shame measures.

The Interpersonal Guilt Questionnaire-67 (IGQ-67; O'Connor et al., 1997) is a 67-item, self-report questionnaire designed to assess four types of guilt related to a fear of harming others; the four subscales of the IGQ-67 are Survivor/Outdoing Guilt (22 items), Separation Guilt (16 items), Omnipotent Responsibility Guilt (14 items), and Self-hate (15 items). Responses to items are given on a 5-point Likert-type scale, and subscale scores are the sum of item responses for that subscale (some items are reverse scored). Internal consistencies (Cronbach's alpha coefficients) for the subscales have been determined from several previous studies, and have ranged from .82 to .85 for Survivor/Outdoing Guilt, from .82 to .83 for Separation Guilt, from .74 to .83 for Omnipotent Responsibility Guilt, and from .84 to .87 for Self-hate (O'Connor et al., 1997; Menaker, 1995). In the present studies, alpha coefficients obtained were as follows: Survivor/Outdoing Guilt, .76 and .84; Separation Guilt, .73 and .76; Omnipotent Responsibility Guilt, .73 and .71; and Self-hate, .89 and .86.

The Test of Self-Conscious Affect (TOSCA; Tangney, 1990; Tangney et al., 1989) is a 45-item self-report measure of cognitive, affective, and behavioral aspects of shame, guilt, externalization of blame, detachment/unconcern, and pride. The TOSCA was modeled after the Self Conscious Affect and Attribution Inventory (SCAAI; Tangney, Burggraf, Hamme & Domingos, 1988), which was revised in order to be appropriate for a broader adult population. The TOSCA consists of ten negative and five positive scenarios, and response choices on 5-point Likert-type scales which reflect the dimensions described above. The present studies concern only the shame and guilt subscales of the TOSCA. Proneness to shame in this measure is considered to be a tendency to make global negative evaluations of the whole self; guilt is considered to be a tendency to make negative self-evaluations about specific time-and situation-limited behaviors. Reported estimates of internal consistency (Cronbach's alpha) for the Shame and Guilt scales were .76 and .66, re-

TABLE 1. Measures and Subscales with Conceptual Definitions

		Association with Psychopathology*
The Interpersonal Guilt Questionnaire-67 (IGQ-67)		
Survivor Guilt	Guilt derived from the belief that one is harming others by surpassing them, being better off, being successful or happy	+
Omnipotent Guilt	Guilt derived from the belief that one responsible for the well-being of others, and that one has the power to make others successful or happy	+/0
Separation Guilt	Guilt derived from the belief that one is disloyal and harming loved one(s) by leaving or by being different	0/+
Self-hate	A severe negative evaluation of the self, usually in compliance with harsh or rejecting parents	+
Guilt Inventory (GI)		
State Guilt	Present guilty feelings based on current or recent transgressions	+
Trait Guilt	A continuing sense of guilt beyond immediate circumstances	+
Moral Standards	Code of moral principles	0
Test of Self Conscious Affect (TOSCA)		
Shame	Tendency to make negative global evaluations of the whole self	+
Guilt	Tendency to make negative self evaluations about specific time and situation limited behaviors	0/-

Note. *+ = a positive relationship with psychopathology, based on prior studies.
- = a negative relationship with psychopathology, based on prior studies.
0 = no relationship with psychopathology, based on prior studies.

spectively (Tangney et al., 1992). In the present studies, alpha coefficients for the Shame subscale of the TOSCA were .62 and .66, and for the Guilt subscale .74 and .64.

The Guilt Inventory (GI; Kugler & Jones, 1992) is a 45-item, self-report questionnaire which includes the subscales of Trait Guilt, State Guilt, and Moral Standards. The authors define guilt as "the dysphoric feeling associated with the recognition that one has violated a personally relevant moral or social standard," a definition consistent with everyday usage. Trait guilt is defined as a continuing sense of guilt beyond immediate circumstances. State guilt is defined as present guilty feelings based on current or recent transgressions. Moral standards is defined as a code of moral principles without reference to specific behaviors or beliefs. State and Trait Guilt items are distinguished by temporal references (e.g., "I often," "Recently," "Lately"). A State Guilt item reads as

"At the moment I don't feel particularly guilty about anything I have done," whereas a Trait Guilt item reads "Frequently I just hate myself for something I have done." Moral Standards items are written with no reference to specific moral beliefs or specific behaviors, and only represent rather abstract moral principles. A Moral Standards item reads "I believe in strict interpretations of right and wrong." Kugler and Jones (1992) reported internal consistency (Cronbach's alpha) for Trait Guilt of .89, for State Guilt of .83, and of moral standards .81, in a sample of 1041 adults. Test–retest reliabilities over a 10 week interval were .72 for Trait Guilt, .56 for State Guilt, and .81 for moral standards. In study one, the alpha coefficient for Trait Guilt was .84; for State Guilt, .82; for Moral Standards, .65.

The Brief Symptom Inventory (BSI: Derogatis, 1993) is a 50-item self-report inventory that assesses psychiatric symptoms and psychopathology. This measure is derived from the Symptom Checklist-90, and is essentially the brief form of the SCL-90R. The BSI has nine dimensions: Somatization, Obsessive Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism. A general severity index, the GSI provides a summary measure of total symptomatology. The BSI has been shown to have adequate reliability and validity (Block, 1978). Derogatis and Melisaratos (1983) report internal consistency (Cronbach's alpha) from .71 to .85 for all the dimensions. Test–retest reliability ranges from .68 to .91. The authors also report good convergent, discriminant, and predictive validity.

The Beck Depression Inventory (BDI; Beck, 1972) is a frequently used, reliable, and well-validated measure of depression. The BDI is a 21-item self-report inventory representing cognitive, affective, and vegetative symptoms of depression. Internal consistencies average at .86 for nine psychiatric samples, and .81 for 15 nonpsychiatric samples.

The Self-Esteem Inventory (SEI; Coopersmith, 1993) is a 25-item self-report questionnaire designed to measure attitudes toward the self in social, academic, family, and personal areas of experience. Internal consistencies have been reported to range from .87 to .92 (Kimball, 1972).

PROCEDURE

In Study 1 and in Study 2, subjects were presented with packets of the instruments as described above, in addition to a demographic data questionnaire and a letter of introduction. In this letter the study was described as an investigation of the relationship between "emotions and life experiences." It was emphasized that participation was voluntary and anonymous and subjects were asked not to write any identifying information on any materials. Written informed consent was waived be-

cause of the anonymous nature of participation. Completion of the packets took between 40 to 75 minutes. Subjects were asked to fill out the questionnaires and return them in packets to the researchers.

RESULTS

Table 2 presents the correlation matrix between all subscales of guilt and shame used in Study 1. Shame as assessed by the TOSCA correlated significantly with all guilt measures; its correlation with Self-hate, Survivor/Outdoing Guilt, and TOSCA Guilt were particularly strong. The correlations between the subscales of the IGQ-67 were statistically significant. The Omnipotent Responsibility Guilt subscale was most strongly correlated with the Guilt subscale of the TOSCA, which previous research has shown to be associated with good social adjustment. The matrix supports the construct validity of the guilt subscales of the IGQ-67.

Table 3 presents correlations between the IGQ-67 subscales with all measures of psychopathology in both Studies 1 and 2. Both bivariate correlations between the subscales and part correlations of the subscales, partialing out the shared variance with the Shame subscale of the TOSCA, are shown. We hypothesized that all subscales of the IGQ-67 would correlate with all symptom measures and that these correlations would remain significant after partialing for shame. Results indicate that Survivor/Outdoing Guilt and Self-hate were significantly correlated with all indices of psychopathology and both remained significantly correlated after their shared variances with Shame were removed. Separation Guilt was significantly correlated with all subscales of the BSI, but was not significantly correlated with the Beck Depression Inventory or the Self-Esteem Inventory. To summarize, after partialing for shame: (1) Survivor/Outdoing Guilt and Self-hate predicted all measures of psychopathology, (2) Separation Guilt predicted only Somatization, Interpersonal Sensitivity, Phobic Anxiety, Paranoid Ideation, and Psychoticism, but not Obsessive Compulsive, Depression, Anxiety, and Hostility, and (3) Omnipotent Responsibility Guilt predicted only depression as measured by the BDI.

Table 4 reports the correlations between the measures of psychopathology and guilt subscales of the GI and the TOSCA. For the State and Trait Guilt subscales of the GI, both the bivariate and part correlations (removing shared variances with shame) with all BSI subscales were statistically significant. None of the bivariate or part correlations between Moral Standards and the BSI subscales were statistically significant. The Guilt subscale of the TOSCA was not significantly associated with most of the subscales of the BSI. Statistically signifi-

TABLE 2. Correlation matrix of Shame and Guilt Measures (Cronbach's Alpha Coefficients in Parentheses)

	TOSCA Shame	TOSCA Guilt	Survivor Guilt	Separation Guilt	Omnipotence Guilt	Self-Hate	State Guilt	Trait Guilt	Moral Standards
TOSCA Shame	(.68)								
TOSCA Guilt	.47	(.74)							
Survivor Guilt	.45	.35	(.76)						
Separation Guilt	.21	.18	.29	(.73)					
Omnipotence Guilt	.32	.44	.52	.43	(.73)				
Self-Hate	.49	.14	.60	.26	.28	(.89)			
State Guilt	.19	.01	.19	.07	.11	.41	(.82)		
Trait Guilt	.35	.18	.32	.13	.26	.51	.75	(.86)	
Moral Standards	.14	.24	.10	.26	.15	.03	.06	.09	(.63)

TABLE 3. Correlations Between IGQ-67 Subscales (Including Scores Partialed for Shame) and BSI Scales

	Survivor guilt	Survivor guilt partialed/ No shame	Separation guilt	Separation guilt partialed/ no shame	Omnipotence guilt	Omnipotence guilt partialed/ No shame	Self-hate	Self-hate partialed/ No shame
BSI Somatization	.25***	.21**	.22**	.18**	.15*	.10ns	.34***	.31***
Obsessive-compulsive	.22**	.16*	.16*	.13ns	.14*	.09ns	.36***	.31***
Interpersonal sensitivity	.32***	.21**	.31***	.25***	.21**	.12ns	.49***	.40***
Depression	.34***	.24***	.15*	.08ns	.12ns	.01ns	.53***	.45***
Anxiety	.26***	.19**	.15*	.11ns	.12ns	.05ns	.38***	.33***
Hostility	.26***	.18**	.15*	.10ns	.12ns	.05ns	.39***	.34***
Phobic anxiety	.18**	.14*	.25***	.22**	.07ns	.02ns	.36***	.35***
Paranoid ideation	.30***	.20**	.27***	.22**	.22**	.13ns	.40***	.32***
Psychoticism	.36***	.23***	.24***	.16*	.17*	.05ns	.53***	.42***
GSI	.32***	.23***	.26***	.20**	.18**	.09ns	.50***	.44***
BDI	.40**	.34**	-.08ns	-.12ns	.46***	.33**	.56***	.46***
Self-Esteem	-.37**	-.28*	.13ns	.17ns	-.35**	-.15ns	-.64***	-.51***

*$p < .05$; **$p < .01$; ***$p < .001$.

TABLE 4. Correlations Between Guilt Inventory Subscales and the Guilt Subscale of the TOSCA (Including Scores Partialed for Shame) and BSI Scales

	State guilt	State guilt partialed/ No shame	Trait guilt	Trait guilt partialed/ No shame	Moral standards	Moral standards partialed/ No shame	TOSCA guilt	TOSCA guilt partialed/ No shame
BSI somatization	.27***	.24***	.34***	.31***	.12ns	.08ns	-.08	-.19**
Obsessive-compulsive	.34***	.31***	.36***	.32***	-.06ns	-.10ns	-.10	-.21**
Interpersonal sensitivity	.25***	.19**	.33***	.25***	.06ns	.01ns	-.07	-.25***
Depression	.54***	.49***	.49***	.41***	-.02ns	-.08ns	-.13	-.32***
Anxiety	.32***	.29***	.38***	.33***	-.06ns	-.10ns	-.16*	-.29***
Hostility	.27***	.24***	.33***	.27***	-.01ns	-.05ns	-.09	-.21**
Phobic anxiety	.18*	.15*	.18**	.15*	-.08ns	-.11ns	-.15*	-.25***
Paranoid ideation	.27***	.22**	.28***	.20**	-.01ns	-.07ns	-.11	-.28***
Psychoticism	.41***	.34***	.43***	.34***	.04ns	-.03ns	-.05	-.25***
GSI	.41***	.36***	.45***	.38***	.02ns	-.03ns	-.12	-.29***
BDI							.22ns	.09ns
Self-Esteem							-.25ns	-.07ns

*$p < .05$; **$p < .01$; ***$p < .001$.

cant negative correlations were found between the Guilt subscale of the TOSCA, and the Anxiety and Phobic Anxiety subscales of the BSI. The correlation between the TOSCA Guilt subscale and the BDI and SEI were also not statistically significant. After removing its shared variance with Shame, the TOSCA Guilt subscale was significantly correlated negatively with all subscales of the BSI, and remained uncorrelated with the BDI and the SEI.

Table 5 presents the bivariate correlations between the Shame subscale of the TOSCA and all measures of psychological symptoms in Study 1 and Study 2. In addition, part correlations removing the shared variance of Shame with all guilt subscales are presented. Shame was significantly correlated with all measures of psychopathology with the exception of the Somatization and Phobic Anxiety subscales of the BSI. When its shared variance with the TOSCA Guilt subscale was removed, Shame correlated significantly with all subscales of the BSI, and with the SEI, but not with the BDI. These findings are consistent with previous results reported by Tangney (1995). Also, when the shared variances between Shame and Separation Guilt, Omnipotence Guilt, and Moral Standards were partialed from Shame subscale scores, the Shame residuals remained significantly correlated with most of the measures of psychological symptoms. It is worth noting that when the shared variances between Shame and Survivor Guilt, Self-hate, and Trait Guilt were partialed out, the Shame residuals were not significantly correlated with most measures of psychopathology. Shame scores residualized for State Guilt yielded a less consistent pattern of correlations with the symptom measures.

DISCUSSION

The results of this study largely support the hypothesis that interpersonal guilt as measured by the four subscales of the IGQ-67 is significantly correlated with a wide range of psychological problems and symptoms and that some types of interpersonal guilt may be as or more important than shame in the psychological dynamics of psychopathology. This study found that Survivor/Outdoing Guilt and especially Self-hate were correlated with all measures as hypothesized, and remained so with shame partialed out.

Separation Guilt correlated positively with all BSI subscales, but not with the BDI or the SEI. After partialing for shame, Separation Guilt lost its significant correlation with four of the BSI symptom dimensions. Thus the independent contribution of Separation Guilt to symptomatology was less clear than that of Survivor/Outdoing Guilt and Self-hate.

TABLE 5. Correlations Between the Shame Subscale of theTOSCA (Including Scores Partialed for All Guilt Scales) and BSI Scales

	Shame	Shame partialed/ No TOSCA guilt	Shame partialed/ No survivor guilt	Shame partialed/ No separation guilt	Shame partialed/ No omnipotence guilt	Shame partialed/ No self-hate	Shame partialed/ No state guilt	Shame partialed/ No trait guilt	Shame partialed moral/ No standards
BSI somatization	.13ns	.20**	.03ns	.09ns	.09ns	-.03ns	.09ns	.02ns	.12ns
Obsessive-compulsive	.17*	.25***	.08ns	.14*	.13ns	.01ns	.11ns	.05ns	.18**
Interpersonal sensitivity	.27***	.35***	.15*	.21**	.22**	.05ns	.23***	.17*	.27***
Depression	.26***	.38***	.13ns	.24***	.25***	.02ns	.17*	.11ns	.27***
Anxiety	.16*	.28***	.06ns	.14*	.14*	-.01ns	.11ns	.04ns	.18*
Hostility	.19**	.27***	.09ns	.17*	.17*	-.01ns	.15*	.09ns	.20**
Phobic anxiety	.10ns	.20**	.03ns	.05ns	.08ns	-.07ns	.07ns	.04ns	.12ns
Paranoid ideation	.23**	.33***	.11ns	.18*	.17*	.05ns	.18**	.14*	.24***
Psychoticism	.31***	.39***	.18*	.27***	.28***	.08ns	.24***	.17*	.31***
GSI	.23***	.34***	.11ns	.19**	.19**	.01ns	.16*	.09ns	.24***
BDI	.32*	.25ns	.24ns	.33*	.12ns	.11ns			
Self-Esteem	-.44***	-.37**	-.37**	-.45***	-.30*	-.22ns			

*$p < .05$; **$p < .01$; ***$p < .001$.

Omnipotent Responsibility Guilt correlated as hypothesized with all but four symptom dimensions of the BSI. However when shame was partialed out, Omnipotent Responsibility Guilt remained significantly correlated only with the BDI.

The Self-hate subscale, more indirectly related to interpersonal guilt and more directly indicative of the type of self-punishing self-talk associated with highly guilty people, is of all subscales of each instrument used, most strongly and independently associated with psychopathology. Incidentally, Survivor/Outdoing Guilt, when its shared variance with Self-hate was removed, lost significant associations with all BSI subscales. This suggests that Survivor/Outdoing Guilt independent of self-hate statements might not be so detrimental to a person's psychology. However the high correlation between the two subscales suggests they are intertwined. The Self-hate subscale is highly related to a person feeling shameful, but when the shared variance with shame is removed, it remains significantly correlated with all subscales of psychopathology and distress. The Self-hate subscale appears to be the most robust predictor of psychopathology; we suggest that this is because it is not itself an operationalization of an emotion, but instead represents the kind of self-evaluation that occurs in conjunction with psychopathological states, and is almost synonymous with many types of psychopathology.

This study further supports the role of guilt when examining the associations with more general measures of maladaptive guilt, specifically the State and Trait subscales of the GI. Both State and Trait guilt were significantly associated with all psychological symptoms assessed by the BSI, even after removing the shared variance with shame, suggesting that self-statements or reports of context-independent feelings of remorse and guilt in general may often be a component of psychological distress. These results, combined with those associations found between the subscales of the IGQ-67 and psychological symptoms, suggest a maladaptive dimension to guilt, uncomplicated by shame that should be considered when comparing the relative importance of shame and guilt in psychopathology.

Shame was correlated with all measures of psychological problems with the exception of two subscales of the BSI. However, with Survivor/Outdoing Guilt partialed out, shame lost its significant association with all but two symptoms on the BSI and with Self-Esteem. With Separation Guilt partialed out, shame remained correlated as before. With Omnipotent Responsibility partialed out, shame remained correlated with six subscales of the BSI and with Self-Esteem. With Self-hate partialed out, shame lost all correlations with psychopathology.

These results replicated those reported by Tangney (1995) in finding that guilt as measured by the TOSCA was unrelated or most often negatively associated with symptomatology, confirming the view that TOSCA guilt is a measure of adaptive guilt. Shame, with guilt as operationalized by the TOSCA partialed out, remained significantly correlated with a wide range of psychological symptoms. However, given the effect of partialing out the other types of guilt measured in this study, it appears that shame itself is far more limited in its unique association with psychological distress, despite the obvious fact that the experience of shame is highly unpleasant. These results differed from those reported by Tangney et al. (1992), in suggesting that there may be a maladaptive component to some types of guilt.

It is interesting to note that the TOSCA measure of guilt was most highly correlated with the Omnipotent Responsibility Guilt subscale of the IGQ-67, which appeared in these results as less associated with psychopathology than the other subscales of the IGQ-67. Thus it may be suggested that some types of concern about harming others are maladaptive, while others are not. Specifically, with shame partialed out, worrying about being better off than other people seems to be detrimental to many aspects of emotional well-being, whereas a general worrying about being responsible for other's happiness seems only associated with depression on one measure, and may equally relate to healthy empathy and be adaptive.

The results of this study are consistent with the emphasis on guilt found in Control Mastery theory and have specific clinical implications related to helping patients overcome irrational and inhibiting concerns about harming other people, as well as feelings of shame and self-hate. Because this study is correlational, no causal implications can be stated with certainty. However, in line with the theoretical perspective underlying this study, these results suggest that patients' increasing understanding of survivor/outdoing guilt may help reduce their shame and self-hate. The importance of demonstrating this connection is that proneness to shame or to self-hate may appear to be the opposite of high survivor guilt; that is people who appear to be ashamed of themselves and to feel deficient are seeing themselves as worse off than others. This may disguise the fact that they may also feel better off than others.

A limitation of this study is that the subjects were a young and non-clinical sample at a West Coast state college. It is possible that these results might not generalize to a broader population, or to a clinical population. Separation Guilt may be more highly associated with psychopathology when it appears in an older subject pool. And shame may be a more central problem in a clinical sample.

Despite these limitations, this study suggests that the guilt derived from beliefs and fears about harming others may be important in the development and maintenance of psychopathology, and that it may be helpful to include a focus on interpersonal guilt when treating patients with high proneness to shame. Other studies looking at the relationship between these variables should be conducted using clinical samples, and comparisons of clinical and nonclinical groups should be made.

REFERENCES

Batson, C. D., Fultz, J., & Schoenrade, P. A. (1987). Adults' emotional reaction to the distress of others. In N. Eisenberg & J. Strayer (Eds.), *Empathy and its development* (pp. 163–181). Cambridge: Cambridge University Press.

Baumeister, R. F., Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin, 17*(3), 497–529.

Baumeister, R. F., Stillwell, A. M., & Heatherton, T. F. (1994). Guilt: An interpersonal approach. *Psychological Bulletin, 115*, 243–267.

Beck, A. T. (1972). Measuring depression: The depression inventory. In T. A. Williams, M. M. Katz, & J. A. Shields (Eds.), *Recent advances in the psychobiology of the depressive illnesses* (pp. 299–302). Washington, DC: U. S. Government Printing Office.

Blatt, S. J., D'Afflitti, J. P., & Quinlan, D. M. (1975). Experiences of depression in normal young adults. *Journal of Abnormal Psychology, 85*, 383–389.

Block, J. (1978). *The eighth mental measurements yearbook.* New York: Gryphon Press.

Bowlby, J. (1969). *Attachment: Vol. 1. Attachment and loss.* New York: Basic Books.

Bush, M. (1989). The role of unconscious guilt in psychopathology and psychotherapy. *Bulletin of the Menninger Clinic, 52*, 97–103.

Coopersmith, S. (1993). *SEI: Self-Esteem Inventories.* Palo Alto, Consulting Psychologists Press.

Derogatis, L. R. (1993). *Brief Symptom Inventory (BSI): Administration, Scoring and Procedures Manual.* Minneapolis: National Computer Systems.

Derogatis, L. R., Lipman, R. S., & Covi, L. (1973). SCL-90: An outpatient psychiatric rating scale-preliminary report. *Psychopharmacology Bulletin, 9*, 13–28.

Derogatis, L. R., & Melisaratos, N. (1983). The Brief Symptom Inventory: An introductory report. *Psychological Medicine, 13*, 595–605.

Eisenberg, N., & Strayer, J. (Eds.). (1990). *Empathy and its development.* Cambridge: Cambridge University Press.

Ferguson, T. J. (1996, August). *Is guilt adaptive? Functions in interpersonal relationships and mental health.* Symposium conducted at the annual meeting of the American Psychological Association, Toronto, Canada

Freud, S. (1923). The ego and the id. In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 19, pp. 1–66). London: Hogarth.

Freud, S. (1926). Inhibitions, symptoms and anxiety. In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 20, pp. 75–175). London: Hogarth.

Freud, S. (1940). Outline of psycho-analysis. In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 23, pp. 139–207). London: Hogarth.

Gilbert, P., Pehl, J., & Allan, S. (1994). The phenomenology of shame and guilt: an empirical investigation. *British Journal of Medical Psychology, 67*, 23–36.

Hamilton, M. (1960). A rating scale for depression. *Journal of Neurology, Neurosurgery and Psychiatry, 12*, 56–62.

Harder, D. W. (1995). Shame and guilt assessment, and relationships of shame-and guilt-proneness to psychopathology. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp. 368–392). New York: Guilford.

Harder, D. W., Cutler, L., & Rockert, L. (1992). Assessment of shame and guilt and their relationships to psychopathology. *Journal of Personality Assessment, 59*, 584–604.

Hoffman, M. (1981). Is altruism a part of human nature? *Journal of Personality and Social Psychology, 40*, 121–137.

Hoffman, M. (1987). The contribution of empathy to justice and moral judgment. In N. Eisenberg & J. Strayer (Eds.), *Empathy and its development* (pp. 47–80). Cambridge: Cambridge University Press.

Jarrett. R. B., & Weissenburger, J. E. (1990). Guilt in depressed outpatients. *Journal of Consulting and Clinical Psychology, 58*, 495–498.

Jones, E. (1960). *The letters of Sigmund Freud.* New York: Basic Books.

Jones, W. H., & Burdette, M. P. (1994). Betrayal in close relationships. In A. L. Webster & J. Harvey (Eds.), *Perspectives on close relationships* (pp. 243–262). New York: Allyn & Bacon.

Jones, W. H., Kugler, K., & Adams, P. (1995). You always hurt the one you love: Guilt and transgression against relationship partners. In K. Fischer & J. P. Tangney (Eds.). *Shame, guilt, embarrassment and pride: Empirical studies of self-conscious emotions* (pp. 301–321). New York: Guilford.

Kimball, O. M. (1972). Development of norms for the Coopersmith Self-Esteem Inventory: Grades four through eight (Doctoral dissertation, Northern Illinois University, 1972). *Dissertation Abstracts International, 34*, 1131–1132.

Klas, E. T. (1987). Situational approach to assessment of guilt: Development and validation of a self-report measure. *Journal of Psychopathology and Behavioral Assessment, 9*, 35–48.

Klein, M. (1948). On the theory of anxiety and guilt. In *Envy and Gratitude and Other Works, 1946–1963.* New York: Delacorte Press.

Kohut, H. (1971). *The analysis of the self.* New York: International Universities Press.

Kugler, K. E., & Jones, W. H. (1992). On conceptualizing and assessing guilt. *Journal of Personality and Social Psychology, 62*, 318–327.

Lewis, H. B. (1971). *Shame and guilt in neurosis.* New York: International Universities Press.

Lewis, H. B. (1987). *The role of shame in symptom formation.* Hillsdale, NJ: Erlbaum.

Meehan, W., O'Connor, L. E., Berry, J. W., Morrison, A., & Acampora, A. (in press). Guilt, shame and depression in clients in recovery from addiction. *Journal of Psychoactive Drugs.*

Menaker, A. (1995). *The relationship between attributional style and interpersonal guilt.* Unpublished doctoral dissertation, California School of Professional Psychology, Alameda, CA.

Modell, A. H. (1965). On having the right to a life: An aspect of the superego's development. *International Journal of Psycho-Analysis, 46*, 323–331.

Modell, A. H. (1971). The origin of certain forms of pre-oedipal guilt and the implications for a psychoanalytic theory of affects. *International Journal of Psychoanalysis, 52*, 337–346

Mosher, D. L. (1966). The development and multitrait-multimethod matrix analysis of three measures of three aspects of guilt. *Journal of Consulting Psychology, 30* (1), 25–29.

Neiderland, W. G. (1961). The problem of the survivor. *Journal of Hillside Hospital, 10,* 233–247.

Neiderland, W. G. (1981). The survivor syndrome: Further observations and dimensions. *Journal of American Psychoanalytic Association, 29,* 413–425.

O'Connor, L. E., Berry, J., Weiss, J., Bush, M., & Sampson, H. (1997). The Interpersonal Guilt: The development of a new measure. *Journal of Clinical Psychology, 53*(1), 73–89.

Plutchik, R. (1987). Evolutionary bases of empathy. In N. Eisenberg & J. Strayer (Eds.), *Empathy and its development* (pp. 38–46). Cambridge: Cambridge University Press.

Rush, A. J., Giles, D. E., Schlesser, M. A., Fulton, C. L., Weissenburger, J. E., & Burns, C. T. (1986). The Inventory for Depressive Symptomatology (IDS): Preliminary findings. *Psychiatry Research, 18,* 65–87.

Sampson, H. (1983). Pathogenic beliefs and unconscious guilt in the therapeutic process: Clinical observation and research evidence. *Bulletin #6.* The Psychotherapy Research Group, Department of Psychiatry, Mount Zion Hospital and Medical Center.

Seligman, M. E. P., Abramson, L. Y., Semmel A., & von Bayer, C. (1979). Depressive attributional style. *Journal of Abnormal Psychology, 88,* 242–247.

Spielberger, C. D., Gorsuch, R. L., & Lushene, R. E. (1970). *Manual for the State-Trait Anxiety Inventory.* Palo Alto, CA: Consulting Psychologists Press.

Tangney, J. P. (1990). Assessing individual differences in proneness to shame and guilt: Development of the self-conscious affect and attribution inventory. *Journal of Personality and Social Psychology, 59,* 102–111.

Tangney, J. P. (1991). Moral affect: The good, the bad, and the ugly. *Journal of Personality and Social Psychology, 61,* 598–607.

Tangney, J. P. (1995) Shame-proneness, guilt-proneness, and psychological symptoms. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp. 343–367). New York: Guilford.

Tangney, J. B., Burggraf, S. A., & Wagner, P. E. (1995). Shame-proneness, guilt-proneness, and psychological symptoms. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp. 343–367). New York: Guilford Press.

Tangney J. P., & Fischer, K. W. (1995). *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride.* New York: Guilford Press.

Tangney, J. P., Wagner, P., & Gramzow, R. (1992). Proneness to shame, proneness to guilt, and psychopathology. *Journal of Abnormal Psychology, 101,* 469–478.

Tangney, J. P., Burggraf, S. A., Hamme, H., & Domingos, B. (1988). *The Self-Conscious Affect and Attribution Inventory (SCAAI).* Bryn Mawr, PA: Bryn Mawr.

Weiss, J. (1983). Notes on unconscious guilt, pathogenic beliefs, and the treatment process. *Bulletin #6.* The San Francisco Psychotherapy Research Group (formerly the Mount Zion Psychotherapy Research Group), Department of Psychiatry, Mount Zion Hospital and Medical Center.

Weiss, J. (1986). Unconscious guilt. In J. Weiss & H. Sampson (Eds.), *The psychoanalytic process: Theory, clinical observation and empirical research.* New York: Guilford.

Weiss, J. (1993). *How psychotherapy works: Process and technique.* New York: Guilford.

Weiss, J., Sampson, H., & The Mount Zion Psychotherapy Research Group (1986). *The psychoanalytic process: Theory, clinical observation and empirical research.* New York: Guilford.

Weiss, J., Sampson, H., & The Mount Zion Psychotherapy Research Group (1986). *The psychoanalytic process: Theory, clinical observation and empirical research.* New York: Guilford.

Zahn-Waxler, C., & Kochanska, G. (1990). The origins of guilt. In R. Thompson (Ed.), *36th Annual Nebraska Symposium on Motivation: Socio-emotional Development* (pp. 183–258). Lincoln: University of Nebraska Press.