# Interpersonal Guilt: The Development of a New Measure

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We describe the development of a new measure to assess guilt related to concern about harming others. The two versions of the Interpersonal Guilt Questionnaire, a 45-item and 67-item version, include theoretically-based and clinically relevant categories of guilt: survivor guilt, separation/disloyalty guilt, omnipotent responsibility guilt, and self-hate guilt. Preliminary reliability and validity studies for both versions are presented, based on clinical and nonclinical samples of subjects. Subscales on both versions show good internal consistency; however, the second version, which expanded on the

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first, is more psychometrically sound overall. Both versions demonstrated predicted correlations with previously published measures of guilt and related affects, such as shame and depression, and with attributional style. Differences between clinical and nonclinical samples are reported and the relevance of survivor guilt and shame to psychopathology is noted. 

The studies reported here describe the development of a new instrument designed to operationalize and assess several types of interpersonal guilt related to the fear of harming others and emphasized in several contemporary views of social development and psychopathology. This measure was developed in two versions, an initial 45-item version which was piloted on both clinical and non-clinical subjects and a second 67-item version which expanded on the first and which was used in a study of college students.

The role of guilt in personality and in the development and maintenance of psychopathology is of continuing interest in contemporary clinical psychology. Prior to the 1970s, guilt was emphasized as a significant contributor to psychopathology and emotional distress (Freud, 1923, 1926, 1940; Klein, 1948; Modell, 1965, 1971). Though psychoanalysts had always recognized the importance of shame in psychopathology (Bernfeld, 1941), with the work of Helen Block Lewis (1971) and Kohut (1971) shame was increasingly emphasized in theoretical discussions of the relationship between emotions and psychopathology. Current psychoanalytic theory and practice contribute to the contemporary theoretical and empirical focus on both shame and guilt. Such thinking includes the ethological, social, and evolutionary perspective on human psychology embedded in attachment theory (Bowlby, 1969); the work on empathy and altruism proposed by Hoffman (1981), Eisenberg and Strayer (1990), Plutchik (1987), and Batson, Fultz, and Schoenrade (1987); the theoretical advances of evolutionary biology, psychology, and psychoanalysis (Hamilton 1964; Slavin & Kriegman, 1992; Trivers, 1985; Wright, 1994) as well as the object relational perspective on psychotherapy (Greenberg & Mitchell, 1983; Kohut, 1971; Sampson 1983; Stolorow, Brandchaft & Atwood, 1987; Weiss & Sampson, 1986; Weiss, 1983; Weiss, 1993).

Guilt and shame are emotions that serve to maintain attachments, first to parents and siblings, and later to others in a person's social environment (Baumeister, Stillwell, & Heatherton, 1994; Jones & Burdette, 1994; Jones, Kugler, & Adams, 1995; Lewis, 1971, 1987; Modell, 1965, 1971; Weiss, 1986; Zahn–Waxler & Kochanska, 1990). Guilt is related to altruism and the tendency for one person to feel empathy towards the suffering of another (Hoffman, 1981, 1987) and it may be defined as a painful affect arising from the belief that one has hurt another (Bush, 1989; Friedman, 1985; Sampson, 1983; Weiss, 1983, 1986, 1993). Excessive or irrational guilt and/or shame lead to great distress, distorted relationships, and psychopathology.

In the traditional psychoanalytic view, guilt derives primarily from the unconscious wish to hurt others, stemming from such motives as revenge, envy, jealousy and hatred. This view suggests that people feel guilty because they have anti-social impulses and wishes. While the early work of Freud (1900; 1911–1915) scarcely mentioned guilt, later work related guilt to the Oedipal conflict. According to Freud (1926), a boy—as part of his competition with his father—wishes his father harm. The boy's Oedipus complex is resolved with the development of guilt and a super-ego, which presumably serves to prevent a person from acting on his destructive wishes.

In contrast to this traditional view of guilt is the perspective held by Weiss (1983, 1986, 1993) in which guilt is viewed as derived from altruism and concern about others. In a theory developed initially from informal empirical studies of the psychoanalytic process, Weiss emphasizes the role of pathogenic beliefs that specifically give rise to inhibiting guilt and shame. Pathogenic beliefs and the resulting guilt and shame lead to the development and maintenance of psychological symptoms and psychopathology. According to Weiss, children who suffer from traumatic experiences may come to believe that pursuing certain normal developmental goals will bring harm to their parents, their siblings, or to others close to them. Because they unconsciously believe that the pursuit of these goals will harm others, they suffer from feelings of guilt and shame if they persist in pursuing them. Therefore, even the desire to pursue normal goals may give rise to guilt and/or shame. Psychological symptoms and inhibitions, according to Weiss's theory, may occur when a person complies with mistreatment by parents or siblings or identifies with maladapted parents. Also, symptoms and inhibitions are often the result of an unconscious and persistent struggle with guilt. Thus while guilt is always interpersonal in origin and function and plays an adaptive role in maintaining relations between people, it is also a powerful intrapsychic force and may at times be excessive, irrational, and pathogenic.

In Weiss's view, the person suffering from guilt may in some cases have deliberately harmed or wished to harm another, but more often the person is suffering from a fear of hurting others, not because he or she wants to hurt them, but because he or she believes that by attempting to further his or her own cause, he or she may, without wanting to do so, cause others harm. This view assumes that people are highly motivated by altruism and a need to help or at least not to harm others, as part of their adaptive need to maintain their ties to those who are close to them—their parents, siblings, friends, and other loved ones. This adaptive need is also related to the concept of morals or moral standards. Children regard their parents as ultimate authorities; they know no others. They have no idea of what is right or wrong other than what they are told by their parents. Children assume that whatever their parents say or do is correct. If children do not comply with their parents or believe what their parents believe, they feel they are violating the ultimate authority, and thus they feel guilt. If parents blame or shame a child, then the child complies by accepting the parents' opinions and feels blameworthy and ashamed. And if they later attempt to overcome feelings of shamefulness, they may then feel guilty about being disloyal to their parents. Thus according to this conceptualization of guilt and shame, the two emotions are intimately linked. Furthermore, they often occur together. A child who has been repeatedly and/or harshly reprimanded by a parent feels both guilt at upsetting their parent, and shame about what he or she was reprimanded for. In the future, the child may reprimand himself or herself and develop a highly critical conscience.

Guilt is a highly adaptive emotion when it serves to maintain the attachments and interdependencies that are essential for comfortable and productive lives. However, it may become irrational and maladaptive when it is exaggerated and inhibiting, or when it is generalized or repeatedly linked to shame (Tangney, Wagner & Gramzow, 1992; Tangney, 1995; Zahn–Waxler & Kochanska, 1990).

Guilt based on a person's fear of harming others in the pursuit of his or her own goals may be divided into several distinct though related types of guilt. Of special importance are survivor guilt and separation guilt, both of which involve an exaggerated 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 from Ernst Freud, 1960, p. 111). Survivor guilt was described by Neiderland (1961, 1981) as a psychological state common to people who survived the concentration camps of World War II. These survivors suffered from feelings of guilt for surviving loved ones who were killed in the camps. Years later, the survivors were

noted to be experiencing depression, anxiety, and somatic symptoms. Neiderland described survivors as behaving as if they themselves were dead. Modell (1971) extended the discussion of survivor guilt to include more subtle forms. He described patients who inhibit themselves from success, or who engage in self-destructive behaviors, in response to unconscious survivor guilt to a parent or sibling whom they believe to be worse off than themselves. He suggested that people have ". . . an unconscious bookkeeping system, i.e., a system that takes account of the distribution of the available 'good' within a given nuclear family so that the current fate of other family members will determine how much 'good' one possesses. If fate has dealt harshly with other members of the family, the survivor may experience guilt as he has obtained more than his share of the 'good'." (p. 340). Weiss has suggested that survivor guilt occurs when people believe that they are—simply by furthering their own cause—experiencing good things at the expense of others, and that their success will make others feel bad by comparison. They assume irrationally that the attainment of good things is unfair to those who have not attained them, or is at the expense of those who have not attained them (Weiss, 1986).

Separation guilt is another type of guilt arising from the fear of harming others as the result of pursuing one's goals. Separation guilt was described by Modell (1965) as "the belief that one does not have a right to life . . . For the right to a life really means the right to a separate existence . . ." In some cases, according to Modell, "separation is unconsciously perceived as resulting in the death of the object" (p. 328). Weiss (1986) and Bush (1989) expanded this to include the guilt that people may feel, not only for separating, but for being different from an important person in their lives. Separation guilt is characterized by the belief that one is harming one's parents or other loved ones by separating from them or by differing from them and thereby being disloyal.

Omnipotent responsibility guilt also arises out of altruism. This 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 guilt or separation guilt. Omnipotent responsibility guilt may be seen as an exaggeration of adaptive guilt, which concerns feeling anxious and disturbed about real and specific wrongful behaviors and the desire to make reparation. Adaptive guilt is associated with good social adjustment and healthy personality development (Tangney 1991; Zahn-Waxler & Kochanska, 1990). In contrast, survivor guilt, separation guilt, and omnipotent responsibility guilt are often highly irrational and potentially pathogenic.

## EXPERIMENTAL STUDIES RELATED TO ALTRUISTICALLY BASED GUILT

A body of empirical research from the laboratory setting supports the concept of guilt related to altruism or concern about the well-being of others as opposed to the more traditional Freudian notion of guilt deriving from hostile impulses. Some of these studies imply that in fact hostility may occur secondarily, as a response to guilt. Several studies suggest that people who merely witness others' suffering will react with efforts at reparation, indicating that they may have felt guilt. Rawlings (1968) describes subjects who witness a partner's suffering, in this case an electrical shock. Some of these subjects were led to believe that they were responsible for the partner's suffering, and others were led to believe that they were not responsible. In both cases, subjects responded to witnessing the partner's suffering with an increase in altruistic behavior.

Darlington and Macker (1966) reported that subjects who were led to believe that they had harmed another person were more likely to subsequently engage in altruistic behavior than were subjects in a control group. Regan (1971) compared subjects who felt responsible for harming another and those who merely witnessed another's suffering and found that both groups

of subjects exhibited increased altruistic behavior. The two sets of subjects differed in their responses to talking about the events. The subjects who felt responsible for harming another were relieved by talking about the event, with a subsequent lowering of altruistic behavior. Subjects who only witnessed the suffering of another without feeling responsible for it had no lowering of altruism as the result of talking about the event. This would suggest that adaptive guilt (that is guilt that is based on a rational desire to make reparations for harm done) is more relieved by confessions of responsibility than is guilt that is less rational and unrelated to realistic responsibility.

A number of studies conducted to investigate a variety of topics in social psychology provide laboratory examples of survivor guilt. Hassebrauck (1987) reported that people significantly associate advantageous inequity—that is, getting more than another person—with feelings of guilt. Several studies found that people communicating bad news to a recipient feel more guilt when they do not share the fate of the recipient than when they do share this fate (Johnson & Conlee, 1974; Tesser & Rosen, 1972). Another study that bears on survivor guilt was reported by Lerner and Mathews (1967). They found that subjects who, by random selection of a piece of paper from a jar, were led to believe that they were responsible for another person receiving electric shock (while avoiding it themselves) responded with guilt and subsequent externalization of blame or by denigrating the other person. They also found that people who felt that their fates were interdependent with a partner, and who then witnessed that partner suffer—regardless of whether they felt responsible for the suffering—were likely to attempt to comfort the partner. This experiment suggests that people feel survivor guilt when they witness a partner suffering and they attempt to make reparations, even when they do not feel directly or indirectly responsible.

Another line of laboratory research related directly to survivor guilt was carried out by Brockner, who examined the effects of some subjects being "fired" from a study. In one study, Brockner found that survivors worked harder when they believed the firing was based on a random process rather than on merit (Brockner, 1986). In another study, he reported that those who remained were more likely to work harder (that is, to make reparations as if they were "guilty") if they suffered from low self-esteem. This suggests that proneness to the effects of survivor guilt may be tied to self-esteem and feelings of self-worth (Brockner, Davy, & Carter, 1985).

## THE MEASUREMENT OF GUILT

Despite the importance of guilt in the clinical and theoretical literature, there are few guilt scales which are useful for basic research in emotion, personality and psychopathology. Many previous measures of guilt were developed for particular studies and never tested for psychometric properties and validity; other measures were both conceptually, theoretically, and psychometrically inadequate for research on guilt (Kugler & Jones, 1992). For example, the Mosher guilt inventories are narrow in content and highly inferential. Based largely on traditional Freudian concepts in which guilt is a response to sexual and/or aggressive impulses, the Mosher inventories assess guilt indirectly through beliefs and attitudes towards moral issues (Mosher, 1966, 1968). Likewise, Buss and Durkee (1957) also base their measure on the traditional psychoanalytic view of guilt as a means of controlling hostility and aggression. Several more recent measures of guilt directly assess the affective state of guilt but are concerned with a broad and generalized sense of the emotion and do not focus specifically on interpersonal guilt or concerns about harming others (Harder & Lewis, 1987; Harder & Zalma, 1990; Hoblitzelle, 1987; Kugler & Jones, 1992). Other recent scales developed by Tangney and colleagues operationalize guilt in more concrete terms; however, these measures appear to assess an adaptive

form of guilt, which empirically relates to empathy and good social adjustment, rather than to psychopathology (Tangney, 1990; Tangney, Wagner, & Gramzow, 1992). The only measure that includes a subscale referring to a type of interpersonal guilt is the Situational Guilt Scale (Klass, 1987). In the SGS, the Interpersonal Harm Guilt subscale contains scenarios in which a negative impact on others is salient.

## THE CURRENT STUDIES: INTRODUCTION

The studies reported here were conducted in the process of developing an instrument designed to measure the types of irrational guilt related to concerns about harming others, which are of particular significance in Weiss's theory of psychopathology. These include survivor guilt, separation guilt, omnipotent responsibility guilt, and self-hate guilt. Self-hate guilt is included in this measure because, while it may not as directly indicate concern about harming others, according to Weiss's theory, it occurs as the result of compliance with punishing, neglectful or rejecting parents. People with self-hate guilt punish themselves with negative thoughts, feelings, and behaviors. Self-hate guilt occurs in people who see themselves through the eyes of someone they believe hates them. Children who experience their parents or siblings as hating them are likely to develop self-hate guilt. People develop and maintain this type of guilt in order to maintain ties to the persons who they believe hate them, and thus self-hate guilt is, according to Weiss, indirectly another form of interpersonal guilt. Self-hate guilt is closely connected to shame. This may account for the empirical connection between guilt and shame as these are defined in the literature (H. Lewis, 1971; M. Lewis, 1992; Tangney, Wagner, & Gramzow, 1992). To varying degrees, the constructs which constitute the subscales of the new measures described below may be present in the guilt measured by other instruments; however, they are not explicitly assessed.

## METHOD

### *Subjects*

In the first group of studies using a 45-item Interpersonal Guilt Questionnaire, the IGQ-45, data were collected from three groups of subjects. The first group were 62 members of a neighborhood safety organization.[1] Demographic characteristics are presented in Table 1. All of these subjects reported having some college education; none had advanced degrees. The second group of subjects consisted of a group of 35 mental health professionals. With the exception of three students, these subjects were experienced psychotherapists who had received graduate degrees in psychology or social work. Demographic characteristics of this sample are presented in Table 1. The third group of subjects was a group of 108 drug-addicted individuals in treatment in a residential program[2] (Meehan et al., to appear). This group was less educated than the first two groups. Forty of the subjects had not completed high school, 28 completed high school, 32 reported some college, 3 had some graduate education, and 4 completed a certificate program. Further demographic characteristics are presented in Table 1.

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[1] The data were collected by Michael Katrichak as part of his Qualifying Empirical Research Project, at the Wright Institute, Berkeley, CA.

[2] The data were collected by William Meehan as part of his Qualifying Empirical Research Project and Masters Thesis at the Wright Institute, Berkeley, CA.

**Table 1**. *Demographic Characteristics of Samples*

| | Community Organization* | Therapists* | Addicted Clients* | College** |
|---|---|---|---|---|
| Age[a] | 32 (7.8) | 38 (9.7) | 33 (8.8) | 23 (6.2) |
| Sex[b] | | | | |
| Male | 26 (42) | 12 (34) | 75 (69) | 56 (50) |
| Female | 36 (58) | 23 (66) | 33 (31) | 55 (50) |
| Ethnicity[b] | | | | |
| European American | 34 (55) | 35 (100) | 28 (26) | 36 (33) |
| African American | 10 (16) | 0 (00) | 55 (51) | 10 (09) |
| Latin American | 10 (16) | 0 (00) | 10 (09) | 13 (12) |
| Asian American | 5 (08) | 0 (00) | 2 (02) | 16 (15) |
| Native American | 3 (05) | 0 (00) | 8 (07) | 0 (00) |
| Filipino American | 0 (00) | 0 (00) | 0 (00) | 21 (19) |
| Other | 0 (00) | 0 (00) | 6 (05) | 14 (12) |

* Administered IGQ-45.
** Administered IGQ-67.
[a]*M* (*SD*).
[b]Frequency (Percentage).

In the second study, which used the 67-item Interpersonal Guilt Questionnaire, the IGQ-67, the sample included 111 college students. Demographic characteristics are presented in Table 1.

### *Instruments*

*The Interpersonal Guilt Questionnaires.* Two versions of the Interpersonal Guilt Questionnaire were used in these studies. For the first version, the IGQ-45, items were generated by senior clinicians, based on clinical observation and theory. To improve reliability, a second version with more items per subscale and higher item-total correlations, the IGQ-67, was then developed. For this second version an additional 52 items also generated by senior clinicians were added to the original 45. Of these 97 items, the most reliable items were retained for the final version of the measure, the IGQ-67. In this instrument each subscale includes more items than did the IGQ-45. In both instruments, these items represent characteristic statements of four subcategories of guilt, three of which are directly related to the fear of harming others. The fourth is related to a general sense of badness, indirectly related to interpersonal guilt. These subcategories consist of survivor guilt, separation/disloyalty guilt, omnipotent responsibility guilt, and self-hate guilt.

Examples of items from the Survivor Guilt subscale follow: "I conceal or minimize my success"; "I am depressed around unhappy people"; "It makes me very uncomfortable to receive better treatment than the people I am with"; "I am uncomfortable talking about my achievements in social situations."

Examples of items from the Separation Guilt subscales follow: "I feel that bad things may happen to my family if I do not stay in close contact with them"; "It makes me uncomfortable to have critical thoughts about my parents"; "I prefer to do things the way my parents did them"; "I am very reluctant to express an opinion that is different from the opinions held by my family or friends"; and "I feel uncomfortable when I do things differently than 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 or separation guilt. Examples of items from the Omnipotent Responsibility Guilt subscale follow: "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"; "I worry a great deal about my parents, or children, or siblings"; "I often find myself doing what someone else wants me to do rather than doing what I would most enjoy"; "I feel responsible at social gatherings for people who are not able to enter into conversations with others."

Self-hate guilt is an extreme and maladaptive form of guilt that may occur in compliance with harsh, punishing or neglectful parents. Theoretically it is related to the other forms of guilt in that people accept this extreme negative view of themselves in order to maintain a connection to their parents or other loved ones. People may also exhibit this type of guilt in an effort to avoid survivor guilt. Examples from the Self-Hate Guilt subscale follow: "If something bad happens to me I feel I must have deserved it"; "I always assume I am at fault when something goes wrong"; "I do not deserve other people's respect or admiration"; "If I fail at something I condemn myself and want to harm myself."

The first version of this measure, the IGQ-45, included 45 items (26 Survivor Guilt items; 5 Separation Guilt items; 8 Omnipotence Guilt items; and 6 Self-Hate Guilt items). This measure was administered to the three groups of subjects described above, totaling 205 subjects.

The second version of this measure, the IGQ-67, includes 67 items. This version was developed by adding 52 items, also generated by senior clinicians, to the original 45 items. These 97 items were tested on 111 college students, from which the most reliable 67 items were retained for the final subscales, which included 22 Survivor Guilt items, 15 Separation Guilt items, 14 Omnipotence Guilt items, and 16 Self-Hate items. All items had correlations with total subscale scores of at least .40.

*The Guilt Inventory* (GI). (Kugler, 1989; Kugler & Jones, 1992). This inventory is a 45 item paper and pencil questionnaire which includes the subscales of Trait Guilt, State Guilt, and Moral Standards. 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. Kugler and Jones (1992) report 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.

*The Test of Self-Conscious Affect* (TOSCA). (Tangney, Wagner, & Gramzow, 1992). This is a 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 to be appropriate for a broader population. Items on the SCAAI were developed by researchers for application to a college population, whereas those on the TOSCA were generated from both college and non-college populations. The TOSCA is a paper and pencil measure consisting of ten negative and five positive scenarios, and response choices which reflect the dimensions as mentioned above. 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. Alpha pride refers to a general pride in oneself, that is a global pride, and beta pride refers to a pride in a specific behavior or accomplishment. Respondents are asked to rate each of several possible responses to each scenario on a 5-point scale, as to how they would be likely to respond. Tangney reported that preliminary analyses of reliability and validity showed the TOSCA to be equivalent to and possibly superior to the SCAAI (Tangney, Wagner, & Gramzow, 1992). Reported estimates of internal consistency (Cronbach's alpha) for the Shame and Guilt scales were .76 and .66, respectively (Tangney et al., 1992).

*The Beck Depression Inventory* (BDI). (Beck, 1972). This 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.

*The Attributional Style Questionnaire* (ASQ). (Seligman, Abramson, Semmel, & von Bayer, 1979). The ASQ is a self-report measure consisting of 12 situations to which the respondent rates on a 7-point scale each of three dimensions regarding the causes of the outcome of each scenario. The instrument provides a measure of the degree of optimism/pessimism in a person's customary explanatory style. Individuals who score high on internal, global, and stable dimensions of explanations for negative events are considered to have a pessimistic style, which has been linked empirically to depression. Individual scales for locus, stability, and globality dimensions have only modest reliabilities; however, the composite scores for positive and negative events generally have adequate internal consistencies, .75 for good events and .72 for bad events (Tennen & Herzberger, 1985).

*The Child Abuse and Trauma Scale* (CAT). (Sanders & Giolas, 1991). This is a 38-item self-report scale developed to measure perceived degree of mistreatment in a persons' childhood history. It includes subscales for sexual abuse, punishment, neglect and a negative home atmosphere. Sanders reports Cronbach's alpha of .90 for the total scale, and test-retest reliability of .89.

*The Automatic Thoughts Questionnaire* (ATQ). (Hollon & Kendall, 1980). The ATQ is a 30-item self-report questionnaire designed to measure the frequency of occurrence of automatic negative self-statements. Cronbach's alpha coefficient for this measure is reported as .96.

### *Procedure*

The three samples described above—the group of clinicians, the community safety organization, and the addicted clients in residential drug treatment—were administered the IGQ-45 and a brief biographical questionnaire. In addition, the clinicians were administered the Guilt Inventory (GI), the Test of Self-Conscious Affect (TOSCA), the Attributional Style Questionnaire (ASQ), and the Automatic Thoughts Questionnaire (ATQ). The subjects from the community organization were administered the TOSCA, the GI, and the Child Abuse and Trauma Scale (CAT). The subjects from the residential drug treatment program were administered the TOSCA, the GI, and the Beck Depression Inventory (BDI).

The IGQ-67 was administered to a college sample ($n = 111$) along with a brief biographical questionnaire, the TOSCA, the GI, and the BDI.

## RESULTS

### *Psychometric Characteristics*

*Reliabilities.* Internal consistencies of the IGQ-45 were assessed using Cronbach's alpha coefficients for each subscale (See Table 2). Item–total correlations within each subscale were all greater than .20, with two exceptions on the Survivor Guilt subscale. A wide range of scores was obtained for each subscale, and scores on all subscales appeared to be symmetrically distributed. The correlations between subscales of the IGQ-45 are to be found in Table 2.

Internal consistencies for the IGQ-67 were assessed using Cronbach's alpha coefficients for the final subscales (See Table 2). All subscale scores appeared to be symmetrically distributed. The IGQ-67 had more subscale items and greater internal consistency than does the IGQ-45. The correlations between subscales of the IGQ-67 are reported in Table 2. The lower

**Table 2**. *Intercorrelations and Reliabilities for the Subscales of the IGQ-45 and the IGQ-67*

| | Survivor | Separation | Omnipotence | Self-hate |
|---|---|---|---|---|
| IGQ-45 | | | | |
| Survivor | (.79)* | | | |
| Separation | .52 | (.67) | | |
| Omnipotence | .53 | .31 | (.74) | |
| Self-hate | .64 | .54 | .34 | (.85) |
| IGQ-67 | | | | |
| Survivor | (.85) | | | |
| Separation | .38 | (.82) | | |
| Omnipotence | .66 | .39 | (.83) | |
| Self-hate | .39 | .34 | .31 | (.87) |

* Values in parentheses are internal consistency reliabilities estimated by Cronbach's alpha coefficient.

correlations between the subscales of the IGQ-67 suggest improvement in the conceptual purity of the subscales compared to those of the IGQ-45.

A principal components analysis was calculated on the four subscales of the IGQ-67. Two components were extracted (using a 75% variance stopping rule) and were rotated orthogonally using varimax procedures. The first component accounted for 57% of the variance in the original scores. Survivor Guilt, Separation Guilt, and Omnipotence Guilt loaded most highly on this factor (See Table 3 for factor loadings). The second factor accounted for 18% of the original variance and the Self-Hate Guilt scale loaded highly on this component (See Table 3). Given the results of this analysis, a new subscale, the Composite Interpersonal Guilt (CIG) subscale was formed by summing the scores on the three subscales that loaded highly on the first factor.

*Demographic Differences.* Correlations between age and the subscales of the IGQ-45 were calculated with the following results: Survivor Guilt, $r(164) = -.09$; Separation Guilt, $r(170) = -.15$; Omnipotence Guilt, $r(172) = -.08$; and Self-Hate Guilt, $r(169) = -.12$. None of the correlations were statistically significant, but the correlation between age and Separation Guilt approached significance ($p = .06$). There were no significant sex differences on any of the subscales.

**Table 3**. *Summary Results of Principal Components Analysis of the Four Subscales of the IGQ-67*

| | Factor 1 Loadings | Factor 2 Loadings |
|---|---|---|
| Survivor | .83 | .23 |
| Separation | .59 | .37 |
| Omnipotence | .91 | .08 |
| Self-hate | .19 | .96 |
| eigenvalues | 2.28 | .73 |
| variance proportion | .57 | .18 |

Correlations between age and the subscales of the IGQ-67 were calculated with the following results: Survivor Guilt, $r(92) = -.04$; Separation Guilt, $r(94) = -.29$; Omnipotence Guilt, $r(93) = -.09$; Self-Hate Guilt, $r(93) = -.07$, and Composite Interpersonal Guilt, $r(87) = -.21$. Only the correlation between age and Separation Guilt was statistically significant, $p < .01$. The Composite Interpersonal Guilt scale correlated with age approached significance, $p = .053$. Table 4 presents sex differences on the IGQ-67 subscales. The women had significantly higher scores on the Omnipotent Responsibility Guilt subscale of the IGQ-67. And the difference between men and women approached significance on the Composite Interpersonal Guilt subscale, $p = .07$.

*Validity.* Table 5 presents the correlations between the subscales of the IGQ-45, and the TOSCA, the GI, the ASQ, the ATQ, the BDI, and the CAT. Survivor Guilt and Self-Hate Guilt appear to be correlated with a larger number of measures related to psychopathology. Only these two subscales correlated significantly with depression, the ASQ/optimism index which has been shown to be related to depression, and with the Child Abuse and Trauma total score. Survivor Guilt and Self-Hate Guilt and additionally Omnipotence Guilt correlated significantly with negative automatic thoughts as measured on the ATQ. All subscales of the IGQ-45 correlated significantly with the State and Trait Guilt subscales of the GI; however, none of the measures correlated significantly with the Moral Standards subscale of the GI, although the positive correlation between Omnipotence Guilt and Moral Standards approached significance ($p = .06$) and the negative correlation between Self-Hate Guilt and Moral Standards approached significance ($p = .06$). As expected, all subscales of the IGQ-45 correlated significantly with the Shame subscale of the TOSCA. The Survivor Guilt and Self-Hate Guilt subscales correlated most highly with the Shame subscale on the TOSCA, again indicating that these two subscales are more widely related to psychopathology. Unexpectedly, the Survivor Guilt and Self-Hate Guilt subscales correlated significantly, though less so, with the Guilt scale on the TOSCA, which has been found to be only marginally associated with psychopathology. It has been reported that the TOSCA Shame and Guilt subscales consistently show moderate positive correlations with each other and that guilt is unrelated to pathology after the shared variance with shame is removed. It is possible that the more adaptive guilt measured by the TOSCA is connected to problematic interpersonal guilt in that when adaptive guilt becomes exaggerated, it becomes maladaptive.

As a further test of the validity of this measure, the drug treatment group was compared to the community organization sample on the four subscales of the IGQ-45. It was found that the addicted subjects ($M = 79.3$) were significantly higher on Survivor Guilt than the community organization sample ($M = 71.9$), $t(135) = -4.2$, $p < .001$. The addicted subjects ($M = 14.9$) were significantly higher on Separation Guilt than the community sample ($M = 10.7$), $t(138) = -6.8$, $p < .001$. The addicted subjects ($M = 28.9$) were significantly higher on

**Table 4**. *Sex Differences on the IGQ-67*

| | Men | | Women | | |
|---|---|---|---|---|---|
| | *M* | *SD* | *M* | *SD* | *t* |
| Survivor Guilt | 65.4 | 10.2 | 68.9 | 11.1 | −1.60 |
| Separation Guilt | 44.2 | 8.7 | 45.2 | 9.1 | −.53 |
| Omnipotent Guilt | 47.7 | 6.8 | 51.5 | 8.4 | −2.45* |
| Self-Hate Guilt | 35.6 | 8.8 | 37.4 | 9.2 | −.99 |
| Composite Interpersonal Guilt | 156.9 | 21.3 | 165.1 | 21.5 | −1.81 |

*$p < .05$.

**Table 5**. *Correlations between the IGQ-45 and Validation Measures*

| | Survivor Guilt | Separation Guilt | Omnipotence Guilt | Self-Hate Guilt |
|---|---|---|---|---|
| Trait Guilt† | .53* | .48* | .33* | .58* |
| State Guilt† | .42* | .52* | .29* | .49* |
| Moral Standards† | .02 | −.08 | .14 | −.15 |
| TOSCA Guilt†† | .25** | .06 | .35* | .18*** |
| TOSCA Shame† | .52* | .33* | .26* | .59* |
| TOSCA Detachment† | −.14 | −.01 | .01 | −.18*** |
| TOSCA Externalization† | .31* | .30* | .02 | .31* |
| TOSCA Alpha Pride† | −.22** | .04 | −.13 | −.14 |
| TOSCA Beta Pride† | −.15 | −.03 | .04 | −.15 |
| ASQ Optimism†† | −.51** | −.24 | −.15 | −.44*** |
| ATQ†† | .58** | −.24 | .41*** | .73* |
| CAT††† | .41* | .01 | −.06 | .42* |
| BDI†††† | .30*** | .11 | .05 | .42* |

*$p < .001$. **$p < .01$. ***$p < .05$.
† all samples, $n = 205$.
†† clinician sample, $n = 35$.
††† community organization sample, $n = 62$.
†††† residential drug treatment sample, $n = 108$.

Omnipotence Guilt than the community organization sample ($M = 26.9$), $t(142) = -2.3$, $p < .05$. Finally the addicted subjects ($M = 16.1$) were significantly higher on Self-Hate Guilt than the community organization sample ($M = 12.2$), $t(137) = -4.6$, $p < .001$ (Meehan et al., to appear).

Table 6 presents correlations between the subscales of the IGQ-67, the TOSCA, the GI, and the BDI. All subscales correlated significantly with State and Trait Guilt subscales of the GI. The Separation Guilt subscale correlated significantly with the Moral Standards subscale, and Omnipotence Guilt approached a significant correlation ($p = .08$). In this study of a non-clinical population, it was found that all of the subscales of the IGQ-67 correlated significantly with depression. In addition all subscales correlated with shame as measured by the TOSCA,

**Table 6**. *Correlations Between the IGQ-67 and Validation Measures*

| | Survivor Guilt | Separation Guilt | Omnipotence Guilt | Self-Hate Guilt | Composite Interpersonal |
|---|---|---|---|---|---|
| Trait Guilt | .57* | .52* | .65* | .44* | .71* |
| State Guilt | .43* | .48* | .58* | .40* | .60* |
| Moral Standards | .10 | .30** | .18 | .08 | .24*** |
| TOSCA Guilt | .45* | .19 | .52* | .19*** | .45* |
| TOSCA Shame | .55* | .34* | .49* | .41* | .56* |
| TOSCA Detachment | −.17 | .08 | −.16 | .03 | .10 |
| TOSCA Externalization | −.12 | .09 | −.09 | .16 | .05 |
| TOSCA Alpha Pride | −.15 | .01 | .10 | −.13 | .01 |
| TOSCA Beta Pride | −.20 | −.08 | .05 | −.20 | .11 |
| BDI | .45* | .47* | .37* | .52* | .52* |

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

and Survivor Guilt correlated most strongly with this variable. Survivor Guilt and Omnipotence Guilt also correlated significantly with the TOSCA Guilt scale, and the correlations between Separation Guilt and Self-Hate Guilt with this scale approached significance ($p = .07$ and .06 respectively). None of the IGQ-67 subscales correlated with any of the other TOSCA subscales, although the correlations between Survivor Guilt and Self-Hate Guilt with Beta Pride approached a significant negative correlation ($p = .052$ and $p = .056$ respectively).

Table 6 also presents the correlations between the Composite Interpersonal Guilt (CIG) subscale, the TOSCA subscales, the GI subscales, and the BDI. The CIG subscale correlated significantly with Shame, the TOSCA Guilt subscale, Trait Guilt, State Guilt, Moral Standards Guilt, and depression. It did not correlate significantly with any of the other self-conscious affects measured by the TOSCA.

Both shame and guilt have been considered to be linked to psychopathology, especially depression (Harder, Cutler, & Rockart, 1992). Lewis, Tangney, and followers of Kohut have argued that shame is the most significant affective state related to psychological distress. Tangney has reported that guilt, as measured by the TOSCA, after its shared variance with shame has been removed, is uncorrelated with depression as measured by the BDI and the SCL-90. To test these results in the present study, part correlations were calculated between the BDI and the shame and guilt subscales of the TOSCA with the shared variance of shame and guilt removed. Consistent with Tangney's findings, the part correlation with shame remained statistically significant, $r(103) = .23$, $p < .05$. Guilt as measured by the TOSCA, however, after removing its shared variance with shame, did not correlate significantly with the BDI, $r(103) = .11$, $p = .27$.

Weiss's theory suggests that interpersonal guilt and especially survivor guilt is highly related to depression, and that shame may in some cases be secondary to survivor guilt. In order to investigate the relationship between survivor guilt and shame and their effect on depression, part correlations were calculated between the BDI and shame and survivor guilt in two samples, the residential drug treatment sample using the IGQ-45, and a college sample using the IGQ-67. The results were contradictory. In the college sample, when the effects of shame on depression were examined after removing the shared variance with survivor guilt, it was found that shame was no longer significantly correlated with depression, $r(90) = .11$, $p = .28$. However, when the effects of survivor guilt on depression were examined after removing the shared variance between survivor guilt and shame, it was found that survivor guilt remained significantly correlated with depression, $r(90) = .33$, $p < .01$. However, in contrast to these results, in the residential drug treatment sample, when the effects of shame were examined after removing the shared variance with survivor guilt, it was found that shame remained statistically significant, $r(60) = .36$, $p < .01$. When survivor guilt, after removing its shared variance with shame, was correlated with depression, the correlation was no longer statistically significant $r(60) = .10$, $p = .46$.

## DISCUSSION

This study provides preliminary evidence of the reliability and validity of a new instrument developed to measure certain types of guilt related to concerns about harming others and designed to protect attachments. Both the IGQ-45 and the IGQ-67 show adequate internal consistencies. However the IGQ-67, which was developed from a larger sample of initial items and therefore permitted selection of the most reliable items, appears to be psychometrically superior to the IGQ-45.

The IGQ-45 and the IGQ-67 appear to have construct validity; the subscales were found to correlate highly with other measures of guilt and particularly maladaptive guilt as quantified by the Guilt Inventory. Survivor guilt, separation guilt, omnipotent responsibility guilt and self-hate guilt all appear to be highly correlated with other measures of guilt, supporting their convergent validity; and they appear to differ enough from each other, as well as from the other constructs measured, to suggest that they are in fact distinct though related. These subscales of guilt are highly correlated with State and Trait Guilt. However, there is no obvious overlap in

item content with these scales of the GI. Items on the State and Trait Guilt subscales were designed to reflect a general sense of guilt with no reference to specific behaviors or moral standards. We suggest that these interpersonal aspects of guilt, as measured by the subscales of the IGQ, largely form the basis of a general sense of guilt.

The relationship between interpersonal guilt—and particularly survivor guilt—and shame is relevant to the debate about the distinction between shame and guilt, and the importance of each to psychopathology. Some clinicians, departing from the classic Freudian view of guilt as related to hostility and particularly to the Oedipal complex, have shifted in their emphasis from guilt to shame in their attempts to understand their patients' psychopathology. Connected to the view that patients, in response to inadequate parenting, have developmental deficits, they believe their patients primarily suffer from feelings of shame. People who are deficient are by the Tangney/Lewis definition, highly prone to shame. And in this theoretical view, guilt may not be a significant contributor to psychopathology. Lewis and others have proposed that shame-prone individuals are particularly prone to depression (Lewis 1971, 1987).

The results of the present study suggest that guilt, particularly survivor guilt, is highly related to shame. Furthermore, this study suggests that while in some cases shame may be the crucial factor in depression, in others, interpersonal guilt may be the most important determinant of depression and depression-related cognitions such as those measured by the Automatic Thoughts Questionnaire, and to pessimism as measured by the Attributional Style questionnaire.

The connection between survivor guilt and shame may be demonstrated in clinical material. A patient who comes into treatment with great shame-proneness may, as he or she recovers, become more successful, and at the same time, become aware of their guilt at feeling better off than other family members. A person who had weak parents may develop a sense of being bad or shameful, in order to give his or her parents the opportunity to feel superior. Or a person who was put down by his or her parents may comply with the parental put-downs and appear to suffer primarily from feelings of shame. This person may, as he or she begins to fight back and lose the feeling of shame, become acutely aware of feeling guilt towards his or her parents. A person who felt that they were treated better than a sibling might put himself or herself down, and might suffer from shame in order to try to even the score, thereby protecting himself or herself from survivor guilt. Thus in many clinical instances, shame serves to protect a person from an underlying acute sense of survivor guilt to parents or siblings.

The results also demonstrate that traumatic childhood experiences are significantly associated with interpersonal guilt as well as with shame. It suggests that people with severe traumas in childhood have more guilt and shame. These findings support Weiss's theory that people who were abused, mistreated, or neglected in childhood experience greater guilt and shame because they developed the pathogenic belief that they deserved to be mistreated.

The finding that the drug-addicted group was significantly higher on all subscales of the IGQ-45 supports the validity of this measure in distinguishing a clinical from a non-clinical population. Weiss's theory emphasizes interpersonal guilt as a cornerstone of psychopathology; this is supported by the results of this study. Furthermore, drug-addicted clients have often been described as lacking empathy and concern for others. O'Connor and Weiss (1993) argued that in fact these clients are elevated in concern for others and will sacrifice themselves because of interpersonal guilt. This study empirically supports this view of problems common to addicted clients.

The results of this study demonstrate the subtle and significant effects of interpersonal guilt. The Interpersonal Guilt Questionnaire may provide a measure by which investigators are able to further study guilt and its appearance in association with psychopathology as well as in non-pathological populations. Some aspects to this measure may be culture-bound. Preliminary analysis suggests that differing ethnic groups may have different norms in these subtypes of guilt. Differential validity studies should be conducted to determine whether these types of guilt are related to psychopathology cross-culturally. These studies point to the significance

of guilt and shame in depression and other types of psychopathology and suggest a strong relationship between these emotions. These results indicate the need for further studies.

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