



Review

The role of guilt in the development of post-traumatic stress disorder: A systematic review



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ABSTRACT

Background: Post-traumatic stress disorder (PTSD) can be a debilitating condition associated with a myriad of emotions. Guilt is an important associated feature of PTSD that has received far less recognition than other symptoms often associated with fear and intense threat. The nature of the relationship between guilt and PTSD remains elusive and requires further clarification. The aim of the current paper was to review the extant literature regarding the link between guilt and PTSD.

Method: A systematic database search of PsycINFO, Medline, Embase and Web of Science identified articles that enabled examination of the guilt-PTSD relationship. A total of 27 articles met inclusion criteria for this review.

Results: There were cross-sectional relationships between guilt and PTSD symptomology with evidence of associations between PTSD symptoms and cognitions related to perceived wrong doing and self-blame. However, the direction of association between guilt and PTSD is unclear and possibly confounded by overlapping constructs such as shame.

Limitations: The review is constrained by the absence of longitudinal and experimental research and studies, which control for potential confounding variables. The reliability and validity of measures of guilt and PTSD is also not consistently reported.

Conclusion: This review outlines four competing models of the guilt-PTSD relationship and examines existing evidence linking the two constructs. The current literature is too preliminary to offer any strong support for one model over the other. However, in critically appraising existing studies, this review helps to inform the design of future studies investigating the association between guilt and PTSD.

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1. Introduction

Post-traumatic stress disorder (PTSD) represents a prevalent psychological problem that is believed to affect approximately 6.8% of the general population (Kessler et al., 2005). PTSD is characterised by the re-experiencing of symptoms (e.g. intrusive memories, flashbacks and nightmares), heightened arousal, avoidance of trauma-related stimuli, negative mood and cognitions including those associated with guilt that are secondary to a traumatic event in DSM-V (American Psychiatric Association, 2013). Left untreated, PTSD may become a chronic disabling condition associated with increased psychiatric comorbidity and deterioration in physical health (Sareen et al., 2005), increased suicidality (Panagioti et al., 2012), and considerable societal costs (Kessler, 2000). Identification of those at risk requires an understanding of the psychological processes underlying the development of PTSD in the wake of a traumatic event.

1.1. Guilt and PTSD

Theories and therapies for PTSD have primarily evolved to understand and treat anxiety (Brewin et al., 2000; Ehlers and Clark, 2000; Ozer et al., 2003). Trauma can prompt a myriad of emotional responses other than intense threat such as humiliation, anger, shame and guilt that may even occur more frequently in PTSD than anxiety itself (Hathaway et al., 2010; Power and Fyvie, 2013). The role of guilt in the development of PTSD is increasingly being recognised by clinicians and theorists (Kubany and Watson, 2003; Lee et al., 2001; Wilson et al., 2006), the presence of which is often referred to as 'complex PTSD', frequently seen in those with sustained or multiple traumas (Cloitre et al., 2009).

A more recent review suggests that guilt 'involves moral transgressions (real or imagined) in which people believe that their action (or inaction) contributed to negative outcomes' (Tilghman-Osborne et al., 2010, p. 546). Guilt may possess both affective and cognitive elements mediated by social and moral standards including beliefs evaluating one's role in a traumatic event (Baumeister et al., 1994; Kugler and Jones, 1992). This is consistent with the literature that has associated guilt with intrusive experiences and affective states arising from perceived violation of personally relevant standards for behaviour (Kugler and Jones, 1992; Niler and Beck, 1989).

Unlike fear, which is current or future orientated, guilt is considered a retrospective emotion and therefore may be less amenable to change through habitual exposure in therapy (Dalgleish, 2004). It has been argued that guilt may impede the emotional processing of fear or be exacerbated by exposure to trauma-related cues that may maintain trauma-related pathology

(Ehlers and Steil, 1995; Pitman et al., 1991). Guilt may also prevent the successful integration of the trauma with prior beliefs, contributing to the use of avoidant coping strategies that maintains PTSD symptomology (Kubany and Manke, 1995; Street et al., 2005). This suggests that guilt, left untreated, may be a barrier to therapeutic change.

Whilst theoretical and clinical models clearly implicate guilt in the formation of PTSD (Lee et al., 2001), the precise role of guilt in PTSD and how distress maintained is far less understood. Clarifying the nature of the relationship between guilt and PTSD is complicated by several conceptual issues. First, there appears to be a lack of agreement about whether guilt is maladaptive, associated with self-punishment, impairment and distress (Burney and Irwin, 2000; Shapiro and Stewart, 2011) or adaptive, as it atones for past transgressions and avoids future ones (Tangney et al., 2007; Williams and Bybee, 1994). Second, guilt may be conceptualised as a dispositional, trait-like tendency in response to situations with ambiguous culpability, described as guilt proneness that is characteristic and chronic (Harder and Greenwald, 1999; Tangney et al., 2007). Or alternatively, it can be conceptualised as transient or state-like pertaining to certain situations, which would include traumatic events or the consequences of specific transgressions (Tangney, 1992). Third, there is lack of clarity about how guilt relates to and is distinguished from related theoretical constructs, such as shame, with many measures of guilt assessing aspects of other constructs and thus inflating relationships between guilt and PTSD.

1.2. Putative models of the relationship between guilt and PTSD

If guilt and PTSD are linked an important question concerns the precise nature of this relationship. It is possible to hypothesise four plausible, alternative models that would account for the relationship between guilt and PTSD (see Fig. 1). First, it is possible that guilt serves as part of the causal psychological mechanism that drives the development of PTSD. For example, the degree to which one experiences guilt may depend on beliefs held about personal involvement such as perceived responsibility, preventability and lack of justification following a traumatic event (Kubany et al., 1996). This in turn is thought to predict the severity of post-traumatic stress (Kubany and Watson, 2003). Evaluating the meaning of a traumatic event is central to the clinical model of guilt-based PTSD proposed by Lee et al. (2001). They suggest that guilt may emerge when a traumatic event appears inconsistent with an individual's self-concept and is seen to violate personal standards or values leading to guilt charged intrusions and ruminative activity. Guilt is also related to cognitions of self-blame, which connotes wrong doing and causal responsibility and which are associated with PTSD (Foa and Rothbaum, 1999). It is the

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