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Toward an integrated clinical-developmental model of guilt

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ABSTRACT

An integrated clinical-developmental model is proposed for understanding the development of guilt feelings from early childhood to adolescence. The central goal is to posit a new theoretical framework that expands existing social-cognitive models, social-domain models, and clinical approaches to the study of guilt (i.e., the Affect-Event Model [Arsenio, Gold, & Adams, 2006] and the Affect-Cognition Model [Malti & Keller, 2010]). Because guilt feelings are multifaceted and depend on both contextual variation (e.g., moral transgressions versus conventional issues) and dispositional guilt proneness, they can be associated with both adaptive and maladaptive outcomes for children and adolescents. The proposed model therefore suggests several clinical effects on adaptive, other-oriented behaviors and maladaptive, externalizing and internalizing symptoms across childhood and adolescence. The available evidence for each of these hypotheses is presented. The developmental model of guilt lays the groundwork for a more complete understanding of adaptive and maladaptive behaviors across development and provides new means for developing interventions that will reduce mental health problems and promote adaptive behaviors in children and adolescents. The model assumes that intervention efforts will be effective at producing behavioral change when (a) they are developmentally sensitive, rather than one-size-fits-all, and (b) they acknowledge that both extensively low and extensively high/inappropriate levels of guilt may be pathogenic and need to be targeted.

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Introduction

For centuries, themes of guilt, remorse, and self-disesteem have been central to novels exploring inner life and psychological processes. Guilt feelings have also received considerable attention in past psychological theory and research. This is hardly surprising, as they have been considered a key element of human moral and social experiences from early on. Historically, psychoanalytic theorizing played a pivotal role in the psychological study of guilt. According to this tradition, guilt feelings are evoked by fear of loss of parental love and build the cornerstone of one's conscience, which, in turn, is fundamental for civilization and societal functioning at large (Freud, 1930/2002). The study of guilt feelings has recently experienced a revival, as neuroscientists attempt to understand the potentially distinct neural circuits involved in the complex experience of guilt (e.g., Basile et al., 2011).

Despite this renewed interest in guilt, we still lack a sufficient understanding of when the experience of guilt emerges in humans, its typical and atypical development across the lifespan, as well as the unique implications of insufficient levels of guilt or omnipresent guilt for healthy and maladaptive outcomes. In this paper, I will tackle these complex questions from a clinical-developmental lens, which involves an analysis of the genesis and development of guilt feelings. Specifically, I will introduce a new, clinical-developmental approach for understanding the development of guilt and its implications for adaptive and maladaptive behaviors across development. Existing empirical evidence for the components of this framework will be reviewed and directions for future research will be discussed.

Although it has been argued that guilt feelings are an important part of why individuals adhere or fail to adhere to their own moral standards (Hoffman, 2000; Tangney, Stuewig, & Mashek, 2007), there is still no conceptual model that describes the origins and normative development of guilt from early childhood to late adolescence. In addition, although recent research suggests that guilt feelings have important implications for psychopathology and healthy outcomes in children and adolescents (e.g., Malti & Krettenauer, 2013), a systematic analysis of how guilt relates to adaptive and maladaptive social behaviors across the lifespan is still missing. The present article aims to fill these conceptual gaps, in part, by proposing an integrated theoretical model for understanding guilt feelings. To this end, I integrate past theoretical traditions and advance novel theoretical components to bring the field closer to an integrative clinical-developmental model that incorporates multiple domains of development and (mal)adaptive outcomes. I begin by defining guilt and providing terminological clarifications. I then review past theory in this area and identify major gaps in this theorizing. Next, I outline the new model, how it resolves previous limitations, and the testable research hypotheses it delivers. In the next section, I provide an overview of the central clinical implications of this new integrative model on guilt. Lastly, I draw some preliminary conclusions and provide guidance for future clinical-developmental theory and research in this area.

Guilt and the “moral” emotions

Guilt is considered a self-evaluative, self-conscious emotion because it is evoked by the individual's understanding and evaluation of the self (Eisenberg, 2000); it has also been defined as a painful feeling of regret over wrongdoing (Malti & Latzko, 2012). Psychological theories of morality have described guilt as an emotion that is a quintessential part of children's emerging morality because guilt feelings include self evaluations and genuinely express the moral orientation of internalized norms (Kochanska, 1991; Malti & Latzko, 2012). Guilt feelings are aroused when the actor causes or believes to have caused a transgression and accepts responsibility for violating internalized norms (Tangney et al., 2007). For example, intentionally inflicting pain on another violates the norm against causing harm and may elicit guilt feelings. Thus, guilt feelings are engendered by one's evaluative judgments (Nussbaum, 2001) and are intentional by nature. As such, they strongly depend on one's experiences in the social world (Drummond, 2006). According to Hoffman (1982), guilt is comprised of an affective and a cognitive component. Specifically, the affective component is a painful feeling of disesteem for the self because one has caused harm to others (Hoffman, 1982, p. 298). The cognitive component includes awareness of others, an understanding that others' perspectives can differ from one's own, and an understanding of the consequences of an act on others. In addition, it includes an

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