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What Do Mothers Make Adolescents Feel Guilty About? Incidents, Reactions, and Relation to Depression

Jo-Ann L. Donatelli · Jane A. Bybee · Stephen L. Buka

Abstract We found mothers' history of depression and symptoms of depression among their adolescent children were both associated with the type of events that mothers made adolescents feel guilty about and with the mothers' reactions to those events. Adolescents (20 male, 23 female) described incidents in which their mothers made them feel guilty and what happened afterward. Offspring of mothers with (versus without) a history of depression more often reported guilt when not at fault and over failing to meet maternal needs; reactions did not resolve matters and involved unregulated maternal emotions. Adolescents of mothers without a depression history more often felt guilty about specific events (e.g., breaking rules, bad grades) and reactions resulted in closure (through discipline, apologies, or forgiveness). Adolescents' depressive symptoms were more severe when incidents were unresolved and involved maternal emotions and less severe when incidents were specific. In addition, maternal use of self-serving forms of guilt induction related to adolescent and parent depression.

Keywords Guilt · Depression · Parent-child interactions · Adolescence · Mother

Excessive or inappropriate guilt is a defining characteristic of depression according to DSM-IV-TR (American Psychiatric Association, 2000). Guilt items are included as operational indicators of the disorder in major depression inventories (Beck, 1967; Blatt, 1979; Kovacs, 1980). When guilt is pervasive or overwhelming, ensuing feelings of self-hatred, mental anguish, and culpability may become excruciatingly painful and psychopathology may result (Bybee & Quiles, 1998). Among adults, protracted feelings of guilt are associated with

J.-A. L. Donatelli (✉)
Department of Community Health, Brown University, 121 South Main St., 2nd Floor, Providence, RI 02903, USA
e-mail: Jo-Ann_Donatelli@brown.edu

J. A. Bybee
Department of Psychology, Suffolk University, Boston, MA, USA

S. L. Buka
Department of Community Health, Brown University, Providence, RI, USA

more severe symptoms of depression, anxiety, somatization, and psychoticism in nonclinical samples (Harder, 1995; Harder, Cutler, & Rockart, 1992; Quiles & Bybee, 1997) and to the presence and severity of clinical depression (Haggarty & Bybee, 2004a). Among children, those who feel guilt over ambiguous, difficult to control situations are more prone to internalizing symptoms (Ferguson, Stegge, Eyre, Vollner, & Ashbaker, 2000).

The type of chronic, ongoing guilt feelings associated with mental illness may be distinguished from predispositional guilt (see review by Bybee & Quiles, 1998). It is unresolved, undirected, and unalleviated guilt feelings that hold the greatest potential for destructiveness. Predispositional guilt, in contrast, arises in response to an isolated triggering event and is, in large part, adaptive. Sharp, short-lived guilt feelings arising from a circumscribed wrongdoing draw attention to the act at hand and suffering of the victim and may provide an impetus for remediative and goal-oriented behavior (Quiles & Bybee, 1997; Tangney, Burggraf, & Wagner, 1995; Tangney, Wagner, & Gramzow, 1992). Action tendencies associated with circumscribed guilt feelings include apologizing, confessing, and making restitution, responses that are inherently reconciliatory in nature and that may serve to rectify the precipitating event (Baumeister, Stillwell, & Heatherton, 1994). Even intropunitive responses such as remorse, self-condemnation, and regret may be reparative when they are short-lived as they signal to the victim that the wrongdoer cares about, accepts responsibility for, and feels distress over the injury (Baumeister et al., 1994). Predispositional guilt is associated with more prosocial behavior, less aggression, greater empathy, and academic achievement and is not centrally related to symptoms of depression (Quiles & Bybee, 1997; Tangney et al., 1995). Possible origins of both chronic and predispositional guilt are of interest in the present investigation.

Chronic guilt, first and foremost, results from situations that are insoluble or difficult to remedy. Chronic guilt may arise from a one-time occurrence of a traumatic event (such as severely injuring someone else through one's own negligence) or from an ongoing condition (such as keeping a hidden secret) (Bybee & Quiles, 1998; Haggarty & Bybee, 2004b). Unrelenting feelings of guilt may arise when the usual arsenal of coping strategies simply does not work as in situations where the injured party is dead (Bybee & Quiles, 1998) or when the aggrieved party refuses attempts at rectification and will not forgive the offender. The guilty party may be at a loss on how to set matters right and alleviate their pangs of conscience.

Stigmatizing events as well as addiction and other habitual, repeated actions are common sources of chronic guilt among clinically depressed individuals (Haggarty & Bybee, 2004b). Individuals who engage in alcohol and substance misuse may feel continual guilt over a pattern of destructive behavior that they lack the will or wherewithal to end. Chronic guilt may also result from being the instigator or recipient of abuse, neglect, or interpersonal betrayal (Kugler & Jones, 1992). For instance, individuals who have been unable to care for emotionally incapacitated family members, or those who have felt abandoned by mentally ill parents, may be overwhelmed with protracted feelings of guilt that may follow them for years. These individuals may feel that they were somehow to blame and be ridden and racked with festering guilt.

Guilt among children may become chronic when they feel they bear responsibility for the parents' ongoing emotional well-being. Children, in general, may feel misplaced responsibility for events that they have not caused, indiscriminately reacting with guilt in response to others' distress (Zahn-Waxler & Kochanska, 1988). Children of depressed mothers are particularly vulnerable to this form of guilt. They may feel that they have not done and can never do enough for their parent. Children may experience an overwhelming burden of guilt over trying to rectify intense distress shown by the mentally ill parent (Zahn-Waxler & Kochanska, 1988). This ongoing guilt may be accompanied by self-sacrifice and martyrdom

in the children in an effort to set right events not of their making and beyond their control. In the present study, guilt-evoking events that are insoluble in nature are expected to be associated with depression history in the mother and symptoms of depression in their adolescent offspring. Likewise, chronic guilt is expected to relate to indicators of depression in mother and child.

Depressed parents may encourage children to feel inappropriate guilt feelings over ongoing situations that are not amenable to remediation. Children's need for love and attention and even the children's sheer existence may be portrayed by a depressed parent as draining, exhausting, and presenting unwanted demands on their time, finances, and emotional resources (Downey & Coyne, 1990; Zahn-Waxler & Kochanska, 1988). The child may thus come to feel continual guilt over merely being there and in need of parenting. Susman, Trickett, Ianonotti, Hollenbeck, and Zahn-Waxler (1985) reported depressed mothers endorse the belief that their children should be made aware of maternal sacrifice and these mothers commonly express feelings of disappointment in their children. Self-serving elicitation of guilt and disparagement are expected to be used more often by parents with (than without) a history of depression and are expected to relate, in turn, to more severe depressive symptoms among adolescents in the present study.

One form of self-serving guilt elicitation that receives attention in the research literature involves the induction of separation guilt. Separation guilt (Modell, 1965; 1971; Zahn-Waxler & Kochanska, 1988) arises when children feel guilty about being autonomous and independent or pursuing normal life tasks. Offspring may be concerned that leaving their parent is hurtful to them and damages emotional ties. Parents may encourage this reaction. Erikson (1968) argued that successful negotiation of children's attempts at initiative-taking, establishment of autonomy, and individuation from the parent is critical to mental health. Individuals whose attempts at independence and autonomy are met with failure and reprisal are hypothesized to suffer from harmful and ongoing feelings of shame and guilt. Separation guilt may arise when children do not achieve (or are not granted) autonomy and independence from the parent. Items assessing separation guilt are included in the measure of parental self-serving guilt elicitation used in the present study.

Chronic feelings of guilt may result from poor coping skills (Bybee & Quiles, 1998). Some individuals may lack an effective arsenal of methods of dispelling guilt. They may fail to use constructive means of reconciliation and guilt-reduction such as apologies, confession, and restitution. They may rely instead exclusively on more intropunitive means of coping with guilt such as turning inward and against themselves through endless rumination and self-castigation, thereby prolonging and intensifying guilt feelings (Bybee, Zigler, Berliner, & Merisca, 1996). Mothers with a history of depression, as a group, lack effective coping skills themselves (Donenberg & Weisz, 1998). For this reason, they may be unable to teach their children methods of coping constructively with guilt, placing their children at risk for developing depression. Further, depressed mothers may be less able to cope with being on the receiving end of injury and, consequently, may be less forgiving to the offending party. Depressed parents' own coping deficiencies may be reflected in descriptions of the aftermath of the emotional event.

Even when depressed individuals know effective means of dealing with guilt, mental illness may render them incapable of utilizing these coping strategies. Depression may incapacitate the person, leading to hopelessness, undercutting effectance motivation, and leaving them unable to act upon and discharge feelings of guilt (Bybee & Quiles, 1998). Depression and guilt may feed on one another in a downward spiral when the individual cannot alleviate overwhelming feelings of guilt. The social isolation that characterizes depression may further undermine effective coping as depressed individuals may be reluctant to approach others in

order to apologize or make reparation for perceived or actual slights. Even when adults with a history of depression know effective means of coping with guilt, they may not employ them. The relationship of reactions to guilt-evoking events to indicators of depression in parent and child is examined in the present study.

A primary hypothesis of our study is that mothers with, compared to without, a history of depression may be particularly likely to engender chronic guilt in their offspring. Parents are the individuals who most frequently evoke guilt in children according to children's own accounts (Williams & Bybee, 1994). Adolescents' self-descriptions of incidents where their mothers elicited guilt and the aftermath are used in the present study to examine whether mothers with a history of depression are more likely to induce guilt in their offspring over insoluble events and less likely to provide them with means of dispelling guilt. Mothers with a history of depression are also expected to be more likely to inculcate forms of guilt implicated in depression such as separation guilt. Mothers' use of disparagement and self-serving elicitation are examined using questionnaire measures designed for this purpose. History of maternal depression is also expected to relate to greater chronic guilt among adolescents.

Additional major aims of the present study are to examine whether type of event and reactions are, in turn, related to adolescents' symptoms of depression. Adolescents are expected to experience more depressive symptoms when mothers make them feel guilty about events that are hard to resolve and when mothers do not provide adolescents with means of dispelling guilt. So, too, induction of guilt through disparagement and self-serving elicitation is expected to be associated with adolescents' depressive symptoms. Among adolescents, chronic guilt is also expected to relate to more severe symptoms of depression. Although effects of sex and age are examined, it is beyond the scope of the present study, theoretically and empirically, to definitively address the effects of these variables. As the main goal of the present study is to compare adolescent offspring of mothers with and without a history of depression, sample size was intentionally restricted to produce a clean comparison. In addition, use of categorical analyses for much of the data analysis further constricts the power of the present study to detect effects of sex and age. A different design would be necessary to yield the large, broad-based sample needed to optimally examine the effects of sex and age.

Method

Participants

A total of 43 adolescents (20 male, 23 female) served as participants. The median age was 15.3 (for ages 12–20, in order, *n*s were 6, 4, 3, 9, 9, 6, 2, 3, and 1). Of the 20 adolescents who had mothers with a history of depression, 9 were male and 11 were female (14 Caucasian, 4 African American, 1 Native American, 1 Asian). Of the 23 adolescents who had mothers with no lifetime history of depression, 11 were male and 12 were female (17 Caucasian, 6 African American). Of the 43 mothers, 20 had a history of depression and 23 did not. Parents were between 34 and 42 years of age ($M = 38.1$, $SD = 1.67$).

The first main objective of participant recruitment was to identify mothers with and without a history of depression who had adolescent children. Information on parental history of depression was obtained from a large database of now middle-aged adults first assessed during infancy at the Providence, RI center of the National Collaborative Perinatal Project (NCPP) (see Broman, 1984 for more detail) and assessed again at various follow-up times.

Depression history was collected during early adulthood (see Buka, Tsuang, & Lipsitt, 1993; Gilman, Kawachi, Fitzmaurice, & Buka, 2003a; 2003b) and at mid-life in the present and concurrently-run investigations.

During early adulthood, the *NIMH Diagnostic Interview Schedule: Version III (DIS)* (Robins, Helzer, Croughan, Williams, & Spitzer, 1981), a measure designed to assess lifetime incidence of depression and other psychiatric disorders using DSM-III criteria, was utilized. The instrument had acceptable inter-rater reliability, sensitivity, and specificity as reported by Barrera and Stice. The Composite International Diagnostic Interview, Version 2.1 (CIDI) (World Health Organization [WHO], 1997), given to the parents in the present and concurrently run studies, was designed to assess mental disorders according to the definitions and criteria of DSM-IV (APA, 1994). The CIDI is a diagnostic instrument that has been used extensively for clinical and research purposes and has been shown to have good test-retest reliability and validity (Wittchen, 1994). Adults who showed a history of depression on at least one of the two inventories and who had an adolescent child were targeted as potential participants. A comparable group of parents with similarly aged children who reported no history of depression on either inventory were also eligible.

Of 107 prospective participants with adolescent children, who were not ineligible because of obvious exclusion criteria (such as being incarcerated), and who lived within driving distance of the study site (under terms imposed by the Brown University IRB, adolescents living out of the area could not be included as participants), only 10 refused. In 9 cases, both parent and adolescent were interested in participating, but they were not included because only one member of the pair completed measures (adolescents did not complete measures in 2 cases and the parent did not complete a depression inventory in 7 cases). In addition, 54 tentatively agreed, but could not be scheduled before the recruitment and testing phase came to a close (because they missed or put off making appointments). (Refusal rate and scheduling counts do not include individuals later determined to be ineligible.)

Of the remaining 43 parents, 20 had a history of depression (all female) and 23 did not (19 female, 4 male). Information on maternal history of depression was available in the 4 cases where the father was a member of the larger data base. For 3 mothers, CIDI scores collected for concurrently run studies indicated no history of depression and, in the final case, the mother had no history of depression according to a questionnaire completed by the adolescents' father (her spouse). Hence, in 23 cases, there was no maternal history of depression according to the information at hand.

In families where two or more children met the criteria for inclusion in the study, all eligible children were invited to participate. A total of 66 adolescents from 43 families included in the present study were administered study materials, but only one child per family was selected for inclusion. Preference was given to participants: (1) who had complete study data; (2) who were under age 18; and (3) on the basis of sex and age to attain balance.

Procedure

Parents and adolescents completed the measures at their home with an interviewer present or at the research facility so that investigators were available to answer questions or to administer the questionnaires orally for younger participants or those preferring this option. Depression measures were typically collected from the parents first as the depression questionnaires were part of a larger, concurrent investigation and were used to identify potential participants for the present study. Parental permission was always received before obtaining adolescent permission. Recruitment and consent forms, used as part of the larger study, did not reveal hypotheses or make reference to parental history of depression. Participants were paid

for their participation. Adolescents completed the depression measure first, typically in a separate session. The depression measure never directly preceded the guilt measures and contained items (see CDI-S description) that rarely, if ever, appeared in the spontaneous guilt descriptions. Adolescents completed, in order, the open-ended guilt measure, the chronic guilt and shame measure (PFQ-2), and the maladaptive guilt induction measure.

Adolescent measures

The *Children's Depression Inventory (CDI-Short Form) (CDI-S)* (Kovacs, 1992), a 10-item self-report scale designed to assess depression in children and adolescents, was used. Each item tapped a specific symptom (sadness, crying spells, lack of friends, self-hatred, self-deprecation, loneliness, pessimism, self-hate, feeling unloved, negative body image). For each item, the adolescent was presented with three statements graded in order of increasing severity and was asked to select the statement that best described them during the previous two weeks. Items were scored from 0 to 2 such that the higher the numerical value, the more clinically severe the symptom. Cronbach's alpha for the 38 participants for whom CDI-S scores were available was .62.

For 2 participants over 18 who completed the Center for Epidemiological Studies Depression Scale (CES-D, a depression measure for adults described by Radloff, 1977) as part of a concurrently-run study, a score was calculated for the CDI-S based upon CES-D responses. One adolescent had no symptoms on the CES-D and a score of 0 was recorded for the total CDI-S depression score. Of the 10 CDI-S items, 9 were highly similar to CES-D items. As the second adolescent showed mild symptoms of depression on 3 CES-D items, a score of 3 (which corresponded to mild depression on 3 CDI-S items) was recorded. The remaining 3 participants had no data for either depression measure.

Scores for the CDI-S ranged from 0 to 9 with a mean of 1.85 (a score of 2 corresponded to the 55th and 50th percentile, respectively, for boys and girls aged 13–17 according to percentile equivalents from Kovacs, 1992).

The *Personal Feelings Questionnaire-2* (Harder & Zalma, 1990) was used to assess chronic guilt and shame. Participants were provided with 6 items assessing guilt (e.g., mild guilt, worry about hurting or injuring someone) and 10 items tapping shame (e.g., feeling stupid, humiliated). Participants recorded their responses to each item on a 5-point scale ranging from, *never experience the feeling* (0) to, *experience the feeling continuously or almost continuously* (4). The authors provide evidence of external validity with indices of social anxiety, self-derogation, and depression. Cronbach's alpha was .72 and .78, in order for guilt and shame in the Harder and Zalma study, and .67 and .71, in order, in the present study. The PFQ-2 was completed by all 43 adolescents.

The *Maladaptive Guilt-Induction measure* was developed to assess mothers' ways of instilling chronic, pathological guilt in their offspring. The original pool of items was derived from the literature (e.g., Donenberg & Weisz, 1998; Downey & Coyne, 1990; Zahn-Waxler & Kochanska, 1988) and personal interviews with children of depressed parents (none of whom were participants in the present study). Adolescents were presented with a series of statements and were asked to rate how true or untrue each item was on a scale ranging from *1* (*not at all true*) to *7* (*very true*). Items that were phrased to reflect lack of guilt induction (as well as several items that could be read in other than the intended manner) did not correlate well with the other guilt induction items and were dropped, leaving 12 items that formed the two subscales. The *disparagement* subscale contained six items that involved putting down the adolescent. Items were: mother criticizes all the time, mother makes adolescent feel responsible for making her life miserable, mother makes adolescent feel guilty even when

child is not at fault, adolescent feels like a burden, adolescent feels like a disappointment to the mother, mother when angry never lets adolescent live it down. The *self-serving elicitation* subscale contained six items that involved attempts by the mother to induce guilt in a way that gave her needs prominence over those of the adolescent. The six items were: mother always reminds adolescent of favors and sacrifices she has made; mother makes adolescent feel adolescent's problems are minor compared to the mother's; and mother makes adolescent feel guilty about leaving home to do things with others, about being independent, about having fun without her, and over minor things. Both the *disparagement* and *self-serving elicitation* subscales had good internal consistency (Cronbach's alphas were .86 and .82, in order) and were correlated ($r = .56, p < .001$).

The s*elf-described guilt-producing incidents and reactions* were collected in the following way. Adolescents were asked to describe a time when their mother made them feel guilty. They were then asked to indicate whether the situation was resolved or not, and to provide a brief account of what happened. The procedure was repeated for a second event.

Of the 43 participants, 4 children of parents without a history of depression and 1 child of a parent with a history of depression could not be used because they wrote, "can't remember," "don't know," or, "never made me feel guilty." This left 19 children of parents with a history of depression and 19 children of parents without a history of depression who described at least one guilt-producing event. (Of these, 15 participants [7 children of parents with a history of depression and 8 children of parents without a history of depression] described only one guilt-producing incident.) All adolescents who mentioned descriptions of incidents also provided a description of the reaction.

To code *incidents*, the scoring system developed by Williams and Bybee (1994) for adolescents' self-descriptions of guilt-evoking events was utilized in the initial coding. *Accidental breakage/boisterousness* and *Blamed when not at fault* were used as in the original coding. Disobedience was combined with the low frequency categories of Substance abuse and Stealing and with a miscellaneous description of Teasing to yield *Violating norms/rules*. The original category of Inconsiderateness was of high frequency and, as a result, was broken into: *Hurting others* and *Failed to meet mother's needs/Hurt mother*.

The present procedure prompted adolescents to describe times when the mother made them feel guilty and, perhaps as a consequence, *Betrayed the mother's trust* (but not the more general Williams and Bybee category of Lying) emerged as a high frequency category. The seventh and final category, *Bad grades* emerged in the present, but not the earlier, study with the difference again possibly reflecting a difference in prompts. Remaining categories used in the original coding system either did not appear or were too low frequency to analyze in the present study.

To increase variability, summary scores were created by summing *Violating norms/rules* and *Bad grades* to produce *Infractions*. *Failing to meet mother's needs* and *Blamed when not at fault* were combined to yield *Overassumption of responsibility.*

Of the seven types of *reactions* examined, four were derived from the coding system used by Bybee, Merisca, and Velasco (1998) to code adolescents' reactions to guilt-producing events. The most common reactions in the earlier study were also found in the present study and were utilized as follows. *Remorse/regret* and *reparation* were used without modification. In order to increase category frequency, apologies was combined with mention of Parental forgiveness to form *Apology/forgiveness* and punishment was combined with other parental discipline (such as being yelled at) to produce *Disciplined/punished*. The remaining reactions identified by Bybee et al. were mentioned by less than 10% of their sample and were too infrequently mentioned in the present study to be analyzed.

Three categories not found in the Bybee et al. study appeared as a result of differences in the instructions given to adolescents in the two studies. As adolescents in the present study were prompted to describe times when their mother had made them feel guilty, two additional reactions that directly involved the mother emerged: *Mothers' emotions in need of regulation* (for instance, the mother was upset or crying) and *Maternal induction attempt* (wherein the mother explained why what the child did was wrong or hurtful). Adolescents in the present, but not the earlier study, were specifically asked whether or not the situation was rectified. *Reaction did not resolve situation* was scored when adolescents mentioned the situation was not fully or immediately resolved. To increase variability, summary scores were created by combining *Apology/forgiveness* and *Disciplined/punished* to create *Nonreparative correction*. *Mother's emotions in need of regulation* and *Reaction did not resolve the situation* were used to construct *Uncontrolled reactions*.

Turning to scoring, as in previous studies (Bybee et al., 1998; Williams & Bybee, 1994), categories that were mentioned at least one time in a given participant's set of descriptions (i.e., in either of the examples of guilt-producing incidents or reactions) were coded by the rater as present and given a score of 1. Categories that were not mentioned in either of two sets of descriptions were given a score of 0 by the rater.

Interrater reliability was coded using a system similar to that employed by Williams and Bybee (Kappa [Cohen, 1960] could not be used as the number of categories that could be coded per response was not fixed and categories were not mutually exclusive). A rater, unfamiliar with the literature on guilt and depression and unaware of subject characteristics and experimental hypotheses, was trained in the scoring procedure. The responses of 30 participants were independently coded by one of the authors and the independent rater. Interrater agreement occurred when the raters both recorded a 0 or 1 for a type of incident (and similarly for type of reaction). Disagreements occurred when one of the two raters recorded 1 for a category and the other recorded 0. For type of incident, 7 categories for each of 30 subjects (210 total) were given scores of 0 or 1. The raters agreed on 95% of the categories (199 out of 210), both recording 1's for 42 categories and both recording 0's for 157 categories. The agreement rate for type of reaction was 96% (201 out of 210), with both raters recording 1's for 50 categories and both recording 0's for 151 categories.

Results

Preliminary analyses

Preliminary analyses indicated the pattern of findings was not appreciably changed by controlling effects of sex and age. Excluding participants aged 18–20 (2 of whom completed the CES-D rather than the CDI-S measure) also did not appreciably change the pattern of findings. Interactions were not run, and analyses could not be run separately by sex or age, because cell sizes were too low.

Intergenerational transmission of depression

ANOVAs were used to examine whether parent history of depression was related to adolescent symptoms of depression. Adolescents had significantly more symptoms of depression when the mother had a history of depression ($M = 2.67, SD = 2.38$) than when the mother did not ($M = 1.27, SD = 2.38$), $F(1, 39) = 4.01, p \leq .05$.

Effects of sex and age

Main effects of age and sex of the adolescent on the dependent variables were then examined. A series of ANOVAs with adolescents' sex as the independent variable produced no effects on chronic guilt, chronic shame, symptoms of depression, or maternal use of self-serving elicitation or disparagement. Similarly, logistic regressions indicated no gender differences in mentions of any of the guilt-evoking incidents or reactions.

Adolescents' symptoms of depression increased marginally with age ($r = .28, p < .10$), but were unrelated to chronic guilt and chronic shame. (Pearson correlation coefficients were used throughout.) A one-way ANOVA indicated that adolescents who mentioned hurting others as a guilt-evoking incident were, on average, two years older than those who did not mention the category (*M*s, in order, were 17.2 and 15.2 years, $F[1, 36] = 4.86, p < .05$). Additional ANOVAs indicated that other incidents and reactions were not related to age. Age was not correlated with maternal use of self-serving elicitation or disparagement.

Relationship of maternal depression history to guilt-producing incidents and reactions

Logistic regression analyses were run with maternal history of depression as the independent variable and incident as the dependent variable (see Table 1). Offspring of mothers without a history of depression were more likely to mention guilt over violating norms/rules and bad grades. Conversely, adolescents whose mothers had a history of depression were more likely to mention guilt over failing to meet mother's needs and blamed when not at fault.

Logistic regression analyses were run with mother history of depression as the independent variable and reaction as the dependent variable (see Table 2). Adolescents of mothers without (compared to with) a history of depression were more likely to report apologies and/or forgiveness were given and discipline and punishment was employed. In contrast, adolescents of mothers with a history of depression were more likely to mention that their mother's emotions were in need of regulation or that the reaction did not resolve the situation.

Table 1 Incidents described as guilt-producing by adolescent offspring of mothers with and without a lifetime history of depression

Type of guilt-producing incident	Mother lifetime history[a]		χ^2
	No depression	Depression	
Infractions			
Violating norms/rules	57.89%	15.79%	7.58**
Bad grades	26.32%	5.26%	3.41†
Overassumption of responsibility			
Failed to meet mother's needs	15.79%	68.42%	11.46***
Blamed when not at fault	0.00%	21.05%	6.02*
Other			
Accidental breakage/boisterousness	10.53%	15.79%	.23
Betrayed mother's trust	15.79%	21.05%	.18
Hurts others	21.05%	15.79%	.18

[a] A total of 19 offspring of mothers without a lifetime history of depression and 19 offspring of mothers with a lifetime history of depression provided a description of at least one guilt-evoking incident and are included in the analyses.

†$p < .07$, *$p \leq .05$, **$p < .01$, ***$p < .001$.

Table 2 Reactions to guilt-producing incidents as described by adolescent offspring of mothers with and without a lifetime history of depression

Type of reaction	Mother lifetime history[a]		χ^2
	No depression	Depression	
Reparation	63.16%	73.68%	.49
Nonreparative correction			
Apology/forgiveness	36.84%	5.26%	6.27**
Disciplined/punished	36.84%	5.26%	6.27**
Uncontrolled reaction			
Mothers' emotions in need of regulation	10.53%	36.84%	3.81*
Reaction did not resolve situation	0.00%	42.11%	13.25***
Other			
Remorse/regret	15.79%	31.58%	1.33
Maternal induction attempt	26.32%	10.53%	1.62

[a] A total of 19 offspring of mothers without a lifetime history of depression and 19 offspring of mothers with a lifetime history of depression provided a description of at least one guilt-evoking reaction and are included in the analyses.

$^{*}p \leq .05, ^{**}p < .01, ^{***}p < .001.$

Relationship of type of guilt-evoking incidents and reactions to adolescents' depressive symptoms, chronic guilt, and chronic shame

For the next set of analyses, summary scores for the variables of interest were utilized. As shown in Table 3, correlations indicated when events involved overassumption of responsibility and reactions that were uncontrolled, adolescents had more severe symptoms of depression. In contrast, adolescents whose mothers made them feel guilty over specific infractions had less severe depressive symptoms.

To examine the degree of independent contributions to the variance in adolescent depressive symptoms, the four summary scores were entered into a multiple regression with adolescents' CDI scores as the criterion variable. Together these predictor variables accounted

Table 3 Relation of adolescents' depressive symptoms to summary scores of their self-described guilt-evoking incidents and reactions

Summary scores	Depressive symptoms
Incidents	
Infractions	−.40*
Overassumption of responsibility	.39*
Reactions	
Nonreparative correction	−.31†
Uncontrolled reactions	.17
Multiple R	.54*

Note. $n = 38$. Infractions are comprised of Rule violations and Bad grades. Overassumption of responsibility is comprised of Failing to meet mother's needs and Blamed when not at fault. Nonreparative correction is comprised of Apology/forgiveness and Discipline. Uncontrolled reactions is comprised of Mother's emotions in need of regulation and Reaction did not resolve situation.

$^{\dagger}p < .07, ^{*}p \leq .05.$

Table 4 Differences in maladaptive guilt-induction techniques used by mothers with and without a lifetime history of depression

Maladaptive guilt-induction technique	Mother lifetime history[a]				
	No depression		Depression		
	M	(*SD*)	*M*	(*SD*)	*F*
Disparagement	12.25	(8.62)	12.50	(8.26)	.01
Self-serving elicitation	10.43	(5.00)	14.80	(8.97)	4.02*

[a] In order, for mothers without and with lifetime history of depression: $n = 20$ and 23.

*$p \leq .05$.

for over 25% of the variance in adolescent depression scores (as deduced by squaring the multiple R shown in Table 3).

Chronic guilt was not correlated with the four summary scores described above and listed in Table 3. Likewise, chronic shame was unrelated to these summary scores.

Relationship of self-serving elicitation and disparagement to maternal depression history and adolescents' depressive symptoms, chronic guilt, and chronic shame

ANOVAs were used to examine whether mothers with a history of depression were more likely to use disparagement and self-serving approaches to elicit guilt in their children (see Table 4). Maternal depression history was not related to disparagement. A second ANOVA indicated that adolescents of mothers with (compared to without) a history of depression reported their mothers more often induced guilt in a self-serving manner.

Correlations were used to ascertain whether disparagement and self-serving elicitation were related to increased symptoms of depression, chronic guilt, and chronic shame in the adolescent. As shown in Table 5, adolescents who reported their mothers relied more on disparagement had more depressive symptoms, more chronic guilt, and more chronic shame. Adolescents who reported their mothers engaged in more self-serving elicitation had higher levels of chronic guilt and shame and marginally more depressive symptoms.

Relationship of maternal depression history and adolescents' depressive symptoms to chronic guilt and chronic shame

ANOVAs indicated that whether or not the parent had a history of depression had no effect on adolescents' feelings of chronic guilt or chronic shame. Adolescents' symptoms of depression were not correlated with chronic guilt and chronic shame.

Table 5 Relationship of maladaptive parental guilt-induction techniques to adolescents' depressive symptoms, chronic guilt, and chronic shame

Adolescent symptoms	Maladaptive guilt-induction technique	
	Disparagement	Self-serving elicitation
Depressive symptoms[a]	.32*	.26†
Chronic guilt[b]	.33*	.43**
Chronic shame[b]	.33*	.33*

[a] $n = 38$.

[b] $n = 43$.

†$p \leq .10$, *$p \leq .05$, **$p < .01$.

Discussion

Guilt is a defining criterion of depression according to DSM-IV-TR (American Psychiatric Association, 2000). It is not a proclivity for experiencing guilt, but rather chronic, lingering guilt that is closely linked with depression among adults (Haggarty & Bybee, 2004a). A main objective of the present study is to examine possible origins of chronic guilt in the mother-child relationship. An understanding of the underpinnings of chronic guilt may shed light on intergenerational transmission of depression. Children with a depressed parent are themselves at elevated risk for depression (Beardslee & Wheelock, 1994; Jones, Forehand, & Neary, 2001). In this study, adolescent symptoms of depression are linked with depression in their mothers. One way in which depression may be transmitted from one generation to the next involves socialization of depressogenic attributions and behaviors (Goodman & Gotlib, 1999).

A major finding of our study is that mothers with, compared to without, a history of depression appear to evoke guilt in their offspring more frequently over situations that are inherently difficult to repair (such as the parents' own problems) and less frequently over events that are easier to resolve (such as specific, easily remediable infractions). Moreover, mothers with, compared to those without, a history of depression react to guilt-evoking events in ways that may prolong and intensify the adolescents' guilt feelings such as by interjecting their own emotions into the situation. Further, they are less likely to use means such as forgiveness or discipline that force the situation to a conclusion. Finally, they engage more often in self-serving elicitation of guilt in their offspring, engendering guilt over separation and parental sacrifice, and marginalizing the adolescent's needs while pushing their own concerns to the fore.

A surprisingly high 68% of adolescents whose mothers have a history of depression mention feeling guilty over failing to meet her needs. One adolescent whose mother has a history of depression, for instance, reports he feels guilty, "when I spend time doing chores given to me on a list and I do those but not other things my dad usually does and she says can't you do something not asked of you just to help me out." Another felt guilty when, "I didn't get accepted to [the] college she wanted me to go to." In contrast, about 15% of adolescents whose mothers do not have a history of depression mention guilt over failing to meet the mother's needs. Children sometimes accept responsibility for parents' problems and moods because of egocentrism and feelings of omnipotence (i.e., they can fix the parents' problems) as well as empathic concern (Friedman, 1985). Acceptance of responsibility for the mother's problems may be especially pronounced in children of depressed mothers. When a child feels responsible for another's distress, guilt may result (Hoffman, 1983). Pronounced and exaggerated displays of negative affect by depressed mothers may elicit heightened empathy in their children (Radke-Yarrow et al., 1994). It may be difficult, if not impossible, for children to solve the parents' problems. Resultant feelings of guilt may be irremediable and chronic guilt may ensue.

Offspring of mothers with, compared to without, a history of depression are much more likely to report incidents where they are blamed when not at fault. One adolescent whose mother had a history of depression felt guilty, "when she tells me I did something and I didn't, like today, the fire wouldn't come on (the stove) and I said what's wrong with it and she thought I said what's wrong with her and I didn't." Guilt feelings from events in which the person is not at fault may be particularly difficult to resolve or rectify (Williams & Bybee, 1994). One daughter, for instance, reports that her mother (who had a history of depression) makes her feel guilty, "by telling me because of me she was going through health changes." Events such as these are clearly beyond the scope of a typical teenager's problem-solving

ability, may be difficult or impossible for the adolescent to set right, and may be particularly likely to result in chronic guilt.

Incidents that evoke guilt in adolescents of mothers without a history of depression are specific and remediable, such as violating norms or rules. One adolescent describes feeling guilty, "if I break a rule by going somewhere I shouldn't go." Another common guilt-evoking event for adolescents of parents without a history of depression is poor scholastic performance. "Doing bad on a report card" or "getting a bad grade in Spanish" are typical self-descriptions. These more circumscribed events lend themselves to obvious solutions such as not lying and studying harder, actions that serve not only to correct the problem but to alleviate guilt.

With respect to reactions, offspring of mothers with, compared to without, a history of depression are three times as likely to mention that their mother's emotions were in need of regulation. One adolescent of a mother with a history of depression reports, "I had to stop her from freaking out and tell her to calm down." Further, adolescents of mothers with versus without a history of depression are twice as likely to state that reactions did not resolve the situation. As one adolescent puts it, "situation is not really resolved, it's an ongoing problem. I take care of my mess but I get blamed for other people's messes." A picture emerges of uncontrolled, lingering affect in both mother and adolescent.

Mothers without a history of depression reportedly respond to guilt-producing situations in a way that corrects the underlying problem. Adolescents of mothers without (compared to those with) a history of depression are six times more likely to mention apology and forgiveness as well as disciplinary actions and punishment. One such situation reportedly came to an end, "by her yelling at me and telling me not to do it again." Actions bring the event to closure, if not by the adolescent's attempt at reconciliation, then by the parent's interjection into the situation, granting forgiveness or imposing punishment. The slate is cleaned and there is no further need for guilt; the parent and adolescent can move on.

Another major finding is that what mothers make their children feel guilty about and how parents react to that event are tied to symptoms of depression in their offspring, accounting for over 25% of the variability in symptom severity. Mothers who induce guilt over circumscribed poor behavior such as rule violations and bad grades have children who show fewer symptoms of depression. In contrast, mothers who blame their children when they are not at fault and when they fail to meet the mother's needs have adolescents with more severe depressive symptoms. Whether or not the parent reacts to the event in a way that rectifies or prolongs guilt feelings also seems to affect severity of depressive symptoms in their offspring.

When adolescents of parents with a history of depression are repeatedly exposed to situations in which they are blamed when not at fault or that they cannot remedy, they may come to feel a disconnection between their actions and the course of events. When actions and consequences become separated, learned helplessness may ensue (Seligman, 1975) and over time, this may lead adolescents to abandon typical strategies for coping with guilt as ineffectual given their life conditions. An exaggerated sense of blameworthiness for events beyond one's control and feelings of hopelessness and helplessness about the future are individually symptomatic of depression and combine to form the paradox of depression (see Abramson & Sackheim, 1977). Certainly depressed parents may foist responsibility for their own woes and life circumstances onto their offspring. But the offspring may also be particularly vulnerable and susceptible to assuming unwarranted blame. Parents' uncontrolled emotional responses and reactions that are not directed at correcting the underlying situation may exacerbate and prolong rather than resolve the event.

Adolescents who mention that their mothers induced guilt over specific, demarcated infractions (violating norms and receiving bad grades) have fewer symptoms of depression.

Whereas with most individuals, guilt induction typically occurs when the person eliciting the guilt has been victimized, *parents* commonly induce guilt even when not personally involved in an effort to socialize their child (Williams & Bybee, 1994). Parental guilt induction attempts aimed at specific infractions (such as when children break rules and fail to study) may be aimed at punishing and prompting reparative action. Students with a greater proclivity for experiencing guilt in response to demarcated situations receive better grades in school, engage in more prosocial behavior, and show less psychiatric symptomatology (Bybee & Quiles, 1998; Quiles & Bybee, 1997). In addition, adolescents who have mothers who exercise more firm control have better general psychosocial adjustment (Fauber, Forehand, Thomas, & Weirson, 1990). The present study adds to these findings, indicating that adolescents whose parents induce them to feel guilt over demarcated events are in a better state of mental health as indexed by their low scores on depression. These findings may provide insight into the development of a healthy proclivity for guilt.

Turning now to the questionnaire measures, mothers with (compared to without) a history of depression engage in more self-serving elicitation, inducing guilt in a manner that reflects self-focus and self-absorption. In contrast, use of a second chronic guilt induction style, disparagement, that is, making the adolescent feel like a burden or disappointment, and engaging in continual criticism of him or her (see Donenberg & Weisz, 1998 for further description) does not vary by type of mother. Greater use of both self-serving elicitation and disparagement is associated with more depressive symptoms, more chronic guilt and more chronic shame among the adolescent. These findings dovetail well with findings from Jones, Forehand, and Beach (2000) that lower maternal acceptance during adolescence predicts internalizing problems during early adulthood.

Mothers scoring high on self-serving elicitation make adolescents feel guilt about leaving home to do things with other people, about being independent, and over having fun without her. Maladaptive guilt-induction, then, may involve attempts to make the child feel guilt over normal needs for independence. Separation guilt (see Zahn-Waxler & Kochanska, 1988 for a further discussion) may arise during adolescence as the child becomes increasingly involved in activities outside the home and the mother reacts by feeling slighted and abandoned. This type of guilt may be hard for the adolescent to remedy as solutions—stay home with the mother and refuse to go out with friends—may be unhealthy and contrary to the life tasks and pleasures of adolescence. Mothers with a history of depression are also thought to remind children frequently of favors and sacrifices (Downey & Coyne, 1990) and items such as these are also included in the self-serving elicitation subscale. Depressed mothers may become so immersed in their own emotions and issues that they are not attuned to or responsive to those of their child (Downey & Coyne, 1990). The adolescents' problems may be minimized and marginalized by the parent and the adolescent may not receive the mother's attention, much less her help, in diffusing guilt-evoking situations.

As stated previously, it is beyond the scope of the present investigation to definitively address effects of sex and age because of sample size constraints imposed by the design. In addition, accounts of maternal guilt induction attempts are studied using adolescents' reports. Mother's perceptions of their own guilt induction attempts might be different from the perceptions of their offspring. A further limitation is that statements on causality cannot be made in the present study as a longitudinal design is not employed. Finally, additional possible causal factors not included in this initial study, such as family stress, might underlie maternal depression and induction attempts as well as adolescent depressive symptoms.

Research is now amassing to suggest that there are two forms of guilt, a more adaptive form that involves a proclivity for experiencing guilt in circumscribed and soluble situations

and an ongoing chronic form tied to psychopathology (Ferguson et al., 2000; Ferguson, Stegge, Miller, & Olsen, 1999; Haggarty & Bybee, 2004a, 2004b; Quiles & Bybee, 1998). In the present study, possible roots of these two forms of guilt in the mother-child interaction are identified. Mothers with a history of depression make their children feel guilty over inherently difficult to resolve issues and offer them little opportunity to undo or release bad feelings. They elicit guilt in a self-serving manner that focuses attention on maternal needs. Greater use of this type of guilt induction is associated with elevated depression in the child. Mothers with no history of depression induce guilt over circumscribed events and bring the guilt-evoking situation to a conclusion through punishment or prompting reconciliation. This pattern is associated with less severe depressive symptoms in the child. Clinicians may explore with depressed mothers more constructive ways of instilling and alleviating guilt in their offspring in order to help circumvent intergenerational transmission of depression and chronic guilt. Future research might examine the generalizability of the present findings, exploring whether guilt induction and reaction patterns identified among individuals with a history of depression: extend to other emotions such as sadness and anger; are used in other relationships outside the parent-child interaction (such as in spousal or sibling exchanges); and result in problems with externalizing as well as other forms of internalizing behavior among adolescents.

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