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A STUDY OF THE NATURE OF GUILT IN PSYCHOPATHOLOGY

A Dissertation

Presented in Partial Fulfillment of the Requirements for the Degree Doctor of Philosophy

By

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CHAPTER I

INTRODUCTION

One of the more perplexing problems in the study of human behavior involves what the theologian calls guilt, remorse, or repentance, and what the psychologist is more apt to call conflict, anxiety, and depression. While Shakespeare may tell us that a rose by any name may smell as sweet, it is equally true that feelings of internalized unrest are just as bitter, however they are labeled. Words are only constructs and are invented to mediate what people feel to be real. And while most people may feel that what this dissertation calls guilt is inwardly real, we need to gain understanding of it by relating it to other human experiences which men have shared through common verbal labels.

Concern with the nature of guilt was long in the exclusive domain of the theologian. With little misunderstanding, he was able to equate guilt with moral and spiritual wrongdoing, and could relate it to a systematic theology with a consensually validated vocabulary. The definition of guilt was no problem for him.
Today, however, theology must share the study of guilt with other disciplines, for whom the vocabulary of theology is not convenient. Indeed, Freudian psychoanalysis, the first secular discipline to be concerned with guilt, postulated that guilt was better understood in physio-psychological terms, and it defined guilt as homeostatic and not spiritual disequilibrium. Freud referred guilt to the superego rather than to God, and he found its antecedents not in moral wrongdoing but in parents whose too strict moral preachments became internalized as the voice of conscience. Conscience ceased to be the proof of the Divine that it had been for Immanuel Kant, and became instead the pathological constriction of Id impulses, the expression of which could be the only happiness that man could know.

Freud's definition of guilt has failed to be definitive because it is as impossible to translate his concepts into other systems of thought as it is the terms of theology. Some people (c.f. Bakan, 1958) teach that psychoanalysis is a pseudo-religion which is to be understood as a reaction to the conventionalized moral faith of nineteenth-century society. Thus psychoanalysis lays itself open to the charge that it defines guilt in terms of its own values as much as had nineteenth-century society. Others have charged that psychoanalysis is pseudo-scientific because its terms are not defined in
terms of observables. Such people would point out that rooting guilt to the physiological is more analogical than empirical. They would say that while the psychoanalytic theory of guilt can be suggestive, it can hardly be conclusive.

While Freud did not dispose of the problem of conscience and guilt, he did succeed in calling attention to the fact that the socialization process cannot be understood apart from conscience and also that the disturbance of the conscience through guilt is central to psychopathology. But he posed a dilemma for psychology: If it was difficult to define guilt, it was even harder to measure it. If it was difficult to accommodate inner states of feeling to a behavioristic model, it was next to impossible to handle concepts with moral and theological overtones within a theory of personality. If academic psychology has been largely forced to ignore guilt and conscience, current trends in the field make it impossible to neglect the problem any further. At the present time three new factors require a more precise definition of guilt.

First, self theory has given a new dignity to the study of inner states. Hilgard (1949), in his APA Presidential Address, equated guilt with self-reference, and called for more intensive study of the self-image in order to understand ego defenses against guilt. While self
theorists have not turned to the study of guilt itself, they have developed measurement techniques which allow for quantification of thinking and feeling (c.f. Stephenson, 1954). Closely akin to guilt is the discrepancy measure between the actual and ideal self. Using Q-technique, Rogers and Dymond (1954) found that congruence between statement sorts for real and ideal self is related to both desire for psychotherapy and improvement during treatment. While guilt and lack of positive self-regard do not seem to be the same, common sense would indicate that the two concepts are related in some way.

Second, the concern of both psychology and theology with the relevancy of the other discipline suggests the need for a better understanding of both normal and pathological moral behavior. As there is interest in existentialism within academic psychology at the present time, so there is a new interest in the churches in pastoral psychology. The study of guilt provides a common meeting ground where inter-disciplinary contact can throw light on vital human problems.

Third, the implicit conflict between psychoanalysis and religion is resulting in a closer look at the cause of pathological guilt feelings. O. H. Mowrer has reversed the logic of Freudian psychoanalysis by stating that it is the Superego and not the Id that is basic to personality. He regards guilt not as the distortions of the disturbed mind,
but as anxiety over tangible misdeeds which remain unacknowledged and unredeemed. Mowrer also turns his attention to the cure of guilt feelings. He questions the efficiency of psychoanalytic technique and claims that freeing Id impulses from the constraint of the Superego will only increase the suffering which is meted out to the patient by his conscience. Mowrer suggests empirical studies to determine the degree of social wrongdoing in the past lives of those who suffer with emotional problems, but until such studies give definitive answers to Mowrer's theorizing, his hypotheses will stimulate continuing discussion.

At the present time, understanding of the nature of guilt is impeded by the lack of agreement as to what it is and to what it is due. In the next chapter the writer will describe different definitions which result from different theoretical approaches. Since the study of guilt is also hindered by the lack of operational definitions, the third chapter will propose operational definitions and will describe the study, which will test the hypothesis that the different measures are related to each other and that they will differentiate between neuropsychiatric patients and normal subjects. In the fourth chapter the dissertation will set forth the results of the study and describe what they tell us about the nature of guilt. A final chapter on
discussion will seek to place the results in a possible theoretical framework and will make suggestions for further study.
CHAPTER TWO

BACKGROUND OF THE PROBLEM

What one means by the term guilt depends both upon his past background and upon his present purposes. No single definition is likely to satisfy everyone. Further, to define the term guilt so narrowly as to suit only one's own purposes means that one must end up talking to oneself, for attempts at communication with those who use different frames of reference will result only in confusion and misunderstanding. To avoid such misunderstanding, the present chapter will consider different theoretical definitions of guilt, and will attempt to reach a definition that will synthesize the viewpoints of different theoretical approaches.

Historically, theology has been most seriously concerned with the definition of guilt. Traditionally, theology has used the term guilt in a purely objective sense to describe the condition before God of someone who has sinned, or more literally missed the mark, and therefore is made guilty in the literal sense of being twisted or made distorted. Because of such unwholesomeness the guilty person was conceived as standing under judgment
either as one convicted or one who is in debt to another. Biblical writers do not show concern as to whether or not one feels guilty.

The equation of guilt with pangs of conscience does not seem to have been made until the eighteenth century when the German philosopher, Immanuel Kant, stated his position. Kant rejected the bulk of traditional theology. Kant did, however, believe in a moral law within, and he assumed that pangs of conscience were sufficiently real that man could assume that he had broken a moral law so supreme that it could have been instituted only by God, who was thereby proved to exist.

Concern with guilt as feeling had to wait until the growth of so-called Christian existentialism. Thus, in the last century the founder of this movement, Soren Kierkegaard, saw guilt as a by-product of what happens to the self when it realizes its finitude in an infinite universe. Guilt is seen as being angst, or dread. Thus "The whole reality of knowledge is projected in dread as the immense nothing of ignorance" (1946, p. 40). Man dreads not only because he fears punishment for what he has done wrong, but dreads also because he has a freedom, the destiny of which he cannot control: "The individual in dread not of becoming sinful but of being regarded as guilty becomes guilty" (1946, p. 67). Such an individual seeks to escape from dread by turning selfishly inward and
by turning outward to empty external form, which
"tranquilizes itself in the trivial" (1941, p. 174).
Kierkegaard describes such guilt both lengthily and bleakly
in his book *Sickness unto Death* (1941). But as painful as
it is to feel guilty, the person who denies his guilt
stands under worse condemnation.

The despairing man who is unconscious of
being in despair is, in comparison with him who is
conscious of it, merely a negative step further
from the truth and from salvation. Despair
itself is a negativity, unconsciousness of it a
new negativity (1941, p. 177).

Since man is always guilty in much the same way in
which he is basically anxious, the sickness unto death is
reserved for those who have found defenses for that
anxiety. As a result, feeling guilty is exactly the
opposite of being guilty.

If Kierkegaard turned the attention of theology
inward to self-regarding attitudes and feelings, such a
subjective emphasis has been continued in contemporary
theological thought to the point where guilt feelings are
discussed in psychoanalytic and psychological terminology.

One Protestant, Adolph Hoberle, describes guilt in the
existential I-Thou-relationship terminology of the Jewish
philosopher Martin Buber. His theoretical analysis seems
so directly representative of current Christian
existentialism that it bears direct quotation.

The Christian concept of guilt is based on the
assumption that there is a spiritual I-Thou
relationship between God and man. He is our father, our Lord and Creator, and we are his children... The Christian truth, based on its conviction of man's personal, I-Thou relationship to God, is profoundly moved by the fact that we men, who are intended for existence in the love of God, have fallen out of this existence in love, out of this bond of fellowship, and that this loss of immediate contact with God has weighed us down with the burden of guilt. According to the Christian view and conviction, there is only one ultimate sin. It consists in letting trust go, in the loss of the child's attitude toward God, the Lord of our life. Everything else is only the consequence of this fundamental estrangement. One who no longer loves God can no longer rightly love his neighbor (1957, p. 34).

Another Protestant, Lewis J. Sherrill, distinguishes between guilt as fact and guilt as feeling. The former is the objective and traditional equation of guilt with wrongdoing. But guilt as feeling is described as a psychological experience, and, in his description, he cites the names of Kierkegaard, Freud, and Dollard. In Sherrill's view, feelings of guilt are usually covered over because "if the feeling of guilt were admitted to full consciousness, the true nature of the self would become evident, and the consequent destruction of self-esteem would be unbearable" (1945, p. 90). While the self attempts to cover over guilt, Sherrill lists the outcroppings. The first of these outcroppings is anxiety, which is interpreted as being misplaced guilt over being hostile. Since the resulting guilt serves to cause increased hostility, a vicious circle is set up in the
context of social relationships which become increasingly malignant.

A current Roman Catholic conceptualization of guilt is supplied by Caryll Houselander. Like Sherrill, she stresses that guilt feelings are ordinarily disguised and are given some other label: "We prefer a thousand times to think of ourselves as neurotics, even as psychotics, rather than be responsible human beings, carrying the burden of sin, and threatened by the torrent of darkness that we are trying to dam up in the depth of our being" (1951, p. 14). Houselander sees guilt as being the inevitable human condition. Since conflict between the good and the evil is inevitable, "the danger is great when we are not in conscious conflict with ourselves" (1951, p. 40), for otherwise there will be the suffering of the ego-neurosis, which is a "spiritual" ailment consisting of the thrusting forward of the self. Houselander differs from Sherrill in seeing guilt not as the consequence of disordered social relationships but rather as the inevitable result of having violated natural laws. She concludes: "Guilt means that we have broken the law of our being; We are in collision with reality, and suffering follows inevitably" (1951, p. 10).

The influence of depth psychology on current theories of theological guilt is a reminder of the second
theoretical orientation in regard to guilt. Freudian psychoanalysis defines guilt as neurotic conflict caused by too harsh parental standards being introjected into the Superego, which wars with the Ego for control of the personality. As we shall see, there have been many different revisionists, several of whom have reached conclusions diametrically opposed to Freud's. Each theorist has in turn defined guilt differently and assigned its origins to different causes. But all psychological definitions assume neurotic conflict involving repressed or unconscious feelings which are antagonistic to the ego or rational part of the personality.

According to the orthodox psychoanalytic conception, guilt consists in aggressive impulses of the Superego. The individual who is plagued by guilt feelings is considered to have regressed to the oral stage of development. Such guilt is described in terms of feelings of depression. The Superego becomes dominant, and withholds from the Ego the needed supply of self-esteem. Depression is the result of an unconscious need for punishment in which the Superego takes for itself the forces of the libido, and then oppresses the Ego with an anxiety which the Ego is powerless to resist.

Variations on the orthodox psychoanalytic conceptions are endless. Thus Edmund Bergler's conceptualizing is similar to Freud's, but he adds the ingredient of
inferiority feelings. He regards unconscious feelings of guilt as being the result of discrepancy between the Ego and Ego Ideal, the latter comprising a Janus-faced conscience over which the life and death instincts fight. Bergler distinguishes between feelings of guilt and unconscious guilt. The latter is felt to be present in all neurotic conditions: "The Superego, the inner conscience, is corrupt, and can be bribed by pain, depression, and unhappiness to permit modifications of the original wish, in disguise under the condition of suffering" (1948, p. 15). Bergler finds types of neurotic guilt so numerous that they defy classification, but the common denominator is irrational and self-damaging action. He concludes:

Unconscious neurotic feelings of guilt leading to self-punishment may invade every providence of human action and reaction. The pupil may fail his examination, the husband become impotent, the business man reveal himself as a failure, the actor get stage fright, the driver of a car kill a passer-by accidentally, and the criminal commit a crime, etc. The feeling of guilt is always one participant in every neurosis. It does not cause the neurosis per se, but every neurotic symptom and sign is a compromise between repressed wishes and unconscious guilt (1948, p. 88).

The interpretation of guilt solely as inferiority feeling is made by Mark A. Bruch (1950). Being Adlerian in his orientation, he stresses the fact that feelings of inferiority lay behind most neurotic complaints. Recognizing that the source of guilt frequently lies in the
commission of socially tabooed thoughts and activities, he claims that social taboos function ultimately as the standards which when not met cause feelings of inferiority. Belief in the relationship between guilt feelings and feelings of inferiority seems implied in Hilgard (1948), who sees the self-concept as a dike thrown up lest the personality be swept away in the flood of anxiety intermingled with guilt feeling.

The similarity between guilt and inferiority feelings is stressed by Harry Stack Sullivan: "When you hear a person talk about experiencing guilt, he may actually be talking about guilt, or he may be talking about a rationalization by which he escapes clear awareness of anxiety" (1956, p. 112). As he sees it, guilt and anxiety are complementary to one another. If anxiety occurs when we distress or disturb the significant personal environment, guilt occurs when we do the same to ourselves, but the two occur together since self-regarding attitudes depend ultimately upon the opinions of other persons. He defines guilt as "the peculiarly colored anxiety which attends a clearly observed violation of an important governing principle" (1956, p. 113).

If in a certain measure Freud reacted against the strict, conventionalized morality of Victorian Europe, there is now a reaction against the psychoanalytic attempt
to explain guilt as the unfortunate consequence of a too harsh parental upbringing. The loudest voice in this reaction seems to belong to O. H. Mowrer. Mowrer states the difference between himself and Freud as follows:

According to Freud and his followers, the neurotic is in trouble, not because of anything actually wrong which he had done, but merely because of things which he would like to do but, quite unrealistically, is afraid to. By contrast, the other view is that in neurosis (and functional psychosis), the individual has committed tangible misdeeds, which have remained unacknowledged and redeemed and that his anxieties thus have a realistic social basis and justification (1959, p. 4; italics are in original).

The "sin" which lies behind the guilt is defined as whatever puts one in danger of going to Hell, this Hell being a this-worldly "Hell of neurosis and psychosis—to which sin and unexpiated guilt lead us" so that "it is this Hell that gives us one of the most, perhaps the most realistic and basic criteria for defining sin and guilt" (1960).

Critics have attacked Mowrer on the grounds that wrongdoing is in violation only of social norms and not of an absolute code of ethics. Actually Mowrer defines sin only in terms of the consequent feeling of guilt, and while he stresses the tentative nature of his views, he has stated in personal conversation with the writer that he does not see right and wrong in terms of absolutes, but instead sees it as relative to the culture to the
extent that mores and morals differ from culture to culture.

Since sin in Mowrer's theory is relative to behavior in the culture, so also guilt is in terms of violating the social expectancies of other people. Mowrer has assumed the existence of the Superego. In fact, the point of departure between Mowrer and classical psychoanalysis is that while Freud stressed the Id and valued it so highly that he made its free expression the only basis for happiness, Mowrer has built onto the other end of personality, and has made an efficient and well-satisfied Superego the foundation both for internal adjustment and for harmony with other people. Indeed, the judgment visited upon the "sinner" lies in ruptured social relationships which are broken by the guilty person as he withdraws from the social world lest openness to other people should result in his misdeeds being uncovered. Mowrer thus has edited the anonymous paper of a former schizophrenic, who describes the disease as a break not with reality but with sincerity, and quotes from an approving personal reply by Karl Menninger to the effect that "Essentially all mental illness must be a reaction to some kind of feeling of rupture with the social environment" (1959, p. 10).

Guilt for Mowrer then lies neither in the traditional theological meaning of violations of divine law or in experiential sense of a felt emotional experience of
conscious remorse. It is instead an often unconscious reaction to the commission of what one has been taught is a misdeed, causing one to retreat from other people in order to avoid being caught. Since the basis of guilt lies always in tangible misdeeds, Mowrer suggests that the extent of violation of social norms provides an efficient enough definition of guilt to put his theories to empirical test.

The foregoing discussion should amply demonstrate that it is impossible either to agree upon a single definition or to find a least common denominator upon which all theorists can agree. A recapitulation of this chapter reveals a number of contradictory notions. There is first a difference of opinion as to whether guilt consists in fact or feeling. An equation of guilt with wrongdoing is made both by traditional Biblical theology and by Mowrer. However, existential theologians believe that guilt lies not in tangible misdeeds but in breaking an I-Thou relationship, and while existential theologians would most likely say that palpable wrongdoing follows from this break in relationship, Mowrer claims that the wrongdoing precedes it. And while Mowrer equates guilt with sin, the basis of sin is not in violation of divine ordinances but in breaking cultural norms.

Further, those who believe that guilt should be
defined as feeling fail to agree as to what this feeling resembles. Freud describes guilt as depression, Sullivan as anxiety, and Bergler and Bruck as inferiority feelings. Bergler compounds the complexity by distinguishing between the conscious guilt or inferiority feeling and an unconscious guilt which results in a self-punishment of which the individual is not aware.

This chapter must reach the conclusion that a single comprehensive definition of guilt is impossible. Different types of definitions are needed, and therefore different types of operational measures are made necessary. Since a review of the literature reveals disagreement and disparity in regard to the dynamics of guilt, the study which follows will relate different types of guilt at an empirical level in order to attempt to discover whether there is indeed a single guilt about which people differ or whether there are different types of guilt for which people use the same term.
CHAPTER THREE

THE STUDY

The large number of different definitions of guilt make it impractical to provide one single operational measure that would be relevant to every definition. Indeed, the philosophical nature of many of the definitions make it impossible to translate them into measurable terms.

The divergences in the theories about guilt do, however, suggest that there is a need to use different types of measures. While potentially the number of different ways of measuring guilt is unlimited, three different types of measures were selected as being representative of different possible types of guilt. The three different measures are "feeling guilty," or the emotional experience of guilt; "wrong-doing," or more exactly the subject's perception of the extent of social misbehavior; and "discrepancy guilt," which is the degree of disparity between Q-sorts involving ideal and actual behavior. While the three types are suggestive of the tri-partite division of the personality into thinking, feeling, and striving, each measure defines only the
subject's phenomenological view of himself, his feelings, and his actions.

The Measures

"Feeling Guilty" Scale. Items for this scale were taken from the Minnesota Multiphasic Personality Inventory. The MMPI was selected for two reasons. First, the scale items were disguised to the extent that they were mixed in with many other questions which had nothing to do with purposes of the experiment, thus making the subjects less suspicious of questions in the highly personal moral behavior area. Second, the validation of other MMPI scales permitted comparison with clinical scales and with such test taking attitudes as social desirability and defensiveness.

Since it was found that the MMPI contains a large number of items that describe some aspect of guilt, it was necessary to set forth arbitrarily criteria to guide the selection of items, even though the review of the literature revealed little agreement as to how the emotional experience of guilt was to be described. The final solution to the dilemma was to base the total "feeling guilty" measure upon five different sub-scales, each sub-scale consisting of items similar to other items in the sub-scale but different from items in other sub-scales. Sub-scales were selected which bore a face relationship to
a theory or description of clinical guilt. The sub-scales are termed need for punishment, obsessive thoughts, feelings of depression, lack of self-worth, and feelings of anxiety.

Items in the need for punishment sub-scale bear a fairly obvious face relation to the man-in-the-street definition of guilt as remorse for having done something wrong. The items describe both regret for having done something amiss and the resulting feeling of being "condemned" and needing punishment. In the obsessive thoughts sub-scale the items do not describe remorse as such, but rather include the general type of thought that is obsessive in nature and results in compulsive behavior. Such a sub-scale was believed necessary to describe the can't-get-it-out-of-my-mind aspect of pathological guilt. Feelings of depression items describe a general slowing down of the tempo of acting and thinking to the accompaniment of feelings of being "blue." The inclusion of such items was felt to be important because Freud equates melancholia with punishment by the superego for violating its norms. Lack of self-worth questions were included because of the postulated relationship between guilt and the self-concept (Hilgard, 1949) and guilt and the Adlerian inferiority complex (Bruck, 1950). Items in the anxiety sub-scale describe generalized fears which seemingly have no object. Items in this scale were felt to be related to
guilt through the postulation by Harry Stack Sullivan that feelings of guilt are in reality disguised feelings of anxiety.

Each of the five sub-scales in the "feeling guilty" scale contain ten items, so that the total scale consists of fifty items. Separate scoring keys were designed for each sub-scale, so that the hypothesis might be tested that "feeling guilty" is a unitary concept with a high correlation between the different sub-tests. Items in this scale may be found in Appendix I.

"Wrongdoing." Items for the "wrongdoing" scale were also taken from the MMPI. The scale is made up of thirty-one items, all of which refer to behavior concerning which moral sanctions are commonly applied. While the list was restricted to items appearing in the MMPI for reasons described above, the scale items seem fairly representative of garden variety temptations and misdeeds. Although some of the items refer to past transgressions while others refer to present failings, no attempt was made to differentiate between past and present moral behavior because it felt that separate categories would contain too few items.

Although the scale is called the "wrongdoing" scale, no pretense is made that it measures actual and incontestable misbehavior. The scale was included to see whether the subject's perception of the degree of his
observance of social norms bears relation either to feelings of guilt or to the degree of congruence between such perceived behavior and his ideals for what is right and wrong. The items for this scale may be found in Appendix II.

"Discrepancy Guilt" Scale. Discrepancy guilt was measured by the disparity or lack of perfect correlation between two sortings of statements which deal with those aspects of thinking and acting that have moral implications. On the first sorting, subjects were instructed to arrange the cards in order from what was most good to most bad. On the second sorting, the subjects were asked to sort the same statements in order from what was most true of each subject to what was least true of him.

The sixty statements which were used in the sort were selected by the experimenter on the basis of a structured design. Half of the statements referred to the realm of thoughts, and half to deeds. In each half, ten statements involved thoughts or deeds which had reference to action toward self; ten statements had reference to thoughts and deeds centering on other people; and the final ten items involved relationship to God. In each of these sections of ten items, one half were socially desirable, and one half socially undesirable. A preliminary list of items was distributed to all counseling psychologists at the Chillicothe VA Hospital, and certain minor suggested
changes were incorporated in the list. The Q-sort was then administered to a pilot group of six patients in order to eliminate statements which either were not understood or which failed to discriminate, but no such items were found.

Subjects were instructed to arrange the cards in eleven piles in a forced sort which was designed to approximate a normal distribution, so the end piles contained one card, with the succeeding piles containing two, four, seven, and ten cards, with the center pile containing twelve cards. Since the pilot run revealed that subjects had difficulty in comparing a statement with the other fifty-nine, the cards upon which the statements were written were cut into narrow strips, possible places for which among the eleven rows were marked out on large sheets of card-board. Each row on the card-board had an outline for the correct number of statements to be placed in it and it had above it a description of what type of statement the subject should put within it.

The items of the "discrepancy guilt" scale are found in Appendix III.

The Subjects

Subjects in the experiment were patients and employees at the Chillicothe, Ohio, Veterans Administration Hospital. The hospital is a neuropsychiatric hospital of approximately two thousand beds. It receives patients from the
whole of the state of Ohio and from the western part of West Virginia, thus representing as geographically diverse an area as one would be likely to find in a particular hospital.

The experiment involved three groups of twenty-five subjects each. The first group consisted of patients who were newly admitted either as direct admissions or as returnees from trial visit and who were regarded by the staff physician as having a psychotic diagnosis. The criterion for psychosis was supplied by the staff physicians of the Acute and Intensive Treatment Service of the Hospital. While in a number of cases there was doubt about the correct diagnosis, the staff physicians seem to have been guided by whether or not there were either hallucinations or psychotic ideation at the time of onset of the emotional disturbance. Without exception the diagnoses represented some form of schizophrenic reaction.

Subjects in the second group were selected from the same patient pool as those in the first group but from those who were not considered psychotic and were not suffering from any known physical ailment or neurological disorder. Although all the patients in this group suffered from functional emotional problems, diagnoses were more varied and more indefinite. While a plurality of the subjects were tentatively diagnosed as being hospitalized for anxiety reaction, a decided majority of the subjects
carried alcoholism either as a secondary diagnosis or as a
diagnosis from history.

The third group consisted of a "normal" or control
group which was selected from hospital employees of the
Physical Medicine and Rehabilitation Service and from
nursing assistants. The selection of these subjects was
so stratified that they approximately matched the work
force of the United States as to the degree of skill
required on the job. Within each occupational group
selection was random.

Within the two patient groups the testing of patients
was inclusive of all newly admitted patients who did not
have previous appointments at the initial period of
testing. Patients were considered as newly admitted if
they had entered the hospital within the previous week
either as a direct admission or as returned from trial
visit. Patients transferred from other hospitals were not
included in the study. Since available subjects were
divided almost equally between those who were psychotic and
those who were non-psychotic, it was not necessary to make
a selection on the basis of diagnosis until the last two
patients were tested.

It was administratively impossible to test some four
patients who remained on Special Observation Group for
suicide or homicide. Eliminated from the study also were
nine patients who were grossly out of contact or so
retarded that they completed less than half of the MMPI during an initial two-hour testing period. On the other hand, four patients were discharged before testing procedures could be completed. Four patients were eliminated because they claimed to be illiterate. One patient and two hospital employees refused to serve as subjects. These subjects were replaced by others on a random basis, so that each group was comprised by a net total of twenty-five men.

**Testing Procedures**

Before any tests were administered it was explained to the subjects that they had been selected to serve as subjects in a hospital research project. They were not told the nature of the research, but were told that the results would be confidential and would be told to no one without their permission.

All patients were first administered the MMPI in booklet form. The MMPI was given to patients in groups ranging in size from nine to twelve. The patients were told that there would be no time limit, although it did become necessary to eliminate those who had not approached the end of the first page of the answer sheet by the end of two hours.

The first of the two Q-sorts was given to the patients on the day after they had completed the MMPI. They were
handed a set of directions, which was then read to them by
the experimenter. They were told that they had before them
a list of sixty statements involving things which some
people thought good and some thought bad. They were told
to arrange the statements in order from good to bad, with
statements judged good placed toward the left, and those
bad towards the right.

The second of the two Q sorts was administered forty-
eight hours after the first sort was given. Again,
subjects were given a set of directions which was read to
them out loud. They were told that they had before them
the same set of cards which they had arranged before but
that this time they were to sort the cards according to a
different set of directions. It was explained that they
were to arrange the cards in order according to how true or
how false the statements were as applied to each subject,
and they were asked to place the one statement that was
most true of them on the extreme left pile, with statements
that were slightly less true in order next to it, until at
the far right there was the one statement which was the
least true.

In testing employees, it was not possible to follow as
rigid a testing schedule as it was with patients. The
employees were given the MMPI to fill out in their spare
time while at work at the hospital. When this was returned,
the employee subjects were scheduled to take the Q sorts.
Duty emergencies sometimes caused a delay in the taking of the second Q-sort, so that the period between the two sorts was not always exactly the same for all the groups. While there is thus the possibility that the Q-sorts of the patients would be more similar because of closer temporal sequence, it was felt that differences would be slight and that their net effect would be to work against the hypotheses that were being tested, thus obviating results that would be positive but false.

While a few subjects in all three groups had initial difficulty in understanding the instructions, all subjects eventually understood the directions and carried out the instructions. The Q-sorts were administered in groups of five or less, so that the experimenter was able to observe all the sorts. While it was occasionally necessary for the experimenter to give encouragement and to point out mistakes in carrying out the instructions, it was found that all subjects who were in sufficient contact to complete the MMPI within a reasonable period of time were also able to complete the two Q-sorts.

Hypotheses to be Tested

The data were analyzed in terms of two central hypotheses. First, it was hypothesized that the three measures of guilt would be inter-correlated (with high intra-correlations between the different sub-scales of the
"feeling guilty" scale). The statement of such an hypothesis follows from the purpose of this study, which is to find the usefulness of the term "guilt" as it is commonly used as a construct. It was expected that to the extent the results are positive, the experimental study would indicate both that the word guilt is semantically useful and that those who relate feelings of guilt either to the violation of cultural taboos or to the existence of an inferior self-concept would be justified. It was expected that to the extent the results are negative the word guilt would not be useful as a generic term, and that those who deal theoretically with guilt must be more precise as to what type of guilt they refer to. While it was not expected that negative results would disprove the theorized relationship between feeling guilty on the one hand and violating cultural norms on the other, it was felt that negative results would be a reminder that the relationship between these two variables is a complex one.

Subsidiary to the first hypothesis, it was hypothesized that the sub-scales of the "feeling guilty" scale would inter-correlate higher with each other than the need for punishment sub-scale would with any of the already existing clinical scales of the MMPI.

The second central hypothesis was that the degree of guilt as measured by each of the three scales would diminish as psychopathology decreased, so that the
psychotic patient group would show the most guilt on all three measures, the non-psychotic patient group an intermediate amount of guilt, and the "normal" group the least amount of guilt. This hypothesis grew out of the statements of O. H. Mowrer (1959a; 1959b) that mental patients suffer for actual transgressions which they have committed but for which they have not made restitution. It was expected that positive results would show that mental patients believed themselves to be guilty of social wrongdoing whether or not they actually violated social taboos. It was expected that negative results would indicate either that Mowrer's theoretical position can not be adapted to a phenomenological frame of reference or that the measuring instruments used in the study are crude and inadequate.
CHAPTER FOUR

THE RESULTS

The Test of the First Hypothesis

The first hypothesis stated that the three measures of guilt would be related positively to each other. Included in this hypothesis was the assumption that the sub-scales of the first of these measures, the "feeling guilty" scale would be sufficiently inter-related that it would be possible to consider "feeling guilty" as a unitary entity.

The product-moment correlation coefficients between the sub-scales of the "Feeling Guilty" Scale for the combined groups are contained in Table 1 and the correlation coefficients between the parts of the scale and the total guilt scale with the part excluded are given in Table 2. Table 1 reveals that the intercorrelations between the different sub-scales are fairly high and rather similar. The median correlation of .66 is only .11 away from the most extreme figure. By way of comparison, intercorrelations between the standard MMPI clinical scales are all less than .50, with the exception of the Pt and Sc scales which correlate .72 (Welsh and Dahlestrom, 1956).

Table 2 shows that the median correlation between the
<table>
<thead>
<tr>
<th>Need for Punishment</th>
<th>Obsessive Thoughts</th>
<th>Feelings of Depression</th>
<th>Lack of Self-Worth</th>
<th>Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need for Punishment</td>
<td>.63</td>
<td>.62</td>
<td>.68</td>
<td>.64</td>
</tr>
<tr>
<td>Obsessive Thoughts</td>
<td>.63</td>
<td>.63</td>
<td>.77</td>
<td>.73</td>
</tr>
<tr>
<td>Feelings of Depression</td>
<td>.62</td>
<td>.63</td>
<td>.66</td>
<td>.71</td>
</tr>
<tr>
<td>Lack of Self-Worth</td>
<td>.68</td>
<td>.77</td>
<td>.66</td>
<td>.63</td>
</tr>
<tr>
<td>Anxiety</td>
<td>.64</td>
<td>.73</td>
<td>.71</td>
<td>.63</td>
</tr>
</tbody>
</table>
TABLE 2

Correlations between Sub-Scales of the "Feeling Guilty" Scale and the Total of the Other Four Sub-Scales
N=25 (for each group)

<table>
<thead>
<tr>
<th></th>
<th>Psychotic</th>
<th>Non-Psychotic</th>
<th>Normal</th>
<th>Total</th>
</tr>
</thead>
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<tr>
<td>Need for Punishment</td>
<td>.73</td>
<td>.80</td>
<td>.85</td>
<td>.79</td>
</tr>
<tr>
<td>Obsessive Thoughts</td>
<td>.81</td>
<td>.77</td>
<td>.85</td>
<td>.78</td>
</tr>
<tr>
<td>Feelings of Depression</td>
<td>.71</td>
<td>.75</td>
<td>.54</td>
<td>.67</td>
</tr>
<tr>
<td>Lack of Self-worth</td>
<td>.78</td>
<td>.75</td>
<td>.77</td>
<td>.76</td>
</tr>
<tr>
<td>Anxiety</td>
<td>.71</td>
<td>.71</td>
<td>.70</td>
<td>.71</td>
</tr>
</tbody>
</table>
part and the whole with the part excluded is .76. This is as high as some test-retest reliabilities reported for the Pt and D scales, which most closely resemble the "Feeling Guilty" Scale (Welsh and Dahlestrom, 1956). The somewhat lower correlation between feelings of depression and the rest of the scale in the normal group follows the established trend of the D scale showing higher correlations with other scales for the depressed patient, possibly because depression can be caused by other types of psychopathology (Welsh and Dahlestrom, 1956).

Since the correlations reported in Tables 1 and 2 are all above the general relation between different MMPI scales and are in fact as high as some test-retest reliabilities, the assumption that the "Feeling Guilty" Scale measures a unitary entity seems definitely supported.

Table 3 contains product-moment correlation coefficients for the three measures of guilt. It is evident that there is a significant pattern of relationships between the "feeling guilty" scale on the one hand and the "wrongdoing" scale and the "discrepancy guilt" scale on the other. The relationship between the "feeling guilty" scale and the "discrepancy guilt" scale is significant at the 5 per cent level of significance for all three groups, and the relationship between the "feeling guilty" scale and the "wrongdoing" scale is significant at the 1 per cent level for the non-psychotic patient group, and the 5 per cent
level for the psychotics, and at the 10 per cent level for the normals. The relation between "wrongdoing" and "discrepancy guilt" is less certain. Individually, the group intercorrelations are insignificant, but the intercorrelation for the total sample achieves significance at the 5 per cent level.

Since Edwards (1954) and other investigators have shown that positive correlations between objective test measures can often be due to factors in common such as social desirability and response set, it was decided to correlate the three guilt measures with the Edwards MMPI Social Desirability Scale, and with the k scale, as measures of defensiveness and test-taking attitude respectively. The results are shown in Table 4. The correlations generally are high enough to be of statistical significance. It is interesting to note that with both SD and k there was more of a relationship with the clinical-type items of the "feeling guilty" scale than with the morally-toned items of the "wrongdoing" scale. Separate computation for the need for punishment sub-scale slightly lowered the correlation with SD, but slightly raised the correlation with k. In general, these correlation coefficients seem to be about what would be expected in the light of the correlations of k and SD with the standard MMPI clinical scales. Although the correlations are quite a bit higher than those involving the D-Scale, they are of
### TABLE 3

Correlations between Different Measures of Guilt

<table>
<thead>
<tr>
<th></th>
<th>Psychotics</th>
<th>Non-Psychotic Patients</th>
<th>Normal</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Feeling Guilty&quot;</td>
<td>.46</td>
<td>.61</td>
<td>.30</td>
<td>.46</td>
</tr>
<tr>
<td>&quot;Wrongdoing&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Feeling Guilty&quot;</td>
<td>.41</td>
<td>.45</td>
<td>.46</td>
<td>.44</td>
</tr>
<tr>
<td>&quot;Discrepancy Guilt&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Wrongdoing&quot;</td>
<td>.16</td>
<td>.33</td>
<td>.06</td>
<td>.18</td>
</tr>
<tr>
<td>&quot;Discrepancy Guilt&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### TABLE 4

Correlations between Measures of Guilt and MMPI k and SD Scale

<table>
<thead>
<tr>
<th></th>
<th>Psychotic</th>
<th>Non-Psychotic</th>
<th>Normal</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>k-&quot;Feeling Guilty&quot;</td>
<td>-.54</td>
<td>-.23</td>
<td>-.75</td>
<td>-.54</td>
</tr>
<tr>
<td>k-&quot;Wrongdoing&quot;</td>
<td>-.03</td>
<td>-.35</td>
<td>-.38</td>
<td>-.25</td>
</tr>
<tr>
<td>k-&quot;Discrepancy Guilt&quot;</td>
<td>-.36</td>
<td>-.76</td>
<td>-.61</td>
<td>-.60</td>
</tr>
<tr>
<td>SD-&quot;Feeling Guilty&quot;</td>
<td>-.70</td>
<td>-.89</td>
<td>-.97</td>
<td>-.90</td>
</tr>
<tr>
<td>SD-&quot;Wrongdoing&quot;</td>
<td>-.56</td>
<td>-.44</td>
<td>-.46</td>
<td>-.49</td>
</tr>
<tr>
<td>SD-&quot;Discrepancy Guilt&quot;</td>
<td>-.39</td>
<td>-.57</td>
<td>-.52</td>
<td>-.49</td>
</tr>
</tbody>
</table>
similar order of size of the Pt and Sc Scales, perhaps implying that high scores of the guilt scales have more to do with the severer types of pathology.

Both the k and SD scales were developed to partial out what seemed to be a test-taking attitude which would affect all scales. Advantage was taken of these scales to determine the relationship between the three types of guilt when the effect of defensiveness and Social Desirability was partialed out. The partial correlation coefficients of the three measures with k and SD are presented in Table 5. The partialing out process reduces the degree of correlation rather noticeably. As a result the levels of confidence fall. The relationship between the "Feeling Guilty" Scale and the other two scales remain significant for the total group at at least the 5 per cent level of confidence with each of the partialings out. The relationship with the "Wrongdoing" and the "Discrepancy Guilt" Scale loses significance, and, in fact, becomes slightly negative with SD partialed out.

The coefficient of correlation tells us only that a relationship exists between two things. Naturally, it does not tell us whether either variable was a cause of the other, or whether both are the result of some prior condition. The partialing out process can neither confirm nor deny the hypothesis that is being tested until it can be shown whether feelings of guilt cause over-frankness about
TABLE 5
Correlations between Measures of Guilt with SD and k Partialled Out

<table>
<thead>
<tr>
<th></th>
<th>Psychotic</th>
<th>Non-Psychotic</th>
<th>Normal</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>With k scale partialed out</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Feeling Guilty&quot;</td>
<td>.02</td>
<td>.59</td>
<td>.05</td>
<td>.22</td>
</tr>
<tr>
<td>&quot;Wrongdoing&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Feeling Guilty&quot;</td>
<td>.28</td>
<td>.48</td>
<td>.00</td>
<td>.25</td>
</tr>
<tr>
<td>&quot;Discrepancy Guilt&quot;</td>
<td>.16</td>
<td>.12</td>
<td>.02</td>
<td>.10</td>
</tr>
<tr>
<td>With SD scale partialed out</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Feeling Guilty&quot;</td>
<td>.13</td>
<td>.73</td>
<td>-.23</td>
<td>.21</td>
</tr>
<tr>
<td>&quot;Wrongdoing&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&quot;Feeling Guilty&quot;</td>
<td>.22</td>
<td>.22</td>
<td>-.22</td>
<td>.08</td>
</tr>
<tr>
<td>&quot;Discrepancy Guilt&quot;</td>
<td>-.07</td>
<td>.17</td>
<td>-.22</td>
<td>-.13</td>
</tr>
</tbody>
</table>
oneself, whether defensiveness about oneself obscures feelings of guilt which are really there, or whether high guilt and low defensiveness both result from a third variable.

Additional analysis was also made of the "Discrepancy Guilt" Scale for the total group to see whether particular items or types of items contributed to the discrepancy between sorts which was presumed to be the source of guilt. A chi-square involving all sixty items gave a figure of 203.52, which with 59 degrees of freedom is significant at the .001 level of confidence. It was noted that of the seven items for which the \( x^2 \) value was greater than 3.5, four of them were in one five-item category, that of doing socially desirable things in reference to God. These items showed significantly greater discrepancy than chance.

Additional chi-squares were computed in terms of the tri-dimensional structure by which items were assembled. A chi-square to determine whether there was greater discrepancy between sorts in items involving actions than in items involving thoughts and feelings gave a figure of .728, which was significant only at the 50 per cent level of confidence.

Analyses along the other two dimensions gave more significant results. A chi-square of 13.400 was obtained in a comparison of socially desirable vs. socially undesirable items. With one degree of freedom, this is
significant at well beyond the .01 per cent level. In effect, the subjects saw their shortcomings as sins of omission, in that they seem to have been concerned over the good things that were omitted rather than the bad things that were committed.

An analysis as to whether guilt has reference to self, to others, or to God revealed a chi-square value of 22.843, which with two degrees of freedom signifies significance at well beyond the .01 per cent level. Discrepancies were seen primarily in one's relationship to God, and secondly in relation to one's own self. Guilt in terms of other people ran a significantly poor third.

In addition to knowing whether or not the three measures of guilt are related to each other, it is necessary also to know how the degree of relationship with each other compares with the degree of relationship with existing clinical scales.

The degree of relationship depends partly upon the degree of overlap due to the presence of items which are common to both scales. Table 6 makes an analysis of the number of items in the two guilt scales which are also scored in the standard clinical scales of the MMPI. It can be seen that sixteen of the 48 items on the Pt scale are also on the "Feeling Guilty" Scale, as are nine items of D, eight of Sc, and five of Pd, of which three are on the need for punishment sub-scale: 61. I have not lived the right
## TABLE 6

Number of Items Common to Different MMPI Scales

<table>
<thead>
<tr>
<th>no. items</th>
<th>need for punishment</th>
<th>obsessive thoughts</th>
<th>feelings of depression</th>
<th>lack of self-worth</th>
<th>anxiety</th>
<th>Total</th>
<th>Wrong-doing</th>
</tr>
</thead>
<tbody>
<tr>
<td>78 Pt</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>16</td>
<td>3</td>
</tr>
<tr>
<td>48 Sc</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>50 Pd</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>60 D</td>
<td>0</td>
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<td>4</td>
<td>2</td>
<td>1</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>40 Pa</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>60 Hy</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>33 Hs</td>
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<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>46 Ma</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>64 F</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>3</td>
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<tr>
<td>30 K</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>15 L</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>
kind of life T; 94. I do many things which I regret afterwards T; 106. Much of the time I feel as if I have done something wrong or evil T. The Pd scale provides six items for the "Wrongdoing" Scale.

Correlation coefficients between the two MMPI guilt scales and those MMPI clinical scales with which there is appreciable overlap in items are contained in Table 7. Because the need for punishment sub-scale of the "Feeling Guilty" Scale contained proportionately fewer overlapping items, it was used in place of the total scale in computing the coefficients. Table 7 shows that the relationship between need for punishment and D and Pd is approximately of the same magnitude as that between the "Feeling Guilty" and "Wrongdoing" Scales, allowing for common items. Need for punishment correlated best with Pt (r=.76). Use of the total "Feeling Guilty" Scale produced a correlation coefficient of .94, which is as high as test-retest reliability coefficients for the Pt scale. The two scales presumably measure the same thing.

The Test of the Second Hypothesis

The second hypothesis stated that each of the three measures of guilt would show higher scores as we move from the normal group through non-psychotic patients to psychotic patients.

Table 8 shows the means, the standard deviations and
TABLE 7

Correlation between MMPI Clinical Scales and those Measuring Guilt

<table>
<thead>
<tr>
<th></th>
<th>need for punishment</th>
<th>&quot;Feeling Guilty&quot;</th>
<th>&quot;Wrongdoing&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pt</td>
<td>.76</td>
<td>.94</td>
<td></td>
</tr>
<tr>
<td>Sc</td>
<td>.63</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pd</td>
<td>.47</td>
<td>.41</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>.43</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
values of t for the "Feeling Guilty" Scale and the sub-scales that comprise it. Differences between the two patient groups are slight, but differences between normals and the two patient groups are significant in the predicted direction at the .001 level for the total scale, and at at least the .05 level for each of the sub-scales except obsessive thoughts. For this sub-scale, there is a difference between the two patient groups that is significant at the .05 level. On this one sub-scale the non-psychotics are more like the normals than the psychotics. In order of discriminatory value, the sub-scale rank: anxiety, feelings of depression, obsessive thoughts, need for punishment, and lack of self-worth, the last two being approximately equal.

Table 9 shows the means, the standard deviations, and values of t for the "Wrongdoing" Scale. Differences are very slight, and contrary to the hypothesis, the psychotic group shows a slightly less amount of guilt than the other two groups.

Table 10 provides the means, standard deviations, and values of t for the "Discrepancy Guilt" Scale. Since the score is the coefficient of correlation between the two Q-sorts, the lower the correlation the greater the discrepancy and the amount of hypothesized guilt. The hypothesis seems to be at least partly confirmed. But while the "Feeling Guilty" Scale showed a significant difference between
### TABLE 8

Means, Standard Deviations, and Values of $t$
of the "Feeling Guilty" Scale

<table>
<thead>
<tr>
<th></th>
<th>Psychotic</th>
<th>Non-Psychotic</th>
<th>Normal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>Total Scale</td>
<td>20.08</td>
<td>10.78</td>
<td>17.44</td>
</tr>
<tr>
<td>need for punishment</td>
<td>3.32</td>
<td>2.01</td>
<td>3.12</td>
</tr>
<tr>
<td>obsessive thoughts</td>
<td>5.00</td>
<td>2.01</td>
<td>3.24</td>
</tr>
<tr>
<td>feelings of depression</td>
<td>2.96</td>
<td>2.05</td>
<td>3.04</td>
</tr>
<tr>
<td>lack of self-worth</td>
<td>4.44</td>
<td>2.59</td>
<td>4.64</td>
</tr>
<tr>
<td>anxiety</td>
<td>4.24</td>
<td>2.94</td>
<td>3.40</td>
</tr>
</tbody>
</table>

**Values of $t$ between**

<table>
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<tr>
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<th>Psychotic</th>
<th>Non-Psychotic</th>
<th>Non-Psychotic</th>
<th>Normal</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>Total Scale</td>
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<td>4.48</td>
<td>.001</td>
<td>4.651</td>
</tr>
<tr>
<td>need for punishment</td>
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<td>.05</td>
<td>2.624</td>
</tr>
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<td>obsessive thoughts</td>
<td>2.359</td>
<td>.05</td>
<td>1.491</td>
<td>4.229</td>
</tr>
<tr>
<td>feelings of depression</td>
<td>- .1322</td>
<td>4.553</td>
<td>.001</td>
<td>4.557</td>
</tr>
<tr>
<td>lack of self-worth</td>
<td>- .339</td>
<td>3.097</td>
<td>.01</td>
<td>2.527</td>
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</table>

The minus sign indicates differences that are contrary to hypothesis.
### TABLE 9
Means, Standard Deviations, and Values of t of the "Wrongdoing" Scale

<table>
<thead>
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<th></th>
<th>Psychotic</th>
<th>Non-Psychotic</th>
<th>Normal</th>
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<tr>
<td>M</td>
<td>9.88</td>
<td>10.36</td>
<td>10.00</td>
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<tr>
<td>SD</td>
<td></td>
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<td>2.41</td>
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Values of t between

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<th>Normal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-1.132</td>
<td>1.085</td>
<td>-0.349</td>
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### TABLE 10
Means, Correlations, Standard Deviations, and Values of the "Discrepancy Guilt" Scale

<table>
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<tbody>
<tr>
<td>r</td>
<td>.344</td>
<td>.267</td>
<td>.543</td>
</tr>
<tr>
<td>SD of r</td>
<td>.250</td>
<td>.567</td>
<td>.179</td>
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Values of t between

<table>
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<tr>
<td></td>
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normals and the two patient groups, but not between the two patient groups, the "Discrepancy Guilt" shows that normals and non-psychotic patients are not significantly different from psychotic patients.

Since the "Discrepancy Guilt" Q-sorts were based on a structured list of items, chi-squares were computed to determine whether any of the twelve categories of items contributed to group differences more than any other category. Since the classification of items was tridimensional, a different chi-square was computed for each dimension. For the dimension "thoughts-deeds," \( x^2 \) is 5.58, which is significant at the 10 per cent level, the psychotics showing greater Q-sort discrepancy in items that had reference to thoughts, in contrast to normals. In terms of the "desirable-undesirable" dimension, \( x^2 \) is 4.64, which is also significant at the 10 per cent level. The difference resulted from the tendency of the normal group to arrange the desirable type item differently on the second sort, so that in effect the normal group was less certain of its virtues, in comparison with the psychotic group, whose discrepancy between sorts was in the area of vices. On the dimension of reference to self, other, or God, \( x^2 \) is 4.50, which with four degrees of freedom is significant at only the 50 per cent level. A cursory comparison of group differences on individual items revealed an absence of group differences with only one
exception: The non-psychotic patient group had higher discrepancy on number 7 "Use alcohol or tobacco to excess."
Since alcoholism formed a plurality as to diagnosis, it seems that validation for the Q-sort is provided by the case histories.

Summary
The first hypothesis, which stated that there would be a significant relationship between the three different measures of guilt, seems to be at least partially confirmed. The correlation of the "feeling guilty" scale with both the "wrongdoing" and the "discrepancy guilt" scale is significant at the 1 per cent level for the three groups combined. However, the relationship between the "wrongdoing" scale and the "discrepancy guilt" scale is significant at only the 5 per cent level for the combined three groups, and the relationship between these two scales loses statistical significance when the SD and k scales are partialled out. The partial correlations of SD and k with the other two comparisons also reduce the correlation coefficients, but they remain significant at the 5 per cent level for the total sample. Subsidiary to the first hypothesis was the belief that the sub-scales of the "feeling guilty" scale would be more highly correlated with each other than they would with any existing scale. However, while it was found that the intercorrelations of the
sub-scales are quite high, it was also found that there was a very close relation between the "feeling guilty" scale as a whole and the MMPI Psychasthenia scale, so that the sub-scales would relate almost equally well to Pt and to the "feelings of guilt" scale.

The statement of the second hypothesis that the amount of guilt decreases as the degree of psychopathology lessens is also confirmed only in part. For the "feeling guilty" scale there are highly significant differences between the two patient groups and the normal group. However, the "wrongdoing" scale revealed no group differences. While the "discrepancy guilt" scale revealed significant differences between the psychotics and the other two groups, it did not differentiate significantly between non-psychotic patients and normal subjects.

While much remains uncertain, it does seem possible to conclude that there are different types of guilt, and that feelings of being guilty are very closely related to psychopathology. The results of course do not tell us how or why they are related, and it is therefore possible to conclude either that feelings of guilt are a symptomatic outgrowth of whatever it is that has caused the psychopathology, or, instead, that the feelings of guilt are real, and that the underlying state that they represent is what has actually brought on the emotional disturbance. Since what one concludes makes a vital difference both
theoretically and practically, the next chapter will consider the possibilities in both theoretical approaches.
CHAPTER FIVE

DISCUSSION AND CONCLUSION

The results of the experiment indicate that in terms of the different measures that were used there are at least three different types of guilt, and that if there is a relation between the three it is a relatively low one, even if it achieves statistical significance. The results show also that the measure of feelings of guilt serves very clearly to differentiate mental patients and normals, but does not significantly differentiate between psychotic and non-psychotic patients. On the other hand, the correlation between ratings of ideal and actual self-behavior served to differentiate psychotic and non-psychotic patients, but did not differentiate between non-psychotic patients and normals. Finally, self-ratings for social wrongdoing revealed virtually no differences between the three groups.

The study must, therefore, conclude that feelings of guilt as they occur in a clinical setting can be considered a part either of the dynamics or of the symptomatology of mental disease. This conclusion seems necessary, first, because there were major differences between the patient and normal groups on the "feeling guilty" scale, but only
a very small relationship with the other scales, neither of which differentiated clearly between patients and non-patients. Secondly, this conclusion seems confirmed by the very high correlation between scores on the "feeling guilty" scale and scores on the Pt MMPI scale, the items for which were determined by their ability to discriminate between clinical and normal subjects.

Feelings of guilt can be described then as being a variant of what the MMPI terms psychasthenia, which is described as generalized anxiety and fears. Or it can be described in terms of the sub-scales of the "feeling guilty" scale, all of which were fairly equal both in differentiating between groups of subjects and in correlating with the total "feeling guilty" scale. Thus the hypothesized definition of feelings of guilt seems confirmed. Feeling of guilt is an obsessive need for punishment accompanied by thoughts of lack of self-worth, and by feelings of anxiety and depression.

The high correlation between feelings of guilt and the other variables does not "explain" guilt as being generalized anxiety any more than it proves that anxiety and depression originate from guilt. The correlation tells us only that guilt and anxiety are related either directly or indirectly to some other variable. Nor is it possible to pre-empt the results for some one theory, at the same
time substantiating both the theory of personality and the theory of guilt.

The results can first be put within the frame of reference of psychoanalysis. The psychoanalytic view is that feelings of guilt are produced by an overly strict superego. When the ego must battle the superego for control of the personality, the ego seeks to master the situation by repressing the superego. Such repression results in what Freud terms "moral anxiety," for the superego fights back first with depression, and as it mounts its attack, with obsession and self-abuse. "The most remarkable characteristic" of the so-called melancholic attack "is the way in which the superego...treats the ego." Thus

The melancholic during periods of health can, like any one else, be more or less severe towards himself; but when he has a melancholic attack, his superego becomes over-severe, abuses, humiliates, and ill-treats his unfortunate ego, threatens it with the severest punishments, reproaches it for long forgotten actions which were at the time regarded quite lightly, and behaves as though it had spent the whole interval in amassing complaints and was only waiting for its present increase in strength to bring them forward, and to condemn the ego on their account. The superego has the ego at its mercy and applies the most severe moral standards to it; indeed it represents the whole demands of morality, and we see all at once that our moral sense of guilt is the expression of the tension between the ego and the superego (1933, p. 87-88).

The phenomenological truth of Freud's description seems validated by the similarity between his description
and that provided by the composite of the different sub-scales of the "feeling guilty" Scale. The ego, or the self-concept does feel humiliated, and the resulting feelings of psychological discomfort do have an unmistakably moralistic tone. The end result is depression.

Or instead the results can be given exactly the opposite interpretation. The second interpretation stresses that instead of guilt and depression being the price of conflict between the self and society, or in more exact terms between the ego and the superego, feelings of guilt are the price of self-alienation from those core values which give coherence to the self-concept, the resulting hostility and estrangement from others resulting from the inability of a conflicted "I" to speak to any "Thou."

Within this frame of reference, feelings of guilt basically form a disease of the self-concept. This theoretical orientation sees the self-concept as that organizing principle by which the individual so learns to differentiate "the blooming, buzzing confusion" which he perceives at birth that he manufactures a tangible self in a real world. What the individual decides about himself becomes a moving frame of reference within which the picture of the world is brought to focus in terms of value orientation or sets of global attitudes which allow the
person to put the stereotype of sameness upon the unending
newness of the "blooming" and the "buzzing."

Out of the same values with which the individual
achieves focus upon the world, he builds the self. For if
values and their constituent attitudes are vital in
holding together external reality, values are even more
vital to a sense of purpose and meaning for the self.
Within this context of the phenomenological view of the
self, values are the glue that makes consistency of the
self and keeps that self hinged to an impinging external
world.

As Combs and Snygg (1959) recognize, these values
determine both perception and behavior. As they also point
out, the individual feels threatened and anxious when he
finds that the world is not as he perceives it to be. But
the process never stops there. When one's value orienta-
tions are proved false, doubt is thrown on the whole of the
self-concept. The individual feels self-contradiction at
inconsistencies within the ways he thinks, feels, and acts.
If there is anxiety when the outside world does not conform
to reality, there is an even worse experience when un-
reality in the world becomes so pervasive that there is now
doubt over even the organization and management of the
self-concept. The resulting experience is perceived as
guilt. And if the normal person has felt guilty over such
internal inconsistencies as result from thinking and
striving in contradictory ways, he has gone a short way
down the same road as the mental patient whose inner
contradictions and inconsistencies have become so glaring
that he can cope only with a world of unreality.

In terms of the phenomenological view of the self,
guilt is the experience of discrepancy within the self-
concept. It is felt whenever circumstances force the
individual to violate those values which give coherence to
his personality. And it becomes a psychopathological
problem whenever there is enduring discord between the
values of the self and those attitudes towards others which
reality demands.

Guilt, however, never stops with self-alienation. It
may also be placed in a social context, and may be seen in
terms of rupture between man and society. Since man is a
social creature, it must be recognized that the self is
conceived in the womb of society and is nurtured by
loyalties and ego-involvements which bind the self to
significant others through the identifications that the
self has made.

In terms of this social self of ego-involvements and
loyalties, guilt may be defined as the experience of broken
and divided loyalties, the rupturing of which cause the
self to become cut off from its identifications and
estranged and isolated from the social world to which it
has given allegiance. Because the self feels that social
ties are broken, it retreats from the world of people. Guilt is felt not only because of subjective loneliness but also because of the objective severance of the self from the world which gives it nurture.

Guilt then produces a "double bind." At the same time that the self is torn internally by the violation of basic values, it is cut off from those ego-involvements that it needs for sustenance and growth. As a result, guilt is accompanied by an intense anxiety, which becomes so intense that there is the rupture with social reality which an anonymous schizophrenic describes as a break with sincerity.

Motivated in the very first place by fear, the schizophrenic psychoses originate in a break with sincerity, and not in the classically assumed "break with reality." The patients' social appetite, including love and respect for persons and society, is consciously anti-cathected or forsaken and ultimately repressed with the passage of time, since full satisfaction of sociality entails, more or less, communicative honesty, faith and intimacy. (Anon., 1958; p. 227.)

The guilt-ridden mental patient may or may not be "a terrified, conscience-stricken crook, who has repressed his interest in people...and is...unavowedly insincere and uncooperative" (Anon., 1958), as O. H. Mowrer, the editor of this paper, believes. Whether or not the guilt-ridden patient has actually done something so condemnable that he "deserves" to lose his self-respect as Mowrer and the anonymous writer would maintain is not vital to this
discussion. Whether or not he is an uncaught "criminal" the guilt-ridden mental patient would seem to be a creature caught in a contradiction between the way he feels he should be and the way he perceives himself as being. Since he seems also so to hang his head in shame and retreat into isolation, as we observe him, Mowrer seems correct: If the individual is not concealing the commission of an incontestable misdeed, he is hiding inner self-contradiction which he feels as shame.

Finally, the central findings may be interpreted in the context of existential psychology. The blunting of the existential self follows inevitably from the sense of estrangement from self and from other people. The "I" speaks to an "it" but never to a "Thou" because the experience of self-isolation can never be shared. But if the experience of the "Thou" can not be felt, dread of the "Thou" can still be known. Guilt then is the despair that Kierkegaard describes as wanting to be one's self, and yet fearing to be that self, because one lacks the courage to assert one's finite existence in the face of unlimited being.

In addition to the rather close relationship between feelings of guilt and psychasthenia, there are other conclusions that can be drawn.

Thus it seems that there is an increase in the
discrepancy between the way the self perceives its behavior as contrasted with its ideals only when psychopathology becomes quite severe. While the correlation is significant between the "discrepancy guilt" measure and psychasthenia-tinged "feeling guilty" scale, group differences between non-psychotic patients and normals are not significant. However, psychotic patients differ significantly from the other two groups. In terms of the previous discussion, it might be guessed that the more mildly disturbed patients feel discrepancies within the self-concept, but that the self maintains conscious control through such defense mechanisms as rationalization and intellectualization, so that the self is permitted not to see these discrepancies. We might assume on the other hand that ego-control is defeated in psychosis when internal discrepancies become so discordant that the self-concept can no longer control them.

It also seems possible to conclude that while the "feeling guilty" measure and the "wrongdoing" measure are related to each other in the sense that they are significantly correlated, it is due to a strong relationship to a third variable, which can be labeled either defensiveness or need for social desirability. It has been seen that there is a fairly high correlation between the "feeling guilty" scale and the "wrongdoing" scale on the one hand and the SE and k measures on the other. One, of
course, can interpret this relationship to be due to a need to appear favorably which produced a response set common to all four scales. It is, however, just as possible that individuals who are either consciously or unconsciously guilty have a need to punish themselves by showing themselves as unfavorably as possible.

In addition, the low relationship between "wrongdoing" and "discrepancy guilt" suggests either that the power of rationalization is strong indeed or that major differences exist between sub-cultures in our society as to what is considered to be seriously evil. This finding suggests that the study of guilt in terms of overt misbehavior must take into account the particular set of norms that is applicable.

Conclusion

In the light of the results and the previous discussion, it is hoped that a tentative conclusion can be reached concerning the two basic hypotheses that motivated this study.

The first hypothesis grew out of a discussion of theories of guilt. It assumed that all theories of guilt referred to the same experience and it therefore stated that the measures of different types of guilt would be intercorrelated, with the measure of the emotional experience of guilt showing strong internal consistency. While
the results show that differing descriptions of the emotional aspect of guilt refer to the same "feeling guilty," it is not clear from the results of the experiment how feelings of guilt are related either to the breaking of cultural taboos or to the violation of personal values, as measured by discrepancies on Q sorts between ideal and actual action. While the correlations among the three measures are generally of significance statistically, the significance partly disappears when defensiveness and need for social desirability are partialed out. While test-taking attitude may be interpreted as rendering the interrelationships illusory, it is possible that the need to punish oneself by appearing in the worst possible light is a fourth variable to be included with the other measures of guilt.

Since guilt is an important clinical problem, the second hypothesis stated that the degree of guilt as measured by each of the three scales would diminish as one moves from psychotic patients to non-psychotic mental patients, and thence to normals. Again, the conclusion involves a certain amount of interpretation. The Q-sort measure of discrepancy guilt differentiated the psychotics from the other two groups, but did not differentiate significantly between non-psychotic patients and normals. On the other hand, the measure of feelings of guilt differentiated both patient groups from normals, but did not
distinguish between the more and less seriously disturbed patients. The third measure, the wrongdoing scale, did not show group differences. The failure of any one instrument in distinguishing between all three groups was explained that while all types of mental patients experience the same guilt feelings, it is only through the breakdown of ego control in psychosis that the patient perceives the extent of inner discrepancies and conflicts.

Because the conclusions concerning the two central hypotheses are somewhat indefinite, it is suggested that further research be carried on. It is suggested first of all that refinements be made in the measures of guilt. Experience in administering the Q-sorts suggests that some items (e.g., "love oneself more than other people") are so abstract and so general as to make self-evaluations somewhat arbitrary. Data concerning the "wrongdoing" scale show the distribution of the "wrongdoing" scale to be so leptokertic that differences between subjects are within unreliably narrow limits. It is suggested also that these two somewhat ambiguous measures be supplemented by extant measures of self-concept and by more objective measures of social misconduct. Finally, it is recommended that a similar type of study be made with different groups, such as schizophrenics in partial and full remission, out-patients, and penal inmates.

In summary, the most salient conclusion of the study
is that feelings of guilt bear a very close resemblance to what the MMPI terms psychasthenia, and include in equal degree feelings of need for punishment, anxiety, depression, obsessive thoughts, and lack of sense of self-worth. A conclusion about whether the different meanings of guilt are related is less certain, but the results indicate the likelihood of some over-all relationship. Likewise, while there are differences between psychotic patients, non-psychotic patients and normals, no one measure differentiates between all three. It is felt that guilt is best understood in terms of being a disease of the self-concept, but it was concluded that further studies are needed before definite answers can be given.
APPENDIX I

"Feeling Guilty" Scale

need for punishment
61. I have not lived the right kind of life.
94. I do many things which I regret afterwards (I regret more or more often than others seem to.
106. Much of the time I feel as if I have done something wrong or evil.
202. I believe I am a condemned person.
209. I believe my sins are unpardonable.
363. At times I have enjoyed being hurt by someone I love.
383. I feel unable to tell anyone all about myself.
413. I deserve severe punishment for my sins.
468. I am often sorry because I am so cross and grouchy.
518. I have often felt guilty because I have pretended to feel more sorry about something than I really was.

obsessive thoughts
102. My hardest battles are with myself.
152. Most nights I go to sleep without thoughts or ideas bothering me.
236. I brood a great deal.
297. I wish I were not bothered by thoughts about sex.
Once in a while I think of things too bad to talk about.

I usually have to stop and think before I act even in trifling matters.

Bad words, often terrible words, come into my mind and I cannot get rid of them.

Sometimes some unimportant thought will run through my mind and bother me for days.

I wish I could get over worrying about things I have said that may have injured other people's feelings.

Dirt frightens or disgusts me.

depression

2. I have a good appetite.

8. My daily life is full of things that keep me interested.

41. I have had periods of days, weeks, or months when I couldn't take care of things because I couldn't "get going."

76. Most of the time I feel blue.

88. I usually feel that life is worth while.

104. I don't seem to care what happens to me.

129. Often I can't understand why I have been so cross and grouchy.

268. Something exciting will almost always pull me out of it when I am feeling low.

339. Most of the time I wish I were dead.

379. I very seldom have spells of the blues.
lack of self worth

79. My feelings are not easily hurt.

86. I am certainly lacking in self-confidence.

138. Criticism or scolding hurts me terribly.

142. I certainly feel useless at times.

264. I am entirely self-confident.

317. I am more sensitive than most other people.

321. I am easily embarrassed.

361. I am inclined to take things hard.

418. At times I think I am no good at all.

517. I cannot do anything well.
APPENDIX II

"Wrongdoing Scale"

37. I have never been in trouble because of my sex behavior.

38. During one period when I was a youngster I engaged in petty thievery.

56. As a youngster I was suspended from school one or more times for cutting up.

57. I am very strongly attracted by members of my own sex.

80. I sometimes tease animals.

95. I go to church almost every week.

96. I have very few quarrels with members of my family.

97. At times I have a strong urge to do something harmful or shocking.

118. In school I was sometimes sent to the principal for cutting up.

133. I have never indulged in any unusual sex practices.

135. If I could get into a movie without paying and be sure I was not seen I would probably do it.

145. At times I feel like picking a fist-fight with someone.

215. I have used alcohol excessively.

220. I loved my mother.

225. I gossip a little at times.

231. I like to talk about sex.
232. I have been inspired to a program of life based upon duty which I have since carefully followed.

294. I have never been in trouble with the law.

355. Sometimes I enjoy hurting people I love.

419. I played hooky from school quite often when I was a youngster.

427. I am embarrassed by dirty stories.

437. It is all right to get around the law if you don't actually break it.

438. There are certain people whom I dislike so much that I am inwardly pleased when they are catching it for something that they have done.

446. I enjoy gambling for small stakes.

452. I like to poke fun at people.

457. I believe a person should never take an alcoholic drink.

459. I have one or more bad habits which are so strong that it is no use in fighting against them.

471. In school my marks in deportment were quite regularly bad.

477. If I were in trouble with several friends who were equally to blame, I would rather take the whole blame than to give them away.

481. I can remember playing sick to get out of something.

548. I never attend a sexy show if I can avoid it.
APPENDIX III

The Discrepancy Guilt Scale

a) deeds  b) thoughts
c) socially desirable  d) socially undesirable
e) towards self  f) towards others  g) towards God

a) deeds  c) socially desirable  e) towards self

1. Be relaxed most of the time
2. Take good care of money and possessions
3. Make a practice of standing up for rights
4. Live life fully
5. Have ambition to get ahead

6. Often make fool of oneself
7. Use tobacco or alcohol to excess
8. Waste time purposelessly
9. Sometimes do wrong thing sexually
10. Be in habit of yielding to temptation
a) deeds c) socially desirable a) deeds d) socially undesirable f) towards others f) towards others

11. Pay heed to needs of others
12. Be friendly to other people
13. Apologize when one hurts someone
14. Carry one's share of world's load
15. Be careful with what belongs to others

a) deeds c) socially desirable a) deeds d) socially undesirable g) towards God g) against God

21. Attend church regularly
22. Read Bible regularly
23. Apply religious faith to daily living
24. Stand up for religious beliefs when they are attacked by others
25. Help others find God

26. Occasionally destroy the religious beliefs of others
27. Violate what others consider to be holy
28. Very often swear
29. Sometimes tempt others into doing what they think is wrong
30. Continually violate several of the teachings of the Bible
31. Face up to personal problems
32. Face up to serious personal faults
33. Usually think of the smart thing to say
34. Find purpose or unity in living
35. Usually think of the smart thing to say
36. Feel sorry for oneself most of the time
37. Continually be obsessed with dirty thoughts about sex
38. Want to commit suicide
39. Feel unworthy of self-respect
40. Continually worry over minor problems
41. Forgive those who hurt one
42. Feel sympathetic toward anyone who is hurt
43. Be concerned over national or world problems
44. Care for other people
45. Love others more than oneself
46. Get satisfaction from seeing other people humiliated
47. Carry around grudges for a long, long time
48. Often get very angry at other people
49. Occasionally hate others enough to want to kill them
50. Be ungrateful to those who are kind to one
b) thoughts c) socially desirable
g) towards God

51. Love God
52. Feel close to God
53. Be regular in one's devotional life
54. Have faith in God
55. Be thankful and grateful to God

b) thoughts d) socially undesirable

g) towards God

56. Feel like cursing God
57. Love oneself more than God
58. Doubt the existence of God
59. Often be troubled by unholy desires
60. Be self-righteous
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Welsh, G. S. and Dahlestrom, W. G. Basic Readings on the MMPI. Minneapolis: Univ. of Minnesota, 1956.
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