

Guilt in psychotherapy: ideological* connection

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Summary

The paper focuses on ideological determinants of therapeutic treatment of guilt. The ideological factors have strong, often unrecognised, effect on both therapists and patients. Especially religious vs. non-religious or anti religious attitudes play an important role. Therapeutic approaches to guilt can be often understood and classified respectively (especially in case of abortion). Some relevant challenges for the therapists are delineated.

guilt / psychotherapy / religion

INTRODUCTION

It is good to start with a definition of guilt - or more accurately – a sense of guilt. It may be conceived in its full form as a cognitive-emotional state resulting of real or anticipated violation of moral, conventional, or personal norms or standards [1]. A person may be aware of the state to a different degree. At the face value guilt may seem a relatively simple phenomenon. This, however, appears illusive whenever we attempt to precisely describe and measure it.

Guilt enters official clinical classifications of mental and behavioural disorders basically for two reasons: its excess or its deficit. In the first respect, ICD-10 [2] states that sense of guilt and unworthiness are common symptoms even in a mild types of depressive episodes. In turn, loss of self-esteem or feelings of uselessness or guilt are prominent in severe depressive episodes. We

can read slightly more in the DSM-IV-TR [3] description of criteria for Major Depressive Episode. One of them relates to : *“feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)”*.

Deficit of guilt, in turn, is crucial for Antisocial Personality Disorder or Dissocial Personality Disorder after terminology of DSM-IV or ICD-10, respectively. According to ICD-10 this disorder covers four traits which pertain to different degree to guilt: (1) callous unconcern for the feelings of others, (2) gross and persistent attitude of irresponsibility and disregard for social norms, (3) marked proneness to blame others, or to offer plausible rationalizations, for the misbehaviour, and (4) incapacity to experience guilt or to profit from experience.

Below I shall try to show that in a clinical and therapeutic practice, it is not easy to determine which guilt is *‘excessive or inappropriate’*. First, two competing ideological approaches to guilt as related to some therapeutic issues are presented.

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* Ideological here refers to untestable statements and ideas being substantial parts of world views, political or ethical systems, including assumptions on human moral nature, origin and universality of moral standards, the ultimate sense of human development and life, or the like)

Guilt as an oppression

Friedrich Nietzsche [4] in his essay *Bad Conscience and Related Matters* proposed the concep-

tualization of guilt which strongly influenced future therapeutic approaches. Nietzsche, tender and sensitive himself, glorified morality of the strong. He considered bad conscience and sense of guilt to be a profound illness diminishing the potential of the human species making people 'locked within the confines of society and peace'. Unacceptable instincts are not allowed to discharge to the outside and turn back into the human minds. He blamed all the Judeo-Christian tradition of sin, redemption, and atonement for what he claimed making people mental slaves. Nietzsche believed the decline of religions would bring a relief to the humanity, including substantial reduction of guilt experienced by people.

Sigmund Freud must have known the essay by Nietzsche and re-formulated his concept of guilt and sin in medical-psychological terms. The notion is loaded with arbitrary statements believed to be of universal character with far reaching consequences for therapeutic theorizing and practice. First, Freud [6] claimed in *Totem and Taboo* that the sense of guilt has its roots in the killing of the Primal Father by his sons. The remorse that follows was to result in "the ambivalence of feeling": the killing has satisfied their aggressive instinct, but the love instinct generates remorse for the deed. Now – thanks to collective, inter-generational transition of this primary human experience – our superegos control our ego with sense of guilt as a signal that transgressions of 'Father's injunctions occur or may occur. Freud maintained it will pertain until the family is a basic structure of social life because: "the beginnings of religion, morals, society and art converge in the Oedipus complex". Freud [6] believed guilt has been for the generations a means of serving maintenance of civility among people. However, from the individual perspective guilt appears to be a real misfortune. Freud went on to conclude that: "the price we pay for our advance in civilization is a loss of happiness through the heightening of the sense of guilt".

Let us now have a look into three more contemporary therapeutic approaches to the role guilt play in human life. One is that of Fritz Perls, the father of Gestalt therapy, the second by Albert Ellis who originated Rational Emotive Behaviour Therapy (REBT), and the third Person-Oriented Therapy developed by Carl Rogers.

Fritz Perls [7] in one of his lectures presented guilt as an undesirable consequence of unhealthy 'SHOULDISM' imposed on people by all cultures. He claimed guilt is nothing but reversed resentment.

... instead of "I feel so guilty that I didn't do thus and so," say instead, "I feel resentful that you didn't do thus and so." You will be amazed how quickly you can sense that this is right, that it clicks, that these guilt "feelings" and the "feeling hurt" were merely hypocritical.

In the original Perls' approach guilt is always unhealthy. So all forms of guilt, including regret over one's own specific actions, are to be removed if we want to live happy lives.

In turn, in REBT Albert Ellis [8, 9] highlighted the negative role religions are to play in generating psychologically undesirable guilt. His anti religious relevant stance was probably the most explicitly phrased in his *The case against religion* [10]. Being religious meant to Ellis just being emotionally disturbed. He claimed that the very essence of most organized religions is the performance of masochistic, guilt-soothing rituals, by which the religious individual gives oneself to enjoy life. Dangerous irrationality of religion is embedded, according to Ellis, in the concept that at least certain people are bad and wicked and therefore they should be severely blamed and punished. Moreover, any therapeutic attempts to help patients to preserve their religiosity is making them to 'live successfully with their emotional illness'.

The third approach in terms of underlying ideological assumptions is less clear. Carl Rogers' [11] Person-Oriented Approach seems more favourable to all possible ways of life, religious or non-religious, alike. His therapy finds unconditional positive regard one of the three crucial factors facilitating personal growth of the client. The regard implies the client is unquestionably worthy, regardless how odd his or her opinions or behaviour might appear to the therapist.

Application of Rogers' [12] approach, may however imply far-reaching consequences for ideologically grounded guilt treatment. It is most clearly visible in the practices embedded in the so called encounter groups. They have been meant to facilitate authentic relationships

among their group members, accompanied with increasing trust in one's own feelings and choices. The massive application of the approach in the mid-sixties to the nuns of the large Immaculate Heart covenant [13] may serve as the most relevant example here. These sessions of building up internal locus of valuation, of truth-telling and ice-breaking group exercises made most of the participating nuns break down their social inhibition and compliance with the order religious rules and finally leave the covenant. One of the participants reported :

I was growing in a direction at odds with convent goals of obedience and service to the Church. I began to make decisions, not out of guilt, but according to the voice of my intuition and the wisdom of my body. I began to see the Church more objectively. It was run by men, not God. My allegiance to the Church was no longer fate but choice [14].

Such stories can be treated as a therapeutic success as long as a given individual profoundly believes so. However, if majority of participants of the sessions had quit their previous way of living, it is reasonable to presume the implicit – whether intended or not – an ideological struggle with religious world views occurred.

Guilt as a confederate in personal development

On the other side of the 'ideological aisle' in Western psychotherapy, there have been approaches informed by traditional concepts of mostly Judeo-Christian origin. To understand better the current ideological arguments over guilt, it seems accurate to start with some basic traditional relevant statements. Centuries ago Maimonides, the medieval philosopher and codifier of Jewish law, wrote in his *Laws of Repentance* :

Since every human being... has free will, a man should strive to repent, make verbal confession of his sins and renounce them, so that he may die penitent and thus be worthy of life in the world to come ... he needs to investigate and repent of any evil dispositions that may have, such as hot temper, hatred, jealousy, quarrelling, scoffing, eager

pursuit of wealth or honours, greediness in eating, and so on [15].

In order to return after moral transgression, to the proper spiritual, social and psychological functioning, T'shuvah is needed. Maimonides presented a 4-step action required to make right T'shuvah. First, we must recognize what we did wrong. It implies objective evaluation of our deeds in the light of God's teaching. Second, we must feel and express regret for a wrongdoing. Here is a proper time for experiencing a sense of guilt and regret. These emotions are believed to confirm the understanding of the misconduct. Third, we must reconcile with the person we have wronged and repent to God for our wrongdoings. And finally, when we find ourselves in the situation again, tempted to make the same mistake, we must be deeply committed not to repeat wrongful action [16]. So, the sense of guilt plays here an important role within the broader human path of repentance after wrongdoing.

Papal and Catholic teaching on sin, guilt and psychotherapy resembles much the Maimonides approach. It was in 1953 that the Pope Pius XII [17] addressed participants of the psychotherapy congress. First the pope defined a sense of guilt as the consciousness of having violated a higher law. The condition – the pope authoritatively stated - may result in suffering and in psychic disorder. Second, as far as guilt is concerned the psychotherapy was found to have important but limited relevant competencies '*for this phenomenon is also, if not principally, of a religious nature*' - despite of infrequent irrational or morbid sense of guilt. The pope found just eliminating or soothing a genuine sense of guilt without facing the underlying real fault as being deceitful and harmful.

John-Paul II [18] in *Veritatis splendor*, his official teaching on human morality in contemporary times, challenged much of the understanding of sin and guilt dominating current psychotherapy. In this official statement the pope wrote among others :

All people must take great care not to allow themselves to be tainted by the attitude of the Pharisee, which would seek to eliminate awareness of one's own limits and of one's own sin. In

our own day this attitude is expressed particularly in the attempt to adapt the moral norm to one's own capacities and personal interests, and even in the rejection of the very idea of a norm.

Such conceptualizations are rare among contemporary clinicians. Hobart Mowrer [19], one time president of the American Psychological Association, reflected over psychology :

For several decades we psychologists looked upon the whole matter of sin and moral accountability as a great incubus and acclaimed our liberation from it as epoch making... We have reasoned the way to get the neurotic to accept and love himself is for us to love and accept him, an inference which flows equally from the Freudian assumption that the patient is not really guilty or sinful but only fancies himself so and from the view of Rogers that we are all inherently good and are corrupted by our experiences with the external, everyday world.

Further Mowrer [20] suggested that just in the moment when the person starts to accept his or her guilt and sinfulness, the possibility of radical moral and psychological change gets possible. It enables an inner shift from self-rejection toward self-respect and peace. *"In becoming amoral, ethically neutral and 'free', we have cut the very roots of our being; lost our deepest sense of selfhood and identity"*.

Complementarily, Martin Buber [21], the renowned existentialist, summoned the psychotherapists to recognize that :

There exists real guilt, fundamentally different from all the anxiety-induced bugbears... Personal guilt, whose reality some schools... contest and others ignore, does not permit itself to be reduced to the trespass against a powerful taboo. Each person stands in an objective relationship to others, it is that persons share in the human order of being, the share for which that person bears responsibility. This responsibility or share in the human order is the action demanded by conscience.

Three cases: homicide, paedophilia, and abortion

Sometimes guilt feelings are expected by most of the professional audiences – regardless of

their world views - as desired outcome of therapy. For example, Heide and Solomon [22] wrote on *the treatment of juvenile homicide offenders* that their guilt feelings are appropriate. A clinician should not to convince the child that he or she needs not feel guilty. Guilt is believed to serve as a practical inhibition against further aggression. Moreover, guilt can motivate youths to move toward restitution and/or reconciliation with themselves, their families, and the victims' families. The therapist must help the child to tolerate some guilt and to take steps to make amends in a way that is meaningful.

Generally, clinicians do not vary in both ethical evaluation of a positive role guilt has to play in the therapy of paedosexual behaviour. Schlang and Shaw [23] described a therapeutic strategy focused on facilitating rejection of guilt denial by child molesters. Similarly, in the Hamburg model of group therapy [24] for paedosexual men, diminishing of self-deception in sexual offenders is a baseline goal of the therapy. Guilt acceptance is a prerequisite for the patients to take responsibility for decision-making, in order to keep distance from children.

Radically advert attitudes towards guilt in the context of paedosexual relationships are to be found on the web pages promoting sex with minors [25]. One of these texts reads :

In several respects, kids are more sexual than adults, since they have fewer hang-ups and guilt-complexes to burden them! That is why when a paedophile is taken away from a child and..., it is often one of the first heavy-handed tastes of sexual guilt a person gets in their life... That would be the worst thing for them and only serves to perpetuate sexual guilt feelings by telling them that it is wrong for adults to teach kids sex first-hand, and that it is bad or shameful for them to desire it themselves! ... Now societies reject this sort of thinking but with general liberalization attitudes towards sexual behaviours which may result in time with accepting in some time in Western cultures: incest and paedosexual behaviours.

In other words the anonymous author of text claims the changes to come in the ideological climate in the Western societies are to relocate into their mainstreams paedosexual behaviour and resolve in this way the problem of guilt.

Firm alliance among psychiatrists and therapists against such statements disappears when other highly debated guilt is discussed, the potential post-abortion guilt. It pertains to both its existence and psychological consequences. Fairly recently Stotland [26] stated that research on abortion is disturbed by serious methodological challenges and misunderstandings. These misunderstandings are often ideological in nature. Speckhard and Rue [27] claimed that extensive politicization of abortion has significantly restricted scientific investigation of the effects of abortion, and has produced a profound interpersonal and inter-professional schism in American society. In Polish society the situation is much the same [28].

Ideological differences, here ethical condemnation versus acceptance of abortion, seem major factors to account for contradictory findings being published on post-abortion psychological effects. For instance McAll and Wilson [29] reviewed relevant literature and found 7% to as many as 41% of women who underwent abortion to suffer from negative psychological sequel. Contrary to the above, in most of publications [e.g., 30, 31, 32] statements that abortion has few, if any, psychological sequel dominate. The authors convince that solely in the limited number of cases, feelings of guilt or depression have been present and if they occur, they tend to be mild and transient in nature. Moreover, possible guilt, grief, or depression occurrence are assigned to pre-existent psychopathology rather than to the procedure [33], or to the women's personal concept of the foetus as a human being from the very conception [34].

In turn, those who are ideologically against abortion [35, 36, 37, 38] tend to claim: the sense of guilt is not a problem in itself, while the abortion is. The guilt following abortion is sound, as experiencing regret is a natural consequence of serious transgression. There are some who claim that without accepting the objective guilt and working through the relevant grief, no healthy psychological functioning is possible. For instance McAll and Wilson [39] maintain: *'We have accumulated clinical experience relating these experiences to the development of severe psychopathology that we believe arises out of unresolved grief. Abortions affect not only the women but also their "significant others."* (p. 1). If women do not experience

guilt right after abortion they are found likely to suffer pervasive depression many years after.

These ideological determinants are clearly found in therapeutic approaches to guilt resulting of abortion. For example Lemkau [40] wrote :

'The clinician should remember that even women who report negative post-abortion sequel overwhelmingly report that they feel the decision was the right one for them. Having ambivalent feelings to resolve does not necessarily mean that one has made a wrong choice, only that one has made an emotionally significant choice with far-reaching personal implications, in a sociocultural environment that reinforces the ambivalence inherent in such decisions.'

In this description, Lemkau provides arguments to shift the client towards neutralization of moral evaluation of the abortion offering positive interpretation of *the ambivalent feelings* as a symptom of *significant choice* and support the statements by referring to some reports showing on the *right decision*. In turn, those who reject abortion on moral grounds may easily tend to encourage the client to accept guilt.

CONCLUSIONS

Understanding of guilt, both its nature and psychological and social functionality is strongly ideologized by therapeutic systems themselves, and personal beliefs on guilt embedded in therapists' and clients' minds. These ideological underpinnings are usually not revealed in the context of therapy. As a result, the parties involved may tend to convince themselves and others, that their approach to guilt and its possible therapeutic consequences are objectively right, which is untrue whenever arbitrary ideological assumptions are involved. The front line of the dispute on guilt in psychotherapy is mainly determined by adherence to either an anti-traditional or traditional conceptualizing of guilt. However, the closer scrutiny on the issue reveals that the adherents of the two approaches share sometimes relevant common beliefs. For instance, Freud [41] and Ellis [42] accept some sort of post-transgressive remorse, negative emotions due to one's own specific wrongdoings. However, the word 'guilt' in its positive connotation is usually carefully avoided then. (*Guilt or self-*

blame encourages repression and depression. Unconditional self-acceptance, even when one is fallible, encourages honest confession and greater responsibility in the future [43]. However, if we take into consideration this or similar statements, still there is not much overlap between the 'anti-traditional' and 'traditional' understanding of the guilt. The first tends to deny usefulness of most forms of guilt. Every man is found authorized to personally define which is moral. Guilt appears a burden, most often disturbing healthy personal development. In more traditional approaches, guilt is usually treated as a vital indicator of a deviation from the right way in life and violation of objective moral standards. People are encouraged to face the evil they committed and work through the guilt feelings. The latter approach seems to accept that accurate guilt may sometimes imply general negative self-evaluation and still be positive.

As the guilt is an ideological issue, therapists may incorrectly deal with patient's guilt due to a counter-transference of their attitudes and values. Especially if they (these values) pertain to situations which evoke strong emotion, foremost abortion [44]. They showed empirically that patient ideology, therapist ideology, and their interaction influence clinical judgement significantly.

Therefore, Stotland [45] mindfully warns the clinicians dealing with patients involved in abortion (which is applicable to many other guilt relevant situations). *"Every clinician has his or her own history, attitudes, and beliefs about abortion, and every clinician needs to acknowledge and assess them. The psychotherapeutic ideal is to help patients to make decisions..., based on the patient's own values, without influence by those of the therapist. ... [Therefore] it is essential for the therapist to acknowledge attitudes and preferences to him or herself, and sometimes to the patient"*. Otherwise the therapist may easily ideologically abuse the patient believing he or she can judge objectively, which is too little or too much guilt in the patient's life. Profound self-consciousness on the therapist's part on his/her ideological preferences and personal concept on guilt is the most critical in defining the therapeutic situation in terms of the right diagnosis and measures to be undertaken. In order not to violate value system of the client it may sometimes mean the therapist should not work with

the client of diverse ideological orientation and humbly search for support of a more ideologically closer professional.

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