Guilt, Shame, and Grief:
An Empirical Study of Perinatal Bereavement

by Peter Barr

'Death in the sickroom', Edvard Munch 1893

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Preface

All of the work described in this thesis was carried out personally by the author under the auspices of the Centre for Behavioural Sciences, Department of Medicine, Faculty of Medicine, University of Sydney. None of the work has been submitted previously for the purpose of obtaining any other degree.

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The investigator cannot truthfully maintain his relationship with reality—a relationship without which all his work becomes a well-regulated game—if he does not again and again, whenever it is necessary, gaze beyond the limits into a sphere which is not his sphere of work, yet which he must contemplate with all his power of research in order to do justice to his own task.

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Abstract

**Aim.** The aim of the present research was to investigate the relationship of personality guilt- and shame-proneness to grief and psychological dysphoria following bereavement due to stillbirth or death in the newborn period.

**Methods.** Participating parents completed self-report questionnaire measures of proneness to situational guilt and shame (Test of Self-Conscious Affect-2), chronic guilt and shame (Personal Feelings Questionnaire-2) and interpersonal guilt (Interpersonal Guilt Questionnaire-67), grief (Perinatal Grief Scale-33) and psychological dysphoria (General Health Questionnaire-28) one month (‘early’, N = 158) and 13 months (‘late’, N = 149) after a perinatal death.

**Results.** Women compared with men self-reported more intense grief, anxiety and depression one month after the death, but there were no significant sex differences in grief or psychological dysphoria one year later. Hierarchical multiple regression analyses showed that composite shame (situational and chronic) explained a small but statistically significant proportion of the variance in early total grief (adjusted $R^2 = .09$) and anxiety (adjusted $R^2 = .07$) in women, and early total grief (adjusted $R^2 = .19$), anxiety (adjusted $R^2 = .13$) and depression (adjusted $R^2 = .10$) in men. Composite guilt (situational, chronic and interpersonal) controlled for shame did not make a significant further contribution to the variance in early total grief, anxiety or depression in either sex.

Composite shame explained not only significant but meaningful proportions of the variance in late grief (adjusted $R^2 = .27$), anxiety (adjusted $R^2 = .21$) and depression (adjusted $R^2 = .27$) in women, and late grief (adjusted $R^2 = .56$), anxiety (adjusted $R^2 = .30$) and depression (adjusted $R^2 = .51$) in men. Composite guilt controlled for shame made significant further contributions to the variance
in late grief ($\Delta R^2 = .21$), anxiety ($\Delta R^2 = .16$) and depression ($\Delta R^2 = .25$) in women, and late grief ($\Delta R^2 = .11$) in men. Shame and guilt together explained a substantial proportion of the variance in late grief (adjusted $R^2 = .45$), anxiety (adjusted $R^2 = .33$) and depression (adjusted $R^2 = .49$) in women, and late grief (adjusted $R^2 = .64$), anxiety (adjusted $R^2 = .35$) and depression (adjusted $R^2 = .56$) in men.

Situational shame, chronic guilt and survivor guilt made positive unique contributions to the variance in late grief in women. Chronic shame and survivor guilt made unique contributions to the variance in late grief in men. Situational guilt made a significant unique negatively valenced contribution to the variance in late grief in women.

Early composite shame, but not guilt, predicted late grief, anxiety and depression in men. Early composite shame and/or guilt did not predict late grief, anxiety or depression in women.

**Conclusion.** Personality proneness to shame was more relevant to late grief, anxiety and depression in men than in women, but survivor guilt was equally important to late grief in both sexes. Chronic guilt and functional situational guilt were pertinent to late grief, anxiety and depression in women, but not in men. Personality shame- and guilt-proneness have important relationships with parental grief after perinatal death that have not hitherto been recognised.