

Article

Do Parents and Children Share the Same Kinds of Interpersonal Sense of Guilt? An Exploratory Study

Francesco Gazzillo ¹, Cristina Mazza ^{2,*} , Marianna Santodoro ²  and Renata Tambelli ¹

¹ Department of Dynamic and Clinical Psychology, & Health Studies, Sapienza University of Rome, 00185 Rome, Italy; francesco.gazzillo@uniroma1.it (F.G.); renata.tambelli@uniroma1.it (R.T.)

² Department of Human Neurosciences, Sapienza University of Rome, 00185 Rome, Italy; marianna.santodoro@uniroma1.it

* Correspondence: cristina.mazza@uniroma1.it

Abstract

A growing body of research documents intergenerational transmission of trauma, attachment, parenting practices, and vulnerability to psychopathology. Another relevant component of psychopathology that may show parent–child associations is maladaptive interpersonal guilt, which may be shaped by parental teachings and role modelling. The present cross-sectional study examined whether parents' self-reported guilt was associated with children's self-reported guilt and with parents' perceptions of their children's guilt. The sample included 323 parent–child dyads. Parents completed the Interpersonal Guilt Rating Scale-20s (IGRS-20s) and the Interpersonal Guilt Rating Scale—Child Informant (IGRS-18CI); children completed the Interpersonal Guilt Rating Scale for Children (IGRS-17C). Spearman correlations revealed significant parent–child associations: parents' Separation/Disloyalty guilt was positively associated with children's Separation/Disloyalty and Omnipotent Responsibility guilt, whereas parental Burdening guilt was positively associated with children's Self-Hate/Burdening guilt. Moreover, parents' Survivor guilt, Separation/Disloyalty guilt, and Self-Hate guilt were significantly associated with higher levels of the corresponding and related kinds of guilt as perceived in their children. These findings suggest that specific forms of interpersonal guilt may be similarly present in parents and children and highlight the clinical relevance of addressing parental pathogenic beliefs in child psychotherapy.

Keywords: interpersonal guilt; Control-Mastery Theory; intergenerational transmission; pathogenic beliefs; parent–child relationship



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1. Introduction

A growing body of research indicates that psychological experiences and vulnerabilities can be transmitted across generations. Intergenerational transmission has been documented for trauma-related sequelae, parenting practices, attachment patterns, and familial risk for mental disorders (e.g., [Reese et al. 2022](#); [Chou and Buchanan 2021](#); [van Ijzendoorn 1995](#); [Verhage et al. 2016](#); [Weinberg and Sandre 2024](#)).

Intergenerational transmission of trauma (ITT) refers to trauma-related psychological effects passed across generations even without direct exposure ([Reese et al. 2022](#); [Chou and Buchanan 2021](#)). It has been described following war/disaster trauma and in the context of unresolved parental loss or maltreatment ([Bar-On 1996](#); [Ancharoff et al. 1998](#); [Coates et al. 2013](#); [Lyons-Ruth et al. 2005](#); [Kim et al. 2014](#); [Madigan et al. 2019](#); [van de Weijer et al. 2014](#); [Lakhdar et al. 2019](#)).

Parenting attitudes and behaviors may also be transmitted intergenerationally (Belsky et al. 2009; Chen and Kaplan 2001; van Ijzendoorn 1992), that is, earlier generations may intentionally or unintentionally shape the parenting attitudes and behaviours of the next generation (van Ijzendoorn 1992). Two meta-analyses confirmed the intergenerational transmission of attachment security, with insecure patterns particularly linked to parents' unresolved trauma or loss (van Ijzendoorn 1995; Verhage et al. 2016; Bakermans-Kranenburg et al. 2003). Within attachment theory and contemporary developmental research, intergenerational transmission is conceptualized as a process involving not only continuity in parental representations but also specific interactive mechanisms—such as parental sensitivity, affective attunement, and reflective functioning—that mediate the association between parental states of mind and children's emotional organization (Main et al. 1985; Verhage et al. 2016; Iyengar et al. 2014). Empirical studies have shown that unresolved parental mental states regarding loss or trauma are associated with implicit communicative patterns that may influence the development of self-conscious emotions, including guilt, through processes of internalization and affect regulation (Lyons-Ruth et al. 2005; Tambelli et al. 2015b). From this perspective, interpersonal guilt may represent one of the emotional outcomes through which intergenerational continuity in relational models and implicit beliefs becomes manifest.

Consistent with this view, familial risk for mental health problems may extend across multiple generations (Dean et al. 2010; Rasic et al. 2014; Reupert et al. 2013; van Santvoort et al. 2015; Weissman et al. 2006). Parents with mental disorders may show reduced emotional responsiveness and more inconsistent or harsh parenting (Hosman et al. 2009; Ramchandani and Psychogiou 2009; Reupert et al. 2013; Tambelli et al. 2015a), exposing their children to combined genetic and environmental risks, with prevalence rates at least twice those of peers whose parents do not have mental disorders.

Intergenerational transmission likely reflects both biological (genetic/epigenetic) and psychosocial pathways (Mulligan 2018; Bowers and Yehuda 2016; Radtke et al. 2011; Hendrix et al. 2021; Stenson et al. 2021; Kellermann 2013; Dashorst et al. 2019). Fraiberg et al. (1975) famously described these processes as “ghosts in the nursery,” capturing how unmetabolized parental trauma interferes with the parent's capacity to perceive and emotionally engage with their children. Unresolved trauma or loss can alter a mother's expectations and perceptions of her child, as well as her ability to respond sensitively, thereby compromising the infant's development of secure attachment (Iyengar et al. 2014).

The relational experiences of a child with their primary attachment figures are pivotal for the child's emotion socialization and regulation (Lunkenheimer et al. 2020; Morris et al. 2007; Shipman and Zeman 2001) and may also shape the development of self-conscious emotions (Bradshaw 2005; Fossum and Mason 2015). There is extant literature on the development of children's conscience, which clearly indicates that good parental sensitivity and responsiveness (which are also important key determinants of attachment security) are predictive of the development of moral emotions and socially adaptive behavior (e.g., Feldman 2007; Kochanska 1991; Kochanska et al. 2005; see for a review Eisenberg et al. 2006). Results showed that children who classified themselves as insecurely attached displayed higher levels of shame and maladaptive types of guilt as compared to securely attached children (Muris et al. 2014; Leonardi et al. 2022). As for guilt, available research has revealed that children of non-psychiatrically ill parents display appropriate guilt reactions that serve the purpose of social reparation, whereas children of depressed parents exhibit aberrant and distorted, shame-like guilt (Zahn-Waxler et al. 1990). Although the literature has predominantly focused on adults (Tangney and Tracy 2012), evidence suggests that shame and guilt are similarly associated with psychopathology in children and adolescents (Muris and Meesters 2014).

Guilt is a self-conscious emotion that can promote prosocial and reparative behaviors and support relationship maintenance (Hoffman 1987; Weiss 1986; Tangney and Tracy 2012; Zahn-Waxler and Kochanska 1990). However, when guilt is excessive, irrational, or shame-like, it may contribute to distress, impaired relationships, and psychopathology (Tangney 1995; Muris and Meesters 2014).

Interpersonal Guilt According to Control-Mastery Theory (CMT)

According to Control-Mastery Theory (CMT; Gazzillo 2021; Silberschatz 2005; Weiss 1993; Weiss 1986), guilt becomes irrational and maladaptive when the belief of having harmed—or the fear of possibly harming—loved ones is connected with healthy and adaptive goals. When guilt is based on such beliefs—referred to in CMT as pathogenic beliefs—it can lead to pathological personality traits, inhibitions, and psychological symptoms (Gazzillo et al. 2020; O'Connor et al. 1999, 2002, 2007). Pathogenic beliefs result from the implicit and explicit messages a child receives from caregivers, siblings and other family members, the examples they set, and from parents' consistently negative attitudes and reactions to the child's normal developmental needs ("stress" trauma) or the child's experiencing a severely traumatic event ("shock" trauma) (Weiss 1997; Gazzillo 2021). Given the importance of maintaining positive relationships with caregivers during early childhood, pathogenic beliefs are closely associated with interpersonal guilt. CMT has deepened the understanding of five kinds of interpersonal guilt (Gazzillo et al. 2017; O'Connor et al. 1997): survivor guilt, separation/disloyalty guilt, omnipotent responsibility guilt, self-hate and burdening guilt. Survivor guilt (Fimiani et al. 2021; Lifton 1982; Niederland 1981) refers to a painful emotion that people may experience when they are surpassing important others, believing that they are hurting them by being more successful, happy, fortunate, etc. Separation/disloyalty guilt stems from the fear of harming others by becoming independent, separate, and moving away, while disloyalty guilt stems from the belief that having different values, embracing a different way of life, supporting different political ideas or religious beliefs will be hurtful to loved ones. Omnipotent responsibility guilt (Gazzillo et al. 2026) involves an exaggerated sense of responsibility and concern for the happiness and well-being of other people. It is based on the belief that one has the duty and power to save loved ones in trouble. The last kind of interpersonal guilt, self-hate (Gazzillo and Kealy 2025) arises when an individual complies with severely critical, abusive, or neglecting attitudes of important others, often a parent, who felt or showed indifference, hatred, or contempt toward the person. Self-hate implies the feeling of being inherently wrong, bad, inadequate, and not deserving of acceptance, protection, love, and happiness. Burdening guilt (Gazzillo and Leonardi 2024), which derives from the pathogenic belief that one's emotions and needs are a burden to loved ones, and that one's own problems and fragility cannot be expressed because this would hurt them.

All forms of interpersonal guilt negatively affect self-esteem, well-being, and overall mental health (Faccini et al. 2020; Leonardi et al. 2023), and are consistently associated with a range of psychological problems, including anxiety, depression, shame, pathological worry, rumination, impostor phenomenon, emotion dysregulation, deficit in mentalizing, epistemic mistrust, sense of void, and attachment insecurity (Faccini et al. 2020; Leonardi et al. 2020; Fimiani et al. 2021; Leonardi et al. 2022; Leonardi et al. 2023; Leonardi et al. 2025; McCue et al. 2024; Santodoro et al. 2026).

Consistent with findings from CMT, it can be hypothesized that guilt may be similarly present in parents and children, as the pathogenic beliefs associated with it profoundly influence personality development, self- and other-perception, interpersonal relationships, emotional regulation, and overall mental health.

The main aim of this study was to examine whether interpersonal guilt is similarly expressed in parents and children within a CMT framework. Specifically, we hypothesized that: (1) parents' self-reported interpersonal guilt would be positively correlated with children's self-reported interpersonal guilt; (2) parents' self-reported interpersonal guilt would be positively correlated with parents' reports of their children's interpersonal guilt.

2. Materials and Methods

The findings presented in this study were obtained as part of a broader research project previously reported by Mazza et al. (2026). That publication focused on the development and psychometric evaluation of the IGRS-17C and IGRS-18CI, providing a detailed description of their factor structures and measurement properties. The present study draws on the same participant sample and uses these instruments to address a distinct set of research questions.

2.1. Participants

We recruited 323 parent–child dyads throughout Italy through family-oriented community settings (e.g., youth centers and sports facilities), word of mouth, and social media advertisements. Parents were eligible if they were ≥ 18 years old, had a child aged 7–14 years, were Caucasian/European, and had adequate knowledge of Italian; parents with diagnosed psychopathology were excluded. Children were eligible if they were aged 7–14 years, were of Caucasian/European background, self-reported a very good understanding of Italian, and had no diagnosed psychopathology. After exclusions (ethnicity $n = 2$; parent psychopathology $n = 5$; child psychopathology $n = 6$; age $n = 1$), the final sample included 309 dyads. The parent sample comprised 249 mothers (80.6%) and 60 fathers (19.4%) aged 21–61 years ($M = 45.03$, $SD = 6.30$); the child sample included 183 girls (59.2%) and 126 boys (40.8%) aged 7–14 years ($M = 10.64$, $SD = 1.76$). Descriptive statistics are reported in Tables 1 and 2.

Table 1. Sociodemographic characteristics of participating parents ($N = 309$).

Variable	Frequency (%); M(SD)
Nationality	Italian
	303 (98.1%)
	Romanian
	2 (0.7%)
	Ukrainian
	1 (0.3%)
	Albanian
	1 (0.3%)
	Polish
	1 (0.3%)
	N/A ¹
	1 (0.3%)
Education	Secondary School Diploma
	19 (6.1%)
	Vocational Diploma
	47 (15.2%)
	Upper Secondary School Diploma
	85 (27.5%)
	Bachelor's Degree
	33 (10.7%)
	Master's Degree
	78 (25.2%)
	Postgraduate Education
	47 (15.2%)
Occupation	Employee
	211 (68.3%)
	Freelancer
	64 (20.7%)
	Homemaker
	24 (7.8%)
	Unemployed
	5 (1.6%)
	Student
	2 (0.7%)
	Other
	2 (0.7%)
	N/A
	1 (0.3%)

Table 1. *Cont.*

Variable	Frequency (%); M(SD)	
Marital Status	Single	8 (2.6%)
	In a relationship	11 (3.6%)
	Married	226 (73.1%)
	Cohabiting	42 (6.2%)
	Separated/Divorced	19 (6.5%)
	Widowed	3 (1.0%)
Relationship between child's parents	Married	216 (69.9%)
	Cohabiting	52 (16.8%)
	Separated/Divorced	38 (12.3%)
	Widowed	2 (0.6%)
	Other	1 (0.3%)
Years in relationship	M = 14.02 (5.7) range 1–30	
Number of children	M = 2.03 (0.80) range 1–5	
Medical diagnosis	No	293 (94.8%)
	Yes ²	16 (5.2%)
Psychotherapy	No	225 (72.8%)
	Yes, currently	21 (6.8%)
	Yes, in the past	63 (20.4%)
Number of stressors in the last year	M = 0.33 (0.59) range 0–3	
Total ACE ³	M = 0.78 (1.4) range 0–8	

Note. ¹ N/A: not available. ² Medical diagnosis reported by parents was: asthma (n = 1), heart disease (n = 1), coeliac disease (n = 1), endometriosis (n = 1), pulmonary fibrosis (n = 1), hyperthyroidism (n = 1), hypothyroidism (n = 1), lymphoma (n = 1), Hodgkin's lymphoma (n = 1), rare disease bones heart (n = 1), systemic mastocytosis (n = 1), myasthenia gravis (n = 1), pulmonary deficit (n = 1), medical pathology (n = 1), chronic ulcerative colitis (n = 1), multiple sclerosis (n = 1), thyroid (n = 1).

³ ACE: Adverse Childhood Experiences (Felitti et al. 1998).

Table 2. Sociodemographic characteristics of participating children/preadolescents (N = 309).

Variable	Frequency (%)	
Nationality	Italian	307 (99.4%)
	Romanian	1 (0.3%)
	Albanian	1 (0.3%)
Medical diagnosis	No	307 (99.4%)
	Yes ¹	2 (0.6%)
Psychotherapy	No	280 (90.6%)
	Yes, currently	7 (2.3%)
	Yes, in the past	21 (6.8%)
	N/A ²	1 (0.3%)
Adoption	No	307 (99.4%)
	Yes ³	2 (0.6%)
Number of siblings	M = 1.11 (0.84) range 0–4	

Note. ¹ Medical diagnosis reported was: Monolateral hearing loss (n = 1) and Corneal dystrophy and retinal issues (n = 1). ² N/A: not available. ³ Age at adoption: 18 months (n = 1), not available (n = 1).

2.2. Materials

Sociodemographic Questionnaire. Parents provided demographic information for themselves and their child (e.g., age, sex, education, employment, marital status), relevant clinical history (medical/psychiatric/psychological diagnoses and psychological support), and selected family characteristics (e.g., siblings, adoption status). Parents also reported major stressful events experienced in the previous year. Parents also completed the 10-item Adverse Childhood Experiences questionnaire (ACE; [Felitti et al. 1998](#)), assessing childhood abuse, neglect, and household dysfunction. Dichotomous responses (yes/no) are summed, with higher scores indicating greater exposure to adversity (range: 0–10).

The Interpersonal Guilt Rating Scale-20s (IGRS-20s; [Leonardi et al. 2023](#)). The IGRS-20s is a 20-item self-report instrument designed to assess interpersonal guilt as conceptualized within Control-Mastery Theory (CMT). Participants rate each item on a 5-point Likert scale ranging from 1 (not representative at all) to 5 (completely representative), indicating the extent to which each statement reflects their experience. Developed as an extension of the IGRS-15s ([Gazzillo et al. 2017](#)), the IGRS-20s identifies a five-factor structure comprising: Survivor Guilt (e.g., I feel uncomfortable doing better than other people), Omnipotence Guilt (e.g., I feel it is my responsibility to solve other people's problems), Separation/Disloyalty Guilt (e.g., I feel I should visit my parents as often as they would like), Self-Hate (e.g., I believe that if other people really knew me, they would want nothing to do with me), and Burdening Guilt (e.g., Asking for help makes me feel very uncomfortable). Research has also supported a four-factor structure in which Omnipotent Responsibility Guilt and Separation/Disloyalty Guilt load onto a single factor. Overall, the IGRS-20s has shown evidence of construct validity, criterion validity and re-test reliability (e.g., [Faccini et al. 2020](#); [Leonardi et al. 2023](#); [Leonardi et al. 2025](#)), as well as good internal consistency, with Cronbach's α coefficients ranging from 0.73 to 0.82.

The Interpersonal Guilt Rating Scale for Children (IGRS-17C; [Mazza et al. 2026](#)). It is a 20-item self-report measure designed to assess children's interpersonal guilt, as conceptualized within CMT. Each item is rated on a 5-point Likert scale (1 = not true to 5 = very true), indicating the extent to which it reflects the child's subjective experience. The instrument was adapted from the IGRS-20s ([Leonardi et al. 2023](#)) and was administered to children aged 7 to 14 years. Research has supported a four-factor structure in which Self-Hate and Burdening Guilt load onto a single factor. The IGRS-17C identifies a four-factor structure comprising: Survivor guilt (e.g., I don't like being treated better than others), Omnipotence guilt (e.g., I feel bad if I don't always help others), Separation/Disloyalty guilt (e.g., My parents are always right), Self-Hate/Burdening guilt (e.g., I think I bother other people). In the present sample, the four IGRS-17C dimensions showed acceptable internal consistency, with Cronbach's α /McDonald's ω coefficients ranging from 0.65 to 0.77.

The Interpersonal Guilt Rating Scale—Child Informant (IGRS-18CI; [Mazza et al. 2026](#)). It is an 18-item parent-report measure designed to assess parents' perceptions of their child's subjective experience of the five types of interpersonal guilt as conceptualized by CMT. Items are rated on a 5-point Likert scale ranging from 1 (not representative at all) to 5 (completely representative). The instrument was developed as the informant-report counterpart for children of the IGRS-20s ([Leonardi et al. 2023](#)) and was also inspired by the clinician-report version of the scale for adults ([Gazzillo et al. 2017](#)), likewise conceived as an informant-report measure. Scale scores were calculated as the average of the items within each scale; higher scores reflect greater interpersonal guilt as reported by the parent for their child. Research has supported a four-factor structure in which Self-Hate and Burdening Guilt load onto a single factor. The IGRS-18CI identifies a four-factor structure comprising: Survivor guilt (e.g., My son doesn't like to be better than others), Omnipotence guilt (e.g., My son doesn't ask for help for fear of bothering others), Separation/Disloyalty guilt

(e.g., My son thinks he has to always do what we want as parents), Self-Hate/Burdening guilt (e.g., My son believes he/she is bad). In the present sample, the four IGRS-18CI dimensions showed adequate internal consistency, with Cronbach's α /McDonald's ω coefficients ranging from 0.73 to 0.81.

The IGRS-20s, IGRS-18CI, and IGRS-17C were developed in Italian and administered in their original Italian-language versions.

2.3. Procedure

This cross-sectional observational study involved the administration of a battery of questionnaires to both parents and children. Parents completed the Sociodemographic Questionnaire, the IGRS-20s and IGRS-18CI, whereas children completed the IGRS-17C. The average completion time was approximately 20 min for parents and 10 min for children. Data was collected between July 2024 and May 2025.

2.4. Statistical Analysis

The factorial structure and psychometric properties of the IGRS-17C and IGRS-18CI were investigated in a separate validation study (Mazza et al. 2026). In that study, the factor structure of the IGRS-17C and IGRS-18CI was examined through Exploratory Factor Analysis (EFA), using Unweighted Least Squares (ULS) extraction and an oblique Promax rotation to account for the expected correlations among factors.

A correlation matrix was calculated among the different measures of guilt self-report by parents, self-reported by children and assessed by the parents about their children. Given the non-normal distribution of some of our variables (see Table 3), we used Spearman correlations. Statistical analyses were performed with SPSS—Version 22.

Table 3. Descriptive Statistics for the IGRS-20s, IGRS-18CI, and IGRS-17C.

Measure	Dimension	M	SD	Skewness	Kurtosis
IGRS-20s	Survivor guilt	2.121	0.787	0.708	0.085
	Separation/disloyalty guilt	3.401	0.874	−0.220	−0.451
	Omnipotent responsibility guilt	2.708	0.852	0.293	−0.112
	Self-hate guilt	1.286	0.502	2.679	9.452
IGRS-18CI	Burdening guilt	2.016	0.633	0.731	0.334
	Separation/disloyalty guilt	2.393	0.872	0.527	0.030
	Self-hate/burdening guilt	1.546	0.575	1.694	3.722
	Omnipotent responsibility guilt	2.516	0.776	0.579	0.418
IGRS-17C	Survivor guilt	2.111	0.776	0.652	0.546
	Separation/disloyalty guilt	3.097	0.973	−0.189	−0.467
	Survivor guilt	2.875	0.961	0.020	−0.531
	Self-hate/burdening guilt	1.773	0.628	0.796	0.074
	Omnipotent responsibility guilt	3.164	0.943	0.054	−0.662

Note. IGRS-20s = The Interpersonal Guilt Rating Scale-20 self. IGRS-18CI = The Interpersonal Guilt Rating Scale—Child Informant. IGRS-17C = The Interpersonal Guilt Rating Scale for Children. M = Mean. SD = Standard Deviation.

3. Results

3.1. Preliminary Analysis

The factor structures of the IGRS-17C and IGRS-18CI are described in detail elsewhere (Mazza et al. 2026); the main findings are summarized below.

For the IGRS-17C, sampling adequacy was confirmed by the Kaiser–Meyer–Olkin (KMO) measure (KMO = 0.772) and Bartlett's test of sphericity (χ^2 [136] = 1150.362, $p < 0.001$), indicating that the data were suitable for factor analysis. Both the Kaiser criterion and visual inspection of the scree plot supported a four-factor solution, consistent with the theoretical model. During validation, Item 20 was removed due to cross-loadings

greater than 0.40, and items 5 and 12 were excluded due to insufficient factor loadings. The final factor solution included four dimensions: Separation/Disloyalty guilt, Survivor guilt, Self-Hate/Burdening guilt, and Omnipotent Responsibility guilt, which together explained approximately 40% of the total variance. Descriptive statistics indicated that participants scored highest on Omnipotent Responsibility guilt ($M = 3.16$, $SD = 0.94$), followed by Separation/Disloyalty guilt ($M = 3.10$, $SD = 0.97$), Survivor guilt ($M = 2.88$, $SD = 0.96$), and Self-Hate/Burdening guilt ($M = 1.77$, $SD = 0.63$). Inter-factor correlations were all significant, showing moderate associations among the four dimensions, consistent with theoretical expectations. Age was moderately negatively correlated with Separation/Disloyalty guilt ($\rho = -0.27$, $p < 0.001$), whereas no significant correlations were found with Self-Hate/Burdening guilt ($\rho = 0.003$, $p = 0.960$), Survivor guilt ($\rho = -0.026$, $p = 0.660$), or Omnipotent Responsibility guilt ($\rho = 0.017$, $p = 0.771$). Independent sample *t*-tests revealed no significant differences between males and females for any of the guilt dimensions (all $p > 0.19$).

Regarding the factor structure of the parent-report IGRS-18CI, sampling adequacy was excellent, as indicated by a KMO value of 0.855 and a significant Bartlett's test of sphericity, $\chi^2(153) = 1797.43$, $p < 0.001$. Factor retention, guided by the eigenvalue-greater-than-one criterion, supported a four-factor solution consistent with the theoretical model proposed by Gazzillo et al. (2017). The four factors—Separation/Disloyalty guilt, Survivor guilt, Self-Hate/Burdening guilt, and Omnipotent Responsibility guilt—all showed satisfactory loadings above 0.40, and together explained 46.6% of the total variance. During validation, item 12 ("My child feels that they must make the people they care about happy") and item 1 ("My child feels that nobody likes them") were removed due to cross-loadings greater than 0.40, resulting in an 18-item. Descriptive analyses indicated that parents reported the highest mean score for Omnipotent Responsibility guilt ($M = 2.52$, $SD = 0.78$), followed by Separation/Disloyalty guilt ($M = 2.39$, $SD = 0.87$) and Survivor guilt ($M = 2.11$, $SD = 0.78$). The lowest mean score was observed for Self-Hate/Burdening guilt ($M = 1.55$, $SD = 0.58$), suggesting that parents perceived this form of guilt as less characteristic of their children. Positive and statistically significant correlations were found among the four factors, indicating moderate interrelations consistent with theoretical expectations.

Independent sample *t*-tests were conducted to examine differences by child and parent gender. No significant differences emerged between boys and girls across the four IGRS-17C dimensions (all $ps \geq 0.107$) or between mothers and fathers across the four IGRS-18CI dimensions (all $ps \geq 0.423$). For the IGRS-20s, mothers reported significantly higher Survivor Guilt than fathers, $t(112.93) = 3.04$, $p = 0.003$, whereas no differences emerged for the remaining dimensions (all $ps \geq 0.320$). Overall, this pattern is largely consistent with previous findings indicating no significant systematic gender differences in guilt scores (Faccini et al. 2020). Given the absence of a systematic pattern of gender differences across the measures, subsequent analyses were conducted on the full sample.

3.2. Spearman Correlations Among IGRS-17C, IGRS-18CI, and IGRS-20s

Spearman's rank-order correlations (two-tailed) were computed to examine associations among children's self-reported interpersonal guilt (IGRS-17C), parents' informant-reports on the child (IGRS-18CI), and parents' self-reported interpersonal guilt (IGRS-20s) (Table 4). Cross-informant agreement between children's self-reports (IGRS-17C) and parents' informant-reports on the child (IGRS-18CI) was small-to-moderate for theoretically corresponding dimensions: Separation guilt ($\rho = 0.254$, $p < 0.001$), Self-hate/Burdening ($\rho = 0.286$, $p < 0.001$), Survivor guilt ($\rho = 0.164$, $p = 0.006$), and Omnipotent Responsibility guilt ($\rho = 0.242$, $p < 0.001$). Overall, IGRS-17C–IGRS-18CI correlations ranged from $\rho = -0.022$ to $\rho = 0.286$.

Table 4. Spearman Correlations Among Interpersonal Guilt Dimensions in Children and Parents.

Variable	C_SD	C_SH	C_SUR	C_OR	CI_SD	CI_SH	CI_OR	CI_SUR	G_SUR	G_SD	G_OR	G_SH	G_BU
C_SD	—												
C_SH	0.16 **	—											
C_SUR	0.37 ***	0.12 *	—										
C_OR	0.43 ***	0.37 ***	0.56 ***	—									
CI_SD	0.25 ***	0.03	0.07	0.14 *	—								
CI_SH	0.08	0.29 ***	0.03	0.21 ***	0.29 ***	—							
CI_OR	0.10	0.18 **	0.12 *	0.24 ***	0.56 ***	0.63 ***	—						
CI_SUR	−0.02	0.15 *	0.16 **	0.21 ***	0.45 ***	0.46 ***	0.71 ***	—					
G_SUR	−0.02	0.05	0.04	0.08	0.19 ***	0.46 ***	0.43 ***	0.34 ***	—				
G_SD	0.19 **	0.06	0.07	0.14 *	0.30 ***	0.24 ***	0.40 ***	0.25 ***	0.30 ***	—			
G_OR	0.05	0.03	−0.00	0.08	0.24 ***	0.32 ***	0.36 ***	0.23 ***	0.47 ***	0.43 ***	—		
G_SH	−0.06	0.02	−0.11	−0.02	0.08	0.33 ***	0.27 ***	0.11 *	0.28 ***	0.09	0.30 ***	—	
G_BU	0.02	0.12 *	−0.01	0.08	0.23 ***	0.36 ***	0.44 ***	0.25 ***	0.54 ***	0.32 ***	0.49 ***	0.47 ***	—

Note. C = The Interpersonal Guilt Rating Scale for Children; CI = The Interpersonal Guilt Rating Scale—Child Informant; G = Interpersonal Guilt Rating Scale-20s. SD = Separation/Disloyalty guilt; SH = Self-Hate guilt; BU = Burdening guilt; OR = Omnipotent Responsibility guilt; SUR = Survivor guilt. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

Parents' self-reported guilt (IGRS-20s) was consistently positively associated with their ratings of their children's guilt (IGRS-18CI; $\rho = 0.114$ – 0.456). The strongest associations emerged between parents' Survivor Guilt and children's perceived Self-Hate ($\rho = 0.456$, $p < 0.001$), and between parents' Burdening and Survivor Guilt and children's perceived Omnipotent Responsibility ($\rho = 0.444$ and 0.427 , respectively; both $p < 0.001$).

In contrast, correlations between parents' and children's self-reports were generally small ($|\rho| \leq 0.191$) and largely non-significant, with only three modest associations reaching significance (all $p \leq 0.037$).

4. Discussion

The present study aimed to examine whether interpersonal guilt within the Control-Mastery Theory (CMT) framework is similarly expressed in parents and children, by assessing parents' self-reported guilt, children's self-reported guilt, and parents' perceptions of their children's guilt. Overall, the findings from this exploratory study lend support to the hypotheses and help to further elucidate how parental guilt may be related to children's guilt. This work extends the literature on intergenerational processes—traditionally focused on attachment, the consequences of trauma, parenting practices, and familial risk for mental disorders (e.g., Reese et al. 2022; Chou and Buchanan 2021; van Ijzendoorn 1995; Verhage et al. 2016; Weinberg and Sandre 2024)—by exploring whether pathogenic beliefs underlying different forms of interpersonal guilt are similarly present in parents and children. This perspective is consistent with the concepts of “the past replayed in the present” (Fraiberg 1980) and the “red thread” (Cramer 1989) connecting generations through the transmission of attachment and internal working models (Main et al. 1985; Lieberman 1999). These findings, although preliminary and among the first to address this topic, are noteworthy and open an important line of reflection. They suggest that parents may tend to perceive in their children's aspects of their own guilt-related belief systems, and that this process may interfere with—and shape—the way they enact their parenting role. Alongside other factors that still need to be explored, these findings may also contribute to our understanding of factors associated with parent–child similarities in attachment representations, potentially shedding further light on the so-called transmission gap described by van Ijzendoorn (1995).

The present findings are also consistent with empirical evidence highlighting the role of parental representations and unresolved mental states in shaping children's internal working models and emotional development. In particular, attachment research suggests

that children's self-conscious emotions are influenced by the quality of parental reflective functioning and by parents' capacity to mentalize the child as a separate subject (Verhage et al. 2016; Fonagy et al. 1991; Tambelli et al. 2020). In this light, the observed association between parental and child Separation/Disloyalty guilt may reflect a relational pathway through which difficulties in negotiating autonomy and separation are shared across generations. Interpersonal guilt may therefore represent a clinically meaningful marker of intergenerational continuity in relational patterns, particularly within the domain of attachment-related dynamics.

The data suggest possible parent-child associations in interpersonal guilt. In particular, parents' Separation/Disloyalty guilt appears to be associated with the development of the same form of guilt in their children. This finding is theoretically coherent within CMT: when a parent expresses distress in response to the child's attempts at separation or differentiation, the child may internalize the idea that autonomy entails the risk of causing suffering to the parent. It is therefore understandable that the child may learn to feel guilty when distancing themselves or asserting their individuality. The robustness of this finding is strengthened by the fact that it emerged both in children's self-reports and in parents' reports about their children.

Moreover, the results indicate that the higher the parent's level of guilt, the greater their tendency to perceive guilt in their child. This finding may be interpreted in two complementary ways. On the one hand, parents may attribute to their child emotional experiences that primarily belong to themselves, reflecting a potential perceptual distortion that may lead to the subsequent enactment of inappropriate parenting behaviors. On the other hand, their own guilt may make them more sensitive to emotional cues of guilt in the child that the child does not consciously recognize or actively defends against. Regarding parental self-report and parent-perceived child guilt, parents' Survivor guilt was associated with multiple guilt dimensions attributed to their children, including Survivor, Omnipotent Responsibility, and Self-Hate/Burdening guilt. Parents who struggle to experience pleasure in their own achievements or feel unable to surpass significant others may project similar guilt onto their children. In turn, they may assume that the child should limit the expression of personal needs or feel responsible for the parent's dissatisfaction. Parental beliefs of being a burden to others may lead parents to assume that the child feels responsible for their well-being and needs. When parents experience their own needs as excessive or overwhelming, they may perceive the child as implicitly tasked with caring for them. This interpretation aligns with the literature (Leonardi et al. 2023), which conceptualizes burdening as partially overlapping with omnipotent responsibility, both involving the belief that expressing one's needs may harm or overburden others. From this perspective, the parent's sense of being burdensome may reflect a maladaptive outcome of an underlying wish to care for others without weighing them down, a dynamic that may be projected onto the child, who is implicitly viewed as similarly responsible for the parent. Finally, a parent characterized by a markedly negative self-representation may be more likely to assume that the child similarly experiences the self as 'wrong,' inadequate, burdensome, or unlovable, thereby attributing to the child aspects of the parent's own self-organization. From a theoretical standpoint, parental self-directed hostility—empirically linked to impairments in mentalization (e.g., Gazzillo and Kealy 2025)—may reduce the parent's capacity to interpret the child's mental states and behaviors as differentiated, even when the child presents with greater emotional stability and a more positive self-image. Within this framework, the perception of self-devaluing attitudes in the child may function as a further confirmation of the parent's negative self-model and of a deeply rooted sense of parental inadequacy. As a result, the parent may perceive self-hatred in the child as further confirmation—and as a failed

outcome—of their own sense of being an inadequate parent, as if nothing good could possibly come from themselves.

From a clinical perspective, these findings underscore the importance of involving parents in child psychotherapy. To the extent that parental guilt may shape both children's internal experiences and parents' perceptions of them, addressing the pathogenic beliefs underlying parental guilt could help reduce the relational pressures that contribute to the persistence of dysfunctional guilt in children (Crisafulli et al. 2026). Within the CMT framework, child psychotherapy involves identifying and interrupting vicious relational circles (Crisafulli et al. 2026; Fiorenza et al. 2024)—stable interactional patterns in which unmet relational needs lead family members to respond to one another in ways that reinforce reciprocal insecurity and perpetuate relational difficulties (Crisafulli et al. 2017). Parental guilt may sustain these patterns by shaping how parents interpret and respond to their children's needs, autonomy, and achievements. Helping parents recognize the influence of guilt-related pathogenic beliefs on their perceptions and responses may facilitate a clearer differentiation between their own emotional experiences and those of their children, thereby supporting more accurate reflective functioning and more adaptive parenting practices.

Accordingly, these findings have potential implications not only for child psychotherapy but also for contexts in which parents are involved without the direct participation of the child or early adolescent, including forensic and clinical assessments of parenting capacity and parenting support interventions aimed at preventing or disrupting dysfunctional relational patterns.

5. Conclusions

Taken together, these findings provide preliminary support for conceptualizing interpersonal guilt as a relational construct and for investigating whether similar patterns may emerge across parents and children. However, the results should be interpreted with caution. A greater number of significant and generally stronger associations emerged between parents' self-reported guilt and their ratings of their children's guilt. Because both measures were completed by parents, these associations may partly reflect shared informant variance and parents' interpretative tendencies. Moreover, the cross-sectional design does not allow conclusions regarding the direction or causal nature of the observed associations. Accordingly, the present results should be interpreted as preliminary evidence of parent–child similarities or associations in interpersonal guilt, rather than as evidence of intergenerational transmission. Future studies should adopt longitudinal and multi-informant designs to examine the stability and developmental course of different forms of guilt and clarify whether and through which family processes interpersonal guilt may be shared across generations.

A further limitation concerns the characteristics of the sample. Parents were recruited through convenience sampling in community settings and via social media, and the parent group consisted predominantly of mothers, thereby limiting the representativeness and generalizability of the findings. Although no systematic pattern of differences emerged between mothers and fathers across the measures, fathers remained underrepresented, precluding firm conclusions regarding potential differences in maternal and paternal guilt processes. Moreover, eligibility was restricted to participants from Caucasian/European backgrounds to reduce cultural variability in the expression and meaning of guilt. Although methodologically motivated, this criterion further limits the applicability of the findings to other cultural contexts, in which guilt-related processes may take different forms.

Future studies should therefore recruit more heterogeneous samples in terms of cultural background and family structure, with a more balanced representation of mothers and fathers. Whenever possible, both parents from the same family should be included.

Such designs would allow researchers to examine whether similar patterns of interpersonal guilt emerge in mothers and fathers, whether maternal and paternal guilt are differentially associated with children's interpersonal guilt, and whether concordance or discrepancy between parents contributes to children's emotional development. This approach would provide a more comprehensive understanding of the family processes underlying the development and maintenance of interpersonal guilt. Finally, further research should investigate the mechanisms through which parents' pathogenic beliefs, as expressed through their behaviors, attitudes, and communication patterns, may contribute to the development of similar beliefs in their children.

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Data Availability Statement: Cristina Mazza had full access to the data and takes responsibility for their integrity and the accuracy of the analyses. The data are available from the corresponding author upon reasonable request but are not publicly available due to the involvement of minors and confidentiality constraints.

Conflicts of Interest: The authors declare no conflicts of interest.

Abbreviations

The following abbreviations are used in this manuscript:

ITT	Intergenerational transmission of trauma
CMT	Control-Mastery Theory
IGRS-20s	Interpersonal Guilt Rating Scale-20s
IGRS-18CI	Interpersonal Guilt Rating Scale—Child Informant
IGRS-17C	Interpersonal Guilt Rating Scale for Children

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