



# Caregiver Burden, Empathy-Based Guilt, and Depression

Ashley Mezzasalma, PsyD., Lynn O'Connor, PhD., Jack Berry, PhD.

Emotions, Personality and Altruism Research Group  
www.eparg.org

## INTRODUCTION

What is the impact of empathy-based guilt on the development of caregiver burden and depression?

### The Risks of Caregiving

- 2 in 5 caregivers describe the caregiving situation as emotionally stressful.
- Caring for a parent or spouse is more emotionally stressful than other types of caregiving.
- Caregiving is associated with lower physical, emotional, and financial well-being over time.

### What causes Caregiver Burden?

- Burden occurs due to asymmetry between caregivers' perception of demands and available resources.
- Burden is impacted by relationships, health, social location, and psychological factors.

### Guilt & Caregiver Burden

Though guilt has been suggested as a factor in developing depression in caregivers, it is unclear if guilt has an effect on the development of caregiver burden.

### Empathy-Based Guilt

Guilt stemming from a fear of hurting others. Types of empathy-based guilt examined in this study are:

- **Survivor Guilt:** Guilt stemming from the pathogenic belief that one's happiness/success is harmful to others by comparison.
- **Omnipotent Responsibility Guilt:** Guilt stemming from an omnipotent and unrealistic sense of responsibility for the happiness and wellbeing of others.



## METHODS

A sample of 67 adults currently providing care for one or more parents was recruited through advertisements on caregiver listservs and social media.

### Measures:

- A demographic questionnaire
- The Interpersonal Guilt Questionnaire (IGQ)
- Zarit Burden Interview (ZBI)
- The Big Five Inventory (BFI)
- Interpersonal Reactivity Index (IRI)
- Home Care Task Checklist (HCTC).
- Center for Epidemiologic Studies Depression Scale Revised (CESD-R)



## RESULTS

1. Subjective Caregiver Burden correlated positively with depression ( $r(59) = .58, p < .01$ ).
2. Survivor Guilt and Omnipotence Guilt correlated positively with Subjective Caregiver Burden ( $r(63) = .52, p < .01$  and  $r(63) = .41, p < .01$ , respectively).
3. Survivor Guilt and Omnipotence Guilt were positively correlated with depression ( $r(59) = .67, p < .01$  and  $r(59) = .36, p < .01$ , respectively).
4. Survivor Guilt and Omnipotence Guilt scales significantly predict Subjective Burden ( $p < .001$  for both guilt scales).
5. Home care tasks were not associated significantly with Subjective Burden.
6. Subjective Burden and home care tasks were significantly associated with depression in all three analyses. The effect sizes for Survivor Guilt (Betas ranging from .44-.61) were substantially larger than the effects for Subjective Burden (.30-.31) and home care tasks (.20-.21). (Table 1). Omnipotence Guilt did not significantly correlate with depression when controlling for Subjective Burden or both Subjective Burden and home care tasks. Omnipotent guilt correlated with depression when controlling for only home care tasks. (Table 2)
7. Both Survivor Guilt ( $p < .01$ ) and Omnipotence ( $p < .05$ ) remained significantly correlated with burden after controlling for home care tasks, empathic concern, and the Big Five personality traits. The only other variable that remained associated with burden was the Neuroticism factor of the Big Five. Table 3 presents the results of the multiple regression for Survivor Guilt and Table 4 presents the results for Omnipotence Guilt.
8. While Survivor Guilt ( $p < .01$ ) remained significantly associated with depression after controlling for all other variables Omnipotence Guilt did not ( $p = .619$ ). The only other variable that remained associated with depression in the Survivor Guilt analyses was home care tasks ( $p < .05$ ). In the Omnipotence Guilt analysis, multiple variables continued to significantly correlate with depression, including Subjective Burden ( $p < .01$ ) and home care tasks ( $p < .05$ ).

Table 1

Multiple regressions predicting depression from Survivor Guilt, Subjective Burden, and home care tasks (Objective Burden).					
Predictors	B	SE	Beta	t	p
Survivor Guilt	0.43	0.1	0.50	4.50	<.001
Home Care Tasks	0.17	0.06	0.30	2.71	0.009
Survivor Guilt	0.53	0.09	0.61	6.19	<.001
Home Care Tasks	1.84	0.9	0.2	2.04	0.046
Survivor Guilt	0.38	0.1	0.44	3.96	<.001
Home Care Tasks	1.89	0.85	0.21	2.21	0.031
Burden Total	0.17	0.06	0.31	2.84	0.006

Table 3

Multiple regression predicting Subjective Burden from Survivor Guilt, home care tasks (Objective Burden), empathy, and the Big Five personality factors.					
Predictors	B	SE	Beta	t	p
Survivor Guilt	0.75	0.21	0.5	3.56	0.001
Empathic Concern	-0.22	0.49	-0.07	-0.45	0.653
Extraversion	0.2	0.31	0.04	0.31	0.758
Agreeableness	-0.16	0.44	-0.05	-0.36	0.723
Conscientiousness	0.07	0.35	0.03	0.2	0.841
Neuroticism	0.82	0.38	0.29	2.14	0.038
Openness	0.25	0.25	0.12	0.99	0.323
Home Care Tasks	-0.03	1.88	-0.002	-0.014	0.989

Table 2

Multiple regressions predicting depression from Omnipotence Guilt, Subjective Burden, and home care tasks (Objective Burden).					
Predictors	B	SE	Beta	t	p
Omnipotence	0.15	0.13	0.13	1.09	0.28
Burden Total	0.29	0.07	0.52	4.38	<.001
Omnipotence	0.34	0.13	0.31	2.61	0.011
Home Care Tasks	2.92	1.07	0.32	2.72	0.009
Omnipotence	0.1	0.13	0.09	0.79	0.435
Home Care Tasks	2.62	0.94	0.29	2.80	0.007
Burden Total	0.28	0.06	0.5	4.42	<.001

Table 4

Multiple regression predicting Subjective Burden from Omnipotence Guilt, home care tasks (Objective Burden), empathy, and the Big Five personality factors.					
Predictors	B	SE	Beta	t	p
Omnipotence	0.71	0.28	0.37	2.58	0.013
Empathic Concern	-0.44	0.53	-0.13	-0.83	0.411
Extraversion	-0.07	0.32	-0.03	-0.22	0.827
Agreeableness	0.12	0.45	0.04	0.27	0.789
Conscientiousness	-0.25	0.38	-0.1	-0.66	0.515
Neuroticism	0.89	0.41	0.31	2.16	0.035
Openness	0.33	0.26	0.17	1.25	0.218
Home Care Task	0.92	1.94	0.06	0.47	0.639

## CONCLUSION

- Proneness to Survivor Guilt or Omnipotence Guilt significantly increased the likelihood of caregivers to experience burden.
- Survivor Guilt is the biggest predictor of a caregiver's likelihood to be depressed.
- High levels of Neuroticism somewhat impact burden, but this is still overshadowed by both Survivor and Omnipotence Guilt.
- Higher levels of guilt proneness and time spent in caregiving tasks related to higher levels of depression.
- Overall, the study suggests that caregiver's perceptions of the caregiving role and the demands of the caregiver are greatly affected by his or her propensity to experience Survivor Guilt, and to a lesser degree, Omnipotence Guilt.

## REFERENCES

- Gonyea, J. G., Paris, R., & de Saxe Zerden, L. (2008). Adult daughters and aging mothers: The role of guilt in the experience of caregiver burden. *Aging & Mental Health, 12*(5), 559-567. doi:10.1080/13607860802343027
- The National Alliance for Caregiving (NAC) and the AARP Public Policy Institute. (2015). *Caregiving in the U.S.* Retrieved April 4, 2017, from <http://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf>
- O'Connor, L. E., Berry, J. W., Lewis, T. B., & Stiver, D. J. (2012). Empathy-Based Pathogenic Guilt, Pathological Altruism, and Psychopathology. In B. Oakley, A. Knafo, G. Madhavan, & D. S. Wilson (Eds.), *Pathological Altruism* (pp. 11-30). Oxford University Press. Retrieved from <http://www.oxfordjournals.org/doi/10.1093/acprof:oso/9780199738571.001.0001/acprof-9780199738571-chapter-002>
- Pearlin, L. I., Mullan, J. T., Semple, S. J., & Skaff, M. M. (1990). Caregiving and the stress process: An overview of concepts and their measures. *The Gerontologist, 30*(5), 583-594. doi:10.1093/geront/30.5.583

CONTACT: AMEZZASALMA@WI.EDU