Building Resilience from Survivor Guilt After a Traumatic Event

Veronica Powell, PhD
Measures4Success, LLC

Monique Swift, PsyD
Swift Solutions Consulting Services, LLC

Please address correspondence to:
Veronica Powell, PhD, LPC, Measures4Success, LLC, 1629 K St NW Suite
300 Washington, DC 20006 (drvdpowell@measures4success.com)
Monique Swift, PsyD, LPC,
Swift Solutions Consultant Services, LLC, 362 Albermarle St., Rahway, NJ 07065
(moniqueswift19@yahoo.com)

The authors have no conflicts of interest to declare as it pertains to this article.

Abstract: Not a year goes by without media coverage of causalities involving mass violence or natural disasters. Those affected directly or indirectly are left to pick up the pieces and establish a “new norm” for navigating the life that was lost pre-tragedy. Those who physically survived the trauma of mass casualties are challenged to reconcile various emotional reactions such as guilt from the tragedy. The emotions of guilt take on a transformative quality, moving from healthy guilt to unhealthy guilt, such as survivor guilt. With guilt itself being a powerful emotion, those plagued by the grips of survivor guilt may be limited in their ability to recognize the role of resiliency to assist in their recovery and healing from the trauma. Additionally, practitioners may be challenged to assist trauma survivors with complex guilt reactions. This paper examines the etiology, symptoms, and intervention strategies for survivor guilt and its impact on trauma survivors and provides strategies to assist trauma survivors in harnessing the power of resilience to move through the barriers of survivor guilt post-tragedy.

Keywords: guilt, survivor guilt, PTSD, prosocial behavior, protective factors, resilience

The experience of guilt after a traumatic event is not a new phenomenon. In general, guilt represents a form of judgment that may be based on one’s belief system, such as remorse from something that is believed to be bad, wrong, or a biblical sin (Fink, 2016). Unfortunately, the unprecedented rise of natural disasters and mass violence has created a paradigm shift in how survivors of a traumatic event process the emotion of guilt. Although a traumatic event may affect people differently, some trauma survivors may display increased vulnerability to the impact of guilt, whereas others may exhibit more resilient responses to the trauma. An individual’s vulnerability to guilt may be related to factors such as a history of trauma, mood related disorders, (i.e., depression), decreased self-esteem, or limited social support (Good Therapy, 2018). These factors are noted to increase the trauma survivor’s susceptibility to developing survivor guilt.

The destructive impact of a traumatic experience on a trauma survivor depends on factors such as characteristics of the individual, the type of event(s), developmental processes, the significance of the trauma, and sociocultural factors (SAMSHA, 2014). For example, a CNN interview of a trauma survivor from the 2017 Las Vegas massacre described the guilt of surviving the massacre “unscathed” and not knowing if they “Did enough?” or if they “Helped enough people?” (Ellefson, 2017). The survivor presented a classic case of...
Building Resilience from Survivor Guilt After a Traumatic Event

what is known as survivor guilt. I too [VP] can attest to the experience of survivor guilt. When I was 14 years old (1984 Easter weekend), a tornado in my rural Mississippi community killed a family who lived approximately one mile from my home. I reflect on my own experience of survivor guilt after surviving the storm. I was left with many questions such as “How come my family didn’t die from the storm?” “How did the tornado sideswipe my house (without destroying it) and then miraculously go back in the air, only to touch down and destroy the house and the family down the road from us?” “Why them and not us?” “How did we escape and not them?” “What could we have done to warn the family down the road?” “What was my purpose for living?” (Powell, 2019).

This article expands the general understanding of survivor guilt and its differentiating factors from what represents a healthy response to guilt versus unhealthy guilt. Further examination of survivor guilt includes a review of the literature on (a) its etiology, symptoms, and intervention strategies; (b) the impact on trauma survivors; (c) postvention treatment strategies; and how the power of resilience is leveraged to move through the barriers of survivor guilt post tragedy. A contextualization of guilt is presented as a baseline to understanding survivor guilt.

**Contextualizing Guilt**

A review of the literature identifies several definitions associated with the concept of guilt. Guilt is generally defined as a fact or state of having committed an offense, crime, violation or wrong that goes against a moral standard or penal law (as cited in Elliot, 2018). It is further defined as a cognitive or emotional experience occurring when an individual believes or realizes that they have compromised their own standard of conduct or violated a universal moral standard and feel significantly responsible for the violation. Tilghman-Osborne, Cole, and Felton (2010) expand the definition of guilt as representing “moral transgressions (real or imagined) in which people believe that their action (or inaction) contributed to negative outcomes” (p. 546). Valent (1998, 2000), described guilt as an internal moral judgment that aims to modify instinctual survival drives and pleasures in a prosocial direction. Valent further noted that guilt is one of three moral judgments, with the other two being shame (e.g., judgment of an individual’s worth) and justice (e.g., judgment of fairness).

Fundamentally, guilt has prosocial attributes in that it judges an individual’s actions as good or bad and can strengthen interpersonal relationships (Valent, 1998; Baumeister, 1997). However, for those who have experienced a traumatic event there is a potential for the individual to feel excessive or irrational guilt over surviving the trauma. Kubany and Manke (1995) identified four cognitive factors of guilt related to survivors of traumatic events as identified in traumatized individuals: (1) a violation personal standard related to right or wrong; (2) perceived ownership/responsibility or preventability of the event; (3) perceived lack of justification for acting; and (4) false beliefs regarding pre-outcome knowledge or hindsight bias. Guilt that is associated with an individual surviving or being uninjured in circumstances whereby another person died or was physically or psychologically injured is known as survivor guilt (Hutson, Hall & Pack, 2015).

**Etiology, Symptoms, and Intervention for Survivor Guilt**

Survivor guilt as an unintended consequence of a traumatic experience has been recognized as a shared phenomenon by trauma survivors. For example, Neiderland (1961) introduced the concept of survivor guilt based on his work with Holocaust patients. Through his observations, Neiderland described a psychological state that was common among survivors from World War II concentration camps. He noted that survivors displayed feelings of intense guilt for surviving loved ones who were killed in the concentration camps and would behave as if they were dead themselves (O’Connor, Berry, Weiss, Bush, & Sampson, 1997). The concept of survivor guilt was further expanded to include all trauma-related events, be they natural or manmade.

According to Modell (1971), survivor guilt can include more subtle forms such as inhibiting oneself from success, engaging in self-destructive behavior, or over-identifying
with one’s suffering. Valent (2000) identified the following eight survival behaviors that are associated with survivor guilt:

1. **Rescue/caretaking mode** involves agonizing over guilt due to neglectfulness and self-concerning behavior that caused harm, suffering, or death to others, particularly those for whom they bore responsibility. Individuals operating in rescue/caretaking mode will blame themselves for not saving those for whom they felt a sense of responsibility.

2. **Attachment** consist of guilt that is experienced as bad, sinful, or disobedient. The individual believes that they are the cause of the catastrophe and by abandoning the situation, must be punished for their badness.

3. **Goal achievement** represents guilt that is associated with failure, feelings of inadequacy, or incompetence. Individuals may also view themselves as being stupid, clumsy, or lazy.

4. **Goal surrender** occurs when an individual feels guilty over giving up, giving in, feeling despair, or attempting suicide.

5. **Fight** is described as a self-defense or defense of others mechanism. However, when it involves mistaken causing of damage or death, one’s guilt reaction invokes horror or dismay. Valent notes that the individual may feel like a wicked murderer.

6. **Flight** evokes guilt from having left others behind, evading responsibility, acting cowardly, lacking moral character, or engaging in bystander apathy.

7. **Competition** consists of priority guilt, whereby there is a belief that people undeservedly survived at the expense of others and that really, they should have died instead of the ones who perished.

8. **Cooperation** evokes betrayal guilt whereby there is a sense of cheating, lying, exploitation or hurt of partners.

Survivors of a traumatic event who display survivor guilt are at risk of developing what Lee, Scrugg, and Turner (2001) described as guilt-based post-traumatic stress disorder (PTSD). The researchers noted that the personalization of the traumatic event by the individual may significantly influence the development of PTSD. For example, Bub and Lommen (2017) noted that pre-trauma schemas that an individual had of themselves activate or confirm underlying guilt-associated beliefs about the self. The increased vulnerability to guilt-based PTSD consequently yields various trauma-related symptoms. Furthermore, symptoms of survivor guilt are often related to those of anxiety and depression.

Symptoms experienced may range from mild to severe, and may impact physical being, thoughts, feelings, and behaviors. A few examples of symptoms are presented in Table 1 (adapted from Weaver, 2011, p. 15; E4Health, 2012).

The noted symptoms experienced by a trauma survivor indicate that intervention is warranted to mitigate the long-term negative consequences of psychological trauma. When working with trauma survivors, it is important to validate their experience of the trauma by acknowledging the normalcy of their response or reaction to an abnormal situation. There are several crisis intervention models designed to assist trauma survivors in navigating their path to healing from the trauma. For example, Mitchell’s (1983) Critical Incident Stress Debriefing (CISD) model is a precise, 7-phase, small group, supportive crisis intervention process designed to facilitate reduction in distress, restore group cohesion and unit performance. CISD is a psycho-educational process and is not considered to be a form of psychological therapy. Psychological first aid is an evidence-informed model that is employed in disaster response assisting those impacted in the hours and early days following an emergency, disaster, or terroristic act (Uhernik & Husson, 2009). The authors note that psychological first aid has emerged as a preferred response for disaster emergencies. After the initial phase of trauma response interventions, attention can be turned to postvention strategies.

### Postvention Strategies for Survivor Guilt

Postvention is a concept that originated from the field of suicidology and was first coined by Shneidman (1981). The basic premise of postvention is a strategy that occurs after the traumatic incident and offers crisis intervention, support, and assistance for those impacted by trauma related injury. Postvention principles are transferable to non-suicide related traumas. When working with trauma survivors’ post-tragedy, emphasis is placed
### Table 1. Symptoms related to survivor guilt
(*Adapted with permission*)

<table>
<thead>
<tr>
<th>Thoughts</th>
<th>Feelings</th>
<th>Physical/ Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurring dreams or nightmares about the disaster</td>
<td>Numbness, withdrawn, or disconnected</td>
<td>Overprotective of your and your family's safety</td>
</tr>
<tr>
<td>Reconstructing the events surrounding the disaster in your mind, in an effort to make it come out differently</td>
<td>Fear and anxiety when reminded of the disaster such as sights, sounds, and smells</td>
<td>Isolation from others</td>
</tr>
<tr>
<td>Recurring dreams or nightmares about the disaster</td>
<td>Feeling depressed</td>
<td>Hypervigilant and easily startled</td>
</tr>
<tr>
<td>Reconstructing the events surrounding the disaster in your mind, in an effort to make it come out differently</td>
<td>Anger outburst or intense irritability</td>
<td>Challenges getting to sleep or staying asleep</td>
</tr>
<tr>
<td>Difficulty concentrating or remembering things</td>
<td>Emptiness or hopelessness about the future</td>
<td>Avoidance of activities, people, places or things that are reminders of the disaster</td>
</tr>
<tr>
<td>Poor attention span</td>
<td>Feelings of sadness</td>
<td>Increased conflict with family members, significant other, friends, etc.</td>
</tr>
<tr>
<td>Questioning one's spiritual or religious beliefs</td>
<td>Feelings of shock/startled</td>
<td>Excessively busy to avoid thinking about the disaster and what has happened to you</td>
</tr>
<tr>
<td>Ruminating thoughts or memories of the disaster, or of individuals who died in the disaster</td>
<td>Feelings of grief</td>
<td>Increased alcohol consumption or illicit drug use</td>
</tr>
<tr>
<td>Suicidal thinking</td>
<td>Feelings of guilt</td>
<td>Crying spells for no apparent reason</td>
</tr>
<tr>
<td>Delay in processing information or thinking</td>
<td>Feeling lost</td>
<td>Nausea, upset stomach, diarrhea, chills, sweating</td>
</tr>
<tr>
<td>Difficulty in problem solving</td>
<td>Feeling abandoned</td>
<td>Tremors/ poor coordination. Increased blood pressure / headaches</td>
</tr>
<tr>
<td>Disorientation (particularly to time)</td>
<td>Feelings of irritability</td>
<td>Rapid heartbeat, breathing, muscle aches and cramps</td>
</tr>
<tr>
<td>Challenges in naming common objects</td>
<td>Feelings of isolation.</td>
<td></td>
</tr>
</tbody>
</table>

on (a) processes that facilitate the grief or adjustment process; (b) stabilization of the trauma survivor environment; (c) risk reduction of negative behaviors such those associated with survivor guilt; and (d) risk reduction for further traumatization (Higher Education Mental Health Alliance [HEMA], 2014). Further goals for postvention efforts include the following noted in Table 2:
Table 2. Postvention Goals (HEMA, 2014)

<table>
<thead>
<tr>
<th>Postvention Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. To provide assistance to trauma survivors impacted by the traumatic event and its associated negative responses by reducing the intensity of the individual's or group's emotional, mental, physical and behavioral reactions to the trauma;</td>
</tr>
<tr>
<td>b. To facilitate restoration of some semblance of order and routine by assisting trauma survivors to return to their pre-trauma level of functioning;</td>
</tr>
<tr>
<td>c. To prevent or minimize risk of further trauma related injury;</td>
</tr>
<tr>
<td>d. To create and provide a safe space where trauma survivors can process what happened, express difficult emotions and understand the impact of the trauma event;</td>
</tr>
<tr>
<td>e. To avoid memorializing grief and its associated emotions that prevent remembrance of life prior to the traumatic event; and</td>
</tr>
<tr>
<td>f. To educate trauma survivors on how to utilize protective factors to build resiliency from the impact of trauma related injury.</td>
</tr>
</tbody>
</table>

Postvention strategies for managing survivor guilt allow trauma survivors the opportunity to leverage resources designed to promote and foster healing post-tragedy. Valent (2000) noted that protocols for the treatment of survivor guilt involve assisting trauma survivors in (1) delineating perceptions of responsibility as it related to what could feasibly be done under the presented circumstances; (2) mitigating compassion fatigue; and (3) engagement of early debriefing to ameliorate survivor guilt. Through fact-finding efforts, individuals working with trauma survivors can facilitate movement toward accepting that their best was done and using the strength of resilience to navigate the adversity. Most often trauma survivors are unable to immediately recognize or acknowledge their resilient ability along with protective factors as a source of strength in reconciling their response to guilt.

Building resilience from survivor guilt

Unbeknownst to most trauma survivors is their resilient ability to navigate through traumatic experiences. A basic definition of resilience is an individual’s ability to develop psychological and emotional skills, as well as the ability to use familial, social, and other external protective support to navigate through stressful life events or experiences (Suri, 2018). Resiliency also represents the ability to adapt and overcome adversity. In building resiliency from survivor guilt through therapeutic intervention, trauma survivors can experience post-traumatic growth, which involves positive changes that individuals experience after challenges encountered with a major life crisis or traumatic event (Lucario, 2018). Protective factors, which refers to characteristics that prevent or reduce vulnerability for the development of maladaptive behavior or disorders, may contribute to post-traumatic growth as well. Additionally, protective factors include strengths or assets that assist individuals to maintain mental health well-being and resilience at the individual level and other supportive resources (i.e., family, peers, school/work, and community) (MindMatter, 2008). For example, protective factors that promote resiliency from survivor guilt may include one’s ability to (1) regulate emotions; (2) demonstrate effective coping and problem-solving skills; (3) display optimism towards life; and (4) have a positive attitude in seeking and receiving help.

Other resiliency strategies to curtail the impact of survivor guilt are teaching trauma survivors self-care, including how to recognize behaviors that contribute to self-neglect. Some examples of self-care include regular exercise, healthy nutritional and sleep hygiene, engagement in physical care and grooming, and rest and relaxation (GoodTherapy, 2018). A solid support system is another critical aspect of building resiliency from survivor guilt. Support networks that foster trusting and supportive relationships are beneficial for trauma survivors. Through these relationships, trauma survivors are able to (1) vocalize their experiences of living with the guilt and connect with those who shared the experience; (2) participate in support groups; (3) build a
community that represents their new norm post-trauma; and (4) experience a sense of validation in being heard and understood by a support system that cares. Ultimately through each intervention the trauma survivor is put closer to the path of reconciling their own grief of a life that was (pre-trauma) to a life of what it has become (post-trauma).

Conclusion
Survivor guilt is a complex phenomenon that is rooted in trauma-related experiences. This article presented the concepts of survivor guilt that included understanding its etiology, associated symptoms, and intervention strategies. An evaluation of the consequences of survivor guilt revealed trauma survivors’ vulnerability to mood and anxiety disorders, including guilt-based PTSD. A review of the literature provided a broader context of the many variables associated with survivor guilt that influence the recovery and healing of trauma survivors.

The author’s own experience of survivor guilt was revealing in that many of the interventions suggested in this writing were not offered or available to trauma survivors in a rural Mississippi town in the mid-1980s. This review shows the importance of trauma survivors having unrestricted access to treatment services, resources, and support systems. Furthermore, exploration of the role of protective factors and the power of resiliency reveals how a trauma survivor could move towards post-traumatic growth, and, ultimately, healing from their grief. Since healing from a trauma-related injury is a lifelong process, strategies for promoting positive, healthy self-care was presented. Trauma survivors who have been plagued with survivor guilt no longer have to be silent to its debilitating effects. The upcoming 2019 conference of the International Critical Incident Stress Foundation (ICISF) is one of many resources that are giving survivor guilt a voice and pathway to healing.

References


