

Survivor Guilt in a Post-Traumatic Stress Disorder clinic sample

Hannah L. Murray

Centre for Anxiety Disorders and Trauma

University of Oxford

Address for correspondence: Dr Hannah Murray, Centre for Anxiety Disorders and Trauma,
The Old Rectory, Paradise Square, Oxford OX1 1TW.

Email: hannah.murray@psy.ox.ac.uk

Author bio:

Dr Hannah Murray is a Clinical Psychologist and researcher at the University of Oxford. Her clinical and research activity is focused on the development and evaluation of treatments for Post-Traumatic Stress Disorder and associated problems.

Key words: PTSD, guilt, trauma, suicide

RUNNING HEAD: SURVIVOR GUILT IN A PTSD CLINIC SAMPLE

SURVIVOR GUILT IN A PTSD CLINIC SAMPLE

Abstract

Survivor guilt is commonly-used term, but little research has addressed its prevalence in clinic samples. A UK traumatic stress clinic sample was systematically assessed for survivor guilt over an 18 month period. Over a third (38.5%) of participants had survived an event in which others died and 90% of survivors reported feelings of survivor guilt. Surviving a fatal traumatic event was associated with higher levels of suicidality, but not PTSD or depression. Guilt about surviving was associated with more severe PTSD. This study suggests that survivor guilt is a common and distressing problem amongst traumatised clients and requires further investigation.

SURVIVOR GUILT IN A PTSD CLINIC SAMPLE

Survivor Guilt in a Post-Traumatic Stress Disorder clinic sample

Although a commonly-used term in lay language and clinical descriptions, the concept of survivor guilt has been little researched. Defined in DSM-IV as 'guilt about surviving when so many others did not or about things one had to do to survive', survivor guilt was listed as a symptom of Post-Traumatic Stress Disorder (PTSD) in DSM-III and as an associated feature of the disorder in DSM-IV.

Survivor guilt was first documented and described in psychoanalytic writings about Holocaust (Neiderland, 1968) and Hiroshima survivors (Lifton, 1967). More recently, high incidences of survivor guilt have been observed in various traumatised and bereaved populations, including military veterans (Glover, 1984), survivors of multiple casualty accidents (Hull, Alexander & Klein, 2002) and HIV-positive gay men (Wayment, Silver & Kemeny, 1995). However, research has not yet established accurate prevalence in clinic samples, nor guidance on theoretical models or effective strategies for treating survivor guilt.

Further research into this problem may be warranted, particularly as survivor guilt appears has been found to be associated with increased severity of PTSD (Henning & Frueh, 1997; Okulate & Jones, 2006), drug and alcohol use (Okulate & Jones, 2006), depression and suicidality (Hendin & Haas, 1991; Hyer, McCranie, Woods, & Boudewyns, 1990). Treatments for trauma-related guilt have been developed (e.g. Kubany & Manke, 1996), but do not address survivor guilt specifically.

Clinical observations suggest that survivor guilt is a difficult to treat problem. Survivors of fatal traumatic events often struggle with questions about the meaning of

SURVIVOR GUILT IN A PTSD CLINIC SAMPLE

survival, whether they deserved to survive and the role they played (Matsakis, 1999), for example believing that their survival somehow came at the expense of those who died.

Current psychological treatment models for PTSD emphasise the importance of identifying and addressing the full range of cognitive and emotional responses to trauma (Lee, Scragg, & Turner, 2001). If survivor guilt is a commonly occurring problem in clinical samples, identification and targeting of the response in treatment may be important.

This study aims to examine the prevalence of survivor guilt in a clinic population of individuals presenting with PTSD at a traumatic stress service in the UK, and to consider its relationship to PTSD, depression and demographic variables. It was predicted that a significant proportion of service users attending the clinic would report survivor guilt and that individuals reporting higher levels of survivor guilt would also score more highly on measures of depression, PTSD and suicidality.

Method

Design

All clients attending a specialist traumatic stress service in London, England, for an initial assessment are asked to complete standardised measures of depression, PTSD and survivor guilt. Participants are sent questionnaires in advance of their assessment and return them to the assessing clinician on arrival. Data from the measures, as well as demographic and trauma variables, were collected over an 18-month period and analysed as part of a service evaluation.

SURVIVOR GUILT IN A PTSD CLINIC SAMPLE

Participants

During the study time period, 78 service users were assessed by the service and included in the analysis. Data was incomplete for 16 cases. The primary reason for incomplete data was that alternative questionnaires had been used when a service user had insufficient English to complete the standard measures. The participants represented a continuous sample of clients referred to the traumatic stress service, and were reflective of a typical cohort. They were an ethnically diverse sample who had experienced a broad range of traumatic experiences. Most participants (79.6%) had PTSD re-experiencing symptoms to more than one trauma. Demographic information about the sample is displayed in Table 1:

[Table 1]

Measures

The Posttraumatic Stress Diagnostic Scale (PDS; Foa, 1995) is a 49-item self-report questionnaire which assesses all criteria for a PTSD diagnosis as described in DSM-IV. It also gives a severity rating across the 17 items relating to PTSD symptoms. The PDS has good psychometric properties and high diagnostic agreement with clinician administered diagnostic assessments (Foa, Cashman, Jaycox & Perry, 1997).

The PDS does not assess the associated features of PTSD, so an additional question was added to assess survivor guilt. This was adapted from the relevant items in the Clinician Administered PTSD Scale (CAPS; Blake et al., 1995), a standardised assessment tool for PTSD using DSM-IV. The item asked whether anyone had died during any of the traumatic events experienced and, if so, whether the respondent had ever felt guilty or ashamed for surviving when others did not. Answers were rated on a 5-point scale: 'not at all', 'mild,

SURVIVOR GUILT IN A PTSD CLINIC SAMPLE

slight feelings of guilt', 'moderate, some feelings of guilt', 'severe, strong feelings of guilt' or 'extreme, highly distressing guilt'.

Service users also completed the Beck Depression Inventory-II (BDI-II; Beck, Steer & Brown, 1996), a 21-item self-report measure of depression, which is well-validated and widely used. Question 9 on the BDI-II asks about suicidal wishes. This was used as an indicator of suicidality in participants for the purpose of this analysis.

Analysis

Means and standard deviations were calculated for questionnaire scales and independent group t-tests administered to compare fatal and non-fatal traumatic event(s) groups. Spearman's rho was used to evaluate the relationship between guilt rating and questionnaire scores in patients surviving fatal traumatic events, with Generalized Linear Modelling (GLM) applied in analyses that controlled for socio-demographic and clinical variables. Where measures of function (e.g., suicidality item on the BDI-II) did not meet requirements for univariate normality using skewness and kurtosis estimates (acceptable range: -1 to +1; -1.5 to +1.5, respectively; Hair et al., 1998), bias corrected and accelerated bootstrapping using 2000 replications was employed. All statistical analyses were completed with the Statistical Package for the Social Sciences, Release 23.0 (SPSS, IBM) with a criterion for statistical significance set at $p < 0.05$.

Results

Of the 78 service users assessed, 30 (38.50%) had survived a traumatic event in which others died and 27 (90.00%) of those survivors reported experiencing survivor guilt.

SURVIVOR GUILT IN A PTSD CLINIC SAMPLE

The intensity of survivor guilt among those who survived fatal events is illustrated in Figure 1:

[Figure 1]

Those who had survived a fatal traumatic event were compared to those whose primary trauma had not involved a fatality on measures of PTSD (total score on PDS), depression (total score on BDI-II) and suicidality (question 9 on BDI-II) using T-tests. Only the measure of suicidality showed a significant difference ($t = 2.73, p = 0.012$).

There were no differences across gender, ethnicity (white versus non-white) or trauma type (interpersonal versus non-interpersonal; for all comparisons $\chi^2 < 2.75, p > 0.05$).

Within the survivors of fatal traumatic events group, higher ratings of survivor guilt were significantly correlated with PTSD scores on the PDS ($\rho = 0.45; p = 0.016$), but not depression scores on the BDI-II ($\rho = 0.26; p = 0.197$), or the suicide item on the BDI-II ($\rho = 0.22; p > 0.241$). The association between guilt rating and PTSD score remained significant in GLM analyses that controlled for gender, ethnicity and trauma type ($B = 2.40, p = 0.04$).

Discussion

This study is the first to assess the prevalence of survivor guilt in a UK clinic population. Over a third of those attending a traumatic stress service had survived a traumatic event in which others died. Of this group, the vast majority (90%) reported feelings of survivor guilt, often rating the experience as extremely intense and distressing.

SURVIVOR GUILT IN A PTSD CLINIC SAMPLE

Other studies have found high rates of survivor guilt in various specific populations such as survivors of a maritime accident (61%; Joseph, Brewin, Yule & Williams, 1991), Vietnam veterans (46%; Hendin & Haas, 1991), Nigerian soldiers (38%; Okulate & Jones, 2006) and industrial accident survivors (36%; Hull et al., 2002). Survivor guilt in the clinic population (where deaths had occurred) was even more common, possibly because, unlike the other samples, all those assessed had a provisional diagnosis of PTSD.

The study compared individuals who had survived a traumatic event in which others had died with survivors of non-fatal traumatic events on measures of PTSD, depression and suicidality, and demographic variables. Only suicidality differed in the two groups, with survivors of fatal traumas scoring significantly higher on this measure.

In the survivors of fatal events, a positive association was found between survivor guilt and PTSD scores, but not depression or suicidality. This association remained when gender, ethnicity and trauma type were controlled. It appears that it is survivor guilt, rather than the act of surviving which is predictive of PTSD.

This finding fits with cognitive models, which hypothesise that PTSD arises when a traumatic event is perceived in a way that leads to a sense of current threat (Ehlers & Clark, 2000). If an individual perceives their survival negatively, for example that they have survived at the expense of another, or do not deserve their survival, this generates a sense of guilt which predicts PTSD. Survivors of fatal traumas who perceive their survival neutrally (e.g. as a matter of chance), or positively (e.g. 'I must have survived for a reason') do not experience guilt, and are less at risk of PTSD.

SURVIVOR GUILT IN A PTSD CLINIC SAMPLE

Guilt and, even more consistently, shame, have previously been found to significantly predict PTSD (Browne, Myers, & Norman, 2015; Kubany et al., 1995). The PTSD measure used in this study assessed the diagnostic criteria according to DSM-IV. The recently updated criteria in DSM-5 has included a category of negative cognitions including self-blame as a symptom of PTSD, suggesting that it is now conceptualised as an integral part of the disorder.

A link between survivor guilt and suicide has been previously documented. Hendin and Haas (1991) found a highly significant relationship between survivor guilt and suicide attempts in their sample of Vietnam veterans. In the clinic population, surviving a fatal traumatic event was associated with suicidality, but survivor guilt was not. Previous studies have not compared survivors of fatal and non-fatal events, so it is unknown whether this finding is consistent with similar research. The association may require further research, as it may be that other aspects of surviving, such as bereavement reactions, lead to suicidal thinking, even in the absence of guilt.

There are limitations to this study. It was conducted over a fixed period of time, with a sample of service users attending a traumatic stress service for assessment, and it is unclear whether these results would generalise to other samples. The measurement of survivor guilt used was brief, and self-report only. The questions used were taken from the CAPS assessment, which is well-validated for the diagnosis of PTSD, but the survivor guilt questions have not been specifically validated. Similarly, the measurement of suicidality used a single question on the BDI-II, so is clearly limited in its predictive validity. Data was

SURVIVOR GUILT IN A PTSD CLINIC SAMPLE

incomplete, often due to the use of alternative measures for non-English speaking clients, who were therefore under-represented in the final sample.

The study provides an initial indication that survivor guilt is a common and distressing phenomenon in a clinical population with PTSD, and may require clinical attention in treatment. Presently, there are few published theoretical accounts of survivor guilt, apart from psychoanalytic case studies based on observational data. Further research is warranted to better understand the phenomenon and to develop treatment techniques to address the problem with individuals.

SURVIVOR GUILT IN A PTSD CLINIC SAMPLE

References

- Beck, A. T., Steer, R. A., & Brown, G. K. (1996). Beck Depression Inventory-II. *San Antonio*.
- Blake, D. D., Weathers, F. W., Nagy, L. M., Kaloupek, D. G., Charney, D. S., & Keane, T. M. (1995). Clinician Administered PTSD scale for DSM-IV. *Boston, MA*.
- Browne, K. C., Trim, R. S., Myers, U. S., & Norman, S. B. (2015). Trauma-related guilt: Conceptual development and relationship with posttraumatic stress and depressive symptoms. *Journal of Traumatic Stress*, 28, 134-141.
- Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, 38, 319-345.
- Foa, E. B. (1995). Post-traumatic stress Diagnostic Scale (PDS). *Minneapolis: National Computer Systems*.
- Foa, E. B., Cashman, L., Jaycox, L., & Perry, K. (1997). The validation of a self-report measure of posttraumatic stress disorder: The Posttraumatic Diagnostic Scale. *Psychological Assessment*, 9, 445.
- Glover, H. (1984). Survival guilt and the Vietnam veteran. *The Journal of Nervous and Mental Disease*, 172, 393-397.
- Hair, J. F., Anderson, R. E., Tatham, R. L., & William, C. (1998). Multivariate data analysis. NY; Prentice Hall.
- Hendin, H., & Haas, A. P. (1991). Suicide and guilt as manifestations of PTSD. *American Journal of Psychiatry*, 148, 586-591.
- Hull, A. M., Alexander, D. A., & Klein, S. (2002). Survivors of the Piper Alpha oil platform disaster: Long-term follow-up study. *The British Journal of Psychiatry*, 181, 433-438.
- Hyer, L., McCranie, E. W., Woods, M. G., & Boudewyns, P. A. (1990). Suicidal behavior

SURVIVOR GUILT IN A PTSD CLINIC SAMPLE

among chronic Vietnam theatre veterans with PTSD. *Journal of Clinical Psychology*, 46, 713-721.

IBM Corp. Released 2015. IBM SPSS Statistics for Windows, Version 23.0. Armonk, NY.

Joseph, S. A., Brewin, C. R., Yule, W., & Williams, R. (1991). Causal attributions and psychiatric symptoms in survivors of the Herald of Free Enterprise disaster. *The British Journal of Psychiatry*, 159, 542-546.

Kubany, E., Abueg, F., Owens, J., Brennan, J., Kaplan, A., & Watson, S. (1995). Initial examination of a multidimensional model of trauma-related guilt. *Journal of Psychopathology and Behavioral Assessment*, 17, 353–376.

Kubany, E. S., & Manke, F. P. (1995). Cognitive therapy for trauma-related guilt: Conceptual bases and treatment outlines. *Cognitive and Behavioral Practice*, 2, 27-61.

Lee, D., Scragg, P., & Turner, S. (1999). The role of shame and guilt in traumatic events: A clinical model of shame-based and guilt-based PTSD. *British Journal of Medical Psychology*, 74, 451-466.

Lifton, R. J. (1967). On death and death symbolism: The Hiroshima disaster. *Challenges of Humanistic Psychology*, 91, 194.

Matsakis, A. (1999). *Survivor guilt: A self-help guide*. Oakland: New Harbinger Publications.

Niederland, W. G. (1964). Psychiatric disorders among persecution victims: A contribution to the understanding of concentration camp pathology and its after-effects. *The Journal of Nervous and Mental Disease*, 139, 458-474.

Okulate, G. T., & Jones, O. B. E. (2006). Post-traumatic stress disorder, survivor guilt and substance use-a study of hospitalized Nigerian army veterans. *South African Journal of Psychiatry*, 12, p-37.

Wayment, H. A., Silver, R. C., & Kemeny, M. E. (1995). Spared at random: Survivor reactions in the gay community. *Journal of Applied Social Psychology*, 25, 187-2.

SURVIVOR GUILT IN A PTSD CLINIC SAMPLE

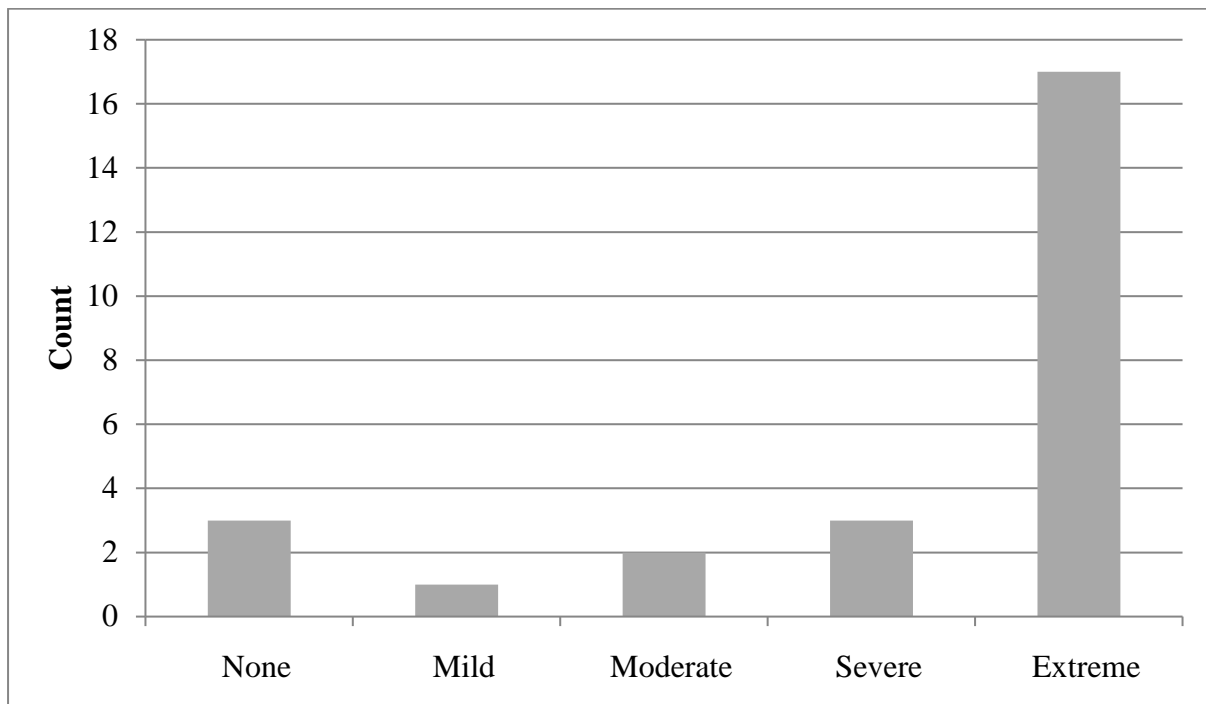


Figure 1: Level of guilt reported amongst survivors of fatal traumatic events (n = 26)

SURVIVOR GUILT IN A PTSD CLINIC SAMPLE

Table 1

Participant Demographic Information

	Frequency	Percentage
Gender		
Female	48	61.5
Male	30	38.5
Ethnicity		
White British	30	38.5
Asian	15	19.2
White Other	12	15.4
Black British, African or Caribbean	12	15.4
Mixed race	4	5.1
Other	3	3.8
Missing	2	2.6
Primary trauma		
Sexual assault	25	32.1
Physical assault	15	19.2
Serious accident	9	11.5
Torture	8	10.3
Military combat	7	9.0
Life-threatening illness	4	5.1
Witnessing a murder/sudden death	4	5.1
Other	6	7.7
Trauma type		
Interpersonal	61	78.2

SURVIVOR GUILT IN A PTSD CLINIC SAMPLE

Non-interpersonal	17	21.8
-------------------	----	------
