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Survivor guilt: Theoretical, empirical, and clinical features

RAMONA FIMIANI*, FRANCESCO GAZZILLO, NINO DAZZI, & MARSHALL BUSH

Abstract

The aim of this paper is to give the reader an overview of several theoretical, empirical, and clinical features of survivor guilt, and to integrate recent contributions of psychodynamic theory and, in particular, of control-mastery theory into the understanding of the concept alongside the latest findings in social psychology about it. After introducing the concept of survivor guilt and its origins in clinical observations on the consequences of having survived severe traumas (e.g., internment in concentration camps), we will discuss the findings in social psychology on the concept of survivor guilt in everyday social interactions, which is based on a conception that does not connect it strictly to severe traumas. We will then focus our attention on clinical observations and empirical research studies about survivor guilt, discussing the hypotheses developed by several control-mastery theorists about its role in psychopathology. Finally, we will illustrate some manifestations of survivor guilt with a brief clinical vignette.

Key words: *survivor guilt, self-punishment, traumas, psychopathology, control-mastery theory.*

The concept of survivor guilt was first used to describe the feelings of guilt that people may experience when they survive loved ones, having escaped disasters or other traumatic events in which these people lost their lives (e.g., Hendin & Haas, 1991; Nederland, 1981; Wang, Wu, & Tian, 2018). More recently, clinical observations (Bush, 2005; Gazzillo, 2021; Modell, 1965, 1971; Weiss, 1986, 1993) and empirical findings from different fields (Exline & Lobel, 1999; Zell & Exline, 2014) have increased the explanatory scope of this construct to include not only *the guilt about being spared from harm that others incurred*, but also the feeling of guilt that people may experience when they believe themselves *to have had any kind of advantage compared with others*, such as having more success, greater abilities, better health, greater wealth, a better job, or more satisfying relationships. These authors conceptualize survivor guilt as representative of a *fundamental human conflict* between (1) the need to pursue healthy, adaptive goals, and (2) the need for attachment and belonging, and the motivation to take care of others who are suffering. Indeed, when individuals believe that their higher status, better qualities, greater accomplishments, or better fate is a

source of suffering for close ones or risks damaging their relationship with them, they are likely to experience empathy and guilt towards them and carry out actions, often costly, to atone for their guilt and rebalance the perceived imbalance between their own fate and that of their loved ones. Thus, survivor guilt, also referred to as “outdoing guilt” or “iniquity guilt” (Baumeister, Stillwell, & Heatherton, 1994) is the *down-side of winning in social comparison* (O’Connor, Berry, Weiss, Schweitzer, & Sevier, 2000).

Traditionally, in psychoanalytic theory, guilt was considered an emotion that arises from internalized moral injunctions by the superego against unacceptable or unseemly motives (Freud, 1929; Klein, 1948). Starting with Freud’s conceptualizations about patients “wrecked by success” and showing negative therapeutic reactions (Freud, 1916, 1922, 1925), traditional psychoanalysis proposed that these reactions, which we would now attribute to survivor guilt, might be explained as manifestations of guilt and the unconscious need for punishment deriving from an unconscious equation between present success and accomplishments, and the satisfaction of infantile impulses connected to the Oedipus complex, in particular with patricide and matricide.

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Following a similar line of thought, Kleinian authors (Klein, 1957; Riviere, 1936) connected these reactions to depressive anxieties deriving from the conflict between destructive and loving impulses, and particularly to the aggressive side of this conflict and to feelings of envy.

So, in Freudian, Kleinian, and Bionian tradition, the attitude of the superego is shaped more by the inner drives of the person than by their real experiences. In fact, drawing from what Freud wrote in 1929 in “Civilization and its discontents,” the strength and harshness of a person’s guilt is thought of as directly proportional to the strength of their aggressiveness, and not to the harshness of their parents and of their education. Even according to Winnicott (1963), who supposed that the capacity to be concerned about another person is a natural goal of psychic development, guilt is a function of the *ruthlessness* of the love of the baby, while the environment must survive without retaliating to help guilt become a concern.

A different view of the origin of guilt was proposed by Fairbairn (1952), who hypothesized that irrational guilt derives from the attempt to preserve a good-enough representation of parents who were actually bad. According to Fairbairn’s metaphor (1952, pp. 66–67), “it is better to be a sinner in a world ruled by God than to live in a world ruled by the Devil”; in other words, the child internalizes and attributes to the self the “badness” of their parents to preserve a good image of them. This was the core of what Fairbairn named “moral defense.” To our knowledge, Fairbairn was the first psychoanalyst to stress how irrational guilt has a deeply relational origin; is a function of early, problematic, real relationships with caregivers; and aims to make better a bad object to feel less helpless.

In more recent years, several psychoanalytic authors, in particular Asch (1976), Loewald (1979), Modell (1971), and Niederland (1981), have further disentangled survivor-guilt-related phenomena from the dynamic of unconscious destructiveness, connecting them to the separation-individuation process and to the fact that it is implicit in the process of growing a certain degree of suffering imposed on the other. Loewald (1979), for example, stressed how, by becoming adult and independent, a child inflicts upon their parents the suffering of being less of an authority over the child. In this view, irrational guilt is an attempt to preserve the relationship with early objects even if this happens at the cost of inhibition, symptoms, and suffering.

Similarly, recent developments in social, developmental, and evolutionary psychology have redefined guilt as an interpersonally driven emotion based on

feelings of care for important others and on the need to preserve one’s own bonds with them (Baumeister et al., 1994; Drummond, Hammond, Satlof-Bedrick, Waugh, & Brownell, 2017; Faccini, Gazzillo, Gorman, De Luca, & Dazzi, 2020; Gazzillo, Fimiani, De Luca, Dazzi, Curtis, & Bush, 2020a; Tangney & Dearing, 2002). According to this view, guilt derives from empathic concern for a person in distress combined with a feeling of responsibility for that distress that is felt even when the person has no responsibility or power to change the situation (Hoffman, 2001). Guilt is experienced because an action or an omission, real or imagined, *is believed* to be hurtful for another person.

Moreover, authors in the fields of evolutionary and developmental psychology (e.g., Drummond et al., 2017; Engelmann & Tomasello, 2018; Tomasello, 2016; Zahn-Waxler & Kochanska, 1990) have emphasized the *adaptive functions of guilt*. From an evolutionary point of view, guilt derives from the evolution of the human species as a eusocial species and it is functional to group survival (Davidov, Vaish, Knafo-Noam, & Hastings, 2016; Haidt, 2012; Tomasello, 2016; Wilson, 2015). In fact, this emotion, aroused by behaviors that the individual judges as morally inadequate or uncooperative, deters the individual from acting egoistically and promotes reparative behavior aimed at ameliorating the harm caused to the other, amending the possible damages to the relationship and to the individual’s reputation (Chudek & Henrich, 2011; Tomasello, 2014). Guilt, with its reparative focus, is a powerful motivator for prosocial behaviors, such as helping, cooperating, and sharing (Malti et al., 2016; Tangney & Dearing, 2002; Vaish, Carpenter, & Tomasello, 2016).

This redefinition of guilt is critical to our understanding of survivor guilt because the emotion is an intrinsically interpersonal phenomenon that arises out of the transaction between individuals who share a common experience and who care about each other’s wellbeing. In this context, the recognition that someone close to an individual suffers from a disadvantage that the individual has somehow managed to overcome is a sufficient condition to elicit guilty feelings, regardless of the intention to hurt (Baumeister et al., 1994). Survivor guilt, which is particularly connected to the violation of the principle of equity (Haidt, 2012), rectifies imbalances in competition and leads people to engage in altruistic behavior aimed at restoring equity (O’Connor et al., 2000). However, sometimes, the attempts to restore equity may result in irrational self-sacrificing behaviors, and survivor guilt can become a source of suffering, inhibitions, and symptoms.

Survivor guilt and traumatic events

The concept of survivor guilt was introduced to the psychiatric literature by Nederland (1961, 1968, 1981), who described the intense suffering of Holocaust survivors due to their severe guilt about surviving their loved ones and families. These survivors carried with them “the ever present feeling of guilt, as accompanied by conscious or unconscious dread of punishment, for having survived the very calamity to which their loved ones succumbed” (Nederland, 1961, p. 238). These survivors unconsciously perceived their survival as unfair, as something that must be justified, and as a betrayal of their loved ones who died, even if they neither did anything aggressive nor had any aggressive feelings toward them. The appraisal underlying the guilt in these people was the belief that they did not deserve the privilege of being alive; that they did not deserve a different fate from that of their loved ones. Nederland (1981) also argues that the symptoms reported by survivors could be understood as identifications with loved ones whom the survivors believe they ought to have died alongside. Survivors often appeared and felt as though they were the living dead.

In memoirs written by Holocaust survivors, there are many testimonies of the guilt, shame, and grief that the experiences in the camp left in survivors as an overwhelming and unbearable inheritance (e.g., Kertész, 2004; Levi, 1989; Wiesel, 2006). For example, Primo Levi, in his book *The drowned and the saved* (1989), which recounts his experience as a prisoner in the concentration camp of Auschwitz, writes, “We survivors are not only an exiguous but also an anomalous minority: We are those who by their prevarications or abilities or good luck did not touch bottom” (Levi, 1989, p. 83). He continues, “I felt innocent, yes, but enrolled among the saved and therefore in permanent search of a justification in my own eyes and those of others” (Levi, 1989, p. 82). Because there is no merit in fortune and even less in enduring prevarication, the survivor unconsciously accuses themselves of being alive in place of others or at the expense of others, no less deserving or, indeed, more deserving to live than them.

Survivors also struggle against the blame that they did not do enough to save their loved ones and that they failed in terms of human solidarity. In the same book, Levi (1989) recounts an episode where he was the protagonist. He tells us of a time when he and other companions were working on a construction site and that, at that time in the camp, water was scarce, and the prisoners reached the work site in the grip of tremendous thirst. While he was working, Levi saw a pipe along a wall from

which water was dripping. This is how Levi describes the conflict that occurred to him:

I could have drunk all of it immediately; that would have been the safest way. Or save a bit for the next day. Or share half of it with Alberto. Or reveal the secret to the whole squad. I chose the third path, that of selfishness extended to the person closest to you, which in distant times a friend of mine appropriately called us-ism. We drank all the water, in small, avaricious gulps, changing places under the spigot, just the two of us. On the sly. But on the march back to camp at my side I found Daniele, all gray with cement dust, his lips cracked and his eyes feverish, and I felt guilty. (Levi, 1989, p. 80)

Even years after that incident, “the veil of that act of omission, that unshared glass of water, stood between us, transparent, not expressed, but perceptible and ‘costly’” (Levi, 1989, p. 81). As this example suggests, survivor guilt can even emerge when a man forced by circumstances takes actions aimed at preserving his own survival as acting uncooperatively or denying help to others in need.

Elie Wiesel, in his autobiographical novel *Night* (2006), which recounts his experiences in the concentration camps of Auschwitz and Buchenwald, also describes how, to survive the hell of the concentration camps, after losing strength and faith, the only approach that remained was to regress to the blindest individualism, caring only about oneself and one’s own fate. However, the betrayal of interpersonal ties and the denial of his own humanity imposed a costly burden of shame and guilt. In the presence of his exhausted and agonizing father, Wiesel thought, “If only I were relieved of this responsibility, I could use all my strength to fight for my own survival, to take care only of myself. . . . Instantly, I felt ashamed, ashamed of myself forever” (Wiesel, 2006, p. 106). Similarly, in another passage, Wiesel reports his thoughts: “Too late to save your old father. . . . You could have two rations of bread, two rations of soup. . . . It was only a fraction of a second, but it left me feeling guilty. I ran to get some soup and brought it to my father” (Wiesel, 2006, p. 111). In these testimonies, it is evident that survivor guilt is the result of a conflict between the need to preserve one’s own life and ensure one’s own survival and the need to preserve bonds, based on a human prosocial sensitivity that promotes altruism and cooperation (Gazzillo et al., 2020a). Furthermore, these testimonies highlight how survivor guilt emerges even when the individual has no real power to influence the situation (Hutson, Hall, & Pack, 2015; Tangney & Dearing, 2002), suggesting that it is not necessary to have the intention to hurt in order to feel guilty, and that it is sufficient to recognize each other as fellow human beings

and the other as equally deserving of a different fate than the one that befell them (Baumeister et al., 1994).

Empirical research suggests that survivor guilt is a common phenomenon in individuals who escaped severe traumatic events. Survivor guilt has been observed not only in survivors of concentration camps (Berger, 1977; Niederland, 1981), but also in survivors of the Hiroshima disaster (Lifton, 1968), in veterans of World War II and the Vietnam War (Davidson, Kudler, Saunders, & Smith, 1990; Hendin & Haas, 1991; Marx, Foley, Feinstein, Wolf, Kaloupek, & Keane, 2010), in Nigerian soldiers (Okulate & Jones, 2006), in survivors of natural disasters (Krug et al., 1998) such as hurricanes (Grant, Hardin, Pesut, & Hardin, 1997) and earthquakes (Carmassi et al., 2017; Wang et al., 2018), in maritime accident survivors (Joseph, Brewin, Yule, & Williams, 1991), in industrial accident survivors (Hull, Alexander, & Klein, 2002), in patients with chronic myelogenous leukemia undergoing bone marrow transplantation who experienced the death of a hospital roommate undergoing the same surgery (Patenaude & Rappeport, 1982), in cancer survivors (Glaser, Knowles, & Damaskos, 2019), in kidney disease survivors (Vamos, 1997), and in HIV-negative gay men (Boykin, 1991; Wayment, Silver, & Kemeny, 1995). Consequently, survivor guilt is also frequently associated with posttraumatic stress disorder (PTSD). In a British study on the incidence of survivor guilt in a clinical sample of patients diagnosed with PTSD, it was found that 90% of those who had survived an event in which other people died reported feelings of survivor guilt (Murray, 2018). Given the high incidence of the phenomenon among trauma survivors diagnosed with PTSD, in the fifth edition of the *Diagnostic and statistical manual of mental disorders* (DSM-5; American Psychiatric Association, 2013), guilt is listed as an associated descriptive feature of PTSD and is described as a persistent negative trauma-related emotion.

In research studies on victims of traumatic events, the term “survivor guilt” is generally used to indicate feelings of guilt over being spared from harm and having remained alive or uninjured in a circumstance in which other people died or were physically or psychologically injured. However, this conceptualization is not broad enough to include situations where survivor guilt arises as a consequence of events other than severe traumas. In fact, it seems that survivor guilt may emerge in any situation where people become aware that others are suffering from the disadvantages that they have somehow managed to escape, or where people have any advantage in

terms of success, fortune, wellbeing, happiness, or positive qualities that a loved one does not. The evidence for this is particularly clear if we look at the results of several social psychology studies.

Survivor guilt in everyday life and the influence of culture

Research studies in social psychology have repeatedly shown that the situation of being superior to others is emotionally and socially complex because it has the potential to be both desirable and undesirable (for a review, see Exline & Lobel, 1999; Parrott & Rodriguez Mosquera, 2008; Tresemer, 1977; Zell & Exline, 2014). Outperforming others can have beneficial emotional and social effects such as increasing satisfaction and self-esteem, conferring status, and confirming one’s success or superiority (Wills, 1981). However, it also has an unpleasant side that involves potential interpersonal risks. People have not only self-fulfillment and self-enhancement goals but also relational goals (Baumeister & Leary, 1995; Bowlby, 1979; Liotti, Fassone, & Monticelli, 2017), such as the goal to feel socially connected, to feel a sense of belonging, or to establish and maintain secure and stable attachment and care relationships. Therefore, successful individuals may feel uncomfortable or distressed if the people that they have outperformed seem discouraged or become resentful and hostile, or if their higher status risks damaging their relationship with them.

Research on social comparison has shown that upward comparisons (i.e., comparisons against better-faring others) can elicit different emotions depending on how people construct the comparisons (Buunk, Collins, Taylor, VanYperen, & Dakof, 1990; Collins, 1996; Smith, 2000). People may experience feelings of admiration, inspiration, and encouragement, or, in contrast, may experience negative emotions, especially if they focus on the discrepancy between their performance and the outperformer’s performance. In the latter case, the status discrepancy can generate feelings of inferiority associated with shame and depressive feelings, especially if one’s own inferiority is considered to be the cause of the disadvantage and is perceived as stable and immutable. Furthermore, people may experience envy and resentment if the advantage or superiority of the other person is perceived as undeserved and unjustified (Feather & Sherman, 2002; Smith, 2000; Smith & Kim, 2007).

Several studies have highlighted the influence of *cultural factors* on how individuals react to upward comparisons. For example, vertical individualistic cultures (Triandis, 1994; Triandis & Gelfand, 1998), such as North American culture, emphasize

personal success, competition, and priority over others. In these societies, individuals are assumed to have the potential for free choice and agency, are believed to be motivated by a competitive desire for self-enhancement, and are thought to be responsible for their own fate. Thus, individuals are seen as free agents struggling to maximize their benefits in competition with coequals. These social formations, with an ideology of egalitarianism and an ethos of competitive individualism, will incite considerable envy among those who lose in battle (Smith & Kim, 2007). "This is because, given the notion that everyone *could* and *should* succeed, there is no refuge for those who are not successful – no convincing way to say that 'my inferiority is justified'" (Lindholm, 2008 p. 232). In addition, competition creates a zero-sum situation in which one's achievements are at the expense of other people. Vertical individualism is strongly associated with having a zero-sum view of status (Schoeck, 1969). Therefore, the more one values the importance of success, the more one believes that success is a limited resource and that the success of one person implies the failure of another person. This leads people to see others as more envious and to be more afraid of being envied (Parrott & Rodriguez Mosquera, 2008).

For these reasons, although achieving personally relevant goals, gaining autonomy, and strengthening self-esteem are expected to be positive experiences, an increasing number of studies suggest that individuals often experience discomfort when they outperform others because they are concerned about how the others will react to their higher status. Exline and Lobel (1999) coined the term "Sensitivity to be a Target of a Threatening Upward Comparison" (STUUC) to denote one's concern or discomfort about those who appear to be threatened by one's superior performance.

Within the STUUC framework, three conditions must be met for a person to experience this state of distress (Exline & Lobel, 1999). First, the person must perceive that they are the target of an upward comparison, that is, believe that another person sees them as an outperformer in some domain. People can experience STUUC distress in a wide range of situations, such as when they get better grades or a better job, perform better in sports, get awards and recognition, have talents and personal qualities that another person lacks, have a more satisfying social or sentimental life, have more self-control, are happier or healthier than others, or have escaped some tragedy or failure (Boykin, 1991; Exline & Zell, 2012; Exline, Single, Lobel, & Geyer, 2004; Exline, Zell, Bratslavsky, Hamilton, & Swenson, 2012; Hamann et al., 2008; Henagan, 2010; Henagan & Bedeian, 2009; Rodriguez

Mosquera, Parrott, & Hurtado de Mendoza, 2010; Tibben et al., 1992).

Second, the outperformer must believe that the person making an upward comparison feels threatened by the outperformer's superior status because they see the status discrepancy as a threat to their self-esteem and personal interest. Although outperformed persons may try to hide their feelings of envy, inferiority, and hostility (Smith, 1991), in some cases, they give clear feedback to the outperformers on how they are responding to the status discrepancy. The most common forms in which these feelings may be communicated include hostile gazes, sarcastic or critical comments, denials of the superiority of the other person, and expressions of longing or sadness. Sometimes these feelings may be inferred from the absence of expressions of interest, such as when the outperformed person's behavior seems unusually cold and distant or their attempt to be happy for the outperformer is not persuasive (Parrott & Rodriguez Mosquera, 2008; Rodriguez Mosquera et al., 2010).

Finally, the outperformer must feel concerned about some aspect of the outperformed person's response. When outperformers feel threatened by an upward comparison, their responses may give rise to different kinds of concern, sometimes focused on the wellbeing of the surpassed person and other times on themselves, on the relationship, or a combination of these.

Outperformers may be concerned about the wellbeing of the surpassed person if they believe that this person is experiencing sadness or discouragement (Richins, 1991; Wheeler & Miyake, 1992). The sadness of the surpassed person can elicit empathy and negative sympathetic affects in outperformers, as well as guilt if outperformers feel responsible for the surpassed person's unhappiness (Exline & Lobel, 2001; Exline, Zell, & Lobel, 2013; Henagan, 2010; Parrott & Rodriguez Mosquera, 2008). The more intense and undeserved the suffering of the other person appears, the more intense the empathic concern and guilt about their suffering and misfortune (Exline & Lobel, 1999; Smith, 2000).

Furthermore, the outperformer's concerns may be self-focused if their superior status generates malicious envy and resentment in others. Malicious envy elicits in the envious person the motivation to level status differences by pulling down the envied person (van de Ven, Zeelenberg, & Pieters, 2009). Thus, the outperformer may experience anger or fear if they encounter or anticipate hostile reactions or retaliatory actions by others. However, the potential to generate malicious envy and resentment in others seems to be closely related to the perception that this status difference is unfair and that the

advantage obtained by the outperformer is underserved (Feather & Sherman, 2002; van de Ven et al., 2009).

Although outperformers may not fear explicit retaliation, they may fear that their superior status will lead to conflict or a disruption of their interpersonal relationships. In this case, the worry is related to the fear of social exclusion and rejection by a person or group (Coleman, 1985; Cross, Coleman, & Stewart, 1993; Cross, Coleman, & Terhaar-Yonkers, 1991; Horner, 1969; Ishiyama & Chabassol, 1984). Indeed, several studies suggest that the outperformer's behavior (i.e., their performance and self-presentation) is influenced by whether the expectation is that the result achieved will be met with approval or disapproval by others (Argote, Fisher, McDonald, & O'Neal, 1976; Jellison, Jackson-White, Bruder, & Martyna, 1975).

In summary, STUUC distress describes an emotional state of distress that results from being the target of an upward comparison perceived as threatening by another person or group. It is associated with different emotions, ranging from empathic sadness, guilt, and fear, to defensive anger or feelings of loss and loneliness. However, STUUC individuals most often experience a range of concerns that may coexist with positive reactions to outperformance (Exline & Lobel, 2001; Koch & Metcalfe, 2011).

Being the target of an upward comparison generates more concern when the outperformer overcomes a person with whom they have or wish to have an intimate relationship than when they overcome a stranger (Exline & Lobel, 2001; Rodriguez Mosquera et al., 2010; White, Sanbonmatsu, Croyle, & Smittipatana, 2002). Research has shown that envious social comparisons can be a source of discomfort and conflict in almost any significant relationship, including friendships (e.g., Exline & Lobel, 2001), romantic and family relationships (e.g., Beach et al., 1996; Beach, Tesser, Fincham, Jones, Johnson, & Whitaker, 1998), school relationships (e.g., Cross et al., 1991; Exline et al., 2004), and work relationships (e.g., Henagan, 2010; Henagan & Bedeian, 2009).

In the context of significant or intimate relationships, it is highly likely for the outperformer's concerns to be focused on the negative implications that their superior status has for the outperformed person's self-esteem and to be associated with the desire to protect their feelings and personal image and to prevent possible conflicts or relationship breakdowns (Exline & Lobel, 2001; White et al., 2002). Individual differences in how much the outperformer cares about the other's feelings predict the level of distress resulting from outperformance and the attempts to spare the other (Zell & Exline, 2014).

One of the most studied variables is *sociotropy*, which refers to excessive concern with pleasing others, obtaining their approval, and maintaining harmonious social relationships (Robins, Ladd, Welkowitz, Blaney, Diaz, & Kutcher, 1994). Individuals with high sociotropy show high interpersonal sensitivity and an excessive fear of hurting others and of being rejected and criticized by them (Sato, 2003). Several studies suggest that individuals with high sociotropy show greater concern about negative responses from outperformed people (Exline et al., 2004, 2012), have expectations of greater distress in the outperformed people (i.e., anxiety, sadness, and guilt) in response to hypothetical outperformance scenarios (Exline & Zell, 2012), and are more likely to appease a colleague in a laboratory experiment in which they obtained better results (Zell & Exline, 2014).

Overall, these studies suggest that the salience of the relational goals increases the concern and desire to protect the feelings and personal image of the person who fares poorly and to avoid conflict and relationship breakdowns through behavior designed to appease the other. More importantly, these studies point out that it is not necessary to have experienced extreme traumas to feel a deep survivor guilt.

How people can deal with survivor guilt

Several studies (for a review, see Zell & Exline, 2014) suggest that outperformers try to spare outperformed others the negative outcomes of upward social comparison. They often use a variety of strategies that are based on: (a) *lowering their own status* (cf. self-devaluation), (b) *raising the surpassed person's status* (cf. idealization of the other), or (c) *framing the relationship as a cooperative one rather than a competitive one* (cf. reaction formation).

Some *self-lowering strategies* seem designed to convince others that the outperformer is not actually superior. For example, high performers can hide their achievement from the eyes of those who are less successful (Arroyo & Zigler, 1995; Brigham, Kelso, Jackson, & Smith, 1997; Cross et al., 1991; Daubman, Heatherington, & Ahn, 1992; Exline et al., 2004; Heatherington, Daubman, Bates, Ahn, Brown, & Preston, 1993; Tal-Or, 2008); avoid that topic in conversation, change topic, or leave when the topic is discussed (Exline & Lobel, 2001; Exline et al., 2013; Henagan & Bedeian, 2009; Parrott & Rodriguez Mosquera, 2008); play dumb (Gove, Hughes, & Geerken, 1980); attribute their success to luck rather than taking credit for it (Berg, Stephan, & Dodson, 1981); or try to balance superior performance with critical and negative statements

about themselves (Coleman & Cross, 1988; Cross et al., 1991; Zell & Exline, 2010, 2014). Another strategy consists in performing worse than one is able, which is an idea emphasized in literature on the fear of success (e.g., Horner, 1969, 1972; Tresemer, 1977) and in recent social psychology studies (see, for example, White et al., 2002). Finally, another self-lowering approach implies behaving modestly, minimizing the circumstance, importance, or value that is a source of envy for others, or stating that one's superiority in a certain domain is not worthy of envy (Parrott & Rodriguez Mosquera, 2008).

Other-enhancing strategies are aimed at reducing the status discrepancy by raising the outperformed person's status. Some other-enhancing strategies seem to convey to the surpassed person the message that their inferiority in a certain domain is of no importance because they can rely on many other strengths and qualities. For example, the outperformer may compliment the outperformed person or note that the outperformed person is superior in other domains (Parrott & Rodriguez Mosquera, 2008); ask the outperformed person for help or advice related to another domain (Santor & Zuroff, 1998); communicate to the outperformed person by providing encouragement and hope that they, too, can obtain success (Parrott & Rodriguez Mosquera, 2008); or actively try to help the outperformed person become more successful (Batson, Klein, Highberger, & Shaw, 1995; van de Ven et al., 2009).

Finally, *relationship-building strategies* are aimed at reducing the threat experienced by the surpassed person by framing their relationship as cooperative rather than competitive. One way to promote a same-team mindset is for the outperformer to present themselves as a friend rather than a competitor. For example, people can act friendly towards those that they have outperformed (Rodriguez Mosquera et al., 2010) or share their benefits with them (Parrott & Rodriguez Mosquera, 2008; Zell & Exline, 2010). Sharing is widely used to cope with the fear of envy (Foster et al., 1972). In addition, people can help, give gifts, or do something nice to appease the loser and reduce the potentially destructive effects of envy (Parrott & Rodriguez Mosquera, 2008; van de Ven et al., 2009).

To sum up, faring better than others, in any area, is an emotionally and socially complex experience. When the superior status of a person poses a threat to others, it is likely for those who are better off to feel empathy for others' suffering, and misfortune and guilt if they feel responsible for their distress. The feelings of empathy and guilt are more intense when the suffering of the other person appears to

be intense and undeserved, and are also more likely when the person who is worse off is someone with whom the outperformer has a significative and intimate relationship. These emotions increase the desire to alleviate the other person's negative feelings and to avoid conflicts or breakdowns in the relationship. However, trying to spare others can be expensive: it can mean giving up status, individual success, time, effort, resources, authenticity, autonomy, or simply the pleasure of enjoying one's success publicly.

Survivor guilt in dynamic thinking

As we have previously seen, traditional psychoanalytic thinking started with the assumption that if a person felt guilty for a success or for being better off, more fortunate, or richer than another person, this kind of "irrational" guilt derived from the fact that, in their being "better" or "more" than another, the person was unconsciously satisfying a destructive drive originally directed against a loved parent or caregiver and then "transferred" onto the person in the present. In other words, the analysts influenced by the hypotheses of Freud (1916, 1922, 1925, 1929) and Klein (1935, 1957) thought that guilty feelings had to be connected to unconscious destructiveness. However, starting with the studies conducted by Niederland (1968, 1981) and the clinical observations of authors such as Modell (1971), Asch (1976), Loewald (1979), and Weiss (1986), this close link between guilt and aggressiveness was broken. All these authors, each one in their own words, suggest that in order to feel guilty, it is more than enough for a person to believe that in satisfying one of their wishes, they would cause hurt or harm to a loved one. There is no need for the hypothesis that the person "wants," consciously or unconsciously, to hurt a loved one for them to feel guilty. And even if factors such as a person's inborn aggressiveness or defense mechanisms such as projection could play a role, these authors stress the importance of the actual reactions of the infantile objects, at least as perceived by the child, in stirring up guilt. In other words, they disagree with Freud's hypothesis that if a person feels guilt without having committed any sin, there must be an unconscious sin that makes this guilt legitimate. According to these authors, for guilt to emerge, it is more than enough if, for whatever reason, the person consciously or unconsciously believes that they are hurting another person. And people develop their core beliefs during the developmental period, when they tend to think egocentrically, to attribute to themselves more power than they have when their more relevant motivation is attachment.

In addition, in dynamic literature, it is easy to find how several defense mechanisms may be employed to reduce survivor guilt, and these mechanisms go from relatively primitive defenses, such as devaluation and idealization, to neurotic or higher level defenses, such as rationalization, reaction formation, displacement, identification with the other, and altruism (A. Freud, 1937; Kernberg, 1986; Kohut, 1971; Perry, 1990).

Unlike social psychologists, however, since the beginning, psychoanalytic authors have highlighted that survivor guilt and the beliefs that support it may be completely *unconscious* and may play an important role in psychopathology (Bush, 2005; Friedman, 1985; Modell, 1965, 1971; Weiss, 1993; Weiss, Sampson, & The Mount Zion Psychotherapy Research Group, 1986). As representative of a “fundamental human conflict” (Modell, 1971, p. 340), survivor guilt is a transdiagnostic phenomenon that may lead to renouncing healthy developmental goals if the person believes that reaching these goals may threaten important others’ wellbeing (Bush, 2005; Weiss, 1993; Weiss et al., 1986).

According to control-mastery theory (CMT; Gazzillo, 2021; Silberschatz, 2005; Weiss, 1993; Weiss et al., 1986) – a relational, cognitive-dynamic theory of healthy and pathological mental functioning and psychotherapy – traumatic and adverse experiences during one’s developmental period within the context of family relationships may play a fundamental role in strengthening survivor guilt. From these relational experiences, the individual may infer and therefore come to believe that the pursuit of healthy and adaptive goals is a source of envy, suffering, humiliation, and resentment in important others because fate was particularly severe with them or because, on the contrary, it was particularly benevolent and favorable to the survivor. As Modell (1971) also points out, the survivor does not feel entitled to enjoy their own positive qualities or the good things they have because they unconsciously feel that they have unfairly taken them away from others equally deserving, and that their “superiority” will put at risk the safety of the relationship or will cause suffering in an important other. *Pathogenic beliefs* such as these – which establish a causal link between the success, happiness, satisfaction, good qualities, and fortune of the subject and the suffering, humiliation, or envy of a loved one – may transform survivor guilt into a powerful pathogenic factor.

Given that people suffering from survivor guilt are often completely unaware of it, people “are usually unaware of how they defend themselves against their guilt or when they are suffering from its consequences” (Bush, 2005, p. 44). When guilt is

unconscious, particularly intense, or when people believe that it cannot be alleviated through reparative actions, the individuals may resort to desperate measures in their efforts at restitution. Unconscious efforts at restitution may be based on irrational ideas that another person’s suffering can be redressed by sacrificing themselves, submitting to the injured person’s wishes, or taking on an analogous form of suffering. When people believe that their wellbeing itself is a source of suffering for others, attempts to be altruistic risk being pathological because the altruistic individual may harm themselves without any real benefit to the recipient of the altruistic act (O’Connor, Berry, Lewis, & Stiver, 2012).

Weiss (1993; Weiss et al., 1986), the developer of CMT, noticed how the inhibitions, symptoms, and dysfunctional behaviors exhibited by survivors represent forms of *compliance* or *identification* with other family members towards whom the individual feels unconsciously guilty (see also Foreman, 2018, 2021). Pathological compliance takes the form of self-punishing thoughts, emotions, behaviors, and attitudes, while pathological identification is a person’s imitation of the pathological behavior patterns exhibited by people they believe to be injured by their success. The unconscious goal of these compliances and identifications is to reduce guilt through self-sacrifice and to reestablish loyalty to an injured parent or sibling.

Generally, people who suffer from survivor guilt may inhibit their motivation for self-realization and self-enhancement; may unconsciously sabotage their own success or feel that their success is undeserved, and may be afraid of being considered impostors (Clance, 1985); may punish themselves by engaging in self-destructive behaviors or compromising their happiness in other ways; may be unable to be satisfied with themselves and enjoy the positive things they have; and may experience a sense of emptiness, anxiety, or depression when something positive happens to them. Therefore, survivor guilt may be at the root of many psychic symptoms and dysfunctional behaviors that lead people to feel unhappy and unsatisfied.

The relationship between survivor guilt and psychopathology has also been investigated empirically, revealing significant associations between survivor guilt and a wide range of psychological problems and symptoms, such as somatization, obsessive thinking, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism, and low self-esteem (O’Connor, Berry, & Weiss, 1999). Other studies have revealed that survivor guilt is strongly related to shame, depression, and pessimism (O’Connor, Berry, Weiss, Bush, & Sampson, 1997; see also Meehan,

O'Connor, Berry, Weiss, Morrison, & Acampora, 1996), and submissive behavior (O'Connor et al., 2000; see also O'Connor, Berry, Weiss, & Gilbert, 2002). Moreover, some studies suggest that survivor guilt is also associated with severe PTSD (Henning & Frueh, 1997; Murray, 2018; Okulate & Jones, 2006), drug and alcohol use (Okulate & Jones, 2006), and increased suicide risk (Hendin & Haas, 1991). In addition, recent empirical studies conducted by our group (for an overview, see Faccini et al., 2020; Leonardi, Fimiani, Faccini, Gorman, Bush, & Gazzillo, 2020) show how survivor guilt is connected to the primary emotional systems of care and fear and to emotional empathy more than to cognitive empathy; it negatively affects subjective wellbeing, and mental health, and is associated with pathological worry and rumination. Moreover, survivor guilt is negatively correlated with therapeutic alliance, in particular with the ability of patients to pursue their therapeutic goals and to carry out their therapeutic tasks, and it is stronger in people who feel that their parents were burdened by the need to take care of them, had emotional problems, asked their children to take care of them, or were perceived as having been hurt by their children's need for independence. The more a parent was perceived as unhappy and needy, the stronger the likelihood that the child develop an intense survivor guilt.

The conceptualization of survivor guilt according to CMT can be easily integrated within the framework built by the research studies in evolutionary, moral, and social psychology described above. According to this emerging framework, survivor guilt is one of the expressions of an inborn and universal sensitivity to the problem of "inequity" in the distribution of resources within the group a person feels they belong to. Other factors being equal (the actual reactions of other people to the "advantage" of the person, the culture the person lives in, the relationships that the person has with the "loser," and so on), survivor guilt will be stronger in people who, during their developmental period, in order to adapt to their environment, had to develop the pathogenic belief that, by having this "advantage," they would hurt the people they loved. This belief may be conscious, but most of the time it is unconscious. Within this framework, it is possible that the factor of sociotropy is correlated with the amount of empathy that a person tends to feel toward less successful people and to the relevance of motivations such as attachment and care within each person's psychology – all factors

that have been empirically shown to correlate with survivor guilt.

A brief clinical vignette can clearly present several of the facets of this view.

A brief clinical exemplification¹

Kim, a 23-year-old woman, comes to therapy because she has just ended an eight-year relationship with a man who introduced her to the world of illegal drugs. She does not know who she is or which direction to turn in life. She is enrolled in college but is far behind in her exams, and has no friends except a few acquaintances with whom she uses drugs. Kim spends her days injecting heroin in the solitude of her room until she loses consciousness. However, she leaves a candle burning at night – a sign of hope, a sign that something good can still happen – as she contemplates stopping her addiction and asking for help.

Kim grew up in a severely disordered family context, with a mother who was extremely devaluing, demanding, incapable of protecting her children, and chronically suffering; a weak father who oscillated between absence from home and submission to his wife; and her two brothers, both victims of their mother and dependent upon her. Kim's mother spent her entire existence cultivating ideas of her own greatness while leading an isolated and unproductive life. She showed sudden outbursts of anger and aggression, during which she blamed her husband and children for her unhappiness and despair, and then withdrew for days in the darkness of her room, leaving her children outside to beg for her forgiveness.

Kim and her two brothers were victims of repeated humiliation and devaluation, emotional neglect, and physical abuse by their mother. Their mother demolished Kim's self-esteem by constantly comparing her with other people's children who had qualities she inevitably lacked. Kim grew up feeling inadequate, wrong, a reject, feeling that she had nothing good to offer to others and that she was responsible for her mother's suffering. She imagined that her mother would have wanted to have children different from her and her siblings. Kim felt that she could obtain her mother's love only if she were able to correspond to her ideal of the brilliant and successful woman that she proposed to her, but even when she tried to please her mother, Kim's achievements or external recognition gave her fleeting satisfaction, or triggered competitive and dismissive responses, revealing her mother's insistence on always seeing

¹This case was in treatment with Francesco Gazzillo. The clinical material has been disguised.

Kim as needy and incapable. For example, when Kim was in high school, she reported to her mother that a teacher had praised her for her critical thinking and her mother replied, “Well, this teacher hasn’t met me yet.” Or, when Kim told her about the good grades she got at the end of the school year, hoping to find in her eyes the pride that her mother had never been able to show to her, her mother, sitting on the couch, without even looking away from the TV, told her, “Wait a minute. They’re saying on the news that a man killed his whole family,” and added that if she had had the chance to go to school, she would surely have done better.

In the absence of alternative relational experiences that mitigated these feelings of worthlessness, shame, and guilt that Kim experienced, she ended up increasingly withdrawing to the confines of a toxic relationship with her boyfriend and associating with people who, although not esteemed, made her feel accepted.

From these *relational experiences*, Kim had developed a variety of contradictory *pathogenic beliefs* (see Gazzillo, Dazzi, De Luca, Rodomonti, & Silberschatz, 2020b; Gazzillo, Dazzi, Kealy, & Cuomo, 2020c). Her main belief was that she did not deserve esteem, protection, or love because she lacked good qualities and was unable to offer anything of worth to other people. Moreover, autonomy and dependence were both dangerous for her: Kim felt she could not depend on anyone for fear of burdening them or being hurt by them, but at the same time she believed she could not be autonomous for fear of humiliating her family members, who were all dependent upon her mother. Similarly, Kim believed that achieving success was the only way to obtain her mother’s love, but simultaneously, she unconsciously believed that if she did achieve it, her mother and brothers would suffer and feel humiliated. These pathogenic beliefs fueled *feelings of self-hate* and *survivor guilt*.

Kim’s goals for therapy included stopping her addiction, graduating, building healthy friendships, improving her self-esteem and her ability to regulate negative emotions, and finding and pursuing long-term goals. As evidence of her robust motivation to change, during her therapy, Kim strongly challenged her pathogenic beliefs in the hope that the therapist would provide her with responses different from the traumatic ones of her parents, legitimizing her in the pursuit of her healthy goals and protecting her from her unconscious need for punishment for all the sins she thought she had committed and for the bad qualities she thought she had.

According to CMT, the healthy and adaptive goals patients want to pursue, the pathogenic beliefs they want to disconfirm, the traumas they want to

master, the possible ways they will test their pathogenic beliefs, and the things they would like to understand about themselves (insight) constitute the core elements of the unconscious plan patients want to carry out to get better (Gazzillo, Dimaggio, & Curtis, 2019; Weiss, 1998). Research designed to test these hypotheses has empirically demonstrated that therapist communications and interventions that support the patient’s plan have a positive impact on the patient in the short term and correlate with a positive treatment outcome (see Silberschatz, 2005, 2017).

Kim’s therapy, which took place three times a week, can be divided into two macro-phases: during the first three and a half years, Kim worked on questioning the self-hate beliefs that supported many of her symptoms; and the last year and a half revolved mainly around reducing the burden of survivor guilt and the impact it had on her wellbeing. As Kim moved away from her traumatic past, stopping her addiction, successfully getting her master’s degree, and building healthier relationships with like-minded people, the manifestations of her survivor guilt became more and more pronounced. As the only one in her family to have escaped a fate of unhappiness and of failure in schooling and work, Kim felt an enormous amount of guilt concerning her brothers and parents, and she would atone for her survivor guilt by punishing herself every time she met one of her goals. On these occasions, Kim was unable to feel any satisfaction and often felt depressed and stayed in bed for days, showing a clear identification with her mother. She tended to avoid the topic when she was with family members, downplayed the value of her achievements, or highlighted the costs of her success in terms of sacrifice and strain. Otherwise, she found herself giving in to the pressures of her less fortunate brother, eating junk food with him to prevent him from feeling lonely in his misery. Moreover, Kim would “inexplicably” find herself fighting with a family member, destroying any chance of being happy. She was also afraid of causing envy and resentment in her family and frequently had fantasies of a man catching her off guard and slitting her throat. On other occasions Kim would identify with her less fortunate brothers, turning the situation upside down by feeling envious of some of the qualities of her brothers that she thought she lacked, or by envying their close relationship with their mother from which Kim felt excluded.

Because she could only maintain a relationship with her mother if she remained dependent, incapable, and in need of her guidance, Kim discounted her success with deep feelings of loneliness or by resuming that role, consulting her mother to get

advice from her on matters that Kim had learned to deal with on her own. Kim also punished herself by bringing up memories of past humiliations or shameful situations that reminded her that, after all, she was no different from the “old Kim.” Or she would feel ungrateful for her family members and end up ruminating on the possible things she could do to make them feel better and improve their situation. She often submitted to her mother’s wishes, giving up her days off to help her with some housework even though she would have preferred to go out with friends and have fun.

As we have seen, Kim used a variety of strategies to deal with her unconscious survivor guilt based on *lowering her own status* by downplaying herself or the value of her achievements, *enhancing the status of those she believed were hurt by her success* by attributing to them abilities and leadership qualities that they did not actually have, *restoring a closeness with them by being with them in their pain and unhappiness*, submitting to the wishes of the hurt person, or *ruminating on possible ways to improve their situation*. According to CMT, these strategies are both manifestations of *compliance* due to the pathogenic belief that she did not deserve a better life than her less fortunate brothers and parents, and manifestations of *identification* with them.

Kim sabotaged opportunities to enjoy her achievements and unconsciously identified with family members in an attempt to preserve a closeness with them that was otherwise impossible to achieve. In addition to understanding the self-punitive function of her behaviors, it was important in therapy to provide her with corrective emotional experiences. Indeed, within the therapeutic relationship, Kim used to test her belief that she did not deserve a better life than her family members, trying to understand whether the therapist, like her family members, felt humiliated and hurt by her success. Kim tested her belief by enthusiastically recounting her achievements and then checking whether there was any ambivalence in the therapist’s reactions to her happiness. She needed someone to joyfully share these moments with her, and the fact that the therapist was genuinely proud of her allowed her to feel that she deserved them and to learn to enjoy her achievements more peacefully.

Conclusion

Survivor guilt is a universal moral emotion that inhibits within-group inequity, promotes cooperative and prosocial behavior that dampens the potentially destructive effects of envy, and can help improve the situation of in-group members who are worse off by providing a levelling mechanism that ensures

a fair distribution of resources. However, when amplified by pathogenic beliefs developed to adapt to traumatic and adverse experiences, it may become maladaptive and a source of psychological problems and symptoms.

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