

Dear Reader,

Although inspired by the events of September 11, the following paper is a discussion of the kinds of guilt that may occur following any traumatic event. The paper includes an examination of actual culpability as well as the sense of culpability found in many trauma survivors. It offers some possible methods of dealing with guilt.

Although it is difficult to speak using every one's voice in a single paper, with Joyce Boaz's excellent feedback, the paper has been organized and written so that it may be helpful to survivors as well as to mental health professionals. It is important to recognize that the paper is divided into three segments: 1) understanding and assessing guilt, 2) guilt after surviving, and 3) guilt for actions taken or not taken that endanger others. The first and second segments may be most relevant to individuals who experienced events such as the terrorist acts of September 11 and Oklahoma City and school shootings such as Columbine. We hope that it will be helpful to those who have survived traumatic experiences and to the professionals who treat them.

Best wishes.

*Sincerely,
Kathleen Nader, D.S.W.*

Guilt Following Traumatic Events

by Kathleen Nader

Guilt is a common response following loss and/or traumatic experiences with significant victimization (e.g., after terrorist acts, war, personal victimization). When events result in severe traumatic reactions, multiple losses can occur. In addition to deaths, parts of one's own nature (e.g., self-confidence, generosity) as well as resources, circumstances, and expectations can be altered or lost. Guilt can occur not only in relationship to what we ought or ought not to do but in relationship to our views about what we ought to be. What is possible under normal circumstances, however, is often not possible under traumatic circumstances. Therefore, assessing responsibility based on normal conditions for what happened during traumatic events may result in faulty assessment.

This paper is divided into three segments: understanding and assessing guilt, imagined guilt (e.g., survivor's guilt), and guilt regarding actions taken or not taken that resulted in harm. The third segment may be less relevant to individuals who have survived terrorism and other unanticipated acts of violence (e.g., 9/11/2001, Oklahoma City bombing, Columbine and other school shootings, rape, assault).

Understanding and Assessing Guilt

The emotion of guilt is associated with the realization or perception of wrongdoing (of having violated an important social, moral, or ethical rule; Chaplin, 1975). A person may feel guilty without being consciously aware of it. Conscious and unconscious guilt may act as an underlying factor in behavior, emotions and relationships. Although conscious guilt is experienced as very real, a distinction has been made between "real" (or "active") guilt and "imagined" (or "passive") guilt (Danieli, 1984; Lifton, 1993). Following traumatic events, an

individual may experience “real” guilt for acts of commission or omission that resulted in the physical or emotional endangerment or harm of others. “Imagined” guilt (e.g., survivor guilt, guilt with an element of wishful thinking about one’s ability to act) includes the types of guilt that occur in the absence of having acted harmfully. Both types of guilt include self condemnation, and either can result in harm to self or others (e.g., punishing acts to self or others; the action or elicitation of rejection, disdain and/or punishment).

Following traumatic events, guilt may be a complicated part of traumatic response; it is among the symptoms associated with more pronounced traumatic reactions. Guilt may intensify or complicate trauma and/or grief reactions (Nader et al., 1990; Schwarz and Kowalski, 1992). It also may result in hopelessness, depression and other problems such as self-harm, suicidal feelings, and substance abuse. Resolution and acting in the best interest of both the guilt-ridden and the offended may require the help of a skilled individual (e.g., therapist, clergy or, in some cases, a wise friend).

Unresolved guilt, whether for actual or perceived offenses, can result in a multitude of problems including mental health difficulties, negative responses from others, and disrupted relationships. Guilt can immobilize. It can hinder or prevent well-being, trauma recovery, a normal progression through life, productive action and positive relationships. Recognized or unrecognized guilt can undermine relationships over prolonged periods or affect the kinds of relationships a person attracts to him or herself. It can keep the guilt-ridden individual “stuck” in suffering, depression, and/or self-recrimination. The attitude and demeanor of guilt may elicit reactions from others such as ire, punishment, or victimization. Guilt can punish more than the guilty. It colors interactions and the quality of life for the guilt-ridden and for those whose lives are affected by their moods and behaviors and by the level of their support, goal-setting and productivity.

Like anger, guilt at its best is a mobilizer toward productive action. Staying focused on guilt rather than acting positively and toward resolution can be a way of avoiding facing other issues and emotions. For example, guilt can serve to keep an individual focused on a particular time period (such as the period before something horrible happened). It may give a false sense of control; a sense that the person was able to do something to prevent the harm (“If only I had...”). Guilt may prevent someone from facing other key issues or intense emotions, and, in that sense, may serve as an unrecognized method of avoidance (Chaplin, 1975; Nader, 1997). Unresolved guilt impedes recovery and produces difficulties for more than the guilty.

Terror and Reactions

When endangered, the body responds neurochemically to propel us to protective action (counter-aggression, stillness, or flight). Survival becomes a neuro-biological as well as an emotional imperative. During and after traumatic events, individuals often must find immediate ways to survive. In the chaos, arousal, and propulsion to self-protect, actions may be taken that are later regretted. In the rush to escape or because of the nature of the event, people may be left behind; some who die. It may be essential to move quickly in order to prevent additional loss of life as well as to survive. This was true during and after the terrorist acts of September 11 where some narrowly escaped fires or debris that killed others standing near them. Not knowing how much time there was to flee or that the building would collapse, some people rushed toward exits leaving behind them slower moving individuals such as pregnant women and the disabled. With so many dead, not knowing the fates of those left behind has resulted for some in guilt feelings.

In contrast, others have struggled with the fact that their loved ones did stay behind to help others and were killed with those whom they attempted to save. Studies suggest that, after an event, people overestimate their preexisting predictive knowledge of the event (Fischhoff, Crowell & Kipke, 1999). This overestimation can lead to an inaccurate assessment of culpability.

Following Tragedy and Death

When the death of someone close occurs even under normal circumstances, guilt is a common reaction at individual points in time. This is true even if the connection with the person was a negative one. Traumatic events can increase a sense of connection to those with whom the event was experienced or with people not well known before the event. Previous interactions may become emotionally more significant including those with someone who was little known before a traumatic event who then died in the event.

There are always regrets after someone dies--things said or not said, done or not done. Under normal circumstances, the people whom you cared for or loved knew that you cared even if you aggravated each other. The death of someone close amplifies our awareness of the finiteness of our earthly lives and current relationships. Recognizing this is an opportunity to honor the deceased and others who are close to us by valuing life and relationships and behaving accordingly.

Some kinds of guilt, however, are more complex. A sense of guilt may become entangled with other post-trauma issues such as an amplified sense of connectedness to others with whom the trauma was experienced and/or a disruption of trust and beliefs (Garbarino, Kostelny, & Dubrow, 1991; Lifton, 1993; Nader, 1997, 2001). Traumatic stress shakes up multiple relationships including with oneself, those closest, and the community (Simpson, 1993). We may reexamine and reassess our sense of meaning and belief such as the meaning of the event and the experience, issues of trust, connectedness to others, and the goodness and badness of human beings (ourselves and others; Lifton, 1993). For example, when so many good people die, survivors may reexamine their own goodness (Danieli, 1984).

Trauma or death may intensify (or produce) guilt. For example, there may be a little guilt or discomfort if a friend asked you to come talk and you did not get there before he or she left town. A war veteran described intense and persistent guilt after he failed to arrive in time to hear the last words of his dear friend who had been urgently asking for him (Crocq, Macher, Barros-Beck, Rosenberg & Duval, 1993). In another example, following a sniper attack, an elementary school girl's guilt and trauma reactions were intense and persistent because she had accidentally hit (with a stray dodge ball) a little known peer who later died in the attack (Nader, et al., 1990).

After traumatic events, guilt may be a part of an ongoing sense of helplessness and/or ineffectualness. Very often, people who have experienced a traumatic event are particularly troubled by the fact that they were unable to exert control over what was happening (Carlson & Dalenberg, 2000). Lifton (1993) describes this process as follows:

At the time of the trauma, there is a quick and immediate sense that one should respond according to one's ordinary standards, in certain constructive ways, by halting the path of the trauma or evil, or by helping other people in a constructive way. Neither of these may be possible during extreme trauma. At

the very most, the response that is possible is less than the ideal expectation.... The response to this incomplete enactment can be perpetual self-condemnation. ... self-condemnation that is related to that lingering failed enactment and to a residual, traumatized "self " that is still to some degree in that state of helplessness.... The recovery process involves transcending that traumatized self. (p. 12)

Guilt presupposes the presence of choice and the power to exercise it. Survivor guilt may sometimes be an unconscious attempt to counteract or undo helplessness (Danieli, 1985; Niederland, 1964). The idea that one somehow could have prevented what happened may be more desirable than the frightening notion that events were completely random and senseless (Danieli in Goode, 2001).

We have personal and cultural expectations of how we should think, feel, and behave. Among our values are striving to overcome adversity, to protect others, and to find a way through obstacles. When passengers of the flight that crashed in Pennsylvania on September 11 observed these values, they protected some of the rest of us. During many traumatic situations, however, putting these values into practice is impossible or limited. When the events are over, it may only be possible to do so with varying lengths of intensive, therapeutic work.

The Concept of Guilt through Religious History

Traumatic experiences often raise spiritual questions regarding meaning and purpose, justice and fairness, the power of good over evil, and the nature of God and man (Jordan, 1995). Trauma can cause the survivor to experience the universe as governed by some horrendous evil (Jordan, 1995). Thus for believers and nonbelievers alike, trauma can affect the spiritual core and personal belief system. Laymon (1971) suggests that the purpose of prayerful lament following disaster or suffering is not the disaster itself but the alienation from God that it produces. Tragedy or suffering “break the mood of praise and cut man off from God in radical loneliness.” (p. 257). Prayer then asks for reinstatement and the reduction of conditions that incur a profound sense of separateness (e.g., Psalms 51, 86, 103). Ceremonies as well as prayerful laments are offered to reinstate the connection between individuals and God. They often include a number of the following: praise/honor to God, cleansing, protection, repentance, amends, offering, surrender, forgiveness, and/or communion (e.g., Buddhist puja, Christian baptism/sacraments, Hindu puja, Islamic Ramadan, Jewish Yom Kippur).

The treatment and consequences of immoral or unethical acts have long been addressed by the world’s religions. For the Christian, Islamic and Jewish faiths, when immoral or unethical actions have been committed, confession/repentance, restitution/amends, and atonement are indicated (Bible: Mark 1:5; Bible/Torah: Leviticus 5:5, 6; Koran: 3:89, 4:146, 5:89, 42:25). Following repentance and amends to attain spiritual forgiveness, prayer and/or fasting may be engaged in by the wrongdoer (evil-doer) or by clergy on the wrongdoers behalf (Bible/Torah: Leviticus 6; Koran: 9:5, 9:11; Shu`aib, 2001). In the Roman Catholic Church, the sacrament of reconciliation (“penance” or “confession”) permits the forgiveness of transgressions through the actions of the penitent and the actions of the priest in pronouncing absolution and imposing satisfaction. With true sorrow the confessor presents, to the priest, self-accusations of transgressions and, then, promises to satisfy or make amends for the same. The penitent is at once the accuser, the accused, and the witness, while the priest pronounces judgment and sentence. The grace conferred is deliverance from the guilt of sin/transgression and, in the case

of mortal sin, from its eternal punishment; hence also reconciliation with God. Once a transgression is committed, the guilty party must seek pardon not on conditions of his own choosing but on those which God has determined as assigned by the priest (New Advent, 2001).

In the Jewish faith the relationship with God and the issue of guilt are addressed simultaneously in the Days of Awe or High Holy Days that begin the month preceding and include the days between Rosh Ha-Shanah and Yom Kippur (Strassfeld, 1985).

This period is devoted to a careful examination of who we are in an attempt to become cognizant of the ways we have failed--failed others, failed our own selves, and failed God. This introspection is meant to lead to regret and remorse for the harm we have done, to attempts at restitution when possible, and to turning away from our past selves to better selves who will act differently in the coming new year. We are each meant to be a new and improved version, not just the same old self one year older and deeper in debt. ...This process of teshuvah--repentance--will hopefully culminate in forgiveness--our forgiving those who hurt us; others forgiving us; and finally God forgiving us. It is literally a process of atonement that allows us to become at-one with God and with the rest of humanity. (Strassfeld, 1985, pp. 95-96).

Many spiritual and manmade laws recognize the difference between intentional and unintentional acts (Buddhist: Rahula, 1959, p. 32; Christian/Jewish: Leviticus, 4:1-2, 27; 5:14; Islamic: Koran, 4:17-18). Even in a faith that makes no distinction between the two (i.e., the Hindu law of karma), conscience and the sense of guilt suggest a spiritual awareness (e.g., knowledge of the spirit in others and of the suffering of others; Davis, 2001). Guilt affirms morality (Schiraldi, 2000). True remorse and the cessation of wrongful acts are prerequisite to forgiveness in all of these faiths.

Assessing Culpability for Adults and Adolescents

Culpability for the results of actions taken or not taken during an event may be inaccurately assessed. Victims of traumatic events are often more self-critical than self-supporting (Schiraldi, 1999). A number of methods have been used by therapists to assess an individual's actual level of responsibility in matters of guilt (Figley, 1989; Schiraldi, 1999; Scurfield, 1994). No matter which method is used, it may be difficult to accurately assess culpability without assistance. Most methods of assessment begin with a thorough explication of the event and the circumstances resulting in guilt. Scurfield (1994) developed a technique to help Vietnam veterans and other traumatized individuals to assess their levels of responsibility. The process begins with recounting the event and a personal assessment of culpability. In Dr. Scurfield's group therapy sessions with veterans, the person fully acknowledges, in front of selected others (group members), that for which he or she feels guilty. There is a thorough examination of the individual's and others' responsibilities in the matter and reevaluation of levels of responsibility so that the total responsibility adds up to 100%. The individual (with therapist and/or therapeutic group) then examines the level of suffering that has occurred as a result of the guilt, determines if the debt has been paid, and establishes steps to promote productive payback (with a "non-self-destructive" plan). Regardless of whether previously under- or over-estimated, with the assistance of the therapist, an accurate level of responsibility is determined.

Guilt Reactions in Children and Adolescents

Children are also affected by strong guilt feelings. During an earthquake at lunchtime, part of the roof and the weak south wall of a school cafeteria fell down. As seven year old Timmy ran with his peers to escape, he turned to look back at the falling roof and wall. He saw a little girl lying motionless on a table. He struggled painfully with whether or not to go back for her, but the glass and debris flying toward him ended the debate, and he ran to safety. His sense of shame and guilt were intense and his trauma symptoms severe. In fact, the little girl was already dead when he saw her, and Timmy also would have died if he had gone back. He was unable to function as a student and unable to address the rest of his traumatic experience until he processed his guilt feelings about the little girl.

Assessing responsibility is generally a less formal process with children. Play therapy, sometimes combined with cognitive behavioral approaches, has assisted children to contend with guilt. For example, in trauma/grief focused therapy, in addition to any exploration of what was actually possible during an event, a clinician may skillfully assist a child to play out the action of an experience and to play out fantasied desired actions (Nader & Mello, 2000; Nader & Pynoos, 1991). For some specific types of trauma, corrective dénouement therapy helps the youth to find, in retrospect, a real solution that might have avoided the trauma or stopped the assault. This procedure permits the youth to realize (a) it was not possible to avoid the traumatic event because he or she did not know how; and (b) that the youth now has the coping skills to deal with a similar event (Terr, 1983).

Perceived Guilt

Even in the absence of actual behaviors that endangered others or when there were not actual choices available that would have changed the outcomes of events, some people experience mild, moderate or even severe guilt feelings.

A Sense of Responsibility

Individuals with a sense of responsibility for those around them may be particularly vulnerable to guilt feelings. Among this group are individuals in positions of authority (e.g., administrators, supervisors), positions charged with rescuing or maintaining the well-being of others (e.g., police, firepersons), or who habitually feel responsible for others. For some, responsibility for others is defined as part of the job. People often readily relinquish responsibility to these individuals adding to the sense that it is their charge not only to keep things right but to make things right. As a result, members of this group may feel a sense of failure and guilt even when rescue or well-being are impossible. Julie, a bank manager, was in her office when a novice and frightened bank robber accidentally shot a bank customer and ran out of the bank. Hearing the shot, Julie had her secretary call for help, and she ran out to find the wounded woman bleeding from nose and mouth. Her staff breathed a sigh of relief that she was there. They readily relinquished responsibility to Julie and went with bank patrons to a quiet, safe location in the bank. The wounded woman died before reaching the hospital. Julie's post-traumatic stress reaction was severe. She entered therapy, and her preoccupation with what she should have done dominated her early treatment experience. Her refrain became, "If only..." (e.g., she had been in the banking area instead of doing paperwork, she could have calmed the young man or talked him out of what he was doing, or even taken the gun away). Rumination

about how she could have taken charge of the situation kept her focused on the time before the robber fired his gun.

Survivor's Guilt

After a traumatic event, some joyful thoughts or relief about surviving are normal and reasonable for those who were not directly affected: "Thank God it wasn't me!" "Thank God it isn't happening here." For some of those directly exposed to life threatening events, at least temporarily, there may be elation over having survived. For those affected by the event, traumatic symptoms may appear initially or after the elation subsides. For example, Ben had to keep moving, as quickly as possible, down the World Trade Center stairs in order to survive. Initially, thinking there was no danger, some well-meaning individuals (including his supervisor) sent people back to their offices. Ben had followed a "gut feeling" and left. A large group of other people rushed down along side of him. At one point, a number of people were killed when fire came blazing out of an elevator shaft. Ben barely escaped injury and kept rushing down the stairs. For the first few weeks, Ben was elated to be alive. About a month later, nightmares, repeated mental images of the horrors he had witnessed and other symptoms began to undermine his life.

After someone dies and after traumatic events, "survivor guilt" may occur because (a) individuals feel guilty for surviving or being uninjured when others were killed or injured; (b) they were unable to rescue someone or had to leave someone dying in the disaster; or (c) it was not possible to overcome "the bad guys" (Holen, 1993; Simpson, 1993). Survivors who went through the event may feel guilt because of a notion that bad things happen to people who deserve them and/or because of fear that persuades us to blame the victim (Jenkins, 1985). They also may feel guilt for being unable to control trauma symptoms (Schiraldi, 2000).

Bystander guilt describes the reaction for leading a happy and protected life when others have suffered immensely or for not being able to undo the long-term effects of the suffering (Danieli, 1984). In New York following the September 11 terrorism, self-condemnation has been common unless one could offer energies to help those who have suffered (Lifton in Goode, 2001). For some, the helplessness to undo can result in a generalized sense that no matter what is done, it will not be good enough (Danieli, 1984).

When there is no body to bury (e.g., after the World War II Holocaust; after September 11 terrorist acts), hearts may become the graveyards of the deceased (Danieli, 1984). Danieli suggests that holding on to the pain, shame and guilt is a way of maintaining these internally carried graveyards. It may be feared that successful mourning may lead to forgetting the dead and thereby committing them to oblivion. Thus, guilt may serve a commemorative function and as an expression of loyalty to the dead (Danieli, 1984).

Following traumatic events, contending with strong emotions (such as aloneness, injustice, insecurity) becomes important. Survival guilt may help to counteract some of these feelings by helping to provide a sense of belonging to the culture or group that experienced the event and provide a sense of justice and security in relationship to the world (Danieli, 1984; Klein, 1968). Bonding following traumatic events may occur with or without guilt.

A number of methods have been used to contend with survivor guilt (one set of guidelines is provided in Table 1). Some survivors have met with relatives of the deceased who

wanted news of their missing loved ones. Alexander (1993) suggests that these meetings are often emotional and that professional support is usually valuable. Some survivors have continued with rescue work or other efforts and regained a more balanced perspective about what was possible. Finding a positive approach and positive gains has been of help to some. Long ago, Linda was given a plaque of a beautiful scene with the words, “Bloom where you’re planted.” written on it. At first, she did not like the plaque. Later, she realized that it did not mean she had to stay in her current circumstances but meant that she could create something good from the circumstances in which she found herself. Discovering new resources, new strengths, and new methods of dealing with difficult problems and reaffirming relationships or making new ones has benefited some survivors (Alexander, 1993). Some survivors have benefited from attending support groups (e.g., The American Self Help Clearing House: www.selfhelpgroups.org). Others have built meaningful memorials or found ways of sharing the process of honoring the dead.

In fact, survival is an achievement (Lifton, 1993). It is a tragedy that so many have been killed in violent events. It is a blessing to all of us that no more were killed. Although choices may be limited during a traumatic event, the survivor does have choices after the event. She or he can remain locked in numbness or distress or can use survival as a source of insight and growth (Lifton, 1993). Guilt can be adaptive when it leads to improvements in character and behavior (Schiraldi, 2000). Unprocessed guilt can make recovery difficult. Therapeutic assistance is important for persistent and/or intense guilt as well as other trauma symptoms that disrupt life.

Table 1. A Method for Processing Survivor’s Guilt

Survivor’s Guilt

- Thank goodness, you survived!
 - more people than you know are happy that you survived
 - we are saddened by so many deaths
 - even if the rest of your life seems insignificant to you, we are relieved that you are alive
- Know that there is no offense in surviving
 - it is good to survive
 - it is okay to delight in being alive
- Feel free to reassess your life
 - reassess what is valuable to you
 - make the best of your life
 - . making the best of your life can be a tribute to your survival and to those who died
 - . take the opportunity to reevaluate the meaning of your life
 - . is your life all it can be?
 - . what is or can be your purpose? your talent? your benefit to life?
 - bloom where you’re planted
 - . process the traumatic experience and its associated symptoms with appropriate assistance
 - . put guilt to good use
- If it is in your nature to do so, cherish life

- treasure being alive
 - . whether you survived due to fate, a purpose, luck, chance, or “just did,” long life and kindness are not guaranteed to any of us
 - . each day and each act of kindness can be treasured as gifts
- treasure the best of each day
- be aware of your physical mortality in good and positive ways
- allow that cherishing life may be easier after recovery from trauma
- Recognize the reawakening of old issues
 - survival may have triggered old feelings of worthlessness or unworthiness
 - surviving may have amplified old messages that you received about not being worthy, about being a nuisance, about not measuring up, and/or about not counting
- If guilt persists or disrupts life, seek appropriate therapeutic assistance

Actions that Endanger or Failure to Act when Action is Possible

Intentionally or unintentionally, most of us have committed acts or have failed to act resulting in hurt to another person. The range of offenses varies from slight (e.g., hurt feelings) to severe spiritual, emotional, professional/business, or physical harm to others (e.g., disrupted life, death). This section examines additional issues related to the concept and treatment of guilt after committed or omitted acts that have resulted in harm to others.

The Traumatic Event

In addition to the biochemical reactions that help to direct behaviors during traumatic events (see “Terror and Reactions” above), the circumstances of the event itself may dictate some behaviors. For example, war and prolonged hostage situations may include actions or failures to act that pain the soul. They may require or engender actions for survival or actions that happen in the confusion or fear of the moment.

Judeo-Christian principles generally teach that no one should kill other human beings. Military personnel, however, are directly sanctioned to be agents of killing and maiming and, sometimes, even the physical abuse of prisoners (Scurfield, 1994). Scurfield (1994) describes the soldier’s wartime experience as follows:

...the internal pressures that accumulate on individuals in a war zone, of course, are extremely powerful and vivid. Couple these pressures with repeatedly threatening and crisis situations, an accumulation of traumatic experiences and losses, and inevitably a number of veterans explode into acts of which they are not proud or may be ashamed. When errors in human judgment or in execution of duties occur, resulting deaths and injuries typically invoke severe reactions of guilt and shame and/or profound denial of any adverse emotional reactions. (p. 183)

In hostage situations, terror, isolation, intermittent reward and enforced dependency may create submissiveness and compliance (Herman, 1992; Jenkins, 1985; Nader, in press). After prolonged hostage situations, former captives often feel critical of their own performances during captivity (e.g., for being captured; for cooperating; for not escaping) (Jenkins, 1985; Ochberg & Soskis, 1982). Moreover, in these and other situations, an attachment to the

perpetrator of a crime may develop (often called the "Stockholm Syndrome") and may be among the regretted experiences (Fuselier, 1988; Herman, 1992; Ochberg & Soskis, 1982).

Even though abused children and spouses are held captive by their dependence and lack of alternatives, they often feel guilty for not leaving or preventing their experiences. This form of trauma-bonding is based on terror (Herman, 1992; James, 1994). Its victims commonly feel that their lives are in danger and their abuser is in total control. Relief over survival is often expressed as gratitude toward the perpetrator. The child or spousal victim perceives outside help as unavailable; a dominant person alternates terroristic and nurturing behaviors thus strengthening the bonds; responses such as dissociation, numbing, or self-blame, among others, lead to a confusion of pain and love. The victim's need for attachment overcomes fears (James, 1994).

This discussion of the nature of traumatic events is not intended to minimize the significance of harmful acts to the doer or receiver. Instead, it urges seeking appropriate assistance, making accurate assessments, and engaging in positive, well-considered actions.

Is confession good for the soul?

“Confession is good for the soul” is a phrase that suggests benefits for the spiritual and emotional well-being of the confessor. When told to clergy, a mental health clinician/therapist, or to a lawyer, the privacy of confession is protected by law. In that sense, it is both spiritually and legally confidential. For survivors of stressful events, nonshared memories have been associated with increased guilt, shame, search for meaning and efforts to understand what happened (Finkenauer & Rime, 1998). In that sense and in view of the benefits of therapeutic processing of guilt feelings, the prescription to confess is confirmed. It may be necessary to spiritual and emotional health to confess and make amends when actual offenses have been committed. In order to be good for the confessor, however, it is likely that the confession and its follow-up must be engaged in appropriately and with conviction (see Table 2).

The impact of confession to the offended party rather than or in addition to confession to a trained person is another matter. Confession of a perceived offense may either hurt or help those who are already victimized. Therefore, it is essential to assess the appropriateness and nature of open confession. For the sake of all of those who are involved, it often may be best for confession to be or begin in private with a trusted person. When the sense of guilt is intense and persistent, it is best shared with clergy or counselor until judgment is restored and until there is resolution.

Table 2. Guidelines for Making Amends

Confession and Amends

- Do no harm
 - restore judgment before openly confessing or taking action
 - seek appropriate assistance

- . talk to a trusted person (e.g., skilled friend, clergy, or therapist) regarding your culpability
- . assess the appropriateness of open confession and the need to make amends
- . assess the needs of the people to whom you want to confess
 - + if you are guilty, this is about making things up to them
 - assess the effects of your confession and attempts at amends on the offended
- Face your guilt or sense of guilt head on
 - do not delay or avoid
 - resolve guilt with the assistance of a qualified person
 - assess the level of responsibility accurately and with appropriate assistance
- Be aware of any desire to self punish
 - self punishment is nonproductive; take positive action instead
 - avoid eliciting self punishment even by demeanor
 - avoid putting self in a position to be punished, rejected, or demeaned
 - take positive action that benefits the offended
- When appropriate, make reasonable or generous amends
 - be kind to those offended or wronged
 - be reasonable with yourself
 - avoid stressing or hurting others
 - avoid diminishing yourself inappropriately
 - if you truly caused harm to others, be willing to experience embarrassment and any discomfort that it takes to make appropriate amends
- Recognize guilt's function
 - at its best, guilt serves as a mobilizer to productive action
 - seek appropriate assistance
 - be aware that guilt may mask other emotions
 - discover if guilt is a method of avoiding other emotions
- If guilt is intense or persistent, seek appropriate therapeutic assistance

Conclusions

Whether for acts committed or omitted or for a sense of culpability, guilt can have a significant effect on the spiritual, mental, emotional and physical well-being of the guilty, the offended and others affected by the guilty party's behaviors and attitudes. It can influence demeanor, actions and circumstances. Failure to resolve guilt, can result in a multitude of problems including mental health difficulties (e.g., depression), negative responses from others, disrupted relationships, a more pronounced traumatic reaction, and/or immobilization. Staying focused on guilt rather than acting positively and toward resolution can be a way of avoiding facing other issues and emotions. Without resolution, it can hinder and/or complicate traumatic response and recovery as well as the nature of relationships. Guilt can punish more than the guilty.

With the help of a skilled intervener, the level of culpability and the appropriate actions to take can be thoroughly assessed. Guilt can serve as a mobilizer. It can move us to reexamine ourselves and our actions, and to act in a carefully considered positive manner that benefits the survivor and others who are affected by the event and/or the survivor's actions.

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References

Alexander, D. A. (1993). The Piper Alpha oil rig disaster, (pp. 461-470). In J. P. Wilson & B. Raphael (Eds). [*International Handbook of Traumatic Stress Syndromes*](#). New York: Plenum Press.

Carlson, E. B. & Dalenberg, C. J. (2000). A conceptual framework for the impact of traumatic experiences. *Trauma, Violence, & Abuse*, 1, 4-28.

Chaplin, J. P. (1975). [*Dictionary of Psychology*](#). New York: Dell Publishing.

Crocq, M-A., Macher, J-P., Barros-Beck, J., Rosenberg, S. J. & Duval, F. (1993). Posttraumatic stress disorder in World War II prisoners of war from Alsace-Lorraine who survived captivity in the USSR, pp. 253-261). In J. P. Wilson & B. Raphael (eds). [*International Handbook of Traumatic Stress Syndromes*](#). New York: Plenum Press.

Danieli, Y. (1984). Psychotherapists participation in the conspiracy of silence about the holocaust. *Psychoanalytic Psychology*, 1, 23-42.

Danieli, Y. (1985). The treatment and prevention of the long-term effects of intergenerational transmission of victimization: A lesson from Holocaust survivors and their children. In C. Figley (Ed.), [*Trauma and Its Wake*](#), (pp. 295-313). New York: Bruner-Mazel.

Davis, R. (2001). An informal discussion about guilt and conscience (November 5, 2001) based upon the teachings of the Bhagavad Gita. Richard Davis is a teacher at the Austin Meditation Center in Austin, Texas.

Figley, C. R. (1989). *Helping Traumatized Families*. San Francisco, CA: Jossey-Bass.

Finkenauer, C. & Rime, B. (1998). Socially shared emotional experiences vs. emotional experiences kept secret: differential characteristics and consequences. *Journal of Social and Clinical Psychology*, 17, 295-318.

Fischhoff, B., Crowell, N. A. & Kipke (Eds.) (1999). *Adolescent decision making: implications for prevention programs*, Washington, D.C.: National Academy Press, [Available online]

Fuselier, G. D. (1988). Hostage negotiation consultant: Emerging role for the clinical psychologist. *Professional Psychology: Research and Practice*, 19(2), 175-179.

Garbarino, J., Kostelny, K., & Dubrow, N. (1991). What children can tell us about living in danger. *American Psychologist*, 46, 376-383.

Goode, E. (November 25, 2001). Therapists hear survivors' refrain: 'If only,' (p. 1). *New York Times*, Science Times.

Herman, J. L. (1992). *Captivity. Trauma and recovery*, (pp. 74-95). New York: Basic Books.

James, B. (1994). *Handbook for treatment of attachment-trauma problems in children*. Lexington, MA: Lexington Books.

Jenkins, B. M. (1985). Reentry. In B. Jenkins (Ed.), *Terrorism and Personal Protection* (pp. 426-433). Boston: Butterworth.

Jordan, M. E. (1995). A spiritual perspective on trauma and treatment. *National Center for Post-Traumatic Stress Disorder Clinical Quarterly*, 5, 9-10.

Klein, H. (1968). Problems in the psychotherapeutic treatment of Israeli survivors of the Holocaust. In H. Krystal (Ed.), *Massive Psychic Trauma*. New York: International Universities Press.

Lifton, R. J. (1993). From Hiroshima to Nazi doctors: The evolution of psychoformative approaches to understanding traumatic stress syndromes, (pp. 11-23). In J. P. Wilson & B. Raphael (eds). *International Handbook of Traumatic Stress Syndromes*. New York: Plenum Press.

Nader, K. (2001). Treatment methods for childhood trauma. In J. P. Wilson, M. Friedman, & J. Lindy, (Eds.), *Treating psychological trauma and PTSD*, (pp. 278-334). New York: Guilford Press.

Nader, K. (1997). Treating traumatic grief in systems. In Figley, C. R. , Bride, B. E. and Mazza, N. (eds.), *Death and Trauma: The Traumatology of Grieving*, London: Taylor and Francis, pp. 159-192.

Nader, K. & Mello, C. (2000). Interactive trauma/grief focused therapy. In P. Lehmann, & N. F. Coady (Eds.). *Theoretical perspectives for direct social work practice: A generalist-eclectic approach*, (pp. 382-401). New York: Springer Publishing Company.

Nader, K. and Pynoos, R. (1991). Play and Drawing as tools for interviewing traumatized children. In Schaeffer, C., Gitlan, K. and Sandgrund, A., (eds.), *Play, Diagnosis and Assessment*. New York: John Wiley, pp. 375-389.

Nader, K., Pynoos, R., Fairbanks, L., and Frederick, C. (1990). Children's PTSD reactions one year after a sniper attack at their school. *American Journal of Psychiatry*, 147: 1526-1530.

New Advent (2001). The sacrament of penance. *The New Catholic Encyclopedia*.

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

Ochberg, F. & Soskis, D. (1982). Planning for the future: Means and ends. In F. Ochberg, & D. Soskis (Eds.), *Victims of terrorism*, (pp. 173-190). Boulder, Colorado: Westview Press.

Rahula, W. (1959). *What the Buddha Taught*. New York: Grove Press.

Schiraldi, G. R. (2000). *The Post-Traumatic Stress Disorder Source Book*. Los Angeles: Lowell House.

Shu`aib, T. B. (2001). *Essentials of Ramadan, The Fasting Month*, Da`awah Enterprises International, Los Angeles, California. USA, (word wide web)

Schwarz, E. D. & Kowalski, J. M. (1992). Personality characteristics and posttraumatic stress symptoms after a school shooting. *Journal of Nervous and Mental Diseases*, 180 (11), 735-737.

Scurfield, R. M. (1994). War-related trauma: An integrative experiential, cognitive and spiritual approach. In M. B. Williams & J. R. Sommer (eds.). *Handbook of Post-traumatic Therapy*, pp. 179-204. Westport, Conn.: Greenwood Press.

Simpson, M. A. (1993). Traumatic stress and the bruising of the soul: the effects of torture and coercive interrogation, (pp. 667-684). In J. P. Wilson & B. Raphael (eds). *International Handbook of Traumatic Stress Syndromes*. New York: Plenum Press.

Strassfeld, M. (1985). *The Jewish Holidays*. New York: Harper & Row.

Terr, L. C. (1983). Play therapy and psychic trauma: A preliminary report. In C. Schaefer & K. O'Connor (Eds.), *Handbook of play therapy* (pp. 308-319). New York: Wiley.

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The identities of individuals described in this article have been protected.

2. Religious concepts are discussed briefly and simply for the purposes of this paper. For a fuller understanding of specific religious and spiritual concepts, please consult a scholar or clergy.

3. This does not address issues related to criminal matters.

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