A Special Form of Survivor Syndrome

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CASE REPORT

A woman was first seen several months after her husband had died following cardiac transplantation. She had gone into mourning and cried freely at the time, but was indignant about the failure of the surgery. She felt her husband should not have chosen surgery knowing that there was a chance he would not survive and would leave her widowed; she had cared for him 'devotedly' during his nine-year illness. While she admired his intelligence and bravery in deciding to undergo 'experimental' surgery, she expressed anger about his selfishness as he could have lived for many years without surgery. Her husband and the surgeon had insisted that she give her permission for the operation. When it proved unsuccessful, she felt like 'a failure in the eyes of the world'—guilty and worthless as though she had 'committed a great crime'.

When first seen the patient was anxious and depressed; she cried constantly and spoke of suicide. After once-a-week treatment began, she brought out many past memories associated with feelings of guilt. An older sister, with whom she had migrated to the United States, died several years after they arrived; she had felt guilty at the time because she had not been close enough to her sister during the last years of her life. She also expressed feelings of guilt concerning the murder of her parents and younger sisters by the Nazis. When she discussed signing permission for her husband's surgery, she spoke of her sons whom she considered emotionally defective and incapable of separating from her, and blamed herself for the way they had developed. Because of her chronic, severe feelings of guilt, the patient's experience with her husband was unusually painful and after his death her belief in her own worthlessness became even stronger.

A number of dreams revealed her ambivalent feelings toward her husband. In one dream a young girl plunged a knife into her husband's chest while the patient slept beside him in their bed. Her associations to this dream were that she wished he were alive, that he had survived the surgery. She went on to speak of longstanding resentment toward her husband and mother-in-law. As an immigrant girl she had longed for a close family and had missed her own mother, but instead of finding such closeness after her marriage, she was resented by her mother-in-law. In turn, she resented her husband's family and was angry that he did not provide the close relationship she needed.

In another dream she found herself in an oceanside 'paradise', a lush countryside all around her. She felt lost. Her associations led to anger at her husband for leaving her; she felt she could not function on her own and needed him to take care of her. Further, because she had signed for the surgery she felt like a 'murderer'.

Frequently as she dozed, awakened from a nap, or was just 'sitting around the house', she thought she 'saw' her husband standing by an open closet door. He had often expressed anger when she left doors ajar, and now in her vision he would repeat over and over again, 'You don't respect me ... respect your husband!'. In this dissociated state she felt guilty but unafraid. She knew he was not there, but she could not understand how her mind could play such tricks on her. When her husband appeared in additional dreams, he was healthy and had not had surgery. Her associations to these dreams included happiness and she recalled that after he became ill, he needed her more and was more attentive to her. She enjoyed this attention and the new-found feeling of closeness in her marriage, and was able to feel pride in herself as a good nurse. But she then expressed feelings of guilt because her life had become more enjoyable after her husband became a cardiac invalid.
Despite her recognition of the themes emerging from understanding of memories and dreams, this patient showed no symptomatic change during her treatment. She had always been an unhappy person, but after her husband's death she suffered unremitting depression and increased feelings of guilt.

DISCUSSION

Unlike the classic psychic structural state of depression described by Freud (1917 [1915]) and Jacobson (1953), this patient's self and object representations remained distinct and separate. The intersystemic conflict that produced the feeling of guilt had to be explained without invoking an identification with the lost object. The clinical picture might best be explained as a form of 'survivor syndrome', a term first used by Niederland.

In a symposium on psychic traumatization through social catastrophe, Winnik (1968) expressed the view that the survivor syndrome represents a fundamental psychobiological change which may be resistant to treatment. He added that the older individual may experience the worst, and least remediable, effect of the trauma. Simenauer (1968) noted that the duration of an intense traumatic experience is not the crucial determinant of a resulting psychopathological change. Jaffe (1968) noted that dissociative phenomena are frequently found in survivors, and explained these experiences in terms of a re-experiencing of the traumatic event, often associated with feelings of guilt. Niederland (1968) described the survivor syndrome as 'characterized by the persistence of multiple symptoms among which chronic depression and anxiety reactions, ... personality changes, and ... somatization prevail' (p. 313). He went on to describe psychotic-like experiences in this group of patients.

The decisive factor in producing the survivor syndrome appears to be the intensity of the external catastrophe experienced by the survivor. A severe trauma may produce untoward and irreversible changes even in apparently mature individuals. Prominent among these changes is a lifelong feeling of guilt about the death of others, which is inaccessible to reality testing.

My patient appears to have experienced a survivor syndrome. Her husband's death following heart transplantation was an overwhelming trauma. (According to Niederland, many 'civilian' tragedies give rise to the survivor syndrome.) A dynamic source for her guilt was her unconscious dependency which led to her wish that her husband be ill. With his death, she not only felt guilt concerning him but she lost the opportunity to expiate her long-standing guilt by being a good nurse. In her unconscious, it was as if she had willed the suffering of her past loved ones in an effort to be close to them. Thus, guilt over past events became overwhelming. It would seem that this patient was a guilt-laden woman who lost a guilt-expiating object and at the same time underwent an experience that confirmed her past and present guilt. Signing for 'experimental' surgery was perhaps the final burden, and her obsession over it became clear in her treatment. While she insisted that her husband's good health had been her goal, she also felt that she was a 'murderer'. Depression was present when anger at the lost object was conscious and when identification with the lost object did not exist. It was the strength of her guilt that made her feel so hopeless and depressed, an observation consonant with Bibring's (1953) description of the dynamics of depression.

These observations suggest the possibility that those who develop the survivor syndrome are guilt-laden individuals who have lost objects which were the recipients of guilt-expiating activity. These objects were previously the subject of unconscious aggressive fantasies or wishes which come to coincide with real, external events. The ensuing increase in feelings of guilt then results in the survivor syndrome (Margolis, 1970).

The psychological response to new forms of surgery, both in patients and their families, should be examined from the point of view of the survivor syndrome. We must be aware of the particular stress that the family member undergoes when signing the permission for 'experimental' surgery.

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