



## Lived experiences of compassion, guilt, and forgiveness of a secondary survivor with symptoms of Post Traumatic Stress Disorder (PTSD)

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### Abstract

Trauma extends beyond the primary survivor to those closely connected, yet the experiences of secondary survivors remain underexplored. This single case study examined how a secondary survivor with symptoms of posttraumatic stress disorder (PTSD) experiences and interprets compassion, guilt, and forgiveness following indirect exposure to a sibling's sexual abuse. Using a phenomenological single-case design, one participant (male, 23) whose younger sister experienced sexual abuse by their stepbrother was purposively selected after screening positive for moderate-to-severe PTSD symptoms on the Impact of Event Scale—Revised (IES-R mean = 3.14). Data were collected through semi-structured interviews and standardized measures of compassion, guilt, and forgiveness, then analyzed using thematic analysis. Three themes emerged: (1) emotional flexibility in compassion, expressed through seven regulation strategies including emotional expression, seeking support, positive appraisal, and worry; (2) multidimensional manifestation of distress related to guilt, encompassing behavioral withdrawal, cognitive self-blame and rumination, emotional self-resentment, and somatic symptoms; and (3) gradual, non-linear processing of forgiveness across uncovering, decision, work, and deepening phases. Findings suggest that compassion may function as both a resource and a source of strain, guilt remains a persistent and embodied distress, and forgiveness unfolds conditionally and incrementally. This case illuminates the complex emotional landscape of secondary trauma survivorship and underscores the need for trauma-informed interventions that address somatic concerns, support emotional regulation, and respect the gradual nature of forgiveness.

**Keywords:** *secondary survivor; PTSD; compassion; guilt; forgiveness; single case study; phenomenological; sexual violence; sibling trauma*

### 1. Introduction

Trauma reverberates beyond those directly harmed, extending into the lives of individuals emotionally connected to them. Family members, partners, and close friends may experience secondary trauma, defined as the emotional and psychological distress arising from indirect exposure to another person's traumatic experience (Hensel, Ruiz, Finney, & Dewa, 2022). These secondary survivors, affected by violence perpetrated on others, remain underrepresented in trauma research (United Nations Economic and Social Commission for Western Asia, n.d.). While extensive scholarship has examined primary trauma survivors and, more recently, professionals exposed to clients' trauma (i.e., second victims), the lived experiences of secondary survivors within family systems—particularly their emotional and psychological responses—have received limited empirical attention.

Among the emotional responses that may shape secondary survivors' adjustment, three warrant closer inquiry: compassion, guilt, and

forgiveness. Compassion, understood as sensitivity to suffering coupled with a commitment to alleviate it, may serve dual functions for secondary survivors. This duality echoes findings from studies of health professions students and practitioners, where compassion has been observed to act both as a protective resource and as a potential source of strain (Bermido, Quinto, & Atento, 2025; Agang-Ang et al., 2025). In high-stress contexts, compassion can foster connection and motivate support for the primary survivor, yet it may also contribute to emotional exhaustion when caregiving demands exceed personal resources (Molnar et al., 2020). The strain associated with caring for others is well documented in educational and healthcare settings, where role overload, burnout, and the emotional demands of supporting others can deplete personal resources—particularly when systemic support is lacking (Bermido, Quinto, & Atento, 2025). Capturing how secondary survivors experience compassion—both toward themselves and toward others—is therefore essential to understanding the complexity of their emotional landscape.

Guilt represents another significant, though underexplored, dimension of secondary survivorship. Trauma-related guilt involves distressing beliefs that one should have thought, felt, or acted differently in relation to the traumatic event (Kubany et al., 1996, as cited by Argento, 2020). Secondary survivors may experience self-blame for failing to prevent the trauma, for surviving unscathed while a loved one suffered, or for not providing adequate support (Pugh, Taylor, & Berry, 2021). Such guilt has been associated with increased PTSD symptomatology, suggesting it may function as a maintaining mechanism in posttraumatic distress (Kip, Diele, Holling, & Morina, 2022).

Forgiveness, both of self and others, introduces additional complexity. Forgiveness involves voluntarily relinquishing resentment and adopting a compassionate stance toward the wrongdoer, oneself, or circumstances beyond control (American Psychological Association, n.d.). For secondary survivors, forgiveness may entail reconciling anger toward the perpetrator, releasing self-condemnation for perceived failures, and accepting the irreversibility of the traumatic event. Research suggests forgiveness is associated with better psychological adaptation and may protect against the adverse effects of stress (Kravchuk, 2021), yet its process and feasibility for secondary survivors remain largely unexamined.

Existing studies have primarily addressed compassion, guilt, and forgiveness among primary trauma survivors or helping professionals. For example, compassion satisfaction and fatigue have been documented in nurses, police personnel, and therapists working with trauma-exposed populations (Cummings, Singer, Hisaka, & Benuto, 2021; Burnett, Sheard, & St Clair-Thompson, 2020). Similarly, trauma-related guilt has been studied in survivors of interpersonal violence and linked to PTSD symptom severity (Erb, 2021; Norman, 2022). Forgiveness research has examined its health correlates and its role in recovery from interpersonal harm (Toussaint, Worthington, & Williams, 2021). However, these studies have not captured how these three emotional phenomena intersect in the lives of secondary survivors—individuals who carry the psychological burden of a loved one's trauma without having directly experienced it themselves.

The Philippine context adds further nuance, as discussions of sexual violence and its familial repercussions remain highly stigmatized, potentially limiting survivors' willingness to disclose or seek support. This cultural silence may intensify the isolation and distress experienced by secondary

survivors, yet no known studies have explored their lived experiences within this setting.

Given these gaps, this study aims to explore how a secondary survivor with symptoms of PTSD experiences and interprets compassion, guilt, and forgiveness following indirect exposure to a sibling's sexual abuse. Specifically, it seeks to describe the participant's profile, including PTSD symptom severity and levels of compassion, guilt, and forgiveness; to understand how compassion is experienced both toward self and others; to examine how guilt manifests behaviorally, cognitively, emotionally, and physically; to explore how forgiveness toward the perpetrator, self, and situation is processed over time; and to propose an intervention addressing the somatic concerns emerging from the participant's experience.

## 2. Review of Related Literature

### 2.1 Conceptualizing Secondary Trauma: Distinctions and Overlaps

Trauma exposure is not limited to those directly harmed. Individuals closely connected to a primary survivor may absorb psychological distress through empathic engagement, a phenomenon termed secondary trauma or vicarious trauma (Hensel, Ruiz, Finney, & Dewa, 2022). The term secondary survivor refers to those influenced by violence perpetrated on another person, including family members, partners, and close friends who bear emotional consequences without direct exposure to the traumatic event itself (United Nations Economic and Social Commission for Western Asia, n.d.). This distinguishes secondary survivors from primary survivors (those directly harmed) and second victims (professionals such as therapists, nurses, or police whose work exposes them to clients' trauma) (Cummings, Singer, Hisaka, & Benuto, 2021; Molnar et al., 2020). While substantial research has documented compassion fatigue, secondary traumatic stress, and burnout among helping professionals (Algamdi, 2021; Burnett, Sheard, & St Clair-Thompson, 2020), family-based secondary survivors remain comparatively underexamined. In the Philippine context, discussions of sexual violence and its familial repercussions are often taboo, potentially intensifying secondary survivors' isolation and distress.

## **2.2 Compassion in the Context of Secondary Trauma: Flows, Functions, and Fatigue**

Compassion involves sensitivity to suffering coupled with a commitment to alleviate it (Gilbert et al., 2017, as cited by Matos et al., 2023). Within secondary trauma, compassion may manifest across three flows: compassion for others, compassion from others, and self-compassion (Gilbert et al., 2017, as cited by Matos et al., 2023). Each flow serves distinct regulatory functions.

Research with professional populations suggests that compassion satisfaction can mitigate burnout and secondary traumatic stress, yet fear of compassion—avoidance of compassionate responses due to discomfort or perceived risk—may undermine these protective effects (Cummings et al., 2021). Among primary survivors of interpersonal trauma, self-compassion varies by trauma type, with lower levels observed following sexual and physical violence compared to non-interpersonal traumas (Erb, 2021). Fear of self-compassion has been found to mediate the relationship between childhood maltreatment and PTSD (Boykin et al., 2018, as cited by López-Ramírez et al., 2024). These findings underscore compassion's dual potential as both a resource and a source of strain in trauma contexts, yet direct examination of compassion flows in family-based secondary survivors remains absent.

## **2.3 Trauma-Related Guilt: Manifestations, Mechanisms, and Moral Injury**

Trauma-related guilt is defined as an unpleasant feeling accompanied by the belief that one should have thought, felt, or acted differently in relation to a traumatic event (Kubany et al., 1996, as cited by Argento, 2020). It encompasses cognitive dimensions—hindsight bias, perceived responsibility, lack of justification—and emotional distress (Kubany et al., 1996, as cited by Erb, 2021). Among trauma-exposed individuals, guilt is strongly correlated with PTSD symptoms, particularly re-experiencing and hyperarousal clusters (Stein et al., 2012, as cited by Chou, Wang, Wu, & Ito, 2023). Meta-analytic evidence confirms a moderate cross-sectional and small-to-moderate predictive relationship between trauma-related guilt and PTSD, stable across time and robust to sensitivity analyses (Kip, Diele, Holling, & Morina, 2022; Shi et al., 2021).

For secondary survivors, guilt may manifest as self-blame for failing to prevent the trauma, for surviving unscathed while a loved one suffered, or for not providing adequate support (Pugh, Taylor, & Berry, 2021). This form of guilt—sometimes termed survivor guilt—has been documented qualitatively in professionals working with trauma survivors, who report intrusive re-experiencing and cognitive-behavioral disengagement (Padmanabhanunni &

Gqomfa, 2022). The Non-Adaptive Guilt and Shame (NAGS) model distinguishes between guilt that motivates adaptive behavioral adjustment and guilt that perpetuates cycles of negative beliefs and psychopathology (Norman, 2022). Empirical evidence on effective interventions for survivor guilt remains limited; preliminary studies suggest imagery rescripting and cognitive therapy techniques may hold promise, but trauma-focused cognitive behavioral therapies have not been systematically evaluated for this specific presentation (Murray, Medin, & Brown, 2020; Murray, Pethania, & Medin, 2021). Research examining guilt specifically in family-based secondary survivors is lacking.

## **2.4 Forgiveness as Process: Self, Others, and Situations Beyond Control**

Forgiveness involves voluntarily relinquishing resentment and adopting a compassionate stance toward a wrongdoer, oneself, or circumstances beyond control (American Psychological Association, n.d.; Enright & Fitzgibbons, 2000, as cited by Sengul, 2020). Dispositional forgiveness—an individual's general tendency to forgive—encompasses three dimensions: forgiveness of self, forgiveness of others, and forgiveness of situations (Heartland Forgiveness Scale framework; Thompson et al., 2005, as cited by Ikedo, Castro, & Fraguas, 2020). These dimensions are interrelated; forgiveness of situations positively predicts forgiveness of self and others, and vice versa (Parveen & Pal, 2024).

Forgiveness has been associated with better psychological adaptation, reduced stress, and protection against adverse effects of trauma (Kravchuk, 2021; Ikedo et al., 2020). Among primary trauma survivors, forgiveness is recognized as a process involving recognition of harm, acknowledgment of emotional burden, and gradual attitudinal transition toward the wrongdoer (Enright et al., 1998, as cited by Hadar & Gal, 2023). Factors influencing forgiveness include the wrongdoer's expression of remorse, apology, severity of injury, survivor's gender, and religiosity (Witvliet, Root Luna, Worthington, & Tsang, 2020; Hadar & Gal, 2023). Women generally report higher forgiveness levels, attributed to traits such as agreeableness and empathy (Ali, Butt, & Rohner, 2024; Khozouri, 2022).

Self-compassion and forgiveness are positively correlated; higher self-compassion is associated with greater forgiveness, potentially through reduced rumination and increased temporal distance from transgressions (Khozouri, 2022; Miyagawa & Taniguchi, 2020; Mróz, 2023). Conversely, guilt impedes forgiveness; individuals with higher guilt demonstrate lower self-

forgiveness, suggesting that guilt reduction may facilitate forgiving oneself (Malakcıoğlu, 2022; Mróz & Sornat, 2022). Despite growing literature on forgiveness in trauma contexts, its process and feasibility for secondary survivors—particularly males within Filipino family systems—remain unexplored. The use of qualitative, narrative-based methods to explore these complex emotional processes is consistent with broader calls within health and social science research to prioritize patient and participant voices. Frameworks such as Narrative Health Analytics advocate for the systematic analysis of personal narratives to generate deeper, more contextualized insights into human experience, complementing standardized quantitative measures (Atento, Quinto, Espelita, & San Juan, 2025).

### 2.5 Synthesis and Gaps

The literature establishes that secondary trauma represents a distinct form of indirect exposure affecting family members, yet secondary survivors have received substantially less empirical attention than primary survivors or helping professionals. Compassion, guilt, and forgiveness each contribute to the emotional landscape of trauma survivorship, yet existing studies examine these phenomena largely in isolation and within non-familial populations. Compassion may function as both a protective resource and a source of strain; guilt is consistently associated with PTSD symptom severity and may perpetuate distress through cognitive and emotional pathways; forgiveness—particularly self-forgiveness—appears to facilitate adaptation but is impeded by guilt and may require gradual, conditional processing.

Critically, no identified study has examined the interplay of compassion, guilt, and forgiveness within a single secondary survivor case, nor explored how these three emotional phenomena intersect in the context of family-based secondary trauma following sexual violence. The Philippine cultural context, characterized by silence and stigma around sexual abuse, may uniquely shape secondary survivors' experiences, yet culturally grounded research is absent. The present study addresses these gaps through in-depth phenomenological inquiry into one secondary survivor's lived experiences, providing foundational insight into the complex emotional processes that may characterize secondary trauma survivorship and informing culturally sensitive, trauma-informed intervention development.

## 3. Methodology

### 3.1 Research Design

This study employed a descriptive single case study design guided by a phenomenological approach to explore the lived experiences of compassion, guilt, and forgiveness in a secondary survivor with PTSD symptoms. A single case design enabled in-depth examination of the participant as a distinct case, while the phenomenological approach focused on capturing the essence and meaning of subjective emotional experiences (Stake, 2020; Engward & Goldspink, 2020). This combination provided structural rigor while privileging rich, interpretive insight into how complex psychological phenomena are lived and understood.

### 3.2 Participants and Sampling

One participant was purposively selected based on the following inclusion criteria: (1) being a secondary survivor of sexual violence (i.e., indirect exposure to a family member's sexual abuse); (2) obtaining a mean score of at least 2 on the Impact of Event Scale—Revised (IES-R), indicating moderate to severe PTSD symptoms; and (3) providing informed consent. Individuals who were primary survivors, secondary survivors of non-sexual trauma, minors, or unable to give consent were excluded.

The participant was a 23-year-old Filipino male whose younger sister had experienced sexual abuse perpetrated by their older stepbrother more than five years prior to the study. He learned of the abuse through his sister's disclosure; the father's dismissive response and the sister's subsequent suicide attempt compounded his distress. His IES-R mean score was 3.14, indicating a high level of PTSD symptoms.

### 3.3 Measures

*Demographic Profile Sheet.* A self-constructed sheet collected information on sex, age, religion, educational attainment, and relationship to the perpetrator and primary victim, validated by a panel of experts.

*Impact of Event Scale—Revised (IES-R).* This 22-item self-report measure assessed PTSD symptoms over the past week across three subscales: Intrusion, Avoidance, and Hyperarousal (Chang et al., 2024). Items are rated 0–4; a mean total score  $\geq 2$  was used as the screening cutoff. The IES-R demonstrated excellent internal consistency in validation studies ( $\alpha = 0.95$ ). A Filipino translation

was prepared with author permission and grammarian assistance, then pilot tested.

*Compassionate Engagement and Action Scales (CEAS)*. This 39-item measure assessed three flows of compassion: self-compassion, compassion to others, and compassion from others (Gilbert et al., 2017, as cited by Matos et al., 2023). Each flow includes Engagement and Action components rated on a 10-point scale (1 = never to 10 = always). Internal consistencies in validation studies ranged from  $\alpha = 0.74$  to 0.93. A Filipino translation was prepared and pilot tested.

*Trauma-Related Guilt Inventory (TRGI)*. This 32-item measure assessed trauma-related guilt across three domains: Distress, Global Guilt, and Guilt Cognitions (with subscales for Hindsight Bias/Responsibility, Wrongdoing, and Lack of Justification) (Kubany et al., 1996, as cited by Erb, 2021). Items are rated on a 5-point scale (not at all true to extremely true). Validation studies reported alphas from .86 to .94 for the three scales and .60 to .86 for cognition subscales. A Filipino translation was prepared and pilot tested.

*Heartland Forgiveness Scale (HFS)*. This 18-item self-report measure assessed dispositional forgiveness across three subscales: Forgiveness of Self, Forgiveness of Others, and Forgiveness of Situations (Thompson et al., 2005, as cited by Ikedo, Castro, & Fraguas, 2020). Items are rated on a 7-point scale (1 = almost always false to 7 = almost always true). Total scores range from 18 to 126. An existing validated Filipino version was used.

*Interview Guide*. A semi-structured interview guide with open-ended questions explored the participant's experiences of compassion, guilt, and forgiveness in relation to being a secondary survivor. Questions were developed based on the constructs measured in the quantitative scales and validated by a panel of experts.

### 3.4 Data Collection and Analysis

Following ethical approval, potential participants were screened using the IES-R. The eligible participant provided written informed consent. Quantitative measures (IES-R, CEAS, TRGI, HFS) were administered first; scores were tabulated using Microsoft Excel. Subsequently, a semi-structured interview was conducted at the participant's convenience in a private setting, guided by trauma-informed principles. The interview was audio-recorded and transcribed verbatim. A pilot test of all measures was conducted prior to the main data collection to anticipate administration, scoring, or interpretation issues.

Qualitative data were analyzed using Miles and Huberman's Three-Stage Model. First, *data*

*reduction* involved selecting, focusing, and abstracting raw interview data; the researcher coded material relevant to compassion, guilt, and forgiveness. Second, *data display* organized reduced data into tables and figures, grouping codes into categories and themes. Third, *conclusion drawing and verification* involved interpreting findings, checking for confirming and contradicting evidence, and verifying themes against raw data to ensure grounded interpretations. Within-case analysis preserved the richness of the participant's narrative.

### 3.5 Ethical Considerations

This study adhered to the APA Ethical Principles of Psychologists and Code of Conduct (2017), the Declaration of Helsinki (2013), and the Philippine Data Privacy Act of 2012 (RA 10173). Ethical clearance was secured from the university's Institutional Review Board. Participation was voluntary; written informed consent was obtained. The interview was conducted in a private, secure setting with trauma-informed practices; the participant could withdraw or take breaks at any time. All identifiers were removed; pseudonyms were used; audio recordings, transcripts, and data were stored in encrypted files accessible only to the researcher and advisor. Data will be kept for five years post-study then destroyed. Member checking allowed the participant to verify transcript accuracy. The researcher maintained reflexivity, an audit trail, and reported findings with honesty, avoiding fabrication, falsification, or plagiarism.

## 4. Results and Discussion

### 4.1 Participant Profile and Context

The participant, a 23-year-old male, learned more than five years ago that his younger sister had experienced sexual abuse perpetrated by their older stepbrother. The abuse occurred during childhood while children were playing hide-and-seek; what he initially believed was an invitation to play separately was later disclosed by his sister as the moment abuse began inside their home. The participant described profound distress upon learning of the abuse, compounded by his prior admiration for his stepbrother as a kind, hardworking role model. Further harm resulted from his father's dismissive response, which he perceived as implicitly blaming his sister. His sister's subsequent suicide attempt intensified his emotional distress and trauma. On the IES-R, the participant obtained a mean score of 3.14, indicating a high level of PTSD symptoms. On the CEAS, he scored 82 for compassion to self (moderate to high) and 76 for compassion to others (moderate). His total HFS score was 88, interpreted as "usually forgiving."

## 4.2 Theme 1: Emotional Flexibility in Compassion

Compassion for the participant was experienced not as a static emotion but as a dynamic regulatory process—termed emotional flexibility—through which he navigated distress associated with indirect exposure to his sister's trauma. This flexibility manifested through multiple regulation strategies that shifted across contexts and relational demands.

*4.2.1 Emotional Expression.* The participant's compassion began with strong emotional expression, communicated through questions about why the abuse occurred and what his sister might have felt. He stated, "I feel sorry for my sibling. And I wonder why that happened to them?" This empathic reflection allowed emotional connection while giving meaning to his sister's suffering.

*4.2.2 Seeking Social Support.* Compassion was regulated through seeking support, particularly from his mother and siblings. The participant described emotional relief after being listened to: "When we all opened up, my siblings and my mom... when they heard it, it felt like I released something heavy. It felt helpful." Disclosure within trusted family relationships functioned as relational scaffolding that prevented emotional overwhelm.

*4.2.3 Positive Appraisal.* The participant enacted compassion through concrete supportive actions toward his sister—encouragement, material support, respecting her preferences—and through intentional self-improvement. He explained, "I try to show compassion to my sibling and also to myself. I no longer think about what happened—that it can be changed. I just think about improving." Self-care practices, including proper nutrition, rest, and engaging in hobbies, reflected compassion directed inward.

*4.2.4 Emotional Processing.* Compassion involved ongoing emotional processing, particularly the struggle to reconcile prior admiration for his stepbrother with knowledge of the abuse. The participant described mixed feelings: "At first, I couldn't accommodate my sibling. I had mixed feelings because he was very hardworking, and then he wouldn't do those things..." His reflective stance—"Maybe I'll still observe. Because it is different if it is a family"—indicated tolerance for moral ambiguity.

*4.2.5 Worry.* Compassion also manifested as heightened worry and protectiveness. The participant noted, "When my sibling gets scolded... I feel the pain of what's being said. It's okay if I'm the one being scolded, but I don't want my sibling to

be. My courage becomes stronger in those moments." Worry here mobilized protective action rather than emotional withdrawal.

*4.2.6 Rumination.* Despite adaptive strategies, the participant experienced recurrent rumination: "Why did my stepbrother do that? Why wasn't I able to stop it? What might my sibling have felt?" These unanswerable counterfactuals represented moments where emotional flexibility was constrained, anchoring him to unresolved questions.

*4.2.7 Expressive Suppression.* The participant sometimes chose not to disclose his experience to others, explaining, "If I tell other people... they also have their own problems. I don't want to burden them with my problems." This selective suppression reflected cultural and relational considerations that limited emotional processing in some contexts while enabling connection in others.

## 4.3 Theme 2: Manifestation of Distress in Guilt

Guilt was experienced as a multidimensional, embodied distress that shaped the participant's behavior, cognition, emotions, and physical functioning over time.

*4.3.1 Behavioral Manifestations.* During childhood and adolescence, guilt manifested as behavioral distancing. The participant described actively avoiding his younger sister: "When I was younger, I always wanted to distance myself from my sister... I would even argue with her and tell her not to come with me." This avoidance extended to social withdrawal: "I became very distant... I was always alone. When someone approached me, I barely spoke."

*4.3.2 Cognitive Manifestations.* Cognitively, guilt centered on persistent counterfactual thinking: "It feels like I should have done something at that time... I always think to myself, why didn't I move back then?" The participant experienced intrusive thoughts that emerged unpredictably: "When I'm about to sleep, sudden memories appear... I remember them at certain times and then suddenly suppress them." A profound sense of inadequacy accompanied these cognitions: "I always think that something is lacking in me, that I should always be doing something. Like I'm not enough."

*4.3.3 Emotional Manifestations.* Emotionally, guilt manifested as self-resentment and difficulty with self-forgiveness. The participant reflected, "It feels like, to myself, I still can't forgive myself even if other people have already forgiven me." Emotional responses fluctuated between

desensitization and sudden emotional surges: "Sometimes I become very emotional... with very simple things, I suddenly become emotional. There's a sudden surge of emotions."

**4.3.4 Physical Manifestations.** Guilt was embodied through somatic symptoms, including chest pain, headaches, restlessness, and panic attacks. The participant described, "It hurts here (chest). And my head hurts because I suddenly remember... I had a panic attack back then... My head really hurts. And it feels like I can never fully settle or relax."

#### **4.4 Theme 3: Gradual Processing of Emotion in Forgiveness**

Forgiveness was experienced as a slow, conditional, and non-linear process unfolding across four phases.

**4.4.1 Uncovering Phase: Emotional Defense.** Initially, the participant expressed emotional defense and unwillingness to forgive. He stated, "For now, I don't see myself forgiving... I don't know if I'll be able to forgive him for what he did." This resistance functioned as protective containment, creating psychological distance necessary for later processing.

**4.4.2 Decision Phase: Cognitive Evaluation.** Forgiveness became conditional on understanding the perpetrator's motives: "Maybe I could only forgive if I understood what the real reasons were... I really still need to know why he did it." The participant also linked forgiveness to his own sense of adequacy: "Maybe if I become successful or a respectable sibling to her... that would help lessen the anger I feel toward myself."

**\*4.4.3 Work Phase: Meaning-Making.\*** The participant began incorporating relational perspectives, particularly considering his sister's forgiveness: "My sibling has already forgiven me... maybe it's important to me." This reflection facilitated a softening of self-judgment and opened pathways toward self-forgiveness.

**4.4.4 Deepening Phase: Emotional Integration.** In the deepening phase, the participant articulated acceptance of the irreversibility of trauma: "There's nothing that can be done because it already happened. But I'm trying to accept what exists now. I no longer think that what happened can be changed." Acceptance coexisted with residual distress, reflecting partial self-forgiveness and situational acceptance rather than reconciliation with the perpetrator.

#### **4.5 Summary of Findings**

The participant's compassion was characterized by emotional flexibility—a dynamic capacity to shift

between empathy, protection, self-care, and values-based reasoning across contexts. Guilt functioned as a persistent, multidimensional distress manifested behaviorally, cognitively, emotionally, and somatically, remaining largely unresolved despite other adaptive strategies. Forgiveness unfolded gradually and conditionally, progressing through stages of emotional defense, cognitive evaluation, meaning-making, and partial integration. Together, these findings illuminate the complex emotional landscape of secondary trauma survivorship, suggesting that emotional flexibility in compassion may facilitate gradual forgiveness, while persistent guilt—particularly when embodied and self-directed—can delay or complicate this process.

#### **4.6 Discussion**

This study aimed to explore how a secondary survivor with PTSD symptoms experiences and interprets compassion, guilt, and forgiveness following indirect exposure to a sibling's sexual abuse. The findings illuminate three interconnected emotional processes—emotional flexibility in compassion, multidimensional manifestation of distress in guilt, and gradual processing of emotion in forgiveness—that together characterize this participant's lived experience. These themes are discussed in relation to existing literature, with attention to their implications for understanding secondary trauma survivorship.

##### *Emotional Flexibility in Compassion*

The participant's compassion was characterized by what we term emotional flexibility—a dynamic capacity to shift between emotional expression, support-seeking, positive appraisal, emotional processing, worry, rumination, and expressive suppression depending on contextual demands. This finding extends conceptualizations of compassion beyond static trait or discrete emotional response to encompass a regulatory process negotiated within relational and cultural contexts (Gilbert et al., 2017, as cited by Matos et al., 2023). The participant's use of multiple regulation strategies suggests that compassion for secondary survivors may function as both a resource—motivating supportive behaviors and self-care—and a source of strain when rumination or worry predominates.

The finding that compassion was co-constructed through relational scaffolding, particularly within family disclosure, aligns with research emphasizing the role of trusted relationships in buffering against secondary traumatic stress (Charuvastra & Cloitre, 2020). However, the participant's simultaneous use of expressive suppression, driven by concern about burdening others, reflects cultural and relational constraints documented in family-based trauma

contexts (Dworkin et al., 2021). This duality suggests that emotional flexibility in compassion is not uniformly adaptive; rather, its adaptiveness may depend on whether regulation strategies reduce or perpetuate distress over time. The participant's moderate-to-high self-compassion score (82) despite significant PTSD symptoms is consistent with evidence that self-compassion and trauma-related distress can co-occur (Erb, 2021), underscoring that compassion does not preclude emotional suffering.

#### *Multidimensional Manifestation of Distress in Guilt*

Guilt for the participant was not a unitary emotion but a pervasive, embodied distress manifested behaviorally (withdrawal, avoidance), cognitively (counterfactual thinking, intrusive thoughts, perceived inadequacy), emotionally (self-resentment, fluctuating emotional surges), and physically (chest pain, headaches, panic attacks). This multidimensional presentation aligns with trauma-related guilt conceptualizations emphasizing its cognitive, affective, and somatic components (Kubany et al., 1996, as cited by Argento, 2020; Kip, Diele, Holling, & Morina, 2022).

The participant's persistent counterfactual thinking—"why didn't I move back then?"—reflects the hindsight bias and perceived responsibility dimensions of guilt cognitions (Kubany et al., 1996, as cited by Erb, 2021). His description of guilt as "dumadating lang bigla-biglaan" (arriving suddenly) is consistent with the intrusive, non-linear quality of trauma-related guilt documented in PTSD populations (Ehlers & Clark, 2020). Notably, the participant's guilt remained largely unresolved despite other adaptive coping strategies, suggesting that guilt may function as a more rigid and enduring source of distress when it becomes embedded in self-concept—"parang may kulang sa akin" (like something is lacking in me). This internalization of guilt as personal inadequacy resonates with the Non-Adaptive Guilt and Shame model, wherein guilt perpetuates psychopathology through cycles of negative self-appraisal (Norman, 2022).

The somatic manifestations reported—chest pain, headaches, panic—underscore that guilt is lived not only psychologically but physiologically. Contemporary trauma research emphasizes that unresolved emotional distress often manifests somatically, particularly when emotional expression is constrained (van der Kolk, 2021). For this participant, physical symptoms appeared to coincide with intrusive memories, suggesting a close interplay between cognitive and physiological

responses that may maintain distress over time [Overclaim corrected: "suggesting" replaces stronger causal language].

#### *Gradual Processing of Emotion in Forgiveness*

Forgiveness for the participant was experienced as a slow, conditional, and non-linear process, progressing through stages consistent with Enright and Fitzgibbons's (2000, as cited by López, Serrano, Giménez, & Noriega, 2021) phased model: uncovering (emotional defense), decision (cognitive evaluation), work (meaning-making), and deepening (emotional integration). This staged progression suggests that forgiveness for secondary survivors may require substantial psychological preparation and may remain partial even after emotional integration occurs.

The participant's initial emotional defense—"hindi ko po naiisip na magpatawad sa ngayon"—functioned as protective containment, allowing acknowledgment of anger and betrayal without premature reconciliation. This aligns with evidence that survivors often require psychological distance before cognitive or emotional processing of forgiveness can occur (Wohl et al., 2020). The subsequent decision phase, wherein forgiveness was conditional on understanding the perpetrator's motives and on the participant's own sense of adequacy, reflects the deliberative, moral reasoning involved in forgiveness following severe interpersonal harm (Prieto-Ursúa, 2021).

The work phase, characterized by meaning-making through consideration of the primary survivor's forgiveness, illustrates how relational perspectives may facilitate self-forgiveness even when forgiveness toward the perpetrator remains elusive. This finding supports evidence that self-forgiveness and forgiveness of others are related but distinct processes, with self-forgiveness potentially more achievable when survivors recognize that primary survivors have released blame (Parveen & Pal, 2024). Finally, the deepening phase—"wala na pong magagawa kasi nangyari na"—reflects acceptance of irreversibility without condoning the act, a nuanced emotional integration consistent with models distinguishing forgiveness from reconciliation or forgetting (Enright & Fitzgibbons, 2020).

The participant's total HFS score of 88 ("usually forgiving") despite significant guilt and partial forgiveness toward the perpetrator underscores that dispositional forgiveness can coexist with specific unforgiveness. This suggests that for secondary survivors, forgiveness may be

primarily experienced as self-regulatory and situationally focused rather than interpersonally directed toward the perpetrator, particularly when family loyalty and unresolved guilt complicate the process [Needs source: *Forgiveness processes in male secondary survivors*].

### *Interconnection of Compassion, Guilt, and Forgiveness*

When considered together, the findings suggest potential interrelationships among the three phenomena. The participant's emotional flexibility in compassion—particularly his capacity for positive appraisal and meaning-making—may have facilitated gradual movement through forgiveness stages. Conversely, persistent guilt, especially when embodied and self-directed, appeared to constrain forgiveness, delaying self-forgiveness despite cognitive recognition of the sister's forgiveness. This pattern aligns with evidence that guilt impedes forgiveness (Malakcioğlu, 2022; Mróz & Sornat, 2022) and that self-compassion may facilitate forgiveness by reducing rumination (Miyagawa & Taniguchi, 2020). However, the participant's moderate self-compassion did not fully protect against guilt's intrusion, suggesting that self-compassion and guilt may operate on parallel rather than fully integrated tracks in secondary trauma contexts.

### *Limitations*

Several limitations warrant consideration. First, as a single case study, findings are not generalizable but offer in-depth phenomenological insight. Second, retrospective accounts may be influenced by memory decay or subsequent meaning-making. Third, the participant's male gender and specific family configuration (sibling abuse within blended family) may not reflect experiences of female secondary survivors or those in different relational contexts. Fourth, the study did not longitudinally track changes in compassion, guilt, or forgiveness; thus, the phased model of forgiveness is inferred from retrospective narrative rather than prospective observation. Fifth, the participant's moderate-to-high self-compassion and forgiveness scores may reflect unique characteristics not representative of all secondary survivors. Finally, the Philippine cultural context—characterized by silence around sexual abuse—may have shaped the participant's willingness to disclose and the strategies he employed, limiting transferability to other cultural settings.

### *Implications*

Despite these limitations, the findings offer preliminary implications. For clinicians, the multidimensional manifestation of guilt suggests that assessment should extend beyond cognitive

self-blame to include behavioral, emotional, and somatic dimensions. Interventions targeting trauma-related guilt in secondary survivors may benefit from somatic approaches (Kuhfuß et al., 2021; Sariahmed, Alshabani, & Morone, 2025) alongside cognitive restructuring of counterfactual thinking. The gradual, conditional nature of forgiveness observed here underscores the importance of avoiding pressure for premature reconciliation; instead, clinicians may support clients in forgiving at their own pace, focusing first on self-forgiveness and situational acceptance when perpetrator forgiveness remains inaccessible. The emotional flexibility evident in compassion suggests potential utility in interventions that explicitly teach emotion regulation strategies tailored to secondary trauma contexts, such as compassion-focused therapy adaptations (Gonabadi-Nezhad et al., 2025).

## **5. Conclusions and Recommendations**

### **5.1 Conclusions**

This single case study explored the lived experiences of compassion, guilt, and forgiveness in a secondary survivor with PTSD symptoms following indirect exposure to a sibling's sexual abuse. Based on the findings, the following conclusions are drawn:

First, the secondary survivor exhibited high levels of PTSD symptoms (IES-R mean = 3.14), moderate-to-high self-compassion, moderate compassion toward others, and a dispositional tendency toward forgiveness (HFS total = 88). These quantitative profiles provided context for interpreting the qualitative themes.

Second, compassion was experienced as emotional flexibility—a dynamic regulatory process encompassing emotional expression, seeking social support, positive appraisal, emotional processing, worry, rumination, and expressive suppression. This flexibility allowed the participant to navigate distress across contexts, though rumination and suppression occasionally constrained emotional ease. Compassion functioned as both a relational resource and a source of strain, reflecting the dual nature of caring for a traumatized loved one while managing one's own distress.

Third, guilt manifested as multidimensional distress across behavioral (withdrawal, avoidance), cognitive (counterfactual thinking, intrusive thoughts, perceived inadequacy), emotional (self-resentment, fluctuating emotional surges), and physical (chest pain, headaches, panic) domains. Unlike compassion, which demonstrated flexibility, guilt remained persistent and largely unresolved, suggesting it may function as a more rigid and

embodied source of distress that maintains trauma-related symptoms over time.

Fourth, forgiveness was experienced as a gradual, conditional, and non-linear process unfolding across four phases: uncovering (emotional defense), decision (cognitive evaluation), work (meaning-making), and deepening (emotional integration). Self-forgiveness and situational acceptance proved more accessible than forgiveness toward the perpetrator, indicating that for this secondary survivor, healing was primarily inward-focused and relationally mediated through the primary survivor's forgiveness rather than reconciliation with the wrongdoer.

Fifth, interconnections among the three phenomena were observed: emotional flexibility in compassion may have facilitated movement through forgiveness stages, while persistent guilt—particularly when internalized as personal inadequacy—appeared to delay self-forgiveness. These findings suggest that secondary trauma survivorship involves complex emotional interplay wherein adaptive and maladaptive processes coexist.

## 5.2 Recommendations

### *Mental Health Practitioners and Counselors*

Clinicians working with secondary survivors should assess guilt multidimensionally, attending not only to cognitive self-blame but also to behavioral, emotional, and somatic manifestations. Trauma-informed interventions may integrate somatic approaches—such as body-focused techniques or somatic experiencing—to address the embodied distress reported by this participant (Kuhfuß et al., 2021; Sariahmed, Alshabani, & Morone, 2025). Cognitive-behavioral strategies targeting counterfactual thinking and perceived inadequacy may help reframe intrusive guilt cognitions. Given the gradual nature of forgiveness observed, practitioners should avoid pressuring clients toward premature reconciliation; instead, they may support self-forgiveness and situational acceptance as accessible starting points. Compassion-focused therapy adaptations (Gonabadi-Nezhad et al., 2025) that explicitly teach emotion regulation strategies tailored to secondary trauma contexts warrant consideration.

### *Families and Support Systems*

Findings underscore the importance of trusted relational spaces for secondary survivors. Family members can provide emotional containment

through non-judgmental listening and validation, as the participant's disclosure to his mother and siblings facilitated emotional release. Psychoeducation for families about secondary trauma responses—including the potential for behavioral withdrawal, guilt, and gradual forgiveness—may reduce relational strain and improve communication. Creating safe spaces within families where trauma-related emotions can be shared without judgment is recommended.

### *Academic Institutions and Researchers*

Further research is needed to examine compassion, guilt, and forgiveness in larger and more diverse samples of secondary survivors, including females, survivors of different relational configurations, and those from varied cultural backgrounds. Longitudinal studies could clarify whether the phased forgiveness process observed here reflects developmental progression or retrospective reconstruction. The proposed interconnections among emotional flexibility, guilt persistence, and forgiveness warrant empirical testing through mixed-methods designs. Culturally grounded research within the Philippine context is essential to understand how stigma and family dynamics shape secondary survivors' experiences [Needs source: Philippine-specific studies on secondary trauma].

### *Policy Makers and Community Leaders*

Awareness campaigns destigmatizing conversations about secondary trauma and PTSD in family and community settings are needed. Community-based mental health initiatives should extend support beyond primary survivors to include family members who may carry hidden psychological burdens. Funding for accessible, culturally sensitive counseling services tailored to both primary and secondary trauma survivors—including somatic and trauma-focused approaches—should be prioritized.

### *Secondary Survivors Themselves*

Secondary survivors may benefit from recognizing that their emotional responses—compassion, guilt, forgiveness—are complex, non-linear, and context-dependent. Engaging in self-care practices that balance compassion for others with self-preservation, seeking trusted individuals for support, and allowing forgiveness to unfold as a personal process without external pressure may support healing. Understanding that guilt can manifest physically and that somatic symptoms are

valid expressions of distress may reduce secondary suffering and encourage help-seeking.

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## 7. Tables

**Table 1.** Quantitative profile of the participant (descriptive).

Measure	Score reported	Metric	Interpretation (as described)
IES-R	Mean = 3.14	0–4 mean item score	High PTSD symptoms; screened as moderate-to-severe
CEAS (Self-compassion)	82	Sum score	Moderate to high
CEAS (Compassion to others)	76	Sum score	Moderate
HFS (Total)	88	Total score	"Usually forgiving"