

NON-RATIONAL GUILT IN VICTIMS OF TRAUMA

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ABSTRACT

The guilt man[®]: victims of physical and psychological trauma experience in response to their victimization often contains non-rational content which, when analyzed, is more appropriate to the perpetrator. This non-rational perpetrator guilt is imposed on the victim under two primary conditions: 1) attribution, in which the perpetrator disavows guilt and blames the victim for the victimization; and 2) terror, which results in the victim's rapid incorporation of essentially the entire world view of the perpetrator, including the perpetrator's guilt. Guilt results when some aspect of a moral system is transgressed. There are four aspects of a moral system reflecting different levels of guilt and four basic components of guilt within each level. The perpetrator's violation of one aspect of a moral system may be processed by the victim at the level of another aspect, making resolution difficult. Resolution involves careful analysis of the content of the guilt to enable the victim to identify its source.

INTRODUCTION

The frequency with which victims report non-rational guilt in response to the victimization experience has been noted by both clinicians and researchers (Dutton & Painter, 1981; Lindberg & Distal, 1985; Ochberg, 1988). Analysis of the victimization experience reveals that victims burdened with non-rational guilt have not earned this guilt through their own wrongdoing. Indeed, careful attention to the victim's statements of guilt reveal content more appropriate to the perpetrator, making it difficult for the victim to identify, integrate and resolve guilt-related issues.

Paradoxically, while victims have been observed to cling to their non-rational guilt, perpetrators often disavow their guilt through the use of a variety of strategies including projection, rationalization, and denial. They may also pro-

nulgate the idea that the abuse is but a fantasy in the mind of the victim. That failing, they will attempt to justify the abuse on the basis that it is deserved by the victim (Doolittle, 1988; Seghorn, Prentiss, & Boucher, 1987).

Guilt is the subjective awareness of having violated a moral system through having committed a fault or engaged in a wrongful act, and carries with it the anticipation of chastisement (Ricoeur, 1967). There are two basic ways of acquiring guilt. In the first, guilt is earned through wrongful behavior. In the second, guilt is imposed from an external source (Bulka, 1987). An example of the latter occurs when a child is made to feel guilty for performing academically beyond the capability of a sibling.

The purpose of this paper is threefold: 1) to describe a theoretical model of guilt; 2) to define mechanisms by which guilt becomes dissociated from perpetrator to victim; and 3) to present clinical manifestations of imposed perpetrator guilt to trauma victims. Actual guilt accrued to the victim in the course of acting out is beyond the scope of this discussion, although it can appear along with the non-rational guilt.

THEORETICAL MODEL OF GUILT

According to the German theologian Friedrich Schleiermacher, humankind contains within it four intrinsic aspects of consciousness: the rational, the moral, the religious and the aesthetic (Burnham, 1989). He postulates the existence of innate moral systems within each individual's innate selfhood. These moral systems served to prevent the perpetration of evil, defined as "the object of an irrational desire," such as the desire for pain and/or death (Gert, 1988, p.48). According to Gert, "the fundamental reason for being morally good is to prevent or relieve the suffering of evil by others," (Gert, 1988, p. 234).

There are four basic aspects of a moral system reflecting four levels of guilt (Harris, Archer, & Waltke, 1980): theocentric, forensic, ethical, and personal. A central factor in the organization of each level is the ability to will and reason for the purpose of making choices that promote the preservation of life. A behavior may be characterized as wrongdoing when it violates that level of the moral system which proscribes it.

Within the theocentric level of the moral system, standards are determined by a transcendent authority or deity, and designed for the protection of mankind as a whole, through protection of the integrity of the individual members and boundaries of structural groups. Violation involves perpetrating an offense that is irreparable, making it impos-

sible to restore the victim to a previous state, threatening the basic integrity of the society of intact, functioning individuals. Transgression results in profound self loathing (Otto, 1958), dread and a need to flee such that "even when all is safe and prosperous, all is converted] into peril and death," (Erickson, 1958, p. 258). Therefore, perpetrators who violate theocentric level codes must be destroyed by death, or undergo some form of radical self transformation. The prohibition of incest is an example of this level of moral standard. All societies prohibit sexual relationships between close kindred for the purpose of preserving the integrity of the race, although each society may define kindred differently. Other theocentric level behaviors prohibited by many cultures include infanticide, cannibalism, and homicide.

The forensic level of a moral system consists of societally determined rules or laws designed to provide equitable protection to members of a social group. The standards are set by members of the group or its representatives, and may range from the regulation of transportation as in traffic laws, to the prevention of violence through gun control laws. Violation requires some form of penalty, which may range from restitution to incarceration.

The ethical level of a moral system concerns itself with the quality of relationships. Its goal is to protect the weak or whom one has some personal, social or professional responsibility. Violation of ethical standards often requires a form of reparation. The current concern with professional standards and malpractice issues is an example of response to an ethical moral standard.

The personal aspect of a moral system concerns itself with what is right for the individual, and involves an internal • determined value system. Both intent and action are salient. Violation of one's personal value system calls for some form of self alteration which restores self regulation and benevolent intent.

A major difficulty in exposing and resolving guilt lies in the fact that the individual may experience the guilt at the level of one aspect of a moral system, and attempt to resolve it at the level of another. For example, in incest the perpetrator's guilt is primarily theocentric, a threat to the integrity of society at large. The victim, having taken in the perpetrator's theocentric level of guilt, may feel herself to be worthy of death. However, since the victim has not engaged in behaviors that violate the theocentric level of morality, she uses strategies more appropriate to another level of the moral system, often the ethical or personal level, in an attempt to resolve the guilt.

Moral systems are effective influences on societal behavior to the extent that there is consensual acceptance of the content within the various levels of the system. When the content is rejected in whole or part, another moral system may arise. The abortion debate exemplifies this in that theocentric level content, i.e., the definition of life, varies with the position taken, as do other definitions within the two positions. Those opposed to abortion perceive it as violating a theocentric moral system which sanctifies all life, defining life to include potential life. They argue ethically for the protection of the weak, defining weak in terms of physical vulnerability. In this position, the forensic aspect holds that

government has a right to make laws protecting the life and safety of potential as well as extant citizens. The personal value system may be overridden in the interest of the common good of supporting prospective life.

Those who argue from the position of personal choice hold the theocentric value of the sanctity of life, but define life in terms of actual viability outside the womb. The ethical issue of societal responsibility for protecting the weak emphasizes the level of functioning of the parents who may judge themselves to be incapable of caring for the child, and thus weak in the emotional and/or relational sense. The forensic position places emphasis on the constitutional right to privacy with regard to one's corporeal functions. In this position the personal moral system is salient and holds that taking of potential life may be an act of personal responsibility, therefore having significant moral value (Gilligan, 1982).

STRUCTURE OF GUILT

Guilt is structured into four basic components. These four components comprise the sense of guilt appropriately present at the conscious level in individuals violating a moral system. The four components are behavioral, cognitive, affective, and spiritual. The behavioral component consists of the culpable act. The cognitive component involves an intellectual awareness that one has transgressed an aspect of a moral system and thereby caused harm. The emotional component is experienced as a sense of remorse, often accompanied by sadness at having caused the harm. The spiritual component involves the awareness that one has compromised the vitality, intentionality, and creativity of another.

Victims taking in perpetrator guilt tend to experience three of the four components. They may believe themselves to be guilty of some vaguely understood wrongdoing they cannot identify. They may experience remorse, spiritual apathy, loss of creativity and self-loathing without understanding why. They may also engage in a compulsive search for punishment for the poorly understood wrongdoing. Victims may act out in an attempt to provide a rationale for the guilt. The acting out may be closely related to the perpetrator's abuse of the victim, often of a sexual or violent nature. However, it can also appear somewhat random and lacking in direct connection with the victimization experience.

Exploration of the acting out behaviors frequently elicits the response that they do not feel like a part of the self. Instead, they are experienced as dissociated from the self and may be seen as an attempt to give a behavioral component to the imposed perpetrator guilt. It is not possible for the victim of imposed guilt to resolve it through the usual channel of reparation apart from committing some offense or actual wrongdoing so that the victim can identify an appropriate act of reparation.

Perpetrators may experience distress with regard to their behavior, but this distress is not fully realized guilt because it does not acknowledge harm done to the victim or lead to the cessation of the harmful behavior. Rather, the distress reflects the fear of the loss of the object that provides

the offender with a sense of self-cohesion (Doolittle, 1988). When confronted, perpetrators may disavow all four components of guilt, or they may privately acknowledge certain ones, for example an intellectual awareness of having engaged in wrongdoing, unaccompanied by remorse. The marked failure of empathy in perpetrators (Doolittle, 1988) indicates impairment in the capacity for remorse. The presence of apathy, loss of vitality and creativity may signal unacknowledged guilt in perpetrators.

Guilt may be distinguished from shame in terms of its focus. Shame is a common experience of all victimization and consists in a sense of being brought low, being unworthy or unfit in the eyes of another (Lewis, 1976). The profound sense of self loathing experienced in violating the theocentric aspect of a moral system can be experienced with all overwhelming sense of shame. Morrison (1985) states the self experiences a sense of shrinking along with wishes to disappear or to die, accompanied by a sense of helplessness. At times the self is so consumed with the shame feelings that it becomes passive, unable to take action in its own behalf to put an end to the shame. The resolution of shame depends on the restoration of loving attachments, while the resolution of guilt involves changed behavior and reparation.

Guilt should be distinguished from self-blame which may also appear following the experience of victimization. Self-blame involves post hoc explanations of how choices made led to the victimization experience. The purpose of these explanations is to shift the locus of control of causality from perpetrator to victim, thereby giving the illusion of responsibility for one's fate (Damon R Todd, 1986). Self blame also functions to protect the self from overwhelming affect, and reduce feelings of helplessness and fear. As one victim stated, "If I'm responsible for making horrible things happen to me, it gives me some sense I have control." Herman (1988) has also noted that self-blame preserves the loving components of the attachment of the perpetrator. The resolution of self-blame involves strengthening the individual sufficiently to bear the pain of the helplessness and terror of victimization.

MECHANISMS BY WHICH GUILT BECOMES DISSOCIATED FROM PERPETRATOR TO VICTIM

There appear to be two major ways in which a perpetrator can offload guilt into a victim: (1) attribution and (2) terror. In attribution, the perpetrator makes direct statements disowning responsibility for the offense, while placing the blame overtly on the victim. Victims of sexual abuse, even very young victims, are often told that their appearance or behavior is responsible for the abuse. For example, an adult perpetrator may blame sexual abuse on the "seductive" appearance of a four year old in a bathing suit. Or, physical abuse may be misidentified as discipline by the perpetrator, and meted out to the "deserving" victim, as when a parent batters a child for not coming when called or when a spouse batterer tells his wife that she asked for the abuse by not having a hot meal ready for him. Shifting guilt from perpetrator to victim discredits the reality sense of the victim, and disavows the abusive nature of the perpetrator's behavior,

A second motivation for taking in perpetrator guilt is to not. Terror is inherent in any victimization experience, since victimization takes place within a system of inequity and captivity, in which the victimizer holds unlimited power over the victim's body and/or mind. Terror has been found to lead to the rapid internalization of the thinking, affect and intentionality of the perpetrator. This phenomenon, termed the "Stockholm Syndrome," was observed in bank employees taken hostage in Sweden in 1973 (Lang, 1974), and has been seen in victims of all kinds of violence.

The Stockholm syndrome (shifts from identification with the aggressor in that not only the behavior, but also the entire world view including the disavowed guilt of the perpetrator is incorporated. In victimization there is initially a hypervigilance in which one's entire attention becomes focused on the perpetrator. The hypervigilance fosters rapid intrusion so that within twenty-four hours of being taken hostage, victims operate within the world view of their captors. Instinctively hostages attempt to please their captors, believing that if they can be "liked" they won't be killed. In the Swedish bank robbery, the hostages quickly convinced themselves of their safety with the robber, even though he would alternatively comfort and brutally threaten them. A psychiatrist consulting to the Stockholm police department explained that had the hostages not sided with the captors against the police, they might have been overwhelmed by the tear of chaos and death, in the absence of all normal moral law.

CLINICAL EXAMPLES OF NON-RATIONAL GUILT IN VICTIMS

Victims may attempt to manage their non-rational guilt in two major ways: 1) re-enactment and/or 2) interpretation of contemporary events in terms of historic abuses. Re-enactment promotes the victim-to-victimizer process when the victim engages in wrongful behaviors and in fact becomes culpable. Indeed, re-enactment to give substance to non-rational guilt may be the origin of many acts of self and other victimization. The re-enactment may be diminished when the victim becomes aware of the imposed perpetrator guilt seeding the mis-behavior. For example, an incest survivor felt guilty about her father's suicide and as a result constantly exposed herself to life threatening situations. When she realized she was not responsible for her father's death, and began to understand she had incorporated her father's perpetrator guilt, she gave up her self-destructive behaviors.

Perpetrators' suicidal ideation in response to theocentric level guilt may appear in victims and be experienced as both compelling and confusing. At times victims whose lives are going relatively well will struggle with suicidal feelings. Following a lecture, a survivor stood chatting with a colleague as several men filed by. Quite suddenly she had a fantasy that the men were going to prison. In a flashback, she experienced herself as a small child, standing before several seated men. In her therapy, she recalled scenes of oral rape, accompanied by feelings of helplessness, terror, and rage. In her terror, she incorporated the guilt of each of the perpetrators. In order to keep from being overwhelmed with

confusion, she attached clue guilt to wanting the money and candy she received at the time of the assaults. She led herself to believe that had she not desired the candy and coins, she would not have been abused. As she elaborated the flashback, the victim entered an altered state of consciousness which mirrored the altered state that occurred at the time of the terror of original trauma. In the altered state, she began speaking of her guilt and suicidal ideation in a masculinized voice. In this voice, she commented "I don't like myself, I feel very guilty, I hate myself. I don't like life. I'm tired of fighting. I don't feel like I'm a good specimen to be here on earth." She was asked about the voice, and to her surprise, stated it was the yoke of her alcoholic father, reporting he said "exactly that" when he returned home after a bout of drinking.

Secondly, the unassimilated perpetrator guilt may surface in therapy when events or memories having some parallel to the original trauma allow for a total or partial eruption of the historic traumatic event into consciousness. A client driving home in a snow storm lightly bumped the car in front of her. There was no observable damage to either car. The driver of the other car became quite agitated, concerned that her neck had been seriously injured. The client reported feeling "like a criminal, humiliated, caught doing something that left permanent harm, damaging somebody who would not get better." She experienced what she termed "delusions of worthlessness." She reported feeling this way at other times when she could not "take back" the damage she had done, expressing thereby the theocentric guilt, in which restoration to a prior condition is not possible. After the incident she felt like a failure as a human being. She didn't know if she was ever going to improve, and felt she would always be "this way." Exploration of "this way" led to vague, unfocused self accusations, typical of attempts to assimilate a perpetrator's theocentric level guilt within a similar level on the part of the victim. Careful analysis of the associations brought forth by the accident led to the recall of an experience of being sodomized as a young child. After the abuse, she recalled becoming "hysterical" in the manner of the woman in the other car. The sense of worthlessness resulted in part from having been victimized by a close relative who was supposed to care for her, and in part seemed to be incorporated from the perpetrator under conditions of terror. The experience of bumping another car in a snow storm, that might reasonably have led to regret, instead evoked an old terror resulting in identification with the historic perpetrator's theocentric guilt. Concomitantly, she relived her own victimization through identification with the driver of the other car.

An incest survivor attempted to resolve theocentric guilt within an ethical moral system, and found it difficult to extricate herself from a contemporary victimization experience. She had difficulty confronting a dentist whom she felt was causing her excessive pain, overcharging her, and offering minimal explanation regarding procedures. If she told the dentist she no longer wanted his services, she would feel responsible for causing him displeasure, for which she felt she deserved to die. She associated to a long forgotten incestuous experience, involving oral rape, and came to realize the "voice" telling her she deserved to die was her

father's expression of his guilt. He had used the incestuous experience to hold onto her and avoid experiencing his depression over a failing marriage. The victim felt she was saving the marriage by engaging in the incest. When she accepted both the meaning of the incest and the futility of its goal, she no longer needed to struggle with feelings of responsibility for the depression of either her father or the dentist.

Attempts to manage theocentric guilt at the forensic level can be difficult to resolve because of the fear of incarceration. A victim whose mother doted on him to the exclusion of his violently abusive father, became terrified of his father's rages. He reacted by forming a merger with his mother, alternately clinging in terror to his mother, or acting out the rages of his father. When he was a toddler, a younger sibling was born and died soon after birth, apparently as a result of the father's abusive attacks on the mother during the pregnancy. The victim believed that he had caused his sibling's death through some form of violence, and spent much of his life fearing he would one day go to prison. He attempted to resolve his guilt by developing metaphors for the expected incarceration in the form of extremes of self-punishment, including "feeling" "imprisoned" in a job much beneath his ability, years of "beating" his body through athletics the way he imagined he would be beaten in prison, and depriving himself of excelling in areas where he was truly gifted. With much therapeutic work, he understood that the internalized "voice" telling him he had killed his infant sibling, who in fact never came home from the hospital, was actually the disowned guilt of his abusive father.

Often a victim attempts to master incorporated theocentric guilt at the level of personal guilt. A woman, burdened by intense self-disparagement, as a child was frequently blamed for her alcoholic father's irrational, unpredictable, violent behavior. She was never sure what she had done to cause his violence. When she asked her mother to explain, her response was, "You know the mistake you made." She recalled experiencing "an awful feeling in my head where something is black." She likened the blackness to a big empty space, a space where she was looking for an answer, and there was not one. She had difficulty accepting her competent performance in college, tending to focus on her mistakes to the exclusion of her accomplishments. She believed that if she didn't get an explanation for what she had done wrong, she couldn't solve the problem of her guilt and would therefore have to destroy herself. Each incorrect math problem, for example, signaled potential death to her until she fully understood the mistake she had made. She frequently berated herself for "doing things wrong" at work, when in fact she was quite successful. Exploration of the guilt led the survivor to understand that her father's violent episodes were essentially random outbursts of rage, related primarily to his level of alcohol consumption, for which he would respond with intense remorse when sober. In her terror, she had taken in and held fast to his guilt, a belief underscored by her mother's attributions.

Resolution of victim guilt is often accompanied by a renewed sense of energy, freedom and creativity. The client who believed that he was responsible for the death of his

sibling expressed this renewed sense of well-being in the following way. "Now when I awake, I am aware that I like myself. The difference is like night and day. Whenever I make mistakes, I don't blame myself, and I don't feel frightened and angry. I feel so much freer."

SUMMARY

The moral structure out of which the guilt issues determines the structure of the guilt. There are four basic aspects of a moral system: 1) the theocentric level issuing from a deity; 2) the forensic level evolving from laws created within a society; 3) the ethical level developed in response to society's sense of responsibility for its members; and 4) the personal level. Each aspect of a moral system has its own level of guilt, expressed structurally in four components: behavioral, cognitive, affective, and spiritual.

Imposed perpetrator guilt is taken into the victim under conditions of affliction and/or terror. In attribution the victim is told she/he is responsible for the victimization. In terror, the victim, in a state of hypervigilance, takes in the world view of the perpetrator, including the perpetrator's disavowed guilt.

Guilt imposed on the victim by the perpetrator is taken in at the level of the perpetrator's offense. The victim then attempts to resolve the guilt by resorting to expiation demanded of that or other levels of the guilt within the moral system. For example, theocentric level perpetrator guilt imposed on the victim calls for the destruction of the self through death or radical self transformation. The victim, not having violated the theocentric aspect of the moral system, attempts to deal with the guilt through the level of the ethical, forensic or personal expiation strategies.

Resolution of imposed guilt involves becoming aware of its non-rational quality and tracing the content through the victimization experience back to the perpetrator. ■

REFERENCES

- Bulks, R.P. (1987). Guilt from, guilt towards. *Journal of Psychology and Judaism*, 11, 71-90.
- Burnham, F.B. (1989). *Postmodern theology*. San Francisco: Harper & Row.
- Damon, L., & Todd, J. (1986). Letter to the editor. *American Journal of Orthopsychiatry*, 56, 460-461.
- Doolittle, D. (1988). Transitional phenomena in child molesters. Paper presented to the annual conference of the Boston Institute for the Development of Infants and Parents. Pine Manor College, Chestnut Hill, Massachusetts.
- Dutton, D., & Painter, S.L. (1981). Traumatic bonding: the development of emotional attachments in battered women and other relationships of intermittent abuse. *Violence and Victims: An International Journal*, 1-4, 139-155.
- Erikson, E.H. (1958). *Young man Luther*. New York: W. W. Norton & Company, Inc.
- Friedman, M. (1985). Toward a reconceptualization of guilt. *Contemporary Psychoanalysis*, 21, 501-547.
- Gilligan, B. (1988). *Alorality: A new justification of the moral rule*. New York: Oxford University Press.
- Gilligan, C. (1982). *In a different voice*. Cambridge, Massachusetts: Harvard University Press.
- Harris, R. L., Archer, G.L., & Walke, B.K. (1980). *Theological word book of the old testament*, Volumes 1 & 2. Chicago: Moody Bible Institute.
- Herman, J. L. (1988, November). The long term effects of childhood abuse and victimization. Paper presented to the Annual Meeting, Massachusetts Mental Health Center, Boston, Massachusetts.
- Kerns, G.A., Silverman, F.N., Steele, B.Y., Drottschmueller, W., & Silver, H.K. (1982). The battered-child syndrome. *Journal of the American Association of Child and Adolescent Psychiatry*, 21, 105-112.
- Lamb, S. (1988, November). The beginnings of morality. Paper presented to the annual conference of the Boston Institute for the Development of Infants and Parents, Pine Manor College, Chestnut Hill, Massachusetts.
- Lang, D. (1974, November 25). A reporter at large (Swedish hostages). *The New Yorker*, 56-126.
- Lewis, I. B. (1976). *Psychic war in men and women*. New York: New York University Press.
- Lindberg, F.H., & Distal, L.J. (1985). Post-traumatic stress disorders in women who experienced childhood incest. *Child Abuse and Neglect*, 9, 329-334.
- Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood and adulthood: A move to the level of representation. In I. Bretherton & E. Waters (Eds.), *Growing points of attachment theory and research, Monographs of the Society for Research in Child Development*, 50 (1-2, Serial No. 209).
- Main, M., Tomasini, L., & Sroufe, L.A. (1979). Differences among mothers of infants judged to differ in security. *Developmental Psychology*, 15, 472-473.
- Masson, J. (1984). *The assault on truth*. New York: Farrar, Straus & Giroux.
- Morrison, N. (1985). Shame in the treatment of schizophrenia: Theoretical considerations with clinical illustrations. *The Yale Journal of Biology and Medicine*, 58, 189-297.
- Ochberg, F.M. (1988). Post-traumatic therapy and victims of violence. In F.M. Ochberg (Ed.), *Post-traumatic therapy and victims of violence* (pp. 3-19). New York: Brunner-Mazel, Inc.
- Otto, R. (1958). *The idea of the holy*. New York: Oxford University Press.
- Ricoeur, P. (1967). *The symbolism of evil* (pp. 100-139). Boston: Beacon Press.
- Seghorn, T.K., Prentky, R.A., & Boucher, R.J. (1987). Childhood sexual abuse in the lives of sexually aggressive offenders. *American Academy of Child and Adolescent Psychiatry*, 26, 262-267.
- Sgroi, S.M. (1982). *Handbook of clinical intervention in child sexual abuse*. Lexington, Massachusetts: Lexington Books.