THE ROLE OF SELF-BLAME IN SURVIVAL OF CHILDHOOD TRAUMA

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August 25, 2015
20th Annual Conference for the Institute on Violence, Abuse and Trauma
San Diego, California
A PSYCHOLOGICAL AFTER-EFFECT OF TRAUMA

When we acknowledge our client’s victimization, with “It wasn’t your fault” we extend compassion. However, when we understand that “Internalized Blame of Self” is a natural coping defense that helped the child survive adverse circumstances in which she/he had no other resource than magical thinking, we give that client a tool and a place to start the healing process. This is because, in adulthood, “IBS” is no longer helpful, but actually compels the person to self-sabotage and is a factor in symptomology of depression, anxiety and other conditions.

When humans experience trauma, they feel as if their life is threatened; there may be an element of horror and shock, helplessness ensues. After the event or circumstance, a victim needs to recover from feeling vulnerable and out of control of the environment. One way we do this is to engage in self-blame: “it was my fault”.

NOT A BEDTIME STORY

To illustrate how Internalized Blame of Self (IBS) develops, we considered a story:

Tommy is 4 years old. At night he hears his parents fighting. Daddy yells at Mommy “why are his toys always in the driveway?!” One day Tommy comes home from pre-school and Mommy tells him “Daddy’s not going to live with us anymore”.

What does Tommy think?

“My toys are in the driveway. It’s my fault.”

How does this help Tommy (or Mary) cope? "Maybe if I keep my bike put away ‘I’ll be good enough’—daddy will come back!” Thus, a pattern of thinking becomes a way of life, for many persons. Children may become adults who are always trying to be ‘good enough’. This can mean the grown-up strives to be smart enough, pretty enough, strong enough, rich enough, religious enough—whatever the particular “enough” fits in his (or her) family!

MAGICAL THINKING is the child’s sole resource, thus the only way to get a vital sense of psychological control: “I’m bad”, “I caused it”, “I deserve it” (the bad treatment; conversely, “I don’t deserve” a good life.) In addition, the child is help to deny or avoid the feelings of devastation and helplessness that result from the trauma.

NOT ‘GOOD ENOUGH’ SYNDROME

The standard created is subjective and the survivor can never BE good ENOUGH.
When this self-blame becomes generalized to areas of life in addition to the trauma experience we can speak of Internalized Self-Blame or IBS. Self-blame can grow into low self-esteem and even self-hate, especially in the case of persons who are victims of childhood abuse. The self-blame drives negative, self-sabotaging behavior causing persons to live unfulfilled lives and causing some to become hurtful to others when they become adults in power. Staying stuck in IBS can motivate addictive behavior, self-harm, unconscious seeking out of violent relationships, inappropriate caretaking (“codependence”), unfinished education, under and un-employment, and general unhappiness.

IBS is indicated by the following examples:

Elementary school teacher/physical abuse survivor expresses, “I was an ‘A’ student but I should have gotten ‘A+s’ on my report cards”. Practitioner asks, “Are you allowed to give ‘A+s’ on report cards?” Teacher answers, “No, but I should have gotten them.”

Incest survivor: “I’m worthless” expressed by a highly acclaimed scientist.

Incest survivor: “I was lower than a dog” adult speaking of herself as a child.

Physical abuse and incest survivor, aware of IBS: “I feel guilty when I tell my mom I’m not going to drink. I’ll be the only one at the family reunion who doesn’t drink and I’ll make them feel bad.”

When a survivor can’t recognize the cognitively distorted thinking that indicates IBS, treatment is impeded. A treatment provider may express “It wasn’t your fault” but the survivor will not be able to accept this compassionate statement because the IBS was and is a coping skill that helped him/her to survive trauma. When the client cannot extend compassion toward him/herself, he/she cannot extend it to others. A client may be perpetually stuck in “yeah, but”. This mind-set may lead to continued negative behavior in support of IBS.

IT’S ALL ABOUT RESOURCES

The child had no resources other than magical thinking to cope with and defend against the imposition of adult energy upon him/her. This adult energy may have come in the form of abuse, neglect or unintended harm, but the child cannot distinguish motive. In his/her mind, “it’s all about me”. Magical thinking leads a child to believe that he/she causes everything in his/her world to happen. “It’s raining because I’m sad.” Piaget recognized the expression of magical thinking in his developmental theory in discussion of ages 2-7: “preoperational stage”. Adults who stay entrenched in this defense have difficulty regulating emotion and tolerating distress in relationships. The childlike
thinking causes him/her to think in terms of “it’s my fault” but the more adult, rational aspects of his/her personality don’t completely accept this explanation. Thus the adult becomes confused, angry, anxious, depressed and incapable of expressing compassion for him/herself and others, to varying degrees. This lack of compassion leads to self-harm and other “acting-out” behavior.

The adult in the victimizing scenario has many available resources. His/her brain is developed (ostensibly); there are choices for education, work, legal prospects, social opportunities, physical abilities. In practical terms, the child cannot, first of all, because the brain is not developed fully, say to the adult, “Mom/Dad, you’re hurting me and I know that’s not about me—you have issues!” Even if the child could recognize that he/she is not the cause of the treatment he/she is receiving, he/she cannot walk out the door, drive a car down the street, rent an apartment and get a college education or a job while waiting out mom/dad’s problems.

Humans are wired for survival. The child cannot allow him/herself to feel completely vulnerable and helpless. This could result in becoming so overwhelmed that the nervous system would shut down, causing the child to become catatonic or autistic-like. The child has no choice but to use the only resource he/she has: magical thinking, “it’s all about me”. In addition, if the victimizer reinforces the belief that “it’s all my fault” with, “I’m hurting you because you’re a bad kid”; the developing adult will become mired in IBS.

HOW CAN WE HELP?

Here are some of the ways mentioned in the presentation:

**Educational work** explaining that IBS was a coping skill that helped him/her survive impossible circumstances is a first step. Most persons who seek help for depression, anxiety, Post-Traumatic Stress symptoms and other conditions are astonished to hear that what has now become a “low self-esteem” issue was originally, the vehicle for survival. It was a smart thing to do and the only way available to a child. Offering this explanation is validating and affirming and it can help the person “put 2 and 2” together, so to speak. Even in crisis settings, a brief explanation can pave the way to healing via psychotherapy, group work, self-help and other recovery work. In any case, offering this information can begin to stop the re-traumatizing experience of non- and in-validation of the person’s history.

**Cognitive work** is essential to assist the adult to reframe the labeling and the “shoulds” that indicate a lack of belief in the self. It is a basic tool and can be re-visited over and over again, as the client makes progress. Many survivors are quite intelligent but have not
been able to fully “claim” their brainpower. Some have been told they are “too intellectual” by treatment providers. This can be re-traumatizing, in and of itself. Engaging in this type of cognitive work can open the door to emotional expression because it leads to compassion for self. Finally, the client may be able to allow him/herself to feel and express the vulnerability and helplessness that the IBS guarded for so long.

**Skills-based work,** such as Dialectical Behavior Therapy is limited when IBS is not explained. Persons who do not believe they are “worth” applying such skills to improve their lives cannot apply the skills effectively and consistently in their relationships. Explaining and working with the cognitively distorted negative self-talk that keeps IBS alive, will enhance the use of skills-based work and lead to increased emotion regulation and distress tolerance.

**Expressive work** via art, music, creative writing and somatic work can complete the treatment picture. Allowing for a corrective and managed expression of anger is essential for those who have repressed their feelings since childhood. Many have witnessed only “over the top” rage and are afraid that expressing anger will lead to self-destruction and worse. A confident and competent provider of treatment can guide persons to safe and liberating expression. We are not talking about mindlessly getting “riled up” but a guided, grounding course of work that invites the body into the “talk” therapy and treatment environment.

**REFERENCES AND RESOURCES**

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PRESENTER’S NOTE:

It has been my pleasure to present this information about Internalized Blame of Self. I am always happy to answer questions and I offer training, supervision and consultation to individuals and groups. Please feel free to contact me: Cathy Harris  619.807.9159

Visit my online training and consultation site: TraumaInformedPro.com.