

Guilt and blame in the grieving process



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Working with bereaved people, we frequently encounter individuals who feel strongly that either they or others are guilty in some way connected with the dead person¹. We know that usually these painful feelings bring nothing but suffering and assume that our clients would prefer to be free from them. We may encourage them to develop a more forgiving attitude towards themselves and others or, if appropriate, try to show that the blame is unjustified. However, guilt can be a very difficult emotion to shift. An explanation for this may be that, for some, clinging to guilt brings significant benefits and fulfils unexpected functions.

Some bereaved people seem to hold on to feelings of guilt or blame for a very long period of time. For them, neither reality testing, proofs of blamelessness, assurances of pardon by man or God, nor practising forgiveness exercises will affect these strong feelings and the intense suffering they engender. Here our interventions must be oriented towards the underlying causes of what is being expressed in the guilty thoughts and feelings, and that is what is explored in this article.

The concept of guilt

Usually, the concept of guilt involves a system of different roles – victim, culprit, defender, accuser, judge – and grieving people may assume varying roles. Often they blame themselves for the death, acting as both accuser and culprit and thereby viewing the deceased as a victim of their alleged misdoings. Taking the role of accuser, they frequently blame other people, eg other family members, or physicians. Within the period of a few days, the same bereaved person may veer from fervently recriminating themselves to a judgemental attack on others, or even the dead person.

These shifting scenarios are similar to those described by the Karpman drama triangle¹ in which roles are variable and their allocation may be changed repeatedly at any time. Listening to people in the drama

triangle, we are not dealing with descriptions of physical reality but with situations as perceived and evaluated according to a particular interpretation, independent of facts, intentions and responsibilities. In the drama triangle the schemes of interpretation are those of victim, persecutor and rescuer; within the concept of guilt they are those of victim, culprit, accuser and, at times, judge.

Self-recrimination and blaming others

In this article people are described as ‘blaming’ when they take on the role of the accuser or ‘self-recriminating’ when they blame themselves, but this is not necessarily to describe a real situation. The concept of guilt works by finding fault rather than determining facts.

Bereavement workers can very easily take on the role of a judge who may declare people guilty or not guilty. This is both hubristic and futile: there is only one person who can make judgements in this context and that is the grieving person themselves. If they adopt guilt as a way of interpreting the world, or their current situation, then it is they who will impose punishment on themselves or others.

When people apportion blame to others, social ostracism, removal of privileges and breaking off contact usually serve as punishment. For example, the woman who holds her mother-in-law responsible for the death of her husband may bar her from seeing

EDITOR'S NOTE

Guilt is learned early in life, in man and many other species. Expressing guilt may become a strategy for obtaining parental attention and, in abused children, a way of mitigating the abuse. If the alternative to guilt is misery or chaos, children will choose guilt. Having adopted the guilt strategy, they soon begin to believe that they are, in fact, guilty or bad. Guilt then loses its link with fairness or justice. The basic assumption of guilt is not easily unlearned and, even if it is, we may revert to it when other strategies fail.

In this paper Chris Paul explores the complex assumptions of guilt that may be found in those who become preoccupied with guilt after bereavement, and suggests some ways of helping. The editors welcome further contributions on this important topic. CMP

the grandchildren. In cases of self-recrimination, people may punish themselves by depriving themselves of a good quality of life; they may forsake a hobby or enjoyable activities in the belief that they do not deserve happiness³.

In contrast to responsibility, guilt is a moral concept that requires compensation through discipline or reparation. This ‘compensation’ necessarily results in suffering, and the strain of this makes people want to rid themselves of feelings of guilt and either perceived or apportioned blame.

However, despite this, those who suffer strongly from guilt and self-imposed chastisement, or punishment by others, often find it difficult to sever the bond with their guilt, however unreasonable⁴. It would seem that clinging to blame has its own rewards.

Guilt as a cognitive construct

According to Thomas Hülshoff, the feeling of guilt must be distinguished from other feelings like fear, anger and desire which are triggered by a mostly inherent stimulus-response scheme and can therefore be called emotional reflexes. His view is that guilt is an 'affective-cognitive phenomenon' which is only possible within a construct of thoughts⁵. Those who have feelings of guilt about themselves or others must also have thoughts about guilt in themselves and in others. In other words, to feel guilt, it is necessary to have thought about guilt beforehand.

This cognitive element of the concept of guilt takes it beyond the learned aspects that are needed to modify all human feelings. Guilt, in fact, can only be perceived as a physical reaction or a feeling once there is a relevant cognitive construct of guilt. In contrast, emotions like fear, anger or desire may be culturally shaped, but the physical reactions to them are identical in all cultures.

Guilt – in the form of self-recrimination or apportioning of blame – is therefore a cognitive construct which is imposed on reality. A precondition for guilt is an awareness of rules and laws, and the ability to distinguish between acting according to, or against them. Without the capacity for internalising regulations, there can be no guilt. Guilt needs conscience as an authority to ensure we abide by the rules, independent of the threat of sanctions. Guilt is a cognitive construct that categorises and judges events and facts and from them deduces a path of action.

Guilt as an indicator of other issues

If guilt is first thought about and then felt, it would seem useful to focus our attention on the thinking aspects of guilt instead of – as it is more common – the feelings. The kind of thinking that is a precondition for feelings of guilt is not free and associative, but normative,

categorising, organised and organising. Guilt is connected with an existing system of rules and produces causal connections. When people think about guilt, they think about a wide-ranging, valid order of things and the world.

1. Guilt provides a valid order system

Guilt helps us to make sense of situations where reality does not seem to allow for any reason or rules, and death and mourning are life situations which engender exactly these kinds of feelings. The bereaved no longer understand the world, and may feel that even God seems to have forgotten about them. Reconstructing their world in terms of guilt may serve as a support structure, as a bridge, when reality fractures.

The husband who blames physicians and nurses at the deathbed of his wife possibly feels as if his world is falling apart, a world in which he has achieved everything he wanted by being efficient, diligent and persevering. His wife's illness has undermined all this. He may not necessarily want to detect any professional mistakes or wrongdoings, but is simply looking for a way to understand the unfathomable fact that his wife is going to die.

2. Guilt facilitates a sense of personal power

Those who experience guilt, especially those who direct severe feelings of blame against themselves, may find their situation incomprehensible and may as a result experience a strong sense of powerlessness. To be guilty is to be 'bad', but also powerful: a person who can cause the death of others could, in theory at least, also keep them alive. If the woman who blames herself for the death of her husband could only find out what her greatest mistake was, she would be able to avoid unhappiness and misery in her future life. Her self-recrimination and conviction that she herself was to blame for her husband's death probably do not result from mistakes and failures on her part, but are more likely to indicate an unbearable feeling of incapacity and powerlessness.

In the same way, it is often observed that other powerless individuals – for example those who experience extreme victimisation, victims of torture, abused children, rape victims, prison

inmates – tend to blame themselves and have strong feelings of guilt.

3. Guilt establishes a continuing bond

Guilt is often a very stable and time-resistant binding factor and it can be used to create close bond between individuals. According to Dennis Klass⁶, two-thirds of bereaved people want to maintain a continuing bond with the deceased and manage to do so without causing themselves harm, and the binding nature of guilt may be important in this process. Self-recriminating statements such as, 'It is my fault that you died', or those that blame others, 'Your death destroyed my life!' may, in fact, serve to maintain a strong emotional bond with the deceased. I once asked a mother whose son had committed suicide and who had been suffering from strong feelings of guilt for many years afterwards, 'What would it be like if you no longer felt guilty?'. She was devastated, and answered, 'He would be really gone, then!'

Appropriate interventions for dealing with guilt

Understanding guilt as an affective-cognitive phenomenon may answer complicated questions, and provide explanations where there seemed to be none, and this knowledge may ease difficult situations for the family of a dying person, members of staff at a palliative care unit, as well as those who are dying and bereaved. Normal interventions that attempt to alleviate or take away thoughts and feelings of guilt may be frustrated if they are based on a misunderstanding of the true nature of guilt, and will prove useless when dealing with those for whom guilt is functioning as a barrier to more difficult feelings. As long as guilt serves as a means to a positive end, the person who feels and thinks the guilt has no incentive to be freed from it, to forgive or to be forgiven. Thus, it is of utmost importance to work out the cause of the apparent need for guilt so that we can find other ways to deal with this issue.

The three categories outlined above and summarised overleaf, together with two others, enable us to distinguish situations where guilt is serving an underlying function.

1. Guilt and blame provide explanations and a valid order system in a seemingly chaotic and incomprehensible situation

If the underlying issue is finally to understand a situation which is beyond a person's understanding, then the appropriate therapeutic care must be one that helps to find explanations, provides all necessary information and untiringly discusses the how, the what and the wherefore.

2. Guilt in a situation of impotence where control has been lost can be a desperate attempt to foster feelings of personal power and the confidence to act

If the underlying need for the guilt is to restore a feeling of autonomy, dignity and capacity to act, therapeutic intervention should leave space for the client to take the lead, follow their own judgement and make creative contributions and choices, supported and encouraged by the therapist. Against such a background, it should be possible to initiate a process by which the client can learn to accept the fact that, ultimately, matters of life and death are beyond human control.

3. Guilt and blaming behaviour in those who suffer from loneliness after a death may serve as a binding factor establishing a continuing bond with the deceased.

If the underlying issue is to maintain closeness and emotional intensity, the adequate therapeutic intervention should indicate where other 'binding factors' can be sought and found, factors which work on a basis of respect, possibly love and thankfulness, and which can in time eclipse the hurtful and distressing aspects of a relationship often experienced in the course of an illness or dying process.

4. Guilt that arises from other issues

In this category other possible meanings of guilt in the process of grieving are summarised. As in the cases above, therapeutic interventions must be related to the underlying needs of the clients.

Blaming oneself and others may reflect an acquired life pattern that is re-activated by the current bereavement situation. Here, interventions should be of a long-term therapeutic nature and aim to understand and carefully modify

the life pattern of the client.

For some people, feelings of guilt or guilt as an explanation are easier to bear than other feelings or insights; guilt is used to suppress other emotions. Therapeutic interventions must aim to stabilise the current life situation of the bereaved in order to facilitate a more differentiated perception of emotions and facts.

Self-recrimination and blaming others may serve to make the bereaved appear to be a special person, one who receives attention and affection that would not otherwise be forthcoming. Interventions must aim to work out other strategies for gaining these benefits.

5. Guilty thoughts and feelings are indicators of a true breach of rules, of mistakes or of failures

If all the triggers for guilt in categories 1-4 have been dealt with, then it is time to consider whether there are some aspects of the client's self-recriminating or blaming behaviour that reflect a real breach of individual and social rules. Intervention can be based on an exploration of guilt-related facts, ie reality testing. The remaining recriminations should be capable of resolution by common normative adjustments: reconciliation and coming to terms with wrongdoings by oneself or others, including God, and forgiveness of everyone concerned.

A complex issue

Often we find that guilt in the bereavement process serves several of the functions outlined above. A mother blaming herself for the suicide of her drug-addicted son may first use guilt to form a continuing bond, and then try to get rid of her existential powerlessness by feeling guilty and blaming others (eg her husband or doctors). Once she has been helped to deal with these issues, has formed a healthy continuing bond and accepted her powerlessness over the life and death of her child, she may have to deal with 'facts', her own (possibly valid) judgement of what she could have done better in the upbringing of her son.

Guilt in the grieving process is a complex mixture of thoughts and emotions. Only an unreserved acceptance of the cognitive constructs and feelings of a bereaved person, whether

manifested as blaming or self-recriminating, can allow for a proper exploration of their origins and create the basis for decisions about the most helpful interventions. ●

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LETTER TO THE EDITOR

Dear Editors

For bereavement support to be gender, socially and culturally sensitive, and as fully inclusive as possible, I believe rigorous research-based contributions, such as that from Tirril Harris (*Bereavement Care* Summer 2006), are essential to inform service delivery. To act on the implications of such research, I also believe, requires service providers to reflect critically on the overt and subtle gender and culture bias inherent in the way services are offered.

Harris provides well-evidenced support for volunteer befriending as a basis for the secure, trusting and harmonised relationship which is 'a critical therapeutic ingredient in the context of bereavement support'. Her findings, and the implications she draws from them, are in line with a recent research study¹ which suggests the theoretical basis for the use of befriending for bereavement support is 'that social support is known to "buffer" individuals against the negative health effects of stress events such as bereavement'.

Whilst Harris' findings constructively inform any debate about the future of bereavement support, I am concerned that they derive almost exclusively from studies involving women and female volunteers. My concern here is not whether the findings can be generalised and applied to bereavement support. It is with the potential for befriending to be perceived