

Interrupting the Blame/Rage Cycle

By Norman Sohn, Ph.D., LCSW

Being irrationally blamed can engender unbearable emotions of guilt, anxiety, shame, fear, remorse, helplessness, and loss. Warding these off becomes an immediate priority and blaming someone else is an easily accessible vehicle for doing so. However, the recipient of such displaced blame is likely to retaliate in kind. In this way, the dynamics of blame often involve a **blame/rage cycle**. This is a negative form of mutual identification. One person experiences unconscious blame, and aggressively blames the other who likewise tries to ward it off by counter-blame. This can result in a hopeless downward spiral from which neither person can escape. The good news, however, is that a positive form of mutual identification also exists. This can occur when one partner resists blaming, and the other partner identifies with that capacity and also resists blaming; e.g., a person may unconsciously reason that if his partner is not defensive when blamed, then maybe he does not have to be defensive either. I call this the **good will cycle**, for each is now able to be more intimate, however briefly, and safe from the dangers of irrational blame.

How can we understand why some people are able to deal with irrational blame while others cannot? From our earliest experiences, we witness how our parents deal with responsibility and manage their affects. We observe how they treat each other, and how they respond to relatives, coworkers, friends, even other drivers, and, of course, ourselves. These experiences form powerful models, and influence beliefs we have about ourselves.

The cognitive relational approach known as Control Mastery Theory offers a way to understand how these early experiences with parents and others effect our later relationships, and how these help shape our beliefs about ourselves and others. These beliefs may be both conscious and unconscious, growth-promoting or pathogenic. Pathogenic (false or irrational) beliefs are maladaptive and are the basis for most psychopathology. They warn us that certain thoughts and actions endanger the crucial parent-child relationship and give rise to unpleasant affects. Since children endow parents with supreme authority, and because they lack other worldly experience, they tend to believe that how parents treat them is how they deserve to be treated. This makes children vulnerable to feeling responsible and unconsciously guilty for the traumatic events in their lives, and may lead them to conclude they are basically bad.

Why people blame and why they react with counter-blame. Unconscious issues of separation and survivor guilt account for these reactions and result in identification and/or compliance with one or both parents. There are many ways in which children may infer blame, and so develop the belief they deserve the bad treatment they receive. Subjecting a child to physical and/or verbal abuse, or neglect represent extreme forms of blame. Children are also sometimes wrongly blamed just for attempting to develop autonomy through trial and error behavior, or might be blamed for events having nothing to do with the child as in "Look what you made me do." Withholding of support and encouragement can also contribute to a sense of being blamed, though this is difficult to detect because of its subtlety. Furthermore, if a parent had unfairly taken sides with a sibling, the other parent, or others such as teachers, a child may comply by developing the false belief that he was to blame, and think he is therefore undeserving of protection. If a parent is domineering, a child may blame others in an effort to defend against domination. In any of these situations, a child may make great efforts to gain better parental treatment believing that it is his fault, and such experiences can leave a child with a lifelong vulnerability to irrational blame when anything goes wrong.

Modeling can be another way a child learns about blame. If he observes a parent dealing with conflict by blaming others, he may come to believe this is normal and the way he himself should behave in such situations. This child may also unconsciously identify with the parent out of survivor guilt. As a result, he may blame his spouse in order to disguise having a better relationship than the parents have. Since children often believe it is their responsibility to make a suffering parent feel better, failure to be able to

do so may also engender a sense of self-blame. As an adult, this person may blame his suffering partner to ward off this kind of irrational blame.

Couples Therapy. When people enter therapy, they have as their main objective a plan partly or wholly unconscious to disconfirm these irrational beliefs. They do this by unconsciously testing the therapist. Whereas in individual therapy the testing is of the therapist, in couples therapy, one partner may be testing the other partner as well as the therapist. Unconscious testing has two major aspects. In **transferring**, the patient behaves in a way similar to what he believed caused his parent to traumatize him, hoping this outcome will be different. The other form of testing is **turning passive into active**. Here the patient does to the therapist or his partner what the parent did to him when trauma ensued. The patient's hope is that the therapist will not be traumatized as the patient had been as a child. These tests when passed lessen the strength of the pathogenic beliefs so that the patients become increasingly less constricted in their choices of behavior as they feel safer to act in defiance of those beliefs. Another powerful way to disconfirm false beliefs is by gaining insight into them by appropriately timed therapist interpretations.

Interrupting the blame/rage cycle. We all have experiences in working with blaming couples when we wonder who is right as each partner blames the other. It is imperative that you take the time early on to get a history on both partners. This includes relationships to parents, siblings, and significant others. Also important is the quality of their parents' relationship to each other as the patient was growing up, and also how well their parents and siblings are currently functioning. It is from these facts that the therapist can begin to formulate what each partner's unconscious plan for testing may consist of. Another way to understand what their plans are is by understanding how they unconsciously test in the sessions by both forms of testing noted above.

Besides the therapist passing tests, one of the most powerful experiences the couple can have in therapy is having the therapist interpret what their conflicts represent from their earlier lives. This helps people understand what is keeping them from having a better relationship. A complete analysis is not necessary in order for the couple to feel that their problems can be understood, and that they can be helped. The reason I place such emphasis on this is because couples often enter therapy hopeless or at least very discouraged. The discouragement may be a result of having been raised with unhappy, suffering parents who made it hard for them to be optimistic. Demonstrating to the couple that the therapist is neither discouraged or hopeless, nor burdened by their problems represent important passed tests.

To break into the blame cycle early, it is often useful to interpret how each of them reacts to the situation as a reflection of their past experiences in their families, and what you can do to help is to give them another way to view it so that they can be freer to get their needs met. It is also beneficial to help people interrupt blame cycles by explaining how mutual identification works. If one partner can stop blaming, the likelihood is that the other will too. Phrases such as "let's not fight" or "let's just go out and have a good time" may represent an offer that the other will not refuse. When both partners claim to be right, they will feel less defensive when the therapist explains how both are right; that is, in light of their specific childhood traumas, it is understandable that they would need to ward off blame in this way. Such techniques may be useful only if they are consistent with passing a test.

Case illustrations. Though it is not within the scope of this brief article to give a complete case analysis, two brief therapy vignettes, one of a couple and another of an individual illustrate how therapists can help patients who blame. Kay blamed Bert for zoning out when she spoke. He reacted by counter-blaming her for complaining all the time. I interpreted Bert's complying to Kay as though he had done something terrible, and his need to rid himself of guilt by blaming her. He acknowledged that he puts up walls to defend against taking responsibility (complying with the irrational belief that taking responsibility makes a person vulnerable). I noted that this was an identification with his father who rarely took responsibility, and he was doing to Kay what father had done to him. Kay believed she was undeserving of being heard

in her family, for when she complained, her parents blamed her. I interpreted that in an effort to ward off this humiliating compliance, Kay blamed Bert when he was momentarily inattentive. Kay's blaming also represented an unconscious identification with how her parents reacted to blame.

Meg came to therapy aware she was alienating her husband Lloyd by berating him for minor faults. From her history, I interpreted that she was unconsciously identifying with her mother out of loyalty by worrying about unimportant things and insisting she was right. Her mother's need to be right was an effort to ward off blame in case things did not turn out well. As a teen, Meg had defied her mother, resulting in her being called a bitch. I interpreted that Meg had complied with this false belief and so acted badly to Lloyd. Later, her mother had recommended that Meg should not marry Lloyd because of his faults. Meg was also unconsciously complying with her mother by finding fault with Lloyd. Unlike her father who did little around the house, Lloyd was an involved father who willingly participated. Her father could be very critical of mother which Meg found vaguely infuriating. It was the only trait she shared with her father. In being critical, Meg was being loyal, identifying with both her father and her mother. Unconsciously, Meg believed that she was hurting her mother by having a better marriage.

In both these cases, the patients eventually were able to interrupt the blame/rage cycle by testing their false beliefs and coming to a new understanding of what had been compelling them to sacrifice their relationships. It is important for therapists to keep in mind that these irrational beliefs are not easily changed, for the patients have had years of experience that have convinced them that the beliefs are true. Change takes place slowly as patients test and retest these beliefs in order to feel safe to be different. As tests are passed, the strength of the beliefs begin to diminish. This will be evident by reports and/or observations that the couple's fights occur less frequently, are less intense and resolve more quickly. Reflecting this progress back to the patients helps the therapist pass important tests around discouragement, and can enable the patients to be even bolder in challenging their pathogenic beliefs.

For further information about Control Mastery Theory and to learn about available educational programs at the San Francisco Psychotherapy Research Group view their web site at www.sfprg.org.

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