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POST-TRAUMATIC STRESS AND ATTRIBUTIONS
AMONG INCEST FAMILY MEMBERS*

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ABSTRACT

This paper presents a discussion of the relationship between attribution models of self-blame and coping strategies among members of incest families. The findings suggest that incest victims are more likely to experience prolonged post-traumatic stress than are offenders and their spouses. The argument is made that by focusing on individual adjustment, therapy programs may be neglecting the interactive effect of attributions made by other family members, the legal system and outside observers. The author concludes by suggesting that a sociological model in which the relationship between social reactions to incest and attributions is addressed would enhance the effectiveness of self-help treatment programs intended to reduce victim stress.

INTRODUCTION

Researchers and clinicians increasingly recognize that stressful events can have prolonged emotional and behavioral effects upon its victims. Whereas the most recent post-traumatic stress literature has focused on Vietnam veterans (e.g., Atkinson et al., 1982; Frye and Stockton, 1982; Hendin, et al., 1981; Levenberg,

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1983; Silver and Iacono, 1984; Williams, 1983), survivors of concentration camps (Kinzie et al., 1984), automobile accidents (Singer, 1983), kidnapping (Terr, 1983), bereavement (Krupnick and Horowitz, 1981) and rape (Burgess, 1983), this paper focuses upon members of incest families. Specifically, this article examines families in therapy and the extent to which stress symptoms relate to the manner in which responsibility for incest is assigned.

Incest families include the victims of incest, offenders, and the offender's spouse. In the most general example, incest involves the father and daughter. It is well-documented that family members often react to the incest and to public knowledge of their incest with great emotional stress and varied difficulties in coping (Browning and Boatman, 1977; Herman, 1981; Herman and Hirschman, 1977, 1981). Additionally it has also been found that many incest victims continue to suffer for several years after the experience (Meiselman, 1979; Sagatun, 1982; Silver, et al., 1983).

Although much of the recent literature has dealt with stress resulting from the Vietnam war experience, war is an extraordinary event outside the realm of everyday life. The trauma associated with incest, on the other hand, may be effected by more ordinary events such as marital discord, child rearing practices, and the lack of economic stability. A study of kidnap victims by Krupnick and Horowitz (1981), for example, showed that the severity of post-traumatic stress was related in part to family pathology and the lack of community support, and that symptoms manifested included shame and fear of reexperiencing the event. Among rape victims anxiety, depression, withdrawal, and interpersonal problems are, according to Koss (1983), the most frequent symptoms identified.

A few researchers have focused on the relationship between attributions and stress. Singer (1983), for example, noted that victims of vehicular accidents frequently externalized responsibility for the accident onto others, and also blamed subsequent personal problems on the accident. Similarly, Frye

and Stockton (1982) found that Vietnam veterans diagnosed as suffering from post-traumatic stress were more likely to have an external locus of control orientation than were veterans who did not have the disorder. And among patients treated for post-traumatic stress related to bereavement, feelings of personal (internal) responsibility for the event were common (e.g., Krupnick and Horowitz, 1981). Victims of violent crimes were also found to have fears of repetition of the event, feelings of responsibility, and concern about their vulnerability.

Attribution Theory and Traumatic Events

Attribution theorists suggest that the ability to cope with a traumatic event is related to the manner in which responsibility for that event is assigned (Antaki and Brewin, 1982); Bulman and Wortman, 1977; Miller and Porter, 1983; Wortman and Dunkel-Schetter, 1979). The ability to cope is also found to be related to how significant others support external attributions of responsibility (Coates, et al., 1979, Coates and Winston, 1983).

Two distinct models account for the hypothesized relationship between attributions of responsibility and the ability to cope with stress following traumatic life events. The first, the external model, suggests that self-blame for negative events causes depression (Abrahamson, et al., 1978) and that the tendency to project responsibility or blame elsewhere is a good coping mechanism. It is theorized that external attributions lessen the negative effect of traumatic events (Layden, 1982); Storms and McCaul, 1976; Valins and Nisbett, 1972) all of which leads to the assumption that most people are defensive about their own role even to the point of denying responsibility for a traumatic event (Weiner et al., 1972).

The internal model provides a very different view--one which suggests that assuming personal responsibility for the traumatic event may actually promote feelings of personal control thereby enhancing the ability to cope with stress (Bulman and Wortman, 1977; Wortman, et al., 1980). Moreover, a sense of

personal control enables individuals to believe that a recurrence of the event can be avoided. Bulman and Wortman (1977) found that victims who assumed self-blame for accidents felt more in control of their lives, less fearful of repeated trauma, and were better able to cope than were the victims who blamed external factors such as chance, circumstances, or other persons.

In cases involving incest, victims tend to blame themselves (internal attribution), and offenders often enact external attribution by blaming the victim or the mother (Herman, 1981). The standard method employed to treat members of incest families is to reverse the focus of these attributions; that is, victims are encouraged to make external attributions, while offenders are encouraged to develop internal attributions. Spouses are encouraged to recognize and to accept that they also contributed to the incestuous relationship (Giarretto, 1982; Herman, 1981). By reversing the attributional patterns it is assumed that better coping mechanisms will develop and that long-term depression for the victim in particular can be prevented.

Although this treatment model appears to be beneficial for incest offenders and their spouses, it may not prevent post-traumatic stress among the victims of incest (Herman, 1981). According to Lerner (1980), the tendency to attribute blame to others is an effort to preserve illusions of a "just world." But for victims, externalizing blame for incest means placing the blame on the parents. Blaming the father and/or the mother may assist incest victims to cope with their stress but, then, victims often lose parental support and subsequently become alienated from the family. Moreover, when friends and acquaintances "blame the victim", victims are deprived of much needed support (Lerner, 1980). Schachter's (1959) experiments demonstrated that people under severe stress have a special need for supportive relationships. Although external attributions assist victims to cope, a bias toward internal attribution (personal culpability) make external attributions the most likely to generate negative reactions from outside observers.

Thus, a lack of support for the victims' external attributions often results in severe post-traumatic stress.

In contrast, offenders and their spouses are more likely to receive support if they adopt the desired internal, self-blame model. Both the legal and the social environs promote internal responsibility, and representatives of the criminal justice system clearly encourage offenders to admit their guilt and to accept their legal responsibility. (Sagatun, 1981).

Finally, victims suffer more severe trauma than do other family members. While the concerns of parents are to a large extent related to legal, economic, and social consequences, the victims, because of their age, are more likely to experience adverse emotional problems following incest. Silver, et al., (1983) argue that the betrayal of trust and the abuse of the parental role in incest relationships produce devastating effects on the social-psychological development of incest children.

In summary, while offenders and spouses receive social approval for adopting a self-blame model, the lack of support for victims' external attributions enhances their difficulty to cope emotionally with stress related to the event. In this regard they become double victims.

In the section that follows, the author examines the relationship between self-blame and the ability to cope with stress among incest family members both before and after therapy. It is assumed that all incest family members experience stress. But victims may exhibit longer-lasting stress. When offenders assume personal responsibility, they are less likely to experience long-term negative effects related to incest. Incest victims, on the other hand, manifest negative consequences even after they shift their self-blame for incest to an external cause.

METHOD AND PROCEDURE

In an effort to examine the hypothesized relationship between attributions and coping strategies, a questionnaire was distributed among incest family members participating in a Parents United therapy program. Parents United is a group which assists incest families by introducing the self-help component into therapy.

Permission to conduct the study was obtained from officials of the Parents United Leadership group. Participation in the study was voluntary, participants were assured of anonymity, and were advised that participation in the study was not related to the therapy itself. A questionnaire was distributed during group meetings among three therapeutic groups consisting of 1) the victims, 2) the adult offenders, and 3) the spouses. The sample included 54 offenders of whom 40 were white, 31 spouses, and 36 victims. All offenders were male; 53 were fathers or stepfathers and one was a grandfather. All victims were females.

Self-blame was measured by asking the subjects to describe how blame for the incident was assigned (internal versus external) both before and after therapy. To assess the stress factor the subjects were requested to respond to a series of questions designed to evaluate feelings of being in control, perceptions of family relationships, perceived consequences of the incest, and attitude changes. Respondents were also requested to describe the general impact of incest and to comment on their relationships with significant others and their ability to maintain personal relationships.

RESULTS

Attributions of Responsibility Before Therapy

Forty-two percent of the victims (N = 15) reported that they blamed themselves for the incest before

therapy, 41 percent of the offenders (N = 22) assumed self-blame, and 31 percent of the mothers (N = 11) reported that they had blamed themselves before undergoing therapy. The data shows that even though the offenders claimed they blamed themselves for their incestuous behavior, they, in fact, assigned blame to both external and internal causes. For example, problems with alcohol and drugs were mentioned in the self-reports as one external cause.

The Offenders

Typically, unsympathetic or physically unattractive wives were a second object of external blame. The following statement of an offender reveals his external assignment of blame:

Mother set the stage for the acts I and daughter were involved in. She may have been going through menopause at the time. Daughter was making herself ready and available to me and verbally telling me she wanted me in a sexual way. She loved me very much and she would stop at nothing to keep me from leaving her. I had a bitch of a wife with a very run down mental condition and a daughter who loved me.

The internal reasons offenders offered for their behavior focused on feelings of low self-esteem. Some offenders mentioned bad childhood experiences with sex. One man stated that he had a "need to show and receive love and affection, but (was) unable to do it in an acceptable way.

The Spouses

The mothers blamed themselves and external factors for the problem. Frequently these women mentioned being victims of sexual abuse themselves as children which resulted in feelings of low self-esteem and powerlessness in adult life. The essence of these feelings is captured in the statement of one spouse:

He said he did it to hurt me for something I did before we were married. I should have turned it in sooner, but I was afraid he would kill my daughter.

As external causes, these mothers tended to blame their husband's childhood upbringing and resultant feelings of poor self-esteem. One mother stated:

He totally shut me out of reality and turned to a child for his love because he could not accept it from a woman. My husband is weak and his family destroyed his feelings of any self-worth as a child.

Alcohol and drugs were also cited by the victims' mothers as a source of external blame. One woman said, "I was on PCP at the time and was pretty messed up." Another mother attributed the abuse to both external and internal causes exemplified in the following statement:

I was abusing drugs (heavily). My relationship with my husband was not very feeling or loving--thus he turned to my children to give him the love he didn't receive from me.

The Victims

For the victims, blame was often assigned to some internal weakness in themselves as is indicated in the statement: "I felt that I seduced him, even though I was very young at the time. He told me I did." However, these feelings were often mixed with strong memories of fear. The following quote from a victim sheds some light on this issue:

I became anxious around 6 about my father molesting me. When I turned to my mother, she fought with my father, but he continued to molest me when he had a chance. She told me when I was 7 years old she couldn't do anything about it; that all they did is

fight and he'd still bother me, so what I must do is stand up to him and say no. I was only 7 years old, and he would make my life miserable for saying no. He would tell my brothers that I was a tattletale. He said that God would punish me for not loving and respecting my father--I was breaking a commandment.

Many victims mentioned the belief that a lack of cooperation in the incestuous act would have led to violence and even murder. One victim expressed this fear stating: "I should have tried to stop it earlier, but I was afraid that he would kill me."

Attributions of Responsibility After Therapy

When asked to explain the incest event after spending a period of time in therapy, offenders and victims used the models advocated by the therapy program. Mothers were divided almost equally between the two models. Eighty-seven percent (N = 47) of the fathers said that they now blamed themselves, whereas thirteen mothers and seven victims blamed themselves.

The Offenders

Typically, after undergoing therapy, offenders assumed blame for their behavior, admitting that they were responsible--regardless of the factors which led to their behavior. However, some offenders could not blame themselves completely and attributed some degree of responsibility to their wives: "To a certain extent I mostly blame myself, but I blame my wife a little too." The next statement also demonstrates this mixed assignment of blame:

My quest for power and my awareness that my daughter was turning into a woman (caused the incest to happen). My daughters were victims, I forced them to do what they did by fear. I blame myself a lot because I am responsible for my action, but I feel that a share of the blame goes to my wife.

Offenders who internalized blame for the incestuous relationship framed their views within the context of their adult role: "I should have known that what I was doing was wrong and I should have restrained myself." Internal attribution was complete for most offenders of whom one stated: "I accept full responsibility regardless of what factors led to this mess."

The Spouses

Many mothers recognized their responsibility, mentioning how they should have done something to prevent or stop the problem. In response to the question, "Do you think that anyone or anything is responsible for what happened?," one mother responded:

Yes, I blame myself. . . I feel that I could have relayed protective information to daughter. I should have warned her--I should have considered he could. . . I never did.

Escape from reality and the lack of adult responsibility were also recognized as factors contributing to the event. Another spouse indicated these beliefs in the following: "All persons involved on an adult level were responsible if we allowed things to be so terrible that we would turn to drugs or children to hide our feelings or to not deal with things."

Yet some mothers denied that they were responsible in any way. A typical response from this group was: "Blame means nothing, would not help anybody, least of all myself."

The Victims

Therapy seemed to help the victims assign the blame to the offender. One victim stated that: "I was too young to understand--I consider it all my dad's fault." Another victim cast her post-therapy attribution in the form of a sick-role as indicated by the following statement:

There was no justification for what he did to me. I believe he was schizoid. He said he wished things were different so he could marry me. He liked to pretend we were two lovers parted by a quarrel.

The effect of incest upon victims' self-esteem also was apparent among the program participants as suggested by a victim who responded:

I used to feel like a nothing and would run and didn't care if I lived or died. I hated men and was uncertain if I'd ever be like any normal family child. I always felt like something deformed and I drew all the attention in public places.

An older victim, who later married, described herself in the following way:

I have felt different from other people, second class, not as good as, not as deserving the same rights. I have no close friends. I haven't been able to have sex with my husband the last 3 years. I can't stand to be touched--not even by my own children.

Learning to Cope with a Traumatic Event

Although most parents felt that their participation in therapy had a positive overall effect, victims were less likely to experience the positive effects. These contrasting results are demonstrated by the optimistic tone of statements made by offenders and spouses as opposed to the more negative tone of victims.

A number of offenders indicated that therapy enhanced their ability to understand other problems and the underlying causes that led them to engage in abusive acts. Some offenders viewed themselves as entirely different persons:

I now understand that I made a big mistake and that I will never lose control of my life again thanks to the therapy from Parents United. It saved my life I feel. My life was a lot of broken pieces and the program has put them back together.

Spouses seemed to believe that the therapy was beneficial in that it allowed them to cope with themselves, to accept the fact that incest did occur, and to justify their role in working to establish a solution for the problem:

We're not alone and it didn't happen out of maliciousness. It was merely a mistake that we can't change, but can understand why it happened and how to keep from getting such a bad space again as to allow it to happen again. Basically I have learned a lot about me. Self-awareness, communication skills, parenting skills, etc. etc. I feel heard, understood, accepted, loved, and I am worthy. --Prior to incest incident I felt I was dirty, nasty, no good. No self-worth at all. We (mothers) don't have to feel guilty because husband and father is being punished because we told about (the) problem.

Some victims, on the other hand, continued to experience negative effects related to the incestuous relationship. Symptoms related to post-traumatic stress syndrome are clearly demonstrated by one victim who wrote: "It was a living hell, I dropped out of school. I can't concentrate on anything or sleep."

DISCUSSION AND CONCLUSION

These data suggest that incest family members do experience stress resulting from the incest relationship and the subsequent effort to deal with it.

Several respondents experienced symptoms related to the post-traumatic syndrome such as a loss of interest, distance from others, and difficulties in sleeping and concentrating. Feelings of being out of control, poor family relations and the experience of negative consequences were also demonstrated. Many mentioned the shame and stigma associated with incest, and parents also indicated that economic and social hardship resulted from disclosure of the incest experience.

The data also suggest that victims are more likely to experience post-traumatic stress than either offenders or their spouses. Whereas therapy seemed to have a positive effect on offenders' stress, this does not appear to be as true for victims. Although some victims reported that therapy had helped them, strong negative reactions to the experience continued after therapy. Offenders seem to benefit most from therapy and victims the least; mothers appear to be more ambivalent.

Stress reduction among offenders may be due to the change in attribution. Prior to therapy offenders were more likely to blame external factors; after therapy they were more likely to assume a greater responsibility for their actions. Mothers were almost equally divided between internal and external attributions both before and after therapy. Victims changed from blaming themselves before therapy to external attributions casting blame toward the father or the mother. However, they did not experience a corresponding reduction in stress.

These findings offer some support for the internal model as a more effective coping strategy. Offenders who switched from an external to an internal orientation experienced fewer stress-related symptoms than did victims who changed from an external to an internal focus. Again, mothers were less easily understood since they divided almost equally on internal versus external attributions.

According to the internal model, self-blame and acceptance of responsibility for an action increases

self-control. Such control enables the individual to believe that the serious life event can be prevented from recurring, thereby enhancing the ability to cope. Indeed, earlier studies on post-traumatic stress indicate that stress symptoms are associated with a tendency to externalize responsibility, (Frye and Stockton, 1982; Singer, 1983). However, other students of the problem have noted that feelings of responsibility for the traumatic event was a common factor among victims experiencing stress after rape (Krupnick, 1980; Krupnick and Horowitz, 1981).

Janoff-Bulman (1979) and Janoff-Bulman and Frieze (1983) argue that while characterological self-blame is associated with continued depression, behavioral self-blame is not. Perhaps incest victims experience stress both when they use characterological self-blame (i.e., blaming the incest on their own "bad" character), and external blame, but are able to reduce the level of stress using behavioral self-blame (i.e., blame directed at transitory behaviors).

For incest victims it is difficult to make the distinction between stable and unstable self-blame. Incest is typically a form of abuse that occurs repeatedly over a period of time and, therefore, may be much more difficult to blame on particular behaviors than is the case when single events such as rape occur (Miller and Porter, 1983). Incest victims tend to move from the damaging characterological internal model to an external model thereby reducing their ability to feel in control. It is important, therefore, that therapists encourage incest victims to develop behavioral self-blame. Victims of incest should be directed to think that future outcomes can be controlled by change in behavior; that she is not "bad," and that she is not totally at the mercy of external circumstances. The distinction between assigning blame for a problem and assuming control for the solution is helpful in this regard (Brickman et al., 1982). According to Brickman et al., the question of responsibility involves two separate processes; assigning blame and assuming control, each with different implications for helping and control. In general, longer lasting change is produced when people assume internal

responsibility for a solution (control), whether or not they assume internal responsibility for the problem (blame).

Offenders and their spouses receive more social support for adopting an internal model of blame than do victims for adopting an external model or internal model. Although many therapists encourage victims of incest to externalize the blame in order to diminish the effects of guilt and shame (Fox and Scherl, 1972) this shift increases the difficulty to forgive and to restore the family unit. Blaming the parents also contributes to the continuation of stressful relations within the family.

The offender may learn to assume personal responsibility, but he may also feel resentment and anger toward the daughter for reporting the abuse, and for blaming him. The relationship between mother and daughter is crucial for recovery, however. Daughters blaming mothers for not protecting them from abuse generated a negative reaction to such blame. If victims try to blame themselves, counselors may fail to see this as a healthy need for control (Brickman et al., 1982).

To recover from the incest trauma it is essential that victims gain the support of significant others. Understanding how the individual, the family, and therapy and societal reactions interact is important in overcoming the emotional stress involved. Representatives of the legal system should realize that conflicting cognitive influences affect the victim. It is much easier to unilaterally blame an unknown rapist than an incest offender who is also one's father. It is also important that victims not assume the burden of guilt for the parental abuse; it is equally essential that therapists recognize the complex personal relationships involved in assigning responsibility for the act.

Victimization studies have focused either on the victim's reactions or others' reactions, but not on the interactions of these reactions (Coates et al., 1979). To develop an attribution orientation in the

mind of the victim does not provide assistance if no one else supports this view. Understanding the importance of social support for the coping efforts of victims is essential. It is easier to recover from trauma if others share and support the victim's perceptions of the event. However, if observers "blame the victim" as proposed by Lerner in the "just world hypothesis" (1980), victims receive little support from others; whereas offenders and spouses, who are encouraged to make internal attributions, are more likely to receive approval.

The relationship between attributions and coping strategies requires a sociological focus and should include variables that refer to the effect of significant others. Structural and environmental components in models of attributions and coping would transcend the current emphasis on individual cognitive balance. The proposed interactive model has important social policy implications as well. First, not only offenders but spouses and victims need family therapy. Without the authority of the court, however, incest offenders (and spouses) are not committed to attend. Imprisonment and probation are not enough to change the attitudes of offenders toward incest (Giarretto, et al., 1978, Giarretto, 1982; Peters and Sadoff, 1977). Court order is the only means by which the legal system can insure that all family members receive the appropriate treatment needed to reduce post-traumatic stress. Court ordered family therapy programs are already in effect in some jurisdictions, and preliminary results indicate that court ordered clients are more likely to develop the desired attitudinal change than are voluntary clients (Sagatun, 1981).

Second, treating the entire family unit is more likely to encourage the development of attributional models that are compatible for all family members. It is also more likely that individual family members will develop an understanding of the reasoning behind each other's perceptions. To this end it seems crucial that incest therapy groups incorporate a self-help component. Several respondents referred to the sense of community that such groups provided. Having

the opportunity to meet and talk with other incest family members reduces the feeling of being "all alone," deviant and stigmatized, all of which should have the desired therapeutic effect (Coates and Winston, 1983).

Self-help groups provide peer-group confrontation and pressure and, ultimately, support. This kind of family therapy offers an important technique for assisting incest victims as well. Victims have already learned that adults dominate and exploit them (father) or neglect and abandon them (mother). Group therapy should afford victims an opportunity to reduce their levels of shame and guilt through acceptance by other group members.

Most incest victims do not confide the incest problem and often continue to suffer the effects of their victimization even during their adult lives (Herman, 1981). A recent study suggests that incest may be more prevalent than is generally acknowledged (Gordon and O'Keefe, 1984). It is imperative, therefore, that victims be encouraged to report incest, and that programs be developed to reduce the effects of post-traumatic stress among victims of incest. Families should learn to confront their problems, but also to approach the future in a positive light. In this sense, incest victims can learn to be survivors.

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