The Shame Family
Many emotional states have shame at their core
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“It is shame…which reveals to me the Other’s look and myself at the end of that look.”—Jean-Paul Sartre

As Sartre well understood, in feeling ashamed we feel objectified and exposed as inherently flawed or defective before the gaze of a viewing, judging other. (Sometimes, we, ourselves, can be our viewing other.) In shame we are tyrannized and held hostage by the eyes of others; we belong, not to ourselves, but to them. In that sense, shame is indicative of an inauthentic or unowned way of existing.

Many emotional states are variants of shame or combinations of shame with other dimensions of emotional phenomenology. Here are some examples:

Moral shame (as distinct from guilt) is the experience of having exposed one’s moral flawedness to a viewing other. Embarrassment is mild shame. Self-consciousness is anticipatory or signal shame. Shyness is anticipatory shame motivating a shying away from viewing others to avoid shame proper. Humiliation is the experience of having a viewing other use one’s shameful exposure to feel superior to or lord it over one.

In self-hatred or self-loathing we hate or loathe ourselves for having exposed our shamefulness to viewing others. Mortification is unendurable, annihilating shame. In feelings of worthlessness or valuelessness we experience our inherent flawedness as defining the core of our being. In a certain form of despair one experiences one’s inherent flawedness as dooming one to a life of unremitting shame and eternal isolating valuelessness. In some accommodative patterns, serving or performing becomes a way of substituting for a
missing sense of inherent value and thereby maintaining a connection with a viewing other. Defensive grandiosity and devaluation of, contempt for, rage at, or envy of a viewing other can represent efforts to cover up or counteract unbearable shame.

Many psychological disturbances have a double-layered emotional structure consisting in a first-order painful feeling combined with a second-order feeling about that first-order feeling. For example, so-called “panic disorders” consist in escalating cycles of anxiety coupled with shame about exposing the anxiety (= flawedness) to viewing others. The anxiety-shame combination is so unbearable that the anxiety must often be somatized such that it only shows up as physical symptoms. Many phobias embody efforts at avoiding shameful exposure of anxiety. Similarly, some clinical depressions consist in escalating cycles of natural depressive feelings (sadness, grief, etc.) combined with shame about exposing the depressive feelings (= flawedness) to viewing others. Like the anxiety in panic disorders, the depressive feelings too must be somatized, showing up mostly as vegetative symptoms.

The therapeutic approach to panic disorders and clinical depressions entails 1) loosening the grip of the shame about exposing anxious and depressive feelings, and 2) dwelling with these feelings so that they can find a context of emotional understanding in which they can be held, better borne, and eventually integrated.