Whose Shame Is It Anyway?
Lifeworlds of Humiliation and Systems of Restoration

for
Conference: “One’s own shame and other’s”: mistakes and trust in psychoanalytic contexts
Rome, 4-6 febraio 2005

Donna M. Orange, PhD., PsyD.
315 West 86th Street, 9E
New York, NY 10024
212-769-1151
dorange@att.net

Prologue: My first thought on receiving your gracious invitation for this conference—I was told that the title would be “the analyst’s shame”—was that I was ashamed to admit that I have written nothing about this topic, that I have nothing to say about shame, and that I would surely disappoint you, and this all in front of the world’s pre-eminent expert on this topic. Worthless, good-for-nothing, and selfish has returned to visit you. Then I remembered that one of our analytic candidates in supervision with me calls my clinical approach “shame-busting.” So, I thought, I must have some kind of implicit theory about shame, and about shame in the analytic dialogue. My job here is to make these ideas explicit. I may disappoint you anyway, since what I have to say rejects some presuppositions categories that apparently underlie the concept of this conference. I can only hope that any shame I thereby increase will be mitigated by the fruitfulness of our conversation together.
What is shame?

It may seem unnecessary to define shame, thirty-five years after the work of Helen Block Lewis and Heinz Kohut, both writing in 1971, brought it center stage in psychoanalytic theory and practice, and have shown us how insidiously and unconsciously shame infects our lives.

The pioneers in the study of shame—Leon Wurmser in the classical tradition, Francis Broucek from developmental and emotion studies, and especially Andrew Morrison in self psychology—have sensitized us to shame’s pervasiveness in human life and to its disastrous effects, from underachievement, depression, self-hatred and suicide in individual lives to war, rape, and torture in societal contexts. They have studied its origins, and its many manifestations. Andy, directly and indirectly the teacher of so many of us, in particular has shown how integral shame is to the forms of narcissism studied by Heinz Kohut and by other self psychologists, and how much the understanding of shame contributes to the treatment of the afflicted ones. In 1984 he defined shame as “an affect reflecting a sense of failure or deficit of the self” (Morrison 1984). Perhaps he would modify this definition now, as we see a trend toward more relational conceptions—surely he will tell us.

Here, for example, is Lansky’s (Lansky 1999) definition, moving somewhat in this direction, and including his very useful distinction between shame and guilt:

Shame is about the self. The word as we now understand it refers, not simply to one type of affect, but to a complex emotional system regulating the social bond, that is signaling disturbance to the status of the self within the social order: what is (does this “is” belong? I cannot discern this sentence. Is there a typo?) one is before oneself and others; one’s standing, importance, or lack of it: one’s lovability, sense of acceptability, or imminent rejection, as seen before the eye of the other or the internal self-evaluative eye of the self. This essential relationship to the self is in contrast to the domain of guilt, which does not concern the self—what one is—so much as it does what one does—real or fantasied actions, transgressions, or omissions that harm the other (p. 347).
Ikonen, Rechardt, and Rechardt (Ikonen, Rechardt et al. 1993) similarly see shame as intrinsically intersubjective experience: “shame is a reaction to the absence of approving reciprocity” (p. 100).

Lansky (Lansky 1999) further describes the range or spectrum of shame which arises from a vast array of psychopathological dispositions and human experience that involve awareness of failure to meet standards and ideals, from exposure as inadequate or deficient; from fantasied or actual denied or inferior status; and from awareness of oneself as dirty, inadequate, needy, empty, dependent, rageful, disappointing, shy, socially fearful or inept, humiliation prone, and the like. The spectrum of shame-related emotions and emotional situations, includes, in addition to shame itself, embarrassment, humiliation (the experience of shame as deliberately inflicted by another), inferiority, withdrawal, shyness, and social fearfulness; it also includes defenses against shame (pudeur), that is, the obverse of “shameless”: modesty, humility, and related concepts. (Again, I am puzzled. Is he saying that shamelessness is the defense? Or humility and modesty? Is there a missing comma?) Shame can be seen as latently operative behind other affective phenomena: vengefulness, envy, resentment, and other forms of rage, all of which are found regularly to be instigated by and experience of shame or shame-producing self-conscious comparison that remains bypassed or unacknowledged. Shame is also an invariable accompaniment of all exposure or threatened exposure of interruptions of personality cohesion, of fragmented, dissociated, and disorganized and panicky states…. (pp. 351-352. The pervasiveness and relationality of shame in all these permutations become more and more unavoidable.

Whose shame?

My main thesis, as you might expect from me, is that shame in the analytic system belongs neither to the patient nor to the analyst, but is intersubjectively generated, maintained, exacerbated, and we hope, mitigated, within the relational system. No one is born ashamed, but we can surely inhabit together experiential worlds of what an American writer of the 1930’s Great Depression called “that ratty gnawing shame.”

Morrison has taught us that the analyst must be ready to notice both shame and shame-anxiety:
…recognition and acceptance of the patient’s shame lies at the heart of empathic listening in the analytic process….it must also be remembered that shame itself, as well as the material that causes it, will frequently be hidden and withdrawn from the analyst, particularly by the patient with narcissistic pathology. It must be sought actively and with patience by the respectful analyst-selfobject, “teased out,” particularly from the narcissistic rage of the vulnerable, self-impaired individual…. (p. 501).

We owe to Morrison in particular the deeper understanding of what Kohut taught us to recognize as narcissistic rage: that rage and violence are most often, if not always, the visible face of unbearable shame, or loss of face.

The study of shame, however, has often been embedded in assumptions that many of us no longer share: first, that emotions are really physical somethings called “affects” (Malin 1999), a term that lends itself, in my view, to reification and to neuroistic (Brothers 2001) reductionism. Second, these “affects” are considered single, atomistic mental states characterized by recognizable physiological manifestations. They are, thirdly, most often thought to belong primarily or exclusively to those single individuals that my collaborators and I have called isolated minds. For affect theorist Sylvan Tomkins (Tomkins 1962-3), for example, shame was defined as a slumping posture with drooping head and looking aside, seen quite early in infancy. He thought it was a hardwired response to interest interruptions, and that it was independent of relational experience. “Shame is inevitable for any human being insofar as desire outruns fulfillment sufficiently to attenuate interest without destroying it”. Michael Lewis (Lewis 1992), a researcher on cognitive and affective development, sees shame as a later development, dependent on the child’s development of conscious self-awareness and a sense of being viewed. Shame also requires a sense of success and failure in regard to standards and rules, and is equivalent to a global sense of failure. In neither theorist do we find much reference to the person’s experience or to the relational context. (This is true of Lansky’s quote above, where he refers to the patient’s “awareness” that he is dirty, needy, etc., rather than to the patient’s awareness of something urgently felt need, perhaps), and then makes negative attributions—needy—that reflect his how he makes sense of his developmental and current contexts. The attribution “needy” is seen by the patient as a truth, rather than the question, “needy in relation to what/whom?”)
Others, however, have begun to study emotional life differently. Lichtenberg, whose motivational systems theory (Lichtenberg, Lachmann et al. 1992; Lichtenberg, Lachmann et al. 1996; Lichtenberg, Lachmann et al. 2002) could be seen as an attempt to map the general contours of a person’s emotional life, comments with respect to Tomkins’ account of shame—also adopted by Broucek (Broucek 1991)—that he prefers ‘a theory that regards the baby during the first year as having a spectrum of aversive affects, one of which is an experience that lies in continuity with what is later more easily categorized as shame” (Lichtenberg 1994), p. 126-127). This approach, though it retains the affect idea, is more relational—aversive implies turning from something or someone—and is also far more systemic and less concrete.

Recently, however, theorists inspired by systems, chaos, and complexity theories (Sander 1982; Fogel 1993; Beebe and Lachmann 2002; Stolorow, Atwood et al. 2002) have pointed the way toward an even more radical rethinking of shame in psychoanalysis. Though there are important differences among these theorists, their first important move, to my way of thinking, has been to question and rethink the sharp distinctions usually assumed between cognition and affect, or as I would prefer to say, between thought and emotional life. (I prefer these not because they are informal, but because they sound less substantive and more process-oriented). Even more important, these theorists have regarded emotion as an emergent property of relational systems, as the total embodied involvement and participation in such intersubjective fields. Sander, for example, taught us to regard “the infant, the caregiver, and the exchanges between them as constituting a biological system” (1982, p. 316), including every aspect of development. Fogel (1993) has made the shift from affect to emotion, seeing emotion as one form of embodied cognition/participation in organic systems or cultures. Beebe and Lachmann (2002) have drawn our attention to the fine points of self-and-mutual regulation, showing us how emotional participation in dialogic systems works in detail. Our own work (Stolorow, Atwood et al. 2002) has steadfastly refused the cognition-emotion dichotomy, and claimed that psychoanalytic understanding of experiential worlds, yours, mine, and ours, constitutes (word choice? I would use “presents” here, rather than “constitutes”) decisive evidence against this dualism. Shame, like all emotion is an emergent property of a relational system.
Even in the experiential worlds of shame, which feel so aversive, isolating, and “sticky” (Morrison 1999), we are intricately involved in intersubjective systems. By an intersubjective system I mean “any psychological field formed by interacting worlds of experience, at whatever developmental level these may be organized” (Stolorow and Atwood 1992). In an intersubjective shame system, we feel we are deficient by comparison with the others (envy), we feel we are failures in our own and others’ eyes, we feel so held up to critical scrutiny in our desperate misery that we want to sink into the ground and become invisible. From our wretched hell, we feel like the shades being stared at by Dante, who is reproached by Alessio Intermini: “Why are you so greedy to look at me when all of these are just as filthy?” (Alighieri 1994). Later Virgil asks him: “What are you staring at? Why let your vision linger there down among the disconsolate and mutilated shades?” (Canto XXIX). Dante in turn is ashamed before Virgil, who has seen his “drunken eyes.”

Philosophers, too, have taken an interest in shame, especially noting that it seems to have useful functions in human life as well as the disastrous ones alluded to above. It is no compliment to call someone “shameless.” Martha Nussbaum (Nussbaum 2004), particularly drawing on the work of Winnicott for her developmental ideas, argues that shame originates from the awareness of one’s vulnerabilities in the presence of others. (are you using this definition approvingly? Because she seems to say it is inherent in the awareness of vulnerability rather than emergent from the experiences/meanings that vulnerability in others’ presence has had)

Although the capacity to feel shame may have important social benefits, she thinks that the harm generated by shaming makes it immoral to use it for punishment. Anxiety about shame, she believes, creates societal systems that value strength over vulnerability, encouraging men especially to embrace a rigid self-ideal of independence and invulnerability.

British moral philosopher Bernard Williams has captured much of the phenomenological experience of shame, and of its relational embeddedness:

…the experience of shame, one’s whole being seems diminished or lessened.

In my experience of shame, the other sees all of me and all through me, even if

---

1 It may be of interest that shame is so often associated with the eyes, and that self-respect often seems so visible.
the occasion of shame is on my surface—for instance, in my appearance; and the expression of shame, in general, as well as in the particular form of it that is embarrassment, is not just the desire to hide, or to hide my face, but the desire to disappear, not to be there. It is not even the wish, as people say, to sink through the floor, but rather the wish that the space occupied by me should be instantaneously empty. (Williams 1993)

Consider the situation, for example, of a woman whose husband or romantic partner has continued his attachment to his previous partner but is ashamed to say so. To guard the bond between them, for both of them, she has needed to believe his claims that the previous relationship is finished, and that she could finally keep him and get him to love her as she desperately needs to be loved, a desperation driven by shame-based beliefs in her profound unloveableness. They each live within a world of shame that developed in prior relational contexts. When the evidence confounds her, she becomes full of preoccupation with suicide. We can understand this both as her rage against herself for being duped, and against him for using her, but also, as I might paraphrase Williams, says, as a desire “that the relational space occupied by me should be empty”. She cannot bear that anyone should even look at her, she feels so degraded. And unfortunately, her fear of this feeling kept her from looking clearly at her situation in the first place. (This clinical vignette is tough to follow. Is there an easier one to use? Or maybe my efforts to clarify it tell you what is hard to follow?)

Or consider this story from The New York Times about Qingming, a Chinese peasant from an abjectly poor family:

He wanted to attend college. But to do so meant taking the annual college entrance examination. On the humid morning of June 4, three days before the exam, Qingming’s teacher repeated a common refrain: he had to pay his last $80 in fees or he would not be allowed to take the test. Qingming stood before his classmates, his shame overtaken by anger.

“I do not have the money,” he said slowly, according to several teachers who described the events that morning. But his teacher—and the system—would not budge.

A few hours later, Qingming, 18 years old, stepped in front of an approaching locomotive. (August 1, 2004),(Kahn and Yardley 2004).
Here we can see that shame is neither affect nor cognition. Nor does it belong primarily or exclusively to Qingming. Rather an emergent shame-process pervaded an entire experiential world. Qingming’s shame-ridden world included his family, his school, his changing and traditional culture, his hopes and possibilities, his rage and despair. As Williams suggests, he could no longer inhabit this world of rage and shame, or allow it to inhabit him. Absent a compassionate witness—for having a witness can make the unbearable bearable—the shame-system destroyed him.

This example leads us to the relationship between humiliation and shame, sometimes described as two different affects. Some instead see humiliation as a form of shame. In Morrison’s (Morrison 1984) words, “humiliation represents the strong experience of shame reflecting severe external shaming or shame anxiety at the hands of a highly cathected object (“a significant other”), p. 487. My preference would be to regard humiliation as the intersubjective process most often involved in creating experiential worlds of shame. (I think here you may be universalizing the conditions that most aptly describe how your shame-proneness developed. But I was/am also highly shame-prone, and I am not sure that humiliation was the foundation for mine, although I recognize a dimension of humiliation in my history. But consider families where the following is typical: a child spills milk. A lively dinner table conversation comes to an abrupt end. Silence, a pause, and then mother primly, and without speaking, cleans up the mess. Gradually conversation resumes. The child knows he has been the cause of something, but has no sense of proportion about it, and a repetition of similar interactions, in a thousand different settings, can lead to a “mystification” about what about me is worthy, and what about me is not, and how the hell can I tell the difference? That could lead to a vulnerability to the emergence of shame states. Or take the case I hear about often—and matches my experience—that disobeying or disappointing a parent leads the patient to withdraw love with cold stares or silence, or even the mother saying, “you are killing me.” The very fact of my existence can kill my mother. My existence is loathsome and destructive. I should be—and am—ashamed. Or the family where the child is continually told that what they say they are feeling is NOT what they are feeling, and not
what they should be feeling. My point here is that there are many roads to shame-proneness, or sensitivity to the experience of shame. Humiliation is one very powerful road, but I do not believe it foundational for all. There are of course, many forms of humiliation, ranging from early shaming parent-child interactions, through bullying, into rape and torture. Each of these establishes a shaming system, in which the dominator tries to overcome shame, “the underside of narcissism” (Morrison 1989) by humiliating the other, that is, by shaming him. Some have speculated that empathy is possible because we are prewired to (I would say we have the capacity to) experience both sides of interactions. This could mean that we are born prepared to participate in relational systems, including those that are organized primarily around shame.

A further aspect of shame that makes it worth considering as a systems concept rather than as an affect in an individual is its pervasive quality. In Morrison’s evocative words, “…shame settles in like a dense fog, obscuring everything else, imposing only its own shapeless, substanceless impression. It becomes impossible to establish bearings or to orient oneself in relations to the broader landscape” (Morrison 1994). Like an invasive weed or a computer virus, it tends to insinuate itself into our whole lives, our whole experiential worlds, and to spoil everything. I did not simply fail to complete the marathon; rather, I am a failure. I did not just inadvertently retraumatize my patient; I am a failure as an analyst, and thus as a human being. I did not only complain about my sore feet; I am simply a selfish person. This pervasive quality of shame, of course, suggests its origins in the family, where my experiential world became organized around a sense of myself as worthless, good-for-nothing, and selfish. Worst of all, there is no hope of escape from the enclosure of this world except through the encounter with another with whom I must again enter worlds of shame.

So let us return to our main theme, I suggest that “the analyst’s shame” is a misnomer. Lynne Jacobs, in her “Shame in the Therapeutic Dialogue” (Jacobs 1996) reminds us that the analytic situation is shaming for many reasons: 1) The patient usually needs the analyst or therapist more than the therapist or analyst. 2) Approaching an analyst or therapist means something is wrong with me right off. 3) For therapists, there is the risk of humiliating failure at a profession that means everything to us. 4) Both people risk exposure of painful vulnerabilities.
and personal shortcomings that may be felt as the shameful sense of being bad, disgusting, or a complete failure as a human being. 5) Emotional life itself, with its painful, wounded fears and hopes, is often a context of shame, though this depends on the cultures of family and larger contexts. 6) Worst of all, traditional therapies, including psychoanalysis, have made the analyst/therapist into an expert authority whose claim to know the patient better than the patient does creates a culture of shame. Similarly, Ikonen, Echardt, and Echardt (1993) have noted that “the mere admission of the need for help may be unbearably humiliating,” (p. 120), and that even if the analysis is helpful, “Nietzsche’s cynical comment on gratitude (that gratitude is a milder form of revenge) concerns the humiliation and shame in connection with receiving help” (p. 121).

Although relational psychoanalysis, including self psychology and intersubjective systems theory, has sought in important ways to minimize and mitigate these shaming aspects of the analytic situation, there is no avoiding them completely.

The analytic setup, of course, is only part of the problem of shame. The analytic culture of shame in a particular treatment emerges, from the interplay of the personal worlds of experience of both participants. Whatever I, as patient or analyst, bring into the analytic field, is until then only potential, nothing actual. It may be that my history has led me to anticipate or to cocreate particular forms of humiliation, but it is not inevitable that I will find them with you. If what I bring to the treatment is mine willy-nilly, then why do patients have such different experiences with different analysts, and why do analysts have such varied experiences in a single day of clinical work? In my view, a dialogical self (Taylor 1991) exists only within relationships and cultures, implicit and explicit and only within these does “my shame” exist. There is no such thing as an infant, there is no such thing as a patient (as I have said elsewhere), and there is no such thing as the patient’s or the analyst’s shame.

Clinical stories.

1) Borrowed from Lynne Jacobs: David was intense and easily injured. He was coming to see me for a period of three months while his therapist took a maternity leave. In our first meeting, he asked if we could arrange a regular weekly session time. He said it would help to anchor him during this difficult
time. He was feeling bereft and abandoned by his therapist, and frightened that the therapist’s new baby portended a loss of his place in the therapist’s heart and mind. As our discussion unfolded, I told him that although there would be occasional exceptions, we could meet regularly on Friday mornings.

A few weeks later, I told him, in a rather matter-of-fact tone, that I would have to reschedule three of our subsequent sessions. In our next session, he expressed hurt and righteous anger at my casual attitude. He said it meant to him that I did not take our interim work seriously, that I would just biding my time with him. Frankly, I was surprised by the intensity of his reaction. I felt a flash of reciprocal righteous anger, saying to myself, “how dare he attack me, I have gone out of my way to accommodate him, surely he must know it was not easy to carve out a regular time on such short notice!”

My angry reaction was defensive. I had experienced his righteousness as shaming to me, and I wished to defend myself against my rising shame by shaming him for shaming me! I also recognized that I had presumed that he was aware of the demands he had made upon my schedule. I had simply been so absorbed in my own perspective that I had not noticed that his vantage point was quite different from mine. In the course of our explorations, he described how he had never had any impact on his parents and how they treated him. They were dismissive of his aims and desires. I asked him how I had dismissed him. He said I ignored his need to plan, and his feelings about needing an anchor and needing me to see our work as important. He said he felt like he was just a flat line, someone I did not need to contend with. I told him, appreciatively, that he had now brought himself to me as someone to contend with. I also said I had been insensitive to his needs and had been preoccupied with my own. He was excited and relieved that we could work/fight this problem out between us (Jacobs 1996)(pp. 4-5 in typescript 302-303).

Comment: Here we see first the asymmetry of the preexisting frame of the patient-seeking-help-from the apparently less vulnerable therapist. Both begin innocently and with the best of intentions. Before long they are tied up together in an impasse that results from mutual shaming. The shame belongs neither to David nor to Lynne; it becomes like the oxygen in the room when they are together, all-pervasive. It is as if each has set off an allergic reaction in the other, and the reactions themselves generate more and more. Each retreats within this world of shame into the memorialized humiliations of lifetimes. For David, as Jacobs tells us, “someone else’s limits
were intensely shaming to him. He took them as a personal rejection of him because he was not worthy of more serious consideration.” For Lynne, apparently, being accused of a selfish refusal to consider the needs of the other may have evoked a shameful sense about having any needs of her own. The working through of this impasse required courage from both the shame-generators and the shamed, and began, as it often must, with the therapist’s acknowledging her participation in the mess-making.

2) My patient Ted, a professor at Columbia University who had also attended there as an undergraduate and graduate student, came to me depressed and anxious about finishing the book he needed to have published before his tenure review. He knew he had the ability, and the most eminent scholars in his field respected and supported him, but he was stuck, never feeling that he had read enough, or “covered all the bases.” He knew of my academic background, and had heard that I had finished a book, and hoped I might be able to help him. He was also very much concerned that he had not been able to marry and establish a family, apparently always choosing the wrong partners, and feared that something might be irredeemably wrong with him.

We worked for several years, during which he concluded that he was stuck because he really didn’t want to be a professor, but had been blindly following others’ agenda for him, and found his way into another line of work that suited him very well. In addition, after years of work on his family’s multiple forms of invalidation and shaming, he was able to find a partner and settle down.

Along the way, however, perhaps two years into a twice-weekly treatment, Ted began one day: “I’ve been thinking, and I’m trying to figure out why you hate Columbia. Yes, the university has hurt me, and yes, it has given me everything that my family couldn’t give and didn’t want me to have. But you are so supportive and encouraging to me, and yet there is this thing about Columbia. I’ve felt we’re getting nowhere for some time now, and I wonder if it has something to do with this.” Considerably surprised, and playing for time to respond, I asked him to tell me more. It seemed I had responded much more strongly to his complaints about than to his satisfaction with the university, and this for the whole length of the treatment.

I took a deep breath, and told him that I wasn’t sure, but that I guessed that I had nothing against Columbia, but that I had grown up in a world where no one ever seemed to have heard of the Ivy League, and that no one had ever felt I was capable or worthy of a first-rate education. Now my colleagues and patients
included many people with undergraduate degrees and doctorates from these first-rate places, as well as from Oxford and Cambridge. Often these people asked me where I had gone to college, and I had to answer: You will never have heard of it. And I was never wrong about this, but always painfully ashamed. I told him I was really sorry that my envy and shame had been hurting and confusing him. He seemed greatly relieved, telling me that he had felt that my reactions had been confirming his sense that something was terribly wrong with him for working in a terrible institution like Columbia University. We were soon very much back on track, and this became one of our shared jokes.

Comment: Again, this could seem to be an everyday garden-variety story of the analyst’s envious shame. But let us look again. Yes, I bring to every interaction of my life an experiential world structured by my mother’s shaming epithets: worthless, good-for-nothing, and selfish, as well as by my father’s contempt and humiliating violence. I bring with me the potential to feel either mildly or desperately inadequate, like Pigpen’s cloud of dust that precedes his arrival. But no, I don’t hate Harvard, Yale, Princeton, Columbia, Oxford, or Cambridge, and they come into the foreground of my dialogic-self-awareness only in specific relational contexts. The contexts themselves may or may not be shame-makers—it depends. (So, what is missing from your story above is an exploration of what about THIS relational context evoked your shame and defenses against it. OR was your shame evoked? Perhaps you felt strongly protective of him, and Columbia was a “perpetrator” in his/your view? Anyway, this vignette works much better you’re your first one) Similarly I find that patients who grew up with trust funds—often ashamed themselves of their privileged lives in relation to me—can evoke shame between us that does not seem to have preexisted the encounter. My experiences with such patients, and theirs with me, have been so varied that I cannot help thinking of shame as a quality of a particular emotional world in which we both participate.

But it can get much worse, and treatment can actually fail. The three treatments in my years as a psychoanalyst that ended badly, from my point of view, all involved people who attacked me relentlessly in the most contemptuous tone and by whom I felt unbearably humiliated. I was, they alleged, too caring and empathic, too self-psychological, too poorly read, too badly educated (see above), too lower-class, too accommodating, too informal, too afraid of
aggression. I was not rich, cultured, intelligent, confrontational, or connected to the right people. I was easily hurt, too vulnerable, of ambiguous sexual orientation, unreliable, dishonest, willing to do anything to curry favor with the powerful, and had no sense of style. This is the short list, drawn from all three treatments. If these accusations seem randomly strung together, they are because they felt so to me. Shame-ridden patients who have, for different reasons in each instance, humiliated me in this way so reminiscent of my early life and convent years (Armstrong 1994), have been paralyzing for me. I feel enormous shame and sorrow to this day about these treatments that foundered on the icebergs of shame.

On a slightly more optimistic note, I must say that the third of these impasse-treatments actually reached some resolution and understanding. I think perhaps my increasing sense of having become a respected member of the psychoanalytic community, and my awareness that my other clinical work was going reasonably well, gave me some confidence. I was finally able to say, "Enough. Unless we can speak respectfully to each other, I can no longer work with you." The patient, who said he had needed just this sort of limit-setting, calmed down for several months, until some inadequacy of mine met some vulnerability of his (or we mutually created these, perhaps), and the cycle repeated until I remembered once again that I am not a punching bag.

Of course not all such situations, or their resolutions, are the same. Relational theorists have introduced to us many ways of understanding similar clinical problems, and of participating in their resolution. Still, for many of us professional helpers, rageful and/or coldly contemptuous tirades can disorganize us severely, depending on our own lifeworlds of shame. We may be tempted to retreat or defend by calling the patient a borderline (Jaenicke 2003) or a character disorder; unfortunately systems thinking deprives us of this defense, leaving us painfully aware of our own participation in the problematic interaction. Finding support through supervision or consultation may restore our sense of self-possession enough to allow us to work differently with the patient, or to refer the patient with less residual shame than I have had to bear.

Contexts of shame.
There are several remaining thoughts that occur to me about the systemic character of shame in the psychoanalytic dialogue. First, shame and blame go together. We can see this on the societal level. After 11-9, for example, many Americans, feeling terrified, shocked, and humiliated, sought to affix blame and thus welcomed the division of the world into good and evil. We were too ashamed to seek for understanding, but sought instead to restore pride by means of revenge. Similarly, many have noted that the painful humiliations suffered after WWI prepared Germans to blame their own shameful weakness, and to embrace the first leader who promised them pride and self-confidence.

Likewise in treatment, when a shame system emerges, we look for someone to blame. The villains may be parents, bosses, peers who cheat in order to get ahead, or each other. The assumption, organizing principle, emotional conviction—what Gadamer called “the binding expectation” (Grondin and Weinsheimer 2003, p. 417n44)—that someone must be to blame, can paralyze the treatment, and destroy the search for understanding. Conversely, this binding expectation can, depending on the culture of the family, shut conversation down out of fear of further exposing and shaming those to whom one is attached.

How can we escape from the cycle of shame and blame? One suggestion comes, not surprisingly, from Jacobs, who borrows the concept of “permission” from gestalt therapist Arnold Beisser, author of “The Paradoxical Theory of Change” (ref?1970). Again I quote her at some length:

That permission is the permission to be themselves. I think that patients are constantly assessing our interventions for whether or not we offer permission to have the feelings, aims, and needs which they have. They note our posture, tone of voice, choice of words. And when they do not find permission, they often assume that their feelings, aims, and need are “beyond the pale”. This means they do not belong in human company anymore. This is a fundamental shame self-statement: I am not fit for human belonging....

[Creating permission]...requires of the therapist that she tolerate her own shame throughout sessions stretching over long periods of time. Most, if not all, patients are shaming of the therapist at certain times in the course of a long term therapy....if a therapist can relate in a relatively non-defensive manner, be alert to her shaming impact—even the most inadvertent shaming impact—, and
consistently work to acknowledge her defensiveness when it is having an impact on the patient, then a transformative process can be set into motion... (Jacobs, 1996, pp 312-313).

Working with the patient to establish a climate of emotional permission creates a conversation in which one can become at home in one’s own emotional life, and learn to find one’s way around in it. Feeling treated as a welcome guest rather than as a dangerous stranger begins to undo shame. Experiential worlds, I believe, are transformed only in an atmosphere of radical acceptance, but this acceptance, though sought from the beginning, will for a long time seem impossible, and will emerge only gradually in a treatment where the shame-and-blame system can, in thousands of tiny ways, be disrupted. We go on being, but always a little bit differently.

One way that I sometimes try explicitly to create this permission-space is by saying to the patient: I have no interest in finding someone to blame for your pain and trouble (or for what is happening between us). What I care about is for us to understand together what has happened to cause you (or us) such trouble. We’re not prosecutors; we are involved in a therapeutic dialogue, a healing conversation. Blaming is not our project. Often this message helps, but will need revisiting from time to time if the patient grew up, as I did, in a shame-blame family system.

Probably the most subtle, but also ultimately most powerful shame-buster is our relentless interest in the patient’s experience. We thereby tell our patients, without ever saying so, that they are profoundly worthy of the respectful regard of the other. Being you is not a shame, no matter how organized you have become around a sense of your own badness, inadequacy or failure. By working to understand the complex roots and ramifications, we inch-by-inch undo the tenacity of the shame-ridden sense of self. Occasionally, this process may produce a moment of what Eisold (1999) calls a “profound recognition”: “an experience in which patient feels that some significant part of himself or herself, previously set aside, if not entirely dissociated, has been “seen,” “met” by the analyst in such a way that he or she can again come to know and acknowledge it as important” (p. 110). I suspect that such experiences reorganize shame systems by calling into question the sense that the totality of one’s being, the “who I am”, is so bad that it must be hidden.

---

2 I think there is a difference between emotional permission and ethical permission.
Often this work is both facilitated and impeded by the analyst’s capacity and/or propensity for shame. Without my own lifeworld of shame, even if the particulars are very different, I could not grasp yours deeply enough. The analogues, the embodied memories, would not be available. But if, as often seems to happen, analyst and patient create together a mutual shame-blame world, consultation may be needed.

Often such impasses impel us to develop our shame-system awareness. We begin to notice many levels of shame-cultures starting with the analytic pair, and including the analytic situation itself, the couple, and the nuclear family, to religions, nations, and global world. The family for example, is usually where infant shame-capacities become worlds of shame. So-called corporal punishment, for example, embodies a communication not that a child has something wrong from which repayment is owed (guilt), but rather that the child is bad. The humiliation process becomes a world of shame carried in one’s whole being, the Heideggerian Befindlichkeit, that is, the emotion that is an inhabited lifeworld (Gendlin). It lasts a lifetime, much longer than the physical pain. Similarly, contemptuous criticism, cruelty, and exaggerated penalties (a five-year-old locked in a closet for two weeks for stealing 18 cents), turn into the shameworld of a whole life.

Religions too have been powerful shame-systems: confessing sins, witch-burning, the ritual baths that suggest that women’s bodies are sources of defilement, genital mutilation. The scarlet letter (Hawthorne, Gross et al. 1988) and the stocks exemplify the public shaming endorsed by earlier Protestantism. There are endless examples, among which I can describe one from personal experience. In most Roman Catholic religious communities, there existed until some years after Vatican II (1962-65) a ritual called “the chapter of faults.” There were variants (Armstrong 1981), but in the one I know and carry in embodied memory, each sister had to kneel in turn before the community, accuse herself of her failures of the past two weeks—“Mother, I accuse myself of having failed in custody of the eyes by looking around in the dining room”—and make a request: “Sisters, will you please have the charity to tell my faults.” (We informally called this “the charity ball”, an ironic challenge to the shaming ritual). Then, one or more companions, often as many as eight or ten, would rise and accuse the kneeling person of various infractions of
the rule and customs. She next had to ask the superior for a penance, often public, to be performed as soon as possible (Armstrong 1981). All this was intended to teach us humility (often confused in this context with shame), (note how close are the words humility and humiliation) and to reinforce the search for perfection. Absolute perfection, of course, belonged in this theology only to God, and therefore seeking God was equivalent to seeking perfection, any failure in observance mean we were not trying hard enough, and that we deserved public humiliation, of which there existed many additional forms as well. Only after Vatican II, when the theology changed, did many of us refuse to accuse each other, and the ritual shaming began to die out.

Why do I tell you this story? It represents many shame-cultures and their ideologies. Psychoanalysis, too has had its culture of shame—especially in training—humiliating application interviews, reporting analyses, devastatingly critical supervision (not all, of course), and coursework that instilled disapproval and contempt for deviations from the rules and customs, and discouraged the development of flexible and personal styles of working. But our theology, meno male (Gott sei dank, thank heavens), is also beginning to change.

In addition, shame pervades our larger culture, and trickles down to all of us, providing many aspects of the world we inhabit as psychoanalysts. Here are some historical examples. In the shame culture of ancient Greece, shame functioned as moral framework, that is, to promote and restrict forms of behavior and ways of being. Sophocles’ Ajax, as Lansky (Lansky 1996) has so movingly shown, feels that suicide is his only refuge from shame after Achilles’ armor has been awarded to Odysseus instead of to him. His companion Tecmessa says of him: “He is freshly miserable. It is a painful thing To look at your own trouble and know That you yourself and no one else has made it.” (Ref). Likewise, Oedipus destroys himself from shame. Euripides’ Medea, likewise and contrariwise, destroys her children in an attempt to undo the shame she feels within her world from Jason’s humiliating rejection.

In a shaming culture, mere association with those with whom one disagrees can call down shame. During the American civil war, after Lincoln’s later-beloved Gettysburg address, The Chicago Times is said to have written: “The cheek of every American must tingle with shame
as he reads the silly, flat, and dish-watery utterances of the man who has to be pointed out to intelligent foreigners as President of the United States” (Sandburg 1939). Here we can see both the use of shame as a social controller and opinion maker, as well as the cultural context as both overt and implicit creator of humiliation. Not only Lincoln receives the writer’s contempt, but also any reader who disagrees.

Today, relational psychoanalyst Neil Altman (2004) tells us, Americans have joined in a culture of shame/vulnerability denial:

Post-September 11 American bellicosity and arrogance ...has to do with a refusal to accept narcissistic vulnerability on the part of Euro-Americans. The American mythology around power and virtue make a sense of collective shame nearly unthinkable. Those of us who came to feel shame about being American during the Vietnam War, or more recently during the Iraq war, or while contemplating American brutality to African Americans or native Americans, often experienced a sense of depression and disillusionment, the loss of our “ideal America.” But the alternative to this sense of disillusionment is a refusal to recognize our narcissistic vulnerability, which in its most malignant form can lead to rationalizing acts of “narcissistic rage” as virtuous or praiseworthy. (p.2.). I suspect that American machismo, shared by both men and women, further embodies this culture of shame that finds vulnerability unbearable.

To conclude, let us return to the analyst and patient who may together feel like failures, and/or objects of contempt, to each other and in their experiential worlds. In shame-filled rage and despair, they reach for a moment of grace, a chance for acceptance as worthy members of the human community. In the best situation, the analyst sees the patient as worthy, and is allowed to feel both healer and healed. The patient, who has given this gift to the analyst, is also constituted or restored to dignity in this mutual acknowledgment.

For my Italian colleagues, I close with a few words from Lucio Dalla:

Non ci vuol niente lo sai
Il segreto e’ non vergognarsi mai
Ma rubare alla notte tutte le stelle che ha
Quella che hai li’ sulla fronte non levartela mai
Bella tu sei davvero ed aumenta il mistero
Il fatto che non lo sai

19
References.


Armstrong, K. (1994). Through the Narrow Gate, St. Martin's.


Gendlin, E. "Befindlichkeit."


