Shame
Frozen Feelings, Abandoned Self

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Abstract

In therapy both the therapist and the client must be able to "see" and experience the person of the client. Next in degree to shock and related dissociation, shame seriously inhibits feelings, needs and even the cues of the client, to a degree that makes it imperative for the therapist to understand how shame develops and operates in people. In the grip of shame, it is as difficult for the client to be seen as it is for the therapist to see the client. The primary purpose of this paper is to discuss shame and raise some ideas that may challenge the therapeutic community. It is the result of years of my own personal work with shame issues, as well as 20 years of working with addiction and abuse recovery.

What is shame?

There are two categories of shame, linked to degrees of intensity: healthy and toxic. Healthy shame is a "wired in" affect, with the purpose of inhibiting or drawing the person back in relationship. This affect is part of self-care, part of self-control and the way one contains one's self. Toxic shame is the affect source of low self worth. It results when one is exposed, while at the mercy of another, to being seen in a painfully diminished sense. One is totally visible, and unable to tolerate being visible to that person at that time. Toxic shame may include being met with ridicule and belittlement. It is the painful recognition of total helplessness at the point one thought one was in control. The person is so overwhelmed that instead of just pulling in or back, a form of shock occurs, followed by repression, by freezing of feelings and needs. As a result, the person then needs to focus more on the external cues of others, while losing the ability to know and tolerate their own internal experiences. Self-regulation is unknown or lost altogether.

Shame is a complex emotional state, which contains a significant cognitive component. It includes splitting and polarities in thinking: all or nothing,

good or bad, right or wrong. There is a self-critical inner voice coupled with perfectionism, ideal standards, and blame of self and/or others. There is the language of "should", "ought", "have to", and "trying". The vulnerable self has been exposed to judgement. Along with an overwhelming sense of powerlessness, all other feelings are "numbed" out. Unlike dissociation, which is the absence of feeling, shame is experienced as flooding. As Kohut describes it, in a *faux pas* the body ego is suddenly and unexpectedly flooded with shame and anxiety by a rejection incurred at the most vulnerable time, when approval was expected. In effect it severs the interpersonal and intra-psyche bond, resulting in a disowned self (1982: 230). When relationships are about power and control rather than love and acceptance, there are likely to be shame experiences. Small children are at the mercy of the loved object. A strong negative parental response—such as cruelty from those whom one is at the mercy of—creates shame (Miller: 1981: 20).

Development

Toxic shame is the outcome of a very poorly managed developmental stage and is also evident in physical or sexual trauma experiences. Erikson writes of the second stage of human development as autonomy versus shame and doubt. It follows the stage of getting and taking (1963). The child becomes mobile, moving out into the environment, into the stage of separation and individuation. In pure body language, the healthy child develops the ability to fully retain or withhold, and fully eliminate or expel at will. Healthy shame signals the child to pull in or back. If, however, the child must succumb to parental will, they will feel shame, flooding with a sense of "badness", and develop compulsive and mechanical orderliness (Erikson: 1963).

It is the parent's position to protect the child from internal anarchy and to train discernment. The hope is that the child's basic faith in their existence will not be jeopardised by their own sudden violent wish to have choice (Erikson: 1963: 252). Once a child has established their right to live and to have nurture, there is tremendous charge invested in the right to choose, based on internal motivations. For Erikson, toxic shame is about complete exposure. The child "comes out" strongly, with feelings and needs becoming highly visible and vulnerable. The child is met with strong negative reactions and does not have sufficient separation from the parent to oppose him or her. The hate and rage reaction to repetitions of this violation, also unacceptable to the parent, are turned against the self. For the child, body, feelings and needs are the self. If

the parent will not accept the child's feelings and needs, then neither can the child. The child takes on the "method of the oppressor", internally raging, shaming and controlling the self. The accommodation often results in learned helplessness, or the more solid formation of the roles of "victim/perpetrator". The powerless experience of being at someone's mercy drives the child to conform to parental demands, to abandon the self, and to take responsibility for controlling others' feelings: "to gratefully accept soul murder", as John Bradshaw (1988) put it.

Sooner or later the press of unmet needs and undischarged feeling states overwhelm the child's ego. The result is a progression from overcontrolled behaviours to impulsivity and back again.

Compass of shame

Avoidance (Acting Out, Addiction)

F
l
Attack Others Fight Attack Self
g
h
t

Numbing (Unconscious)

(Nathanson: 1994)

Shame is being stuck in the fight/flight response of the body, at one and the same time conscious (stuck) and unconscious (no sense of feelings or needs). The diagram represents the emotional struggle, and the polarities of cognition and behaviour. (See the discussion of addiction below).

Shaming results from demands for achievement, use of disdain, and criticism. There is no forgiveness in shame-based parenting. As the shaming and control continue, the child is driven to secretly get away with things, or to act in defiant shamelessness (Erikson: 1963: 252). Life becomes only pain and suffering with no prospect of pleasure. With rage and desire for revenge repressed, the child becomes devoted to pleasing others to avoid pain, as well as to escape the internal pain of denied self.

Discipline ought to be about teaching limits and discernment. If innocent natural impulses and feelings are met with rage, criticism, blame, excessive

punishment or physical abuse, a child will be overwhelmed by feelings of shame, with fear and anger underlying. Expression of these feelings will usually be denied as well. The child comes to perceive their feelings and needs, which are inseparable from the self, as wrong or bad. The "omnipotent" child (and many abused clients) believes he or she has brought the bad event upon themself. The self has become the reason for the horrible event occurring to them. The consequence/punishment becomes a breach in relationship to self and other. The response of anger, meant to restore and repair the relationship, is instead repressed. Parenting comes to be about power and control, not respect and dignity, love and acceptance. Time and again, these children must abandon themselves and accommodate to parental demands. They must negate their feelings and needs, which are seen as the cause of the bad experience. Either they introject a verbal critical parent, or create a negative superego to keep them "in line".

These scenarios are similar to what occurs in traumatic events. When a person is flooded or overwhelmed, the purpose of healthy shame is to pull in. In trauma there is no place to pull in to. There is only regression. The shame-and-doubt stage is one place to regress to. Compulsive behaviour, rigidity or some form of addiction are adaptations often made. Believing themselves to be intolerable to others, they become intolerable to themselves. Self-soothing is taken over by the mind ruminating over and over, to eradicate the sense of "what's wrong with me?" It is the response of the parent to the child's helplessness, sadness, anger, fear or rage that creates the need in the child to abandon his or her self.

Bioenergetic approach

Bioenergetic Analysis is based on the assumption that experiences are recorded and represented in the body. Infants, young children and those overwhelmed by trauma have whole body experiences of feelings and events. Hence, there are patterns of the physical management of those experiences and feelings. So in addition to verbal psychotherapy, Bioenergetic work is directed at building awareness of these patterns, helping the client understand them, and creating other ways to manage. In the process events are worked through.

"For a parent to rage at a child is inhuman: without the right to strike back one is humiliated. Rage is discharged through self attack" (Lowen: 1983: 164). When a child reaches out, the muscles are alive and energised. If the response is disappointing, anger results. If the relationship can be restored, muscles remain flexed and alive. But when the reaching child is met with hostility over

and over, love turns to hate (Lowen: 1988). The ego, intellect and feeling are forced to split as the body freezes and contracts. Eventually one becomes concerned with how not to feel or need.

Shame has a body posture. One can have a stance that apologises for being. The eyes are often averted downward, the shoulders pulled forward, the hips/buttocks tucked in, as though their tail is between their legs. There is often deep muscle compression. A stooped appearance results with the upper body collapsing down and the lower body compressing upward on the breathing mechanism. Bioenergetics teaches that the effect of shame on early development is the creation of a masochistic body structure. Since shame involves abandonment of the body self, it makes sense to involve the body in healing.

Implications

Spiritual

I think of shame as "soul murder". My own and my clients' experiences show me a "burning of the soul". Pain, suffering and trauma raise powerful spiritual issues. Forgiveness and restoration of relationships are part and parcel of spirituality. Every human being needs to learn their limitations, that they are finite, not infinite God. Instead of learning limits (healthy shame), or learning from their mistakes, those experiencing toxic shame grow up believing they are irreparably flawed, defective, developing a core identity of worthlessness (Bradshaw: 1988: 10).

A Bioenergetic trainer from the USA, David Finlay, once called shame a spiritual disease. Given the intensely strong self-negating, self-destructive nature of shame, I am inclined to agree. Clients who struggle with shame arising from developmental difficulties or trauma, but who have a solid spiritual base, seem to have a deeper, more stable and often more rapid recovery and healing.

Addiction

Kohut talks of "the undifferentiated suffering ego attempting to do away with itself. The body self is abandoned, and the mind ruminates, trying desperately to soothe and calm" (Kohut: 1982: 149). That is essentially the psychological process of addiction. At the core of most addiction is a shame-based process. For addicted persons, having one's most vulnerable self exposed and judged has been a repeated experience. It makes sense that the function of self-soothing

and self-medication can be relegated to substances like food, drugs and alcohol, to avoid flooding and feeling.

Compulsive, controlling behaviour (of self and others) can lead to addiction. A cycle of rigid, overcontrolled "good" behaviour leads to equally impulsive "bad" behaviour. One is shame-filled, and to discharge the shame, one response is to act shamelessly. "I'm bad, I'll show you how bad!"

Addictions, either to substances or to experiences, become the person's attempt to have relationship, when relationship with people has been so unsafe. Addiction is "a pathogenic relationship with a mood-altering event, experience or substance that has harmful, life-damaging consequences" (Bradshaw: 1988: 15). I refer the reader back to the Nathanson Compass of shame on page 106.

Shame is not a given in addiction, but it certainly is often present. There are no "in body" experiences when one is addicted. The whole idea is to avoid the self. The addiction itself may lead to further shameful behaviour. The body becomes an alien thing, sometimes even evil, at the very least untrustworthy. "My body is the enemy who betrayed me."

One of the most successful treatment regimes for addiction recovery is the 12-step programme of Alcoholics Anonymous. It merges psychological/spiritual methods into a shame/blame-reduction healing programme.

Treatment

Most important in the therapeutic treatment of shame is to help and encourage the client's self-observation, including how much the client observes the therapist. Education is important: how shame works especially. In Bioenergetics, we use techniques like the Gestalt empty chair, where the client is invited to externalise the critic. This is most important, as somehow this externalising takes power away from the critic, engages the client's more rational observer, and helps to make evident the initially protective function of shame. Another useful thing is to encourage the client to ask or demand "why". This often counters the belief that everything happened because of them.

It is important to recognise that these clients often talk about the bad things others did or said, to the exclusion of their response to their own experience. This is done to evoke feelings in the listener, a "through the back door" attempt to get empathy or sympathy. Mostly the therapy will need to work towards healthy recognition and expression of feelings, and to develop alternative self-

soothing and regulating mechanisms. Our hope is to create an experience—and a stance—where nothing will be allowed to come between the person and the self.

Conclusion

Instead of a conclusion there are more questions. How can there be self-directed movement, self-motivation, self-discipline, when the self has been "murdered"? How can contact and relationship be established when contact and relationship are the dangerous places? How can this client be "honest" in therapy when pleasing and accommodating others has been essential to survival? How can we assist in undoing a belief in complete unworthiness?

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