

# Shame and Interpersonal Rupture: Developmental Issues

**Bronwen Rees**  
[dr.bronwenrees@gmail.com](mailto:dr.bronwenrees@gmail.com)  
[www.incubatio.co.uk](http://www.incubatio.co.uk)

**Notes for Matrix Counselling, January  
2016**

**INCUBATIO**

**SUPPORTING SYSTEMIC CHANGE**

Mindful inquiry · Embodied dialogue · Sustainable action

## **The nature of shame: what it means to be human**

It is somewhat of a truism to note that humans are both individual and part of a collective. Whilst we tend to take this for granted – how we understand and work with this, consciously or unconsciously, is perhaps one of the greatest challenges for us – and it is potentially in this resolution that evolution lies. The relationship between individual and collective manifests at every layer of organisation: each family, society and nation has a different understanding of, and manifestation of the relationship between the collective and individual. It is when these overlap or are in contradiction that either collaboration or conflict arise. This shifts over time too. Thus, in religious societies, the structure of society is mediated through the medium of an all-powerful God –encapsulated in a set of rules and ethical codes to which all individuals subscribe. These are based upon ‘revelatory’ experience, and over time the original rules and ethical codes are challenged by other revelatory experiences which can lead to moments of painful change. Human history is littered with the violence, pain and grief that can accompany a change in these understandings, as the all-dominant belief systems are set against other equally all-dominant belief systems. In democracies, the structure is mediated through the democratic process, and the public vote. Yet, this is also constantly evolving and can bring about violence too when change takes place.

In the West, evolved democratic systems have largely replaced those run according to revelatory truths. However, even here, whilst in theory, democracies provide an individual with a ‘voice’ – in fact a democracy can only survive with a well-developed system that ensures that this ‘voice’ becomes a ‘collective voice’. This system comes with its own sets of rules and regulations to which an individual needs to conform. In the 20<sup>th</sup> century policy was dictated by government and followed by class structure, but in the 21<sup>st</sup> century, the proliferation of corporations and the constellation of power through ‘performance management systems’ monitor the performance of individuals through psychological means. The rules and regulations are dictated to by the perceived and actual locus of power which is in-built in the system of modern economics, which itself is built on theories of science, and the dominance of so-called rational experience. Thus, whatever the ascribed origin of these social structures, they all contain their very particular rules and regulations that have evolved over centuries., and which create a very particular ‘consensual reality’ – that is a reality that is consensual to those who are part of it, and for whom other versions may appear as threatening. Whilst on the one hand there is a system authorised by ‘God’, in another the system is authorised by corporations.

The common principle in both is the mechanism of ‘shaming’ which ensures adherence to a common collective system. Darwin recognised this idea and described it as a mechanism through which one saw one’s self negatively in the eyes of others. By so doing, a human learnt to control her behaviour to conform to the collective. This he claimed is the origin of embarrassment, shame or humiliation and was what differentiated humans from other animals. This is the first origin of a complex social, emotional and psychological phenomenon that governs the interdynamics of humans. Darwin is here pointing at what was later to be observed by psychologists and psychotherapists as the processes of

projection and transference. In its helpful form, it is a process by which humans agree to tolerate difference, and create organisations for the benefit of all. In its hidden form then it becomes a process of 'Scapegoating' where individuals are banished from the collective. This is where individuals or groups cannot be tolerated since they are different, and are excluded for being bad. These become pushed into what Jung labelled the 'shadow'.

At the turn of the century, Freud was the first Western writer to propose the idea that shame and disgust were crucially important in human affairs, and the causal agent of the process of repression, whilst the social scientist Elias was the first to explore the nature of shame as a mechanism for the evolution of civilisation in his works on civilising processes, showing how the Western societies changed their behaviour through various forms of self-restraint. He suggested that shame and disgust played a crucial role in the evolution of civilisation leading to the – social control of emotions. One of the other giants of social sciences Goffman pointed out that seeing oneself negatively in the eyes of the others was a major part in the presentation of self.

Scheff notes that: 'There is a surprising similarity between three of the giants of modern social science, Freud, Elias and Goffman. For each of them, their first published work took the extremely unusual step of proposing that shame and embarrassment were crucially important in human affairs. It would not be exaggerating to say that each implied that is was the master emotion, rather than love, anger, fear, anxiety, grief or guilt.' ( Scheff, p.229)

Even so, whilst all three from different disciplines point to the crucial importance of this phenomena in shaping the individual and civilisation, there is surprisingly little follow-up in any of these disciplines. This phenomena itself can only be attributed to the nature of shame and as Scheff continued to point out:

'The taboo on shame is maintained through silence, first by the readers of the books, then by the authors themselves. This taboo extends even into psychoanalysis and social psychology, disciplines in which emotion is a central concern.' (Scheff, 2004, p. 235)

Shame is thus a complex phenomena that sits at the boundary between the individual and the collective, which by its nature effects is repressive and tends not to be seen. It is carried through the emotional network both within the individual and between individuals and is the shaper of civilisation. It is no wonder that it is a difficult phenomena and concept with which to grapple or make conscious in the therapy room. It has physiological, neurological, emotional, psychological, familial, intergenerational aspects, and can manifest at any of these levels. For our purposes here, we are concerned where shame has overwhelmed the individual to such a degree that they are no longer in touch with the core of their being – their soul. This is what has been named as 'toxic shame' and is perhaps one of the most prolific, yet hidden, diseases of the Western world. Paradoxically, it may also be the place where individuals can learn to free themselves from collective conditioning and realise how to balance their lives so that they can relate as fully conscious human beings. Given the

current prevalence of shame, and its manifestation in various mental health problems, it may be hopeful to imagine that this is also a time at which great change can take place. As that which is shamed changes, it may even mark the end of one civilisation and the opening of another.

### **Working with issues of shame in therapy**

The notion of 'shame' tends to be little talked about in therapy and therapeutic circles, possibly due to the taboo that has been noted above. Paradoxically, it is perhaps the most pervasive of phenomena since it is born from the earliest of relationships beginning with the pre-nate in the womb, and throughout the various developmental processes, right up until death itself. As such it could be considered the source and working territory of the therapeutic process, the bridge between self and other, the underlying creation of a personality process, and also the route eventually to individuation and human realisation. Thus there are innumerable ways into discovering, illuminating and accessing the different faces of shame and its manifestation in one's life, and within the therapeutic encounter.

Shame is a complex phenomenon that can be thought of as a feeling (to feel ashamed) a mechanism to regulate a social mechanism for collective behaviour) or an action (to shame someone). Darwin noted that the phenomenon of 'shame' was the one thing that distinguished the human from animals. Bradshaw suggests that it is a regulating mechanism that ensures that a human being realises their limits as a human being and through this their sense of connectedness with the other. Erskine describes it as a 'self-protective mechanism used to avoid the affects that are the result of humiliation and the vulnerability to the loss of contact-in-relationship with another person.' (Erskine 2014, p.177). Whichever way it is looked at, shame will manifest whenever a relationship with significant other is threatened. If this begins at a very early age and carries on over time, a baby cannot attach in a healthy way to the mother, then intolerable feelings of shame pervades the formation of personality and are carried forth into later life.

Thus, the reason that it is important to consider 'shame' in therapy is that generally speaking, whatever the presenting issue, somewhere along the line, the necessary and healthy relationship to shame has been ruptured in such a way that the normal feedback processes that ensure the health of a being have become out of balance. Shame inhabits the system and can arise as much from within as from external sources. When it has reached this level, then what began as a mechanism to ensure belonging to the human race becomes 'toxic shame', and those suffering no longer feel any sense of belonging. In their own eyes, they imagine themselves to be the worst person possible in the eyes of another. The shame goes to ground and hides itself, and tends to become reinforced within a shaming spiral.

Unlike guilt, which can be repaired, it is a denial of life force, with the sufferer existing in some netherland that has lost or denied connection to others, and indeed to reality itself. It is the deepest form of wounding at soul level. The task of the therapist is to facilitate reconnection with those parts of the psyche which

have become banished. An understanding of shame and shaming processes can bring clarity to the therapeutic encounter, recovering wholeness and authenticity.

### **Shame in the family of affects**

We have seen how shame has been identified as a crucial role as a shaper of civilisation. To explore it from an individual perspective we can look at its role in the family of affects. The work of Silvan Tomkins sheds some important light on the motivational and survival factors of being human. His system is very useful for understanding why and how shame is such an important part of human development. He identifies nine affects each with its own experiential quality that attach a specific type of meaning to how information is taken in, stored and recalled. For him, affects are the inborn protocols that when triggered bring things to our attention and motivate us to act. They are not the same as emotion, but are the biological system that underlies emotion.

Affects are the innate biological response to the increasing, decreasing or persistent intensity of neural firing. This results in a particular feeling, facial and body display and skin changes. Affects feel rewarding, punishing or neutral. They make things more urgent. The awareness of an affect is a feeling, and a feeling when combined with a memory of prior similar feelings is an emotion.

The emotions are the prime regulators of how we live our lives, and help us monitor our basic needs, and give us the energy to act. Learning to understand and live with our emotions provides both the fuel for living, and the intelligence to keep our body and mind as organism in prime health.

The nine affects as identified by Tomkins are:

*Distress/anguish* – a cry for help

This is inherently punishing but is a sign to signal that all is not well – it serves to alert yourself and others that something is amiss and help is needed

*Interest/excitement* – the pull toward mastery

This is inherently rewarding and its purpose is to make learning rewarding

*Enjoyment/joy* – the social bond

Inherently rewarding and makes humans want to be social

*Surprise/startle* – the reset button

Inherently neutral. Its purpose is to get you to stop what you are doing and pay attention to something new

*Anger/rage* – the demand to fix it

Inherently punishing

If distress is a signal that things are too much, anger is a signal that things are WAY too much

*Fear/terror* – the signal to flee or freeze

Inherently punishing

Designed for emergency life and death situations and recruits an intense biological response to go towards survival

*Shame/humiliation* – the self-protection signal

Inherently punishing

The trigger is the incomplete interruption of excitement or joy, or interest – infants experience this when their experience of joy or excitement is thwarted. Its purpose is to be sufficiently negative to bring attention to whatever might have caused the positive affect to be impeded so we can learn how to avoid the loss of the positive in that moment or in the future. The infant will hide their face believing that it can no longer be seen by the Other. The .shame affect exists to help us foster our sense of belonging and mastery by asking us to make sense of and overcome what might get in the way of positive experience and thereby prolong it in the future.

*Disgust*- the need to expel

Inherently punishing

This is an auxiliary of the hunger drive and is an impulse to expel a noxious item that has been ingested. This is experienced in the back of our throats. The ultimate expression is vomiting. Disgust starts out about hunger, and soon is applied to people and non-food things.

*Dissmell*: the avoidance signal

Inherently punishing

This is another auxiliary of the hunger drive, but is an impulse to pull away from or push away a noxious item that shouldn't be ingested such as dead animals, fresh faeces or sour milk. It is the biological response of repulsion. When combined with anger, it is called contempt.

According to Tomkins, since we have evolved an affect system with some affects that feel good and some that feel bad, each human is motivated to :

1 Maximise positive affect

2 Minimise negative affect

and both of these work best when all affect is expressed and anything that helps the performance of these three rules is good for human life, and anything that interferes with them is bad for us.

Gershen Kaufman summed up many of the consequences of shame in one paragraph of his book on the psychology of shame:

'...shame is important because no other affect is more disturbing to the self, none more central for the sense of identity. In the context of normal development, shame is the source of low self-esteem, diminished self image, poor self concept, and deficient body-image. Shame itself produces self-doubt and disrupts both security and confidence. It can become an impediment to the experience of belonging and to shared intimacy. It is the experiential ground from which conscience and identity inevitably evolve. In the context of pathological development, shame is central to the emergence of alienation, loneliness, inferiority and perfectionism. It plays a central role in many psychological disorders as well, including depression, paranoia, addiction, and borderline conditions. Sexual disorders and many eating disorders are

largely disorders of shame. Both physical abuse and sexual abuse also significantly involve shame.

### **The origins and healthy development of shame**

We have seen that 'shame' can be considered to be an inherent part of civilising processes, and also an affect that has the result of applying limits to the infants experiences, in order that more of the positive may be enjoyed in the future.

According to Bradshaw, shame is the mechanism or affect that lets us know that we are finite beings. We have seen that the affect in children is such that they hide their eyes – the affect pushes us to hide from the world and from ourselves. In a sense, it can be described as a movement to remove ourselves from ourselves, the feeling is so overpowering. In healthy shame it is a fleeting sense that we have transgressed a boundary and would thus force us to stop what we are doing. Humans have a basic need for structure which gives our lives form – they offer safety and allow more efficient use of energy. If we have no boundaries, then we do not know how to say no, because we do not know how to stop. In adult lives, healthy shame is a mechanism that helps us create a clear and empathic relationship between ourselves and the other. Its qualities are that of modesty and integrity – both a sense of limitation and a sense of wholeness. It is the quality that is most striven for in ancient spiritual traditions – in Buddhism we can call it the Middle Way, or in Taoism it becomes the Tao – a sense of inspirational flow. Healthy shame allows the formation of relationship to the numinous – that which is bigger than ourselves –and provides the ground for the difficulties of ethical choices – choices which can take into account both the individual, the other, and the context of a higher source of being.

Bradshaw identified the different manifestations and developmental functions of shame.

#### *Co-dependence: 0-6 months*

At age 6 months, once the infant is securely attached to the mother, shame first appears as shyness when exposed to strange faces – this is when the interpersonal bridge has become established in a period of co-dependence.

#### *Counter-dependence: 6 to 18 months*

Shame appears as limits to curiosity and interest – when children get into trouble that may harm them, then they often hide their eyes.

#### *Separation phase*

At 18 months to 3 and a half years the full affect of shame is experienced as limits are put on the child's autonomous need to separate and do things his or her way. This period is one of counter-dependence as the child begins to separate.

#### *Rapprochement phase*

From 3.5 to 8 years the internalised parent's voices tell the child what is right or wrong, which is internalised as guilt – these are the voices that form the conscience. Any early sexual curiosity is civilised into sets of manners and modesty.

### *Independence*

From 8 to puberty shame manifests as embarrassment that arises when social mistakes are made, especially in neighbourhood social play, juvenile sex play. It may manifest as inferiority experienced as limits to one's abilities – or as social shame related to ethnicity, gender and status. At puberty the sex drive is experienced as awesome, and healthy shame monitors its use. Further, healthy shame will help in creating discipline in terms of the mind and what is possible.

### *Interdependence*

As the child emerges to young adult, then new love relationships form, and ideally love means the moment to be able to expose the vulnerable self – in this way, shame appears as modesty. With growing maturation, one is able to experience life's limits, and shame appears as the realisation that one does not know it all, and keeps an on-going relationship with novelty and creativity.

### *Transcendence*

In older age, and sometimes earlier, the shame will appear as the experience of the numinous and sacred with a relationship to a higher power, developing ultimately into wisdom.

If any of these stages are interrupted, or not completed, then the child will adopt a number of strategies and defences to guard against the intense feelings of shame.

So shame can be considered to be a mechanism/affect that kicks in when an infant has gone over the limits with the other affects. Tomkins identified it as restricting that which excites curiosity and joy – but the action of shame actually overrides the affects of anger, fear and sadness. In this sense, it can in truth be called the 'master emotion'. Healthy shame is what develops over time into modesty and wisdom and is where the human learns true independence and even awareness of the other, so that they can come into a relationship which is conscious, and where each individual knows how to meet their own needs with and acknowledgement of the needs of the other. It is a relationship of equals.

However, healthy shame can turn into toxic shame when the relationship with the significant other, and with the environment becomes ruptured. When this occurs the healthy relationship of individual to collective also shatters, and the individual develops compensatory defensive patterns to avoid the overwhelming and debilitating effects of the shaming affect.

Toxic shame begins to develop when there are repeated and on-going instances of abandonment, shaming, neglect or abuse. Just as we saw the healthy development of shame earlier, toxic shame can develop at any of the developmental stages – but the earlier it happens, the more likely it is to become an integral part of the personality if not tackled. Thus at eighteen months to three and a half years, as the child separates, if it is not given support, then shame can crush the toddler's autonomy and purposeful will – resulting either in total conformity or rebellion against authority. At 3 and a half years to eight



years the conforming child will believe nothing they do is right, or the rebellious child will blame everyone else. From eight years to puberty the conforming child is likely to be bullied, or the rebellious will bully. By puberty the toxically shamed feel either inherently flawed or at war with themselves. Either way, the child has learnt through various strategies and defences to hide their true selves and never know who they really are. Toxic shame, as Bradshaw talks about it is: 'the shame that binds us' is an all-pervasive sense that 'I am flawed and defective as a human being'. Shame is no longer an affect that signals our limits – but it is a state of being, a core identity. It is a rupture of the self with the self. This is maintained through a range of defensive mechanisms which are set up to ensure childhood survival, but which are identified in psychodynamics and emerge as destructive behaviours both to the self and to the other.

### **The relationship between trauma and shame**

As we have seen, shame is a basic human affect. As such, it is manifested in the body through strong chemical and physiological responses. This provides the energy for the infant to ensure that its instinctual needs for survival are met. These responses play a crucial role in the on-going development of identity and in the creation of a coherent sense of self. Since they are primal responses, they are also related to what we are beginning to understand about the trauma effect, which is a survival mechanism inherent to the animal kingdom.

To make these connections clearer, let us examine the trauma response in a little more detail. The human brain can be considered as divided into three evolutionary parts; the reptilian, primal level, the mammalian emotional level, and the cognitive or human level, as represented by the front cortex. When the primal level is stimulated, then the body becomes flooded with hormones and chemicals which have the effect of bypassing the third cognitive level. This whole body movement runs through the nervous system and arises in times of survival, overwhelming desire, or overwhelming curiosity. This can take place when driven by any of the affects – action precedes thought in these conditions by bypassing the cognitive level. At any of these points, it is impossible for reason to intervene, as the human is now driven by bodily processes which flood the system and repress any cognitive reasoning.

A traumatic situation is one in which the life of a system is under threat. The natural physiological response to life-threatening experience shared by animals and humans is that of the fight or flight mechanism. This mechanism is not a planned, deliberately thought-out reaction, but a rapid-fire, automatic, total body response. It goes through various stages and, under natural conditions in the animal world, it provides a life-saving, or pain-saving mechanism.

Let us take the example of an antelope feeding on the plains of Africa (Sills, 2008). In this state, the antelope is said to be in the ideal state. If a lion arrives on the scene, the antelope then experiences a sense of danger, and its body moves into an active alert state, with a heightened alertness, orienting itself to danger. If this danger increases, say by the lion moving closer, then the fight or flight response kicks in. The antelope's sympathetic nervous system will surge: its metabolism dramatically increases, and it becomes flooded with chemicals which override the immune system.

This is the mobilisation response. Charged with this, the antelope flees. If it escapes, a further flood of endorphins may arise, and it will slow down and resume its grazing. It has escaped danger, and was not traumatised by the experience. If, however, the antelope becomes under further danger, it will move into a different state. The parasympathetic nervous system comes into action and takes over from the sympathetic nervous system, and other neurohormones are released. The antelope will suddenly collapse. Then the antelope will dissociate from the sensations in the body: its psyche will dissociate from its soma and sensations, and it will become immobilised and frozen. Now both nervous systems are surging, and the energy from the sympathetic nervous system, which cannot be expressed in flight literally implodes inwards, and keeps cycling. Either at this point the lion will go away thinking its prey is dead, or if it is eaten, then the antelope ( we might hypothesise) is spared the pain of death as it is frozen. If the antelope is not eaten, then when the danger has passed, the antelope will get up again, and buck to and fro, as it releases the increased hormones from its system. It clears the cycling energies by action, shifting from a frozen state to an expression of its defensive energies. The antelope has survived, come successfully out of shock, and discharged the imploding energies.

However, in many human situations, this process does not take place, and the trauma and the hormones do not get released from the system. This can lead in the worse case scenario to post-traumatic stress disorder, which can often arise with war veterans, or can lead to a disruption in the personality system if a child perceives itself chronically at risk.

Given the crucial importance of shame in the family of affects, I would hypothesise that the shame mechanism is that of the 'freeze' in the fight and flight. Both elements of the nervous system are surging and the person will be in a 'freeze' state. The energy from both nervous systems have imploded, and keep cycling in the body. This would explain the overwhelming desire to 'disappear' and the feeling of intense nakedness to danger. In a normal family situation, this will be fleeting, but if allowed to continue, or not self-regulated, then it becomes inbuilt in the personality system, and thus needs to be constantly guarded against.

Thus, in a well-functioning family environment, the affect of shame will arise enough for an infant to begin to develop its own self-regulation. For example, the parents will ensure that the if the child is seen to be doing something that is leading to harmful consequences through affects such as anger, or joy, it will be told to 'Stop' in various different ways. The shame response that arises when the relationship is seen to threatened will be for the child to remove itself and hide from the source of that. Thus, if a child is throwing itself against the wall in rage, it may be told to 'stop', and the result could be that the infant hides under the table, to take itself away from the view of the other and thus remove the unpleasant feelings of sadness and fear that arise and appear to threaten the relationship with primary caregiver. After time, in a well-regulated environment the parents will explain why this has been done, and reassure the child that it was done for their own good, and not because it was inherently bad. Now the shaming experience that was primal becomes integrated into the cognitive function, and the child will start developing its own regulating 'conscience', and its own sense of will. The event will be integrated within the cognitive part of the brain, and will thus be properly processed. It is this integration of the intellectual

with the neurophysiological mechanism that is the key to the integration of healthy shame and self-regulation.

Over time, the infant will develop their own self-regulating patterns that can tolerate momentarily the effects of this obstacle being put in their way, and will learn how to 'go on' in society. Healthy shame is thus a fleeting mechanism that helps regulate the child's affects in families, groups and collectives.

However, if the child is either not told to 'stop' it may damage itself through not restricting its activity. Alternatively, if it has been told to 'stop' in a violent way without any further explanation of why this has been done, then it will begin to internalise these powerful drives. It will perceive that its relationship with the Other is threatened and will then adopt strategies and defences to ensure that the relationship exists, even at the loss of its own sense of self.

In the situation of shaming, it is important that the infant is talked to, so that it understands why the action was taken, and that the relationship with the Other is not under threat. If an infant is not soothed, or self-regulated, then the shock is not fully processed and the infant becomes traumatised. She ends up cycling both sympathetic and parasympathetic energies, producing a high volume of stress-related hormones. If the situation is on-going, then the infant will become fear-conditioned to anything that may provoke the original situation. She will hide away and begin chronically to build up a personality based around the affect of shame, and will begin to develop defensive psychic patterns that pervade the personality structure creating behaviours that have destructive longer-term effects. In the first instance, the child will begin to adopt strategies and defences that suppress the overwhelming nature of affects in order not to feel the potential loss of relationship, and in the second, will act out behaviours that are potentially life-threatening at worst, and will mean that the child cannot develop fulfilling relationships externally at best. The child does not have any clear boundaries about what is safe or not safe. It will have no in-built sense of 'shame' that will help it regulate its relationship to the Other and the environment.

### **From shame as protection to shame-bound identity**

Thus, since shame is the one affect that controls the others, if there is prolonged humiliation, neglect or abandonment, then the child ceases to be able to function or regulate in a healthy way. It begins to internalise that shame, and over time that process becomes unconscious – the shame-bound way of being is lost to sight to the child. The child is subjected to the extreme overwhelm of hormonal and chemical responses which arise as part of the shame affect with no support or guidance to offset these. Any real sense of continuity of identity is lost. It is the worst that can happen to a human being – a living hell feeling like eternal punishment. It is a pain felt from the inside, in the core of the being that exiles the being from true relationship.

If a child is subjected to constant shaming, she has no internal cognitive processes to make sense of her experience. Over time, as a child hears certain words or triggers of earlier shaming experiences then the present moment experience becomes fused with earlier experiences through images or sounds. As

these have not been cognitively processed, they can be experienced as if in present time, and triggered any time memories of this arise – either through internal judgements, or external ‘criticisms’. As Kaufman points out: ‘Scenes of shame become interconnected and magnified’. As the images and scenes associated with shame are fused together, the meaning of shame is transformed. From ‘I feel shame’, this becomes “I am shameful, deficient, in some vital way as a human being. Shame is no longer one feeling among many but comes to constitute the core of oneself.

Internalised shame creates a frozen state of being – shame is no longer a signal that comes and goes, it is a deep abiding sense of being defective and it is from this core of defectiveness that the foundation of all other experiences of self will be experienced. Gradually, the frozenness recedes, and one becomes a shame-based person. However the shame can be triggered at any moment by events that provide a memory of the earlier relationship rupture. Thus one’s life becomes restricted, and limited and one hides away from any risk of reactivating these intense feelings.

Thus with on-going shame, the child ceases to be able to trust her own instincts and responses. These faculties form the basic human power and distrust or confusion around these faculties result in the feeling of powerlessness – the child no longer knows her own feelings and fails to be able to recognise that she has needs, or that these can be met. As the vulnerable aspects of self are shamed, they become disowned and separated from the felt sense of self, resulting in what is called a ‘split self’. As Bradshaw describes it, we are ‘besides ourselves’. We no longer know our feelings or emotions and we become absent from our own experience. In this state all we feel is emptiness and exposure to more hurt, so we have no protection with no boundaries, and must run and hide. However, there is nowhere to hide as we are totally exposed and so we have to keep constantly on the alert, and cannot relax. The fight and flight mechanism that alerts us to danger is constantly present, so the body is in constant state of restlessness – constantly flooded with hormones that as we saw earlier override the cognitive faculties.

So, whilst the positive effects of shame help us keep our boundaries, letting us know we can make mistakes, but that we will recover from them, toxic shame becomes a state of being.

### **The psychodynamics and defences of shame**

We have seen that shame can exist on a continuum from healthy shame to toxic shame. In its healthy shame, it helps a child create a sense of identity that allows her to live safely within groups. When care-givers do not provide these safe parenting boundaries, then the healthy shame becomes internalised and develops into toxic shame. There are various ways in which this has been interpreted in psychodynamics and in the defensive mechanisms that arise in an attempt to block the devastating experience of chronic shame. We can understand the psychodynamics of this process, and various ways in which we can examine the defences against feeling the unbearable isolation of the shaming mechanism.

Fundamentally, these patterns develop in the child as a need for survival. They arise, as the continuing need for positive mirroring and reinforcing fails to take place. As this need does not get met, or indeed is violated, then the need for contact and the relating feeling of loss of relationship are denied, suppressed and avoided in different ways. The child loses connection with an inner sense of self, which becomes hidden from herself and from others.

Shame arises when the response to the other basic affects has not been met by the care-giver. When the original affect fails to get the necessary contact between care-giver and child, then one affect is transposed for another. When the child is humiliated, the fear of loss of relationship and the sadness of not being accepted are transposed into the affect of shame. Humiliation is accepted which ensures the semblance of a continuing relationship and also acts as a defence against true relationship as well. Lowered self-concept through internal criticism that is a part of shame lessens the pain of rupture of relationship while at the same time maintaining a semblance of relationship. It is self-protective to lower one's status, withhold aggression where a fight for dominance may occur.

In psychodynamic terms, according to Erskine (2014), shame can be considered as 'a self-protective process used to avoid the affects that are the result of humiliation and the vulnerability to the loss of contact-in-relationship with another person. It is a complex process involving:

- 1 A diminished self-concept
- 2 A lowering of one's self-worth in confluence with the external humiliation
- 3 Defensive transposition of sadness and fear
- 4 A disavowal and retroflexion of anger'

Erskine identifies three conditions and responses in which chronic shame with the self-concept of 'something is wrong with me' may develop;

- 1 Messages with confluent decisions – 'What's wrong with you? - Underlying message 'You would not be doing what you are doing if you were normal'. Child will become hypersensitive to criticism, fantasise expected criticisms, collect reinforcing memories of such criticism (personality disruption) but will maintain relationship through loss in natural vitality (id disruption)
- 2 Conclusions made about impossible situations – in dysfunctional families child is met with impossible situation – the child cannot stop an alcoholic getting drunk, cure a depression, or change gender, or substitute for a lost child. Thus it must be my fault (id and ego disruptions)
- 3 The conclusion 'something is wrong with me' may imagine they can solve the problems through hope and therefore control – 'in the future I will be able to solve this'. 'I will have to look after the family now'.

The psychological function of such reactions is to create a hopeful illusion of need-fulfilling care-givers that defends against the awareness of a lack of need fulfilment within primary relationships. Care-givers are experienced as good and loving, and any behaviours such as criticising, beating, or even rape is because 'There is something wrong with me'.

Each of these responses represent different ruptures in the development of id, ego and personality functions of the self, and each of these responses have specific homeostatic functions of identity, stability and continuity. The child may develop one or all of these disruptions to their development, but each of these has developed in order to help the client maintain psychological homeostasis.

In cases of severe and on-going disruption of relationship, the child may avoid the feeling of shame by introjecting the parents' shame. This is an unconscious process whereby the child can experience confluence with the parent such that the external conflict can be lessened and seemingly managed more easily. The introjected other may be active in transactions with other (disruption to personality function), or intrapsychically influencing (a disruption in the id function of the self), or phenomenologically experienced as self (a disruption in the ego function of the self). All of these occur as a desperate attempt to appear to stay in pseudo-contact with the primary care-giver.

When working with shame-based individuals, it is very important to begin to understand the complex intrapersonal dynamics of the psychic processes, so as not to reinforce the shaming cycle when in the therapeutic situation. One of the most important factors to remember when working with shame-based individuals is that the person will feel both defence against and longing for relationship. Kaufman suggests that 'Shame is an expression of an unaware hope that the other will take responsibility to repair the rupture in the relationship' (Kaufman, 1989, p. 19). It is this unconscious desire that probably pulls people back into shaming and co-dependent relationships – even when they are experienced as intolerable – there is always a hope that the initial wounding can be healed through this relationship

### **Range of shame-based defences**

We have seen earlier how the effect of shame is to control the other affects, and that its effect is for these to be transposed or repressed. The feelings of shame are so overwhelming that the child takes on several defences Sanderson (2015) identifies a range of strategies that may be used to manage chronic shame, which paradoxically lead to further shaming experiences.

#### **Moving away**

The behaviours associated with this are withdrawal, hiding, silencing self, keeping secrets, isolation, borrowed pride

#### **Moving towards**

Compliancy, seeking to appease and please, looking for approval, staying submissive in order to stay connected

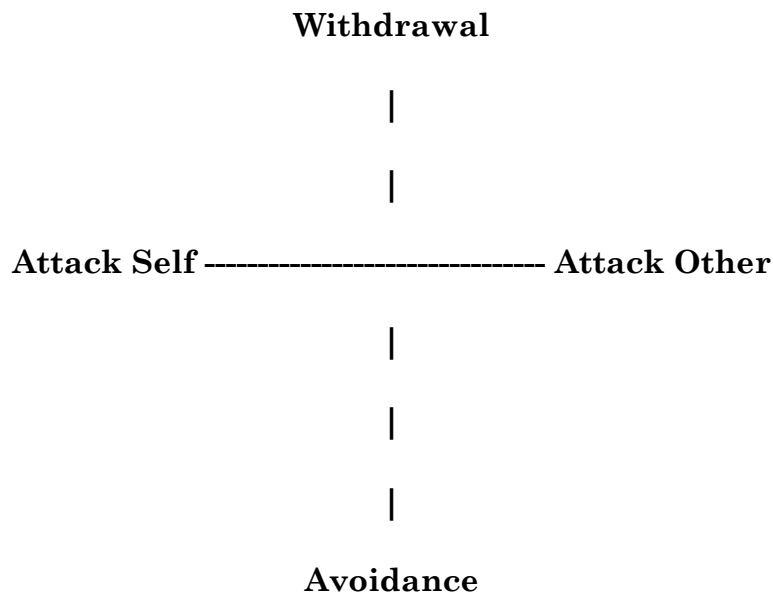
#### **Moving against**

Rage, violence, hostility, anger, envy, harm others in order to gain power through aggression, bullying

#### **Compensation**

Compensate through perfectionism, grandiosity, arrogance, narcissism, self-sufficiency, repudiation of needs

These were categorised by Nathanson (1992) as **The Compass of Shame**



These strategies exist to attempt to live with the overwhelming effects of toxic shame. They include denial, disassociation, rage, depression, grandiosity, delusion and will manifest in such behaviours as addiction, bullying, risk-taking, abusive behaviours, either as victim or perpetrator, perfectionism, arrogance – and without attention will probably underpin such mental health disorders as borderline personality disorder (split self), paranoia and narcissism, or addiction to mood-changing strategies such as drugs or alcohol, or sex.

Whilst these strategies temporarily relieve the child from the dreadful shaming feelings, paradoxically, they lose further and further connection with their own feelings, and the result of the defensive behaviours means that the shaming cycle is reinforced, leading them further and further away from their vulnerable self.

**Intergenerational shame: causes of the shame spiral**

The reason that toxic shame is such a powerful and devastating experience is that it passes down through the generations. It thrives on secrecy, on shame about certain events which the current cultural climate deems as 'shameful' and thus is unconsciously carried from one generation to another. A family is a system, or organism that needs to keep in balance in order for it to keep going. This balance is maintained over generations. If the shameful event is not grieved, or acknowledged, then it will be passed down. The source of such shame can be suicides, homicides, incest, abortion, addiction, loss of face, financial disaster that which is not talked about, but which exists in the 'field' of relationships. Often shame-based people will marry others and get married, and the marriage or partnership is grounded in the same shame-based patterning. The characteristic of this will be lack of intimacy since at the heart of the shame is a feeling of being defective that is hidden, so the real person cannot be seen. Such relationships tend to be based around power rather than love as the defensive mechanisms of both individuals come into play. The characteristics are poor communication, circular fighting, games, manipulation, vying for control, withdrawal, blaming and confluence( agreement never to disagree).

Since these are unconscious defences against shame, we lose touch with the hurt and pain they cover up. Whilst these remain unconscious, or unspoken then they cannot heal, and the patterns continue. In order to maintain the homeostasis of the system children can be seen to adopt their own patterns that maintain the system in some sort of order.

Bradshaw describes how every family has a set of rules around celebrating and socialising, about touching and sexuality, about sickness and proper health care, about vacations and vocations, about household maintenance and the spending of money – and most importantly about feelings, interpersonal communication and parenting. In his words, toxic shame is passed by shaming rules. He lists these as follows:

#### *1 Control or chaos*

One must be in control of all interactions, feelings and personal behaviour at all times – control is the major defence against shame. In the ‘shameless’ marriage, both parents may be out of control – by being drug addicts, or criminals, or sexually out of control

#### *2 Perfectionism.*

Always be right in everything that you do. The perfectionist rule involves an imposed measurement. Fear and avoidance of the negative is the organising principle of life. Members live according to an externalised image. No-one ever measures up. In the ‘chaotic’ family, there are no rules – children have no structure to guide them.

#### *3 Blame*

Whenever things don’t turn out as planned, blame yourself or others. Blame is a defensive cover-up for shame. Blame maintains the balance in a dysfunctional system when control has broken down

#### *4 Denial of five freedoms*

The five freedoms are those of power: power to perceive, to think and interpret, to feel, to want and choose, and the power to imagine. In shame-based families, the perfectionist rule prohibits the full expression of these powers. You shouldn’t perceive, think, feel, desire or imagine the way that you do. You should do these in line with the perfectionist ideal

#### *5 The ‘no-talk’ rule*

This rule prohibits the full expression of any feeling, need or want. Members want to hide their true feelings, need or wants. No-one speaks of loneliness and sense of self-rupture.

#### *6 The ‘no-listen’ rule*

Everyone is so busy using their energy to defend themselves or play their rigid roles, no one really hears anything from the other’s true self

#### *7 Don’t make mistakes*



Mistakes reveal the flawed, vulnerable self. To acknowledge a mistake is to open oneself to scrutiny. Cover up your own mistakes, and if someone else makes a mistake, shame him

### *8 Unreliability*

Don't expect reliability in relationships. Don't trust anyone and you will never be disappointed. The parents didn't get their development dependency needs met and will not be there for their children to depend on. The distrust cycle goes on.

### *9 Don't trust*

Since no one feels validated or listened to, and there is no predictability and unreliability on the part of source figures, no one develops basic trust in themselves or others

## **The manifestation of shame defences in the family system**

As shame pervades the system, each person takes on a role that maintains the dynamics. The true self hides herself further within the psyche and disappears from view. This means that a shamed child begins to carry the dynamic of shame for the parents. According to Bradshaw such roles may be:

Parents' parent, Dad or Mum's buddy, family counsellor, Dad's Star, Mum's Star, Perfect One, Saint, Mum or Dad's enabler, Rascal, Cute One, Athlete, Family Peacemakers, Family Referee, Family Sacrifice, Loser, Martyr, Super Spouse, Clown, Genius, Mum or Dad's Scapegoat. Each role is a way to handle the family distress and shame. Each role is a way for each member to feel as if he has some control – the older one becomes the more and more rigidity sets in, and the less and less potential for the child to truly engage with reality and life. The shame that promotes the role intensifies the role. The roles are necessitated by the family – freeze and enhance the shame. The reason these are so hard to give up, especially those of Hero, Caregiver, Superachiever or Star type of roles is that they give an illusion of identity and control. They alter moods. One can feel good being a care giver – so how can I be flawed and defective? Over time, the fact that we are playing a role becomes unconscious, and so this in itself is addictive.

## **Working with shame: recovering the soul**

Given the somatic and psychic consequences of the shaming spiral, we could say that we are always working with shame in the therapy room. If shame is what takes us out of connection, then our process is one of helping gently to recover the most vulnerable part of the self which has gone into hiding. Over time, this has become somatised, and unconscious. We have also seen that shame overrides the other affects, and thus leads to a life that is limited and lacking in vitality in order not to feel that shame. What we are seeking to recover in the therapy room is the beginnings of contact with the vulnerable self – that part which has been lost in the netherworld.

To do this we can set an intention of gently penetrating through the defences that have built up in layers around this. Thus we need to be prepared to meet the conditions against which the person has been defended. We are working here with chronic trauma, and thus care needs to be taken that we do not indirectly

trigger that trauma or inadvertently repeat the shaming pattern. What we will need to do in these conditions is remember with compassion the earlier shaming conditions and provide a different model of holding, such that the hidden and confused affects find a safe place to arise, to be acknowledged and to be released. The work needs to be carried out at a bodily, emotional and mental level in order that the relationship between these different elements are integrated and ordered. Since we have seen how the shame response bypasses the cognitive, then work on the feeling sense and bringing this into the cognitive level, will provide an opportunity to integrate the early experiences into the present sense of identity. Any trauma type of work will be essential in such work. The task is to help the client gain awareness of his or her bodily processes, and compassionately inquire into the source of the tormented soul. The way forward will depend on the orientation of the therapist, the length of time available and the modality.

In integrative therapy, the first step according to Erskine is that of enquiry into the client's experience. The aim is to provide both the client and therapist with an ever-increasing understanding of who the client is and experiences to which he or she has been subjected to. A major focus will be the client self-discovery of longing for relationships, and being able to acknowledge what is absent. This will mean peeling through the layers of the defensive 'false self' that protects the vulnerable self from harm.

This will require attunement in the therapist that honours the client's developmental level of coping with shame and the absence of any defining or categorising of the client's fantasies motivations or behaviour. Attunement also involves the therapist sensitively communicating to the client that the therapist is aware of the inner struggles and that he or she is not alone in the sadness.

This means meeting the rising affect with the response not given as a child:

- Sadness elicits compassion
- Anger is taken seriously
- Fear is respected
- Joy elicits vitality and expressions of joy

Involvement begins with the therapist commitment to the clients' welfare and respect for his or her experiences. This means transactions that acknowledge, validate and normalise the client's experiences providing the antidote to the toxicity of discounting the existence or significance of previous ruptures in relationships.

Whilst the path taken to recovery of the soul may differ, and different aspects may appear at different levels, Bradshaw (2005) outlines some essential steps that form part of the process

- 1 Coming out of hiding by social contact – finding somewhere to honestly share feelings with others
- 2 Finding one person who can accurately mirror and echo our experience
- 3 Writing and talking about the shame-based incidents, so that feelings become externalised – express them, grieve them, clarify them and connect with them

- 4 Externalising the lost inner child ( through imagination or therapy)
- 5 Making the various sub-personalities conscious, so that they can become integrated
- 6 Externalising unconscious memories from the past that have been linked as shame scenes, and learning how to heal them
- 7 Learning to deal with shaming voices in our heads ( internal judges, evaluators, critics, saboteurs)
- 8 Learning where and when we get triggered
- 9 Learning how to handle our mistakes and courage to be imperfect
- 10 Finding an inner space, and connection with greater whole
- 11 Discovering life's purpose and spiritual destiny

### **Tracking down the critic**

We can help clients identify certain 'mind' movements that maintain the internalised shame patterns – in particular that of the judge or critic. These 'voices' direct and limit action and are intended to protect from enjoyable affect or expansion, but they are a self-limiting cycle of shame. They may appear in the following guises:

#### *Catastrophising*

A headache implies an impending brain tumour. A memo to see the boss means you are going to get fired

#### *Mind reading*

Making assumptions about how people are reacting to you. 'She thinks I'm immature, she wouldn't ask me these questions'

They are usually born of intuition, hunches, vague misgivings or past experiences. In shame-based persons, you imagine that people feel as bad about you as you do about yourself

#### *Personalisation*

Like a toothache , you think about it all the time. If your self is ruptured, and it is painful to experience your self, you become self-centred. They relate everything to themselves. A man whose wife complains about the rising price of food hears this as an attack on his ability to be a breadwinner. This is the habit of continually comparing yourself to other people. 'She knows herself a lot better than I do'.

#### *Overgeneralisation*

A turndown for a date means 'Nobody will ever want to go out with me'. Leads to statements such as 'I always have to struggle'. Or 'This country is going down the tubes'.

#### *Either/or thinking*

People and things are either good or terrible. There is no middle ground. If your not brilliant and error-free , then you must be a failure.

#### *Being right*

You must prove that your actions are correct. You live in a completely defensive posture. You aren't interested in the truth of other opinions.

#### *'Should' thinking*

You operate from a list of inflexible rules about how you and other people should act. The rules are right and indisputable

Any man who loves his wife ought to take her for a drive and then to a nice eating place'

*Control thinking fallacies*

Control is a major cover-up for toxic shame and a product of grandiosity – you are either helpless and externally controlled, or omnipotent and responsible for everyone

*Cognitive deficiency*

You pick out one element of the situation to the exclusion of everything else, that triggers shame spirals

*Blaming and global labelling*

These distract from your own pain and responsibility. 'My boss is an idiot'. 'Nothing works around here.'

All of these can be addressed through clarifying, changing the language that is used, focussing on what the real problem is, and taking responsibility for situations.

The inner voice is the language of an insidious, self-destructive process existing in varying degrees in every person. The voice represents an external point of view toward oneself initially derived from the parents' suppressed hostile feelings towards the child. This voice is created by the shame-based, shut-down defences of the primary care-givers. Just as the shame-based parent cannot accept their own weaknesses, wants, feelings, vulnerability and dependency, they cannot accept these in their children. Firestone (1985) notes that the voice is the result of the 'parents' deeply repressed desire to destroy the aliveness and spontaneity of the child whenever he or she intrudes on their defences'.

**From shame to transcendence**

We have seen how the effects of chronic shame result in a shame-bound personality, unable to move beyond limited life scripts, or sabotaged from fully functioning through the emergence at any time of shamed aspects of the personality which have been hidden in what Jung called the shadow.

In the on-going development of a human being, shame will still emerge as a necessary conscience, or may be coupled with guilt in which case if he transgresses another's boundaries, then he will feel uncomfortable enough to make reparative actions. A human being lives in an interconnected web of systems, each of which has more or less fixed regulations. An individual is at any time a citizen of the cosmos, the world, the nation, the group, the family. This will bring up conflicting values. He or she may be faced with ethical dilemmas between institutional regulations and personal values, or personal values and national conditioning. With a well-tuned conscience, the individual will feel strong enough and centred to take action that is in true alignment with the true path. He or she may consciously embark on what Jung would have termed the 'individuation process' which can lead to ever-increasing levels of freedom and the individual relies more and more on the conscience, with an ever-expanding awareness of the different conditions in which she is working. The individuation process requires reclaiming some of the more 'enshadowed' parts of the soul

which may mean meeting strong affects that were too much to handle as a child. He or she would then undergo the 'dark night of the soul' or face spiritual challenges in this process. It is the work of the archetypal which Jung pioneered so courageously. This bypasses the shaming mechanism and can lead to greater freedom. Paradoxically, with the right help and support, those who have lived within a shaming cycle, may find that they let go enough to surrender to this process and will find elements of themselves that they never knew existed, and can integrate these within the ego system.

We have turned full circle and seen that shame may be the cutting edge of transcendence, the bridge between self and other, that can transcend, even temporarily this separation. Paradoxically, whilst by its nature hidden, shame is the very heart of the challenge of the human condition. It is the growing point of evolution, as well as being a temptation to fall into the dark side, as a relief from the wounding of childhood.

## References

- Bradshaw, J. ( 1988) *Healing the Shame that Binds you*. Health Communications Inc.
- Brown, B ( 1999) *Soul without Shame*
- Erskine, R.( 2014) 'A Gestalt Therapy Approach to Shame and Self-Righteousness; Theory and Methods, in *Relational Patterns, Therapeutic Presence* Karnac. London
- Kaufman, Gershen. ( 1966) *The Psychology of Shame: Theory and Treatment of Shame-based Syndromes*. 2 ed. New York: Springer Pub. Co.,
- Sanderson, C ( 2015) *Counselling Skills for Working with Shame*, Kingsley, London.
- Nathanson , D.L. (1992) *Shame and pride: Affect, Sex and the Birth of the Self*. New York:WW.Norton
- Scheff, T.J, ( 2004)' Elias, Freud and Goffman: Shame as the Master Emotion' pp. 229 – 250 in *The Sociology of Norbert Elias* ed. Loyal, S and Quilley, S. Cambridge University Press, Cambridge
- Sills , F. (2008) *Being and Becoming: Psychodynamics, Buddhism, and the Origins of Selfhood* North Atlantic Books. Berkely . California
- Tomkins, S ( 1962.3) *Affect, Imagery , Consciousness*, Vol. 2, New York: Sprinter Pub.

## Web articles

<http://www.tomkins.org/what-tomkins-said/introduction/nine-affects-present-at-birth-combine-to-form-emotion-mood-and-personality/>