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From Shame to Dignity

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Unlike other affects such as anxiety, anger and guilt, shame has been a relatively neglected affect. Yet, it has recently been shown to be important in formations of self and personality, and to have important derivatives. In this paper I follow a patient's struggle from shame to dignity.

Introduction

'Humiliation is worse than physical pain.'

'Shaming another in public is like shedding blood.'

The Talmud

Shame is one of the most painful feelings with which humans have to contend. Some say that it is more painful than guilt. For instance, in its forms of loss of face or loss of honour, shame can be so painful as to lead to suicide. Shame is a major way of socialising children and societies.

Freud in 'Three Essays on the Theory of Sexuality' (1905, p. 177), suggested that shame was 'organically determined and fixed by heredity'. Its function was to act like a dam to the flow of the sexual instinct and anal impulses (Freud 1908). Freud noted that the affect disgust was associated with shame. He also saw shame contributing to moral ideals and aesthetics.

Ferenczi (Broucek 1982) noted 'the sphincter-morality' of younger children, where a sense of guilt and shame revolved around their sphincter competence. Similarly, Erikson (1973, p 243-6) postulated shame and doubt around failures of autonomy about the stage of the anal phase. There was a slight shift from the purely sexual. Shame could also reflect one's lack of autonomy and incompetence.

There was a major development toward conceptualising shame through narcissism. Freud in 'On Narcissism' (1914) did not mention shame as such, but he noted how narcissism see-sawed with feelings of criticism, low self-regard, impotence and inferiority. Kohut (1971) noted that lack of empathy with the infant's primary narcissism (grandiose self) led to an intense hunger for self-esteem, and this could lead to various symptoms. In their review of Kohut's self psychology, Baker and Baker (1987) noted low self-esteem, inferiority and worthlessness as common features of narcissistic disorders. Self psychologists also noted the very early onset of these symptoms in the

context of object relations. For instance, the absence of the gleam in the mother's eye mirrored back to the child a sense of low worth.

Symptoms see-sawing with narcissism such as low self-esteem, inferiority and worthlessness may be seen as varieties of shame. Indeed, Broucek (1982) noted that shame was the keystone affect in self psychology, as anxiety was the keystone affect in ego psychology. He noted that both Kohut's wounding of the grandiose self, and Kernberg's pathological secondary grandiosity had shame at their core. Yet self psychologists, like Freud before them, did not take the step to define shame.

Attempts to define shame and separate it out from guilt, have been quite recent. The following may be a brief summary of their differences (Wurmser 1981; Pines 1987).

Shame involves an audience which regards one with contempt. Guilt is internal, and no one may know about it. Shame involves a judgement on the whole person, while guilt is only partial to the personality. Shame requires a major change in the person for absolution and may be denied even then, while guilt may be repaired through confession and expiation. Shame hides and guards boundaries against others, while guilt limits expansion of power. Shame protects the integral image of self, while guilt protects the object.

Shame itself is associated with physical responses such as blushing, a highly unpleasant feeling like a shrinking chest, and feelings of self-disgust. It is associated with unpleasant self-images such as smallness, dirt and bad odours. There is a physical desire to hide one's face (loss of face), or wishing to be lost to the view of others altogether, as expressed in the desire that the earth would swallow one up.

Wurmser (1981) saw shame as a complex yet basic affect evoked by cognitive elements of others' negative judgements. The core meaning of their judgement was that one was worthless and unlovable. These meanings had crucial effects on self-esteem and one's sense of identity and personality.

The defects which made one unlovable could be physical (such as being a cripple, being incontinent), psychological (such as lack of honour or integrity), and social (such as being of the wrong social class or race). Shame also varied according to developmental phases. The adaptive function of shame was survival. It facilitated hiding which prevented further exposure and rejection.

Shame had many varieties. They included embarrassment, humiliation, degradation, despication, dishonour; incompetence, weakness, disgrace and inferiority. Shame anxiety was a signal that shame or its derivatives might be

evoked. Defences against shame were grandiosity, contempt and haughty arrogance. They tipped shame on to others.

Wurmser (1981) also posited, like Freud, that shame had ethical derivatives; that is, striving for nobility and the worthwhile. Shame could also be a fuel to the aesthetic and creative.

It seems then, that shame, with its own affects, defences, vicissitudes, purpose and pathology, is a very rich concept. Shame often overlaps with anger, guilt, a sense of injustice and other affects. However, we will concentrate on shame in this paper.

The Case of Sharon

Sharon was a thirty year old sculptress when she presented six years ago, some time following the breakdown of her marriage. Her presenting complaint was, 'I leave myself open, I don't have discretion about myself because I need affirmation. I relinquish my power, I can't say "No"'. She believed that she was talented and attractive, but somehow she could not capitalise on this.

Sharon was twenty minutes late for her first session. She was attractive, fashionably dressed, vibrant, seductive, Lolita-like. Indeed, she told me with contempt for her previous therapist, how he had invited her to his home. She had had a series of relationships. While in love, she was on top of the world. At such times she felt admired by her lovers who seemed to fulfil every promise. With time she felt betrayed, used, exploited, and her sense of worth plummeted.

Sharon had a low basic sense of worth, which however, she strove to overcome by making others admire her. Her self-esteem was augmented by vanity, grandiosity and contempt. Her seductiveness and vibrancy were to elicit my admiration of her, while her lateness indicated my relative dispensability.

She told me that she had \$200 in the bank, and that she was struggling financially. I offered her a discount, but she insisted on paying her way 'like anyone else'. At the time I felt gratified by what I saw as her pride, and her indication that she saw the sessions as valuable.

Over the years she paid regularly and reasonably promptly. However, for over two years she refused to pay for a session she had missed just prior to a Christmas break. Instead of facing her last session with me, she had gone on holiday with her current boyfriend.

With her fragile self-image, Sharon found some basic interactions difficult. It was very difficult for her to acknowledge her status as a patient, rather than a target for my admiration. She was wounded when I started to interpret

patterns in her behaviour of which she had been unaware, especially if I used paradigms of childhood. On the other hand, Sharon took pride whenever I conveyed to her the respect I felt for her struggle to accept previously unacceptable parts of herself. Thus Sharon came to accept painfully that her sexual liaisons were immature. However, the struggle was uneven. When shame was too painful, Sharon tried to tip the tables. For instance, she might say contemptuously that she could see through me as being one of those male psychiatrists who liked to exploit their power over their female patients.

Sharon's maternal grandfather died when Sharon's mother was three. In her late childhood the mother went through the Holocaust. After migrating to Australia she immediately married. Sharon was an 'accident'. The mother was 'tense' after Sharon was born, and could not breastfeed her. The mother seemed animated only when she told Sharon of her Holocaust experiences.

Sharon said that her father was brought up in an emotionally cold and distant environment. As a child, Sharon also experienced her father as distant. Yet it was he who took Sharon to bed when she was ill, and allowed her to admire him. Sharon burnt with a desire to be admired by her father, but this came hard. For instance, he overtly encouraged her sculpture, but he always had reasons not to see her exhibitions. On the other hand, he liked her to see his paintings, which Sharon found hard to admire.

Sharon came to feel that there had been an erotic contact with her father. Sharon's fondest memories were cuddling up to her father in bed when she was sick or frightened, and then sleeping blissfully. However, every overt intimacy with father came to an abrupt halt in early adolescence. He called her a whore for no apparent reason. At the age of seventeen Sharon posed nude for a magazine. Later in therapy she realised that she did this in an attempt to keep her sense of self intact through the admiration of many, who represented her father.

Around the same time in therapy, Sharon uncovered fears of a man coming into her bedroom, when she was three. Her memories were associated with both arousal and a fear of death.

Sharon realised that her successive love affairs were attempts to recreate the earlier bliss of being in bed with her father. As with her father, each affair ended in disappointment. She could maintain her sense of worth and identity only by finding a new perfect lover as she contemptuously discarded the old one. I was one link in this chain of lovers.

In time Sharon came to see that the intensity of her love affair with her father was a result of her emotional destitution with her parents, and her father's covert or overt encouragement of her love through eroticism. She felt

that he encouraged her love, exploited it for his own needs, and then betrayed and humiliated her for it. Sharon felt physically a sense of shame, wounding and disgust, humiliation, dirt and dishonour. She felt immense consternation at the demeanment of having grovelled for absent love, and the cheap use of her body in the process. She stopped her promiscuity, and we may speculate that in this sense her shame was adaptive.

Attention swung to mother. From another initially idealised figure, Sharon came to see her also as self-concerned. What seemed at first the sharing of intimacies by her mother, were now seen as mother going over the events of her wartime deprivations seeking from Sharon the love she missed out on in the war.

Sharon came to realise that neither parent was interested in what she had to say. There was never interest or resonance to her achievements. She felt that she could never appear competent and successful in her parents' eyes. In fact, her parents' eyes did not see her.

The only person who had ever seen her was her grandmother who lived with them when she was little. She lived in France. Sharon was imbued with French culture and admired it. She was contemptuous of Australian culture.

Here is a session from the fifth and final year of her therapy. The background to the session was that three weeks prior I had reminded her that she had not paid anything for four months. She said that she did indeed have the Medicare cheques, but she liked to pay all the fees together. I questioned the logic of not paying the major part of her account when she already had the cheques in her possession. I pointed out that in the meantime I was paid nothing.

She looked puzzled, and said how she had little money, how she liked to pay all her debts. She could go on the dole between jobs, but she let me know that would be degrading for her. It became clear that she was ashamed of not being able to pay the difference between the Medicare cheque and my fee. Not paying anything was more acceptable to her, than paying the Medicare cheques only, exposing her poverty. I wondered aloud at who should pay for the vanity of her not accepting unemployment benefits? Or for being with her lover instead at her session prior to Christmas? She felt angry. This is now the session:

Sharon: I have decided that I am the most important person. I have decided to look after myself. I am thirty-four now, and I still have no house of my own. I need to save money for a deposit.

She detailed her low income. As she did so I thought of her having recently sold two of her sculptures. I saw her nice clothes which belied her poverty.

Sharon: I find that I have to economise in various areas, and I am afraid psychotherapy is one of them. I just cannot afford to pay more than \$5 per week. So I am afraid if you do not reduce your fee (from \$10) to what I think is a reasonable level, I regret I'll need to leave therapy and look after my needs.

She looked commandingly at me for a response.

I: It seems you have set the scene for an all or nothing confrontation. I would rather know more about how you arrived at this position.

She smiled, as if relieved. She detailed to me her income and expenses, to show how it was really unreasonable for her to pay her current fees. I struggled with my resentment at being personally devalued, and a sense of betrayal that the psychotherapy which I offered was not worth to Sharon the extra \$5 after all. I was in a turmoil. I did not want to lose Sharon as a patient, but I resented being blackmailed and paying to keep her. I was tempted to send her away angrily and take on a more appreciative patient. I pointed out that for a few dollars she would spoil her own therapy.

Sharon: It's not that, it's just that I could not trust you again. I could not help but feel that you are so rigid, so unprofessional, so unfeeling of others' needs. After all, I've been a regular, hard working patient, you can't deny that.

I could not deny that. My anger and sense of being manipulated lessened somewhat. I listened this time to the details of her finances. They made sense. I wondered why I had resisted seeing this sense before. I realised that it was the contempt and threat of losing my will which I resisted. The loss of money was secondary. I remembered offering her a discount fee initially anyway, which she had proudly rejected.

It occurred to me that we were replaying some scenario which was very important for her, and it was important that I understood it. I recalled my rage at her contempt, at her saying how unimportant my therapy and I were. How I felt a victim of both coercion and manipulation in my need for us to keep seeing each other. Is this how she felt too? I looked at her intense face trying to tell me something.

I: If you cannot afford to pay me the full fee now that you have sold some sculptures, paying me the full fee in the past must have been false vanity.

The atmosphere changed.

Sharon: It is always I who has to ring my parents. Even when I had no money, I spent this huge amount each month on the phone bill. It never occurred to them to pay, or ring me. I think they saw it as a sign of my love for them that I spent the money on them. When I told mother that I landed this job, and I was excited and wanted to celebrate it with her, all she said in this plaintive voice was, 'and you are spending this money here talking'. She never sees or hears what I say. I hate her self-pity. She always made

me feel guilty for her sufferings, well stuff her, I have my own life to live, can't she see that!

I: You want to know whether I am like your parents, and I only see you in terms of my needs. If you give me the little you have, you must love me. That's how it has been. If on the other hand, if you have landed more (through the sale of your sculptures), and I celebrate this with you, and I add to it so you can save for a deposit on a house, I must recognise you and love you.

Sharon: My parents always told me of their successes. But when I succeed, they go dead. They don't like me to have money. You know, I think they would have liked me to give them all and be in rags. But I always made sure I dressed middle class. I never had many clothes, and they were simple, but they looked good. I never looked like a pauper.

Only Grandma understood me. I'm going to her in France. There they appreciate and pay for individual effort and products of beauty.

I: If I do not appreciate your efforts and your beauty, you cannot survive with me. Then you need to search elsewhere, as you did when you left your parents.

I felt it was appropriate to reduce my fee. In fact it amounted to the discount which I offered initially. Sharon seemed to feel relief and joy.

The next week Sharon reciprocated by recognising the pain of missing me on holidays. She had gathered her savings and paid all her outstanding bills, including the missed session from two years before. These events spurred me to much thought about values and worth of therapists and patients, and the value of money to both for their self-esteem. I presented these thoughts in a paper at a scientific meeting, and found I was not alone in my speculations.

The next turmoil, though smaller, occurred when Sharon said that she had some of her work in the car. Would I like to see it? She had told me how her art work had flourished. I was anxious at breaking our usual therapy structure, and also anxious that I would not like her work. Yet I sensed that I could not refuse looking at her tangible achievements, a part of her which was very important to her. I agreed to see her work. In fact I thought her products were beautiful, and said so.

With further progress in psychotherapy, the material seemed to point to incestuous experiences at the age of three. Sharon felt she needed to confront her family, and she asked me to set aside an afternoon where we could talk to family members in various combinations. By now I had more trust of Sharon's genuineness and her creative intuitions. I agreed.

Sharon's mother was an anxious woman still imbued with guilt for having killed her father at the age of three. She told the story with great vividness. She said that her father had been ill, and she was not allowed to see him. Nevertheless, she sneaked in and gave him an apple. He choked on the apple and died. She was blamed for his death. She had a strong desire to have died herself and preserved her father.

She had an opportunity to do so through Sharon, who was to symbolise her. The death scene was to be reversed. The father was to sneak into the daughter's room, giving her an apple on which she choked. Sharon's death would undo father's death. Mother would be reunited with her father. Sharon's father was already cast into that role. We may speculate that there was an unconscious Oedipal element in the reversal too. Here the father gave the sexually tinged forbidden apple to the child. Apart from father's role, mother's actions and fantasies also fuelled Sharon's incestuous fantasies.

Mother consciously believed that she caused the death of those she loved. Therefore, she felt Sharon would die too if she allowed herself to love her. She therefore kept away from Sharon and especially did not give her physical affection. She allowed Sharon's father to do that. At the same time there was an unconscious wish for Sharon's death on her behalf.

As well as all this, the mother's step-father also lived with the family when Sharon was three. He adored Sharon because she represented to him his daughter by a previous marriage who had died at the age of three from an overdose of her mother's tablets. Sharon's fear of men entering her bedroom and putting something big and poisonous in her mouth leading to her choking and dying now made sense. There was much relief. Sharon rang me to express her wonder at psychotherapy and suggested we write a joint paper.

In the next four months therapy wound up. Her relationships improved. She learnt to genuinely grieve and love. She came to esteem these capacities of hers.

The last session was ungratifyingly stilted. Something was missing from a good ending. I felt I had a need, and imagined some of her sculptures. I do not usually accept gifts from patients, far less solicit them, but there was an undeniable desire for one of her sculptures as a gift. This was the last turmoil. There were ten minutes to go.

I said I wanted to ask her something. Could she tell me from this perspective how she saw her demand for the decrease in fees. She said, 'I was not bluffing at the time. I would have left. It was a test of my value. Afterward my therapy's value increased, because it was my own therapy, as I had renegotiated it.'

'Funny thing, at the time I was doing a sculpture representing what was happening. It represented my new view of therapy. Actually, I wanted to give it to you this morning, but I thought you would reject it, because you do not accept gifts.'

I asked her what her feeling was about giving it?

She thought. 'I want to give it, but I want something in exchange. I want something external. A paper about this therapy, from your point of view. I want a copy of the paper in exchange.'

I told her that I had already presented a paper about her therapy earlier. I said that I would send her a copy of an updated paper.

Sharon's sculpture was of the sun (psychotherapy) transmitting its light through a big object (me) to a small object (her). The worth of the sculpture to me balanced the issue of decreased fees. We parted with the feeling that the therapy was well concluded.

Discussion

Sharon's shame, once conscious, did act as a dam to her excess sexuality, in accord with Freud's (1905) view of the function of shame. Similarly, Sharon felt shame for not being self-sufficient, and for not being competent to achieve goals appropriate to her age (Erikson 1973).

Sharon exhibited marked narcissistic features, such as vanity, grandiosity and contempt. The keystone affect or shame was the other side of her narcissism. Shame was of a number of varieties — incompetence, denigration, despication, dishonour, inferiority, weakness, and being seduced, exploited and betrayed. She felt ultimately unlovable and not worthwhile.

We also saw that these feelings started from birth, when her mother rejected her, and saw her already then as a dead object, someone who could not be loved. There was certainly not the gleam in her eye to make Sharon feel worthwhile. In terms of survival, Sharon's narcissism was an attempt to elicit eyes which would see her as existing and alive, and so enhance her growth. Her shame was to hide her from eyes which gave no life.

Sharon's shame evolved according to her developmental phases and what had happened to her in external life. It also radiated socially. Judgements spread to groups, genders, professions and nationalities. We may speculate that aspects of shame may influence group and intergroup behaviour.

Finally, shame affected Sharon's ethical and creative capacities. For instance in order to feel that she was noticed, she was promiscuous and

exploited others. Her shame stopped her being free in expressing herself and showing her products.

The Path to Dignity

Apart from the shame Sharon carried, she also had a fierce genuine pride and a desire to become a competent person. Beyond the seductive processes and beyond the contempt and anger, there was an acceptance of the need to search out her pain. Relief did come from being in touch with painful affects which could be identified and named for the first time.

There was also relief at the gradual understanding of her symptoms, especially after she confronted her family. She was able to put the evolution of her problems into perspective, and also see the pain of her parents. The meaning of her symptoms and history included knowledge that she was not basically crazy or worthless. Rather, that she was victim of events which did not reflect on her worth.

The therapeutic process of which I was part also helped her in gaining a sense of value. For the first time she felt that she was seen for herself. Not only with my physical eyes, but I also tried to see the genuine meaning of what she presented. The scrupulousness of my presence and my thinking and remembering her, provided an experience of being held as a precious person. The products of her mind, her words, were held in respect, no matter how shameful they were to her. There was also gain of control through her own efforts, pride and satisfaction in her achievements. Her genuineness, trust and integrity brought social and moral rewards.

However, I hazard, there had to be personal recognitions of worth, trust and love from me. Each time I was in turmoil, I had to make an emotional choice of her needs over my needs of recognition and security. The turmoil and choice had to be genuine, in order for herself to feel genuinely recognised.

For instance, I suggest that Sharon set a drama with money as the tangible symbol. We know that money symbolises many things, but ultimately it is the means of survival, the provision of life and love, like mother's provision of her body and milk. Sharon's mother saw money in this way. However, she took rather than gave money. That seemed to be my mistake too. From the start I accepted that Sharon could pay her way 'like everyone else' even though she indicated at the same time that she could not. In the session before her ultimatum, I seemed more concerned with getting my money than being concerned with her shame at not being able to pay. Her ultimatum was to make me declare myself whether I was like her mother or not.

As Sharon came to feel that she was recognised, respected and that she was important, she reciprocated her sense of worth and value. Her love grew, as did her love and respect for our mutual creation, her psychotherapy.

From grandiosity, Sharon moved to compassion and tears over her past, and then she came to value her tears. She grieved and loved with dignity. She hid no more, and she looked forward to the future. That is how she left her psychotherapy.

The final exchange of gifts was between two mutually respecting adults whose lives had touched in a creative process.

In conclusion, I suggest that shame and dignity are important polarities present throughout the life cycle, and that they are represented at all group and cultural levels.

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