

SHAME

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A mathematics professor in his fifties, who likes to think of himself as dynamic and rakish but who is at the moment “between lovers,” stands on the subway platform eyeing an undergraduate. He sees that his gaze is making her uncomfortable. He feels a twinge of shame over this intrusion, but not enough to stop. He files his behavior under “manly aggression” and keeps staring. Then a searing thought enters and exits his mind so fast that later he won’t remember having had it. The idea seems almost to have been waiting there like a hot coal, and after stumbling upon it and getting singed, he flees in panic. Feeling inexplicably crestfallen, he looks away from the young woman, buries his head in his paper, and seeks out a separate car when the train comes in. For the rest of the morning he feels listless and down. He doesn’t want people near him, and growls if they press. He works methodically, waiting for the unnameable discomfort to pass. The idea that scorched him was an image of himself, all too believable, as a hungry, unhappy loner, a man who had wasted his youth and was incapable of lasting attachments, staring forlornly at a woman who could not possibly be interested in him. The shame that that image evoked was too hot to handle.

Shame is an emotional experience that has until recently been so thoroughly neglected that it might be considered psychology’s stepchild. Professionals shied away from the word, one analyst writes, “as if it were somehow quaint or not quite appropriate.” Now the subject of much attention and debate, shame is suddenly everywhere in the literature and is seen by some as “the master emotion,” the unseen regulator of our entire affective life. Current research identifies shame as an important element in aggression (including the violence of wife-beaters), in addictions, obsessions, narcissism, depression, and numerous other psychiatric syndromes. Although cultural anthropologists once confidently labeled ours a “guilt culture,” in which shame does not play a significant role, many psychologists now believe that shame is the preeminent cause of emotional distress in our time, a by-product, some contend, of social changes and child-rearing practices that have made us unusually insecure about who we are.

For years the few theorists who bothered with shame touched lightly on its many facets, never quite able to agree on its essence. They argued about whether it arises out of something you do or something you are; whether it requires the contemptuous eye of another or can be experienced solely within yourself; whether it serves morality or merely dampens excessive arousal; whether it is a more “primitive” emo-

tion than guilt or equally appropriate to the emotional repertoire of a mature person. Today, as theorists rush to stake their claim on this newly opened theoretical continent, professional volumes on shame seem to come out monthly. Even so, the familiar questions persist: What is it? Where does it come from? When does it first show up in childhood? How should it be treated? Why does it exist at all? Meanwhile, curiously, the word has become unfamiliar to us.

“Shame has gone underground,” the sociologist Thomas Scheff says. “In traditional societies people talk about shame. My Asian students tell me they talk about shame and disgrace in their families all the time. But they look at me and say, People here are strange about shame.”

Thirty, fifty, a hundred years ago, shame was a part of our common conversation. The literature of the nineteenth century, from Austen to Tolstoy, was full of it. Parents warned their children about anything that might incur it—adultery or illegitimate pregnancy, cowardice or failure, bad manners, laziness, dirty underwear. When shame struck, it was typically a feeling akin to being caught out in the open and desperately wanting to hide—as in those clammy dreams of appearing in public without any clothes on. One moment you are a decent, acceptable, self-possessed human being, and the next you are cast into confusion, your identity in disarray.

When bourgeois morality prevailed, shame could hardly be kept a secret. It awaited people at every turn; any act of immodesty, poor form, or incompetence could be the trigger for shame reactions ranging from mild embarrassment to complete mortification. Even today, though we have lost contact with the word and with many of the values once associated with it, we recognize the experience of our grandparents. Who does not know the shame that wells up after telling a joke that causes offense? After realizing too late that you’ve overstayed your welcome? After catching your heel in your hem, stumbling, and feeling ridiculous in the presence of people who might judge you for it? After failing sexually with a new lover? After a faux pas like showing too much enthusiasm at an old-money business meeting? Or after talking too effusively and betraying your unconscious eagerness to please?

The most trivial of daily activities can become suffused with shame if the context shifts in an unexpected way—such as stopping to eat a sandwich in a public place in a strange city only to discover from the stares of others that eating is not done here. Combine this with membership in a demeaned ethnic or racial group (“Ugh! One of those!”) and the nega-

tive charge that surrounds the self can achieve ferocious intensity.

In the past the capacity to experience shame was valued. To be capable of shame meant to be modest, as opposed to exhibitionistic or grandiose, to have character, nobility, honor, discretion. It meant to be respectful of social standards, of the boundaries of others, of one's own limitations. And, finally, it meant to be respectful of one's need for privacy. Carl Schneider, a pastoral counselor and divorce mediator who wrote a little-noted book on shame in 1977 (*Shame, Exposure, and Privacy*), recalls that "many of the best minds of the nineteenth century—Darwin, Scheler, Nietzsche, Havelock Ellis—wrestled with the significance of shame for our understanding of ourselves as human beings." But contemporary culture, he says, has tended to dismiss shame as the mark of a timid and unfree person.

Most languages have at least two meanings for the word "shame": one to denote the feeling, one to denote the healthy attitudes that define a wholesome character. This double view acknowledges that one does not have to be in a state of shame in order for shame to be at work within. Ideally, in growing up, one learns where shame lies, and inclines toward higher standards accordingly. But higher standards are not the only issue. The late Silvan Tomkins, an affect psychologist, or student of the emotions, whose early work on shame was long overlooked by the field, asserted that theorists over the years have been confused in their attempts to define shame by their failure to recognize that anything can evoke a feeling of shame. We can be ashamed of our likes, our dislikes, our assets, our deficits, even our genius or creativity—because of what we think such things imply about our character or because of the way they may seem to divide us from others.

The math professor has no trouble brushing off the shame that attends his intrusion into the young woman's privacy. The abandonment of civility can be seen as evidence of masculine confidence. But another source of shame, the largely unconscious belief the professor harbors that he is not the ladies' man he appears to be but a pathetic loner who's unable to love, sends him running. The belief is cruelly unfair, magnifying the negative and ignoring all his positive traits. But an unexamined rule, which seems crucial to his emotional survival, dictates that this feared "truth," this ugly self-portrait, must never become conscious. Otherwise he will drown in self-hatred and lose the love, respect, and acceptance of even those who are closest to him. Hidden like this, shame can stalk one's being, inflicting an unconscious self-loathing. For most psychologists, this is where things start getting interesting.

"Normal shame," Scheff says, "is just like breathing air: it's necessary. Personalities and civilizations coexist, even thrive, with normal shame. But unacknowledged shame is a pathogen. It kills."

As Scheff's comment suggests, much of the shame that therapists treat is repressed, defended against, unfelt. Like the math professor, most of us, most of the time, are able to dodge shameful encounters with our feared truths. But the potential to feel the shame is nevertheless there, often so heightened that it has become like a deformed body part that

we organize our lives to keep ourselves and others from seeing. An overweight woman may burn with shame when she takes up a seat and a half on the bus while others are standing, but more often she experiences a shame anxiety, like a distant beating drum. She may be anxious about how she holds herself and what she eats, fearful that if she puts too much food on her plate at the buffet, people will see her and think, "Fat pig!" This repressed but hounding shame, sometimes activated to the level of gnawing self-doubt, occasionally reaching the intensity of fully inflamed self-hatred, is common in emotional disturbance. The need to keep it repressed often drives people toward perfectionism, withdrawal, diffidence, combativeness.

"As with any problem that is severely repressed and unresolved," says Léon Wurmser (*The Mask of Shame*, 1981), a Baltimore psychoanalyst and shame pioneer, shame "forces us in ways that are outside our control to behave destructively to ourselves and to others." If you run from shame, he says, you may successfully avoid the humiliation you fear, "but you constantly sense this anxiety within yourself and you know you cannot escape it—it follows you like a shadow."

An unconscious feeling of unworthiness often crystallizes around some hectoring, negative view of the self: One is ugly, stupid, impotent, unmanly, unfeminine. One is phony, grasping, ignorant, boring, cheap. One is insignificant, immature, unable to love. Women are particularly prone to such shame-filled self-concepts—what we might call pathogenic beliefs—over unattractiveness or the inability to relate well to others; men over incompetence, weakness, or sexual inadequacy. Because of the pressures in our society to be independent, and the punitive ways this concern can reach a child, people of either sex (but perhaps especially men) may grow up with a wounding sense of shame over being needy. They experience their neediness as a grotesque infantile deformity for which they will be rejected, abandoned, or contemptuously dismissed by others.

Such shame-filled beliefs about the self have a peculiar relationship to the truth. They may be totally false: we see this in the woman from a poor, uneducated family who grows up believing she's stupid despite her obvious intelligence. They may be a convenient cover for some other, deeper issue of shame or inner conflict: a young man who is anxious about his receding hairline and spends considerable time arranging his hair to conceal it may be fighting off more fundamental doubts about himself. Or they may have an element of truth to them: many people are, after all, fat, fraudulent, selfish, mentally slow, overly dependent. The mere recognition of a flaw, such as excessive fearfulness or irritability, or of a harmless but maligned difference, such as shortness or homosexuality, does not necessarily warrant a crippling level of shame. People have creative ways of dealing with things like that, and sometimes they become stronger as a result. But the pathogenic shame belief seems to block creative avenues. It is crippling, because it contains not just the derisive accusation that one is a wimp, a bully, a runt, or a fag but the further implication that one is at core a deformed being, fundamentally unlovable and unworthy of membership in the human community. It is the self regarding

the self with the withering and unforgiving eye of contempt. And most people are unable to face it. It is too annihilating.

Shame of this sort can be understood as a wound in the self. It is frequently instilled at a delicate age, as a result of the internalization of a contemptuous voice, usually parental. Rebukes, warnings, teasing, ridicule, ostracism, and other forms of neglect or abuse can all play a part. "A lot of parents learn that one of the best ways to bring about conformity is through shame," says Frank Broucek (*Shame and the Self*, 1991), a Kansas City psychiatrist, "sometimes by telling the child directly, that's disgusting, you should be ashamed of yourself. Or it may just be a turning away from the child, a shunning—it gets the message across." Many parents, because of their own unresolved anger, bitterness, or unmet needs, are unable to accept the child for who he or she is. They may want a child who's prettier, bouncier, smarter, more aggressive, more compliant, more charming. They may fail to give the developing youngster the appreciation and respect she needs, or they may create a climate of periodic rejection or pervasive disrespect that steadily erodes the child's sense of self-worth, making her susceptible to shame's ugly self-portraits.

Such problems can develop outside the home as well. We are born with widely divergent qualities and inclinations, and our environment does not always look kindly on various aspects of what we are. Feeling that one doesn't fit—like the kid everyone makes fun of and no one wants anything to do with—is a torment, regardless of the context. The identity of an effeminate or brainy boy can suffer in gym, at the bus stop, in a homeroom full of jocks, whereas a boy who gets his esteem mainly from athletics can feel subhuman in the society of intellectuals. The child internalizes the world's negative judgments, some part of him cringes in shame, and this sets off a whole series of defenses and compensatory behaviors.

Nothing, apparently, defends against the internal ravages of shame more than the security gained from parental love, especially the sort of sensitive love that sees and appreciates the child for what he or she is and is respectful of the child's feelings, differences, and peculiarities. Nothing seems to make shame cut more deeply than the lack of that love. Parental attitudes affect the impact of the outside world in other ways, too. Some parents fail to prepare their child for the fact that others might not find him as adorable as they do. They may neglect to teach him good manners, may give him the impression that certain of his obnoxious traits are cute, or may generally assure him that he is the most fantastic child who ever lived. They are, unwittingly, setting him up for shame.

The late Paul Frisch, a psychologist I worked with in the mid-seventies, noted that when a shameful self-concept is established, it is inevitably accompanied by imperatives and inhibitions, shoulds and should nots, that govern certain aspects of one's life and become complexly entwined in one's relationships. A boy who is ashamed of being needy may become a caricature of independence, unable to ask for help or closeness or even to feel those longings within himself without risking the disintegration of his self-regard. A girl who feels unloved by her mother may grow up with a nag-

ging sense of shame about wanting and valuing others more than they want or value her and may establish relationships in which she is never the seeker, always the sought. A woman who secretly despises herself for being selfish may feel that she should not take, should not ask, should not calculate in her own behalf, and she may compensate for what she sees as her shameful self-seeking with rigid displays of generosity. No one must ever see that clawlike third hand reaching out of her pocket with "Selfish!" written all over it.

This phenomenon seems to affect everyone to some degree. Who can emerge from childhood without some susceptibility to feelings of defect, especially in certain threatening contexts? We all have shadow portraits of the self we'd rather not look at and habits of being we cling to in order to keep shame at bay.

The Mission

Though this dynamic is plainly central to emotional disturbance, as recently as 1982 a psychiatrist who considered himself an expert on the emotions could still find himself totally ignorant of it. "I had not had any training, anywhere in my life, that had anything to do with shame," the Philadelphia psychiatrist Donald Nathanson says. "No one in a case conference had ever talked about embarrassment or any of the shame family of emotions. Nobody was teaching this stuff." Nathanson, the editor of *The Many Faces of Shame* (1987), believes that a great many of his unsuccessful cases as a therapist were the result of his failure to understand shame and that many of his patients failed to profit because of his ignorance. He saw the same gap among the therapists he supervised. "Whatever we hadn't understood turned out to be shame."

Certain topics, when their time has come, seem to grip people with extraordinary power, all the more so for having been neglected. Andrew Morrison (*Shame: The Underside of Narcissism*, 1989), a psychoanalyst in Cambridge, Massachusetts, describes the excitement of giving a paper on shame and seeing his peers' response. "There's something about it that captivates them and makes them think about their work in a new way. So it becomes sort of crusade like for those of us who get it." The crusadelike quality can seem surprisingly intense: "I very much have a sense of urgency and mission," Gershen Kaufman (*The Psychology of Shame*, 1989), a psychologist in East Lansing, Michigan, says of his frequent lecturing and writing on shame, "because so many people have been crippled by it and it's been under taboo for so long. Shame is critical not just in treatment but in intergroup relations, ethnic relations, and international relations. If we are to survive on this planet, then we have to come to terms with shame." One of the first things Nathanson told me was that he was in the midst of a "jihad," his goal "nothing less than to change the whole culture of psychiatry." Nathanson feels so strongly about the rediscovery of shame that he believes everyone practicing psychotherapy should now be retrained. "Psychotherapy is like the automobile industry that has a major defect in its product. We ought to recall our product and retool in the name of shame."

What such a retooling would look like is difficult to say, since experts disagree as much on treatment procedure as on everything else about this suddenly compelling topic. The shame theorists represent many divergent views, and no single organized body of accepted ideas has yet evolved, with each theorist building methodically on the work of his or her predecessors. But where treatment is concerned, certain broad approaches seem to be favored: a greater sensitivity to shame, which often lies hidden like a sore that the patient does not want to expose; increased care on the part of the therapist not to aggravate shame by using it as a tool to promote change; an effort to help the patient see the connection between shame and its ramifications, such as rage, obsessiveness, or overeating; and a more empathic, accepting posture toward the patient, especially when needed in order to make up for what parents failed to provide. One of the important results of such therapeutic adjustments is the creation of a safe haven where the patient is able speak the terrible “truths” he harbors about himself. Putting shame into words appears to be a critical first step in freeing oneself of its damning logic.

The shame theorists are now attempting to redefine diagnostic categories to take fuller account of shame’s role. Narcissistic personality disorder is a major target. One of the premier diagnoses of our times, narcissism is a reflection not only of an apparent trend in mental illness but also of the strains and distortions in the lives of essentially healthy people. Although it has long been associated with grandiosity, self-adoration, and an annoying attitude of entitlement, many therapists now believe that the emotional fragility of the narcissistic personality is based on shame. Narcissists must be wonderful and adored or else they are less than nothing. No amount of success seems able to fill the inner void, except momentarily.

“Unless they control everything,” the Chicago analyst Michael Basch says of people with narcissistic tendencies, “the old sense of shame gets reactivated. We see it in the winter: we read stories in the newspaper where when the car won’t start, someone takes out a pistol and shoots his car! That’s to compensate for the shame: I don’t work. I can’t make it happen. Or, if the kid flunks a course in school, the parent gets enraged, because the child is an extension of himself, and when the child doesn’t get an A, that means to the parent, I’m worthless, and everybody will know it.”

Many forms of depression are now believed to have a far greater component of shame than has been understood before. “It used to be that all the old writing on depression emphasized guilt,” Frank Broucek says. “But guilt is much less prominent in most depressions I see than shame. Feelings of failure, inadequacy, not being loved enough or not being successful in personal relationships—all these shame issues generate depression.”

Guilt Is About Transgression; Shame Is About the Self

Ever since the publication of Darwin’s classic *The Expression of the Emotions in Man and Animals* (1872), the first important scientific exploration of the subject, psychologists have been grappling with the concept of emotion. They’ve gradually concluded that emotion is a complex web of physiological response, overt behavior, facial expression, and cognition. The primary emotions, such as anger, joy, disgust, interest, fear, sadness—essentially the feelings that small children experience before they have the capacity to enrich them with meanings—do not include fully developed shame or guilt. Some researchers believe that the primitive shame affect does not emerge until about seven months, and that only at eighteen months, when children are able to reflect on themselves as separate entities, do they first feel shame as negatively affecting their self-concept. Not until later, when we internalize our parents’ standards, are we able to experience the full emotional impact of shame and guilt.

Except for the thoughts that are associated with them, shame and guilt are similar (perhaps even identical) and easily confused. The same experience can arouse both guilt and shame, or guilt in one person and shame in another, based on their psychological and cultural makeup. In psychoanalytic literature the pathological potential of shame has long been overshadowed by a kind of reverence for guilt. Guilt has so strongly dominated—indeed, the word is often misused in place of “shame”—that to this day many professionals would be hard-pressed to distinguish between the two. Therefore, some definitions (not universally accepted but gaining authority) are in order:

Guilt is the anxious self-reproach you experience after you sleep with a friend’s spouse, cheat your brother out of his inheritance, or stand by as a colleague is fired for your error. In the grip of severe guilt, you feel tormented by the idea of a debt that must be repaid, and until atonement of some kind is made, life itself may seem suspended.

Guilt becomes pathological when it enters the realm of the irrational, when it is imbedded in you as a child, such that you persistently feel responsible for damage you never did. Freud saw this as the origin of neurosis: it is the unfortunate outcome of the child’s innate drives and wishes and, particularly, a faulty passage through the treacherous oedipal straits. We want what we want, and if Daddy is in the way of our lasting and exclusive union with Mommy, then surely he can be put out of the way. Sometimes the evil wishes we harbor toward the same-sex parent burden us with a lasting and unresolved guilt, almost as if we had indeed done an injury.

If guilt is about behavior that has harmed others, shame is about not being good enough. Shame is often, of course, triggered by something you have done, but in shame, the way that behavior reflects on you is what counts. Shameful behavior is thus often a victimless crime; and shame itself is less clearly about morality than about conformity, acceptability, or character. To be ashamed is to expect rejection, not so much because of what one has done as because of what one is.

One of the things that has made shame so hard to grasp, and kept it in the shadow of other concepts, is the number of ways in which a person can feel not good enough, which for a long time seemed unrelated. Normal shame—the everyday embarrassments and humiliations that we feel for ourselves and others—arises from several sources: rejection, failure, impropriety. It typically includes a feeling of having crossed a forbidden boundary or becoming inappropriately exposed or tainted with the unclean: you burp loudly at a polite gathering, you're caught reading over a stranger's shoulder as she writes in her diary, you're too familiar when addressing someone of greater status or age, you enter a synagogue without a hat, you discover a wet spot on your pants after urinating, your child throws a fit in the movies. These can be uncomfortable moments, but for most people they pass. Pathological shame is an irrational sense of defectiveness, a feeling not of having crossed to the wrong side of the boundary but of having been born there.

"The gross difference between the two states," said the late Helen Block Lewis, who was the first person to study shame and guilt empirically in a clinical setting, "is that shame is about the self. We say, I am ashamed of myself. I am guilty for something. Guilt is out there in the real world, something you did or something you thought that you shouldn't have thought. Shame is only about the self."

For guilt one can find a solution. One needs to make amends. "What does shame require?" Lewis asked. "That you be a better person, and not be ugly, and not be stupid, and not have failed? The only thing that suits it at this moment is for you to be nonexistent. That's what people frequently say. I could crawl through a hole, I could sink through the floor, I could die. It's so acutely painful."

In a discussion videotaped shortly before Lewis died (in 1987), she noted that shame is often difficult to separate from guilt, because one can trigger the other or both can be triggered by a single event. "They get into what I call a tangle," she said. "Shame gets into guilt and guilt gets into shame and, whichever way, the person can't get out. In the forties, when I was training, we called it a chronic state of guilt. It's guilt, too, but the role of shame in the whole mess has been underestimated."

An Evasion?

Laura (not her real name) is a forty-one-year-old single woman whose closest male friends are almost all homosexual. While waiting for a suitable marriage partner, she has created a social life that includes female friends, couples, and gays. Straight men occasionally enter her life in the form of debilitating obsessions. They are invariably men—her psychotherapist, her married supervisor—who are completely uninterested in pursuing a relationship with her. "Maybe I'm just a fag hag," she says, shrugging. "I like being with gay men."

The presence of a man with whom a lasting relationship might be possible triggers in Laura a latent and unconscious shame. The wound was largely inflicted by her seductive father, who became overwhelmed and disgusted by his desire for her and turned his disgust on his daughter. Her precocious

sexuality, which her father had helped to promote—a sexuality that remains vibrant but is sadly quarantined—became tainted for her.

Within limits, and handled appropriately, a parent's sexual feeling for a child is usually a healthy, energizing aspect of the relationship, which builds rather than undermines self-esteem. But in Laura's case, as pleasurable as her father's attention was, it went a little too far, subtly violating her boundaries and flooding her with feelings that she was not ready for and wasn't sure were right. For that reason alone, her sexuality can sometimes have a shameful, discomfiting sense of exposure associated with it. Even as a child, Laura could sense some of the guilt her father felt for letting his feelings for her flow so strongly at the expense of his relationship with his wife, and this, too, helped contribute to her sense of sexual wrongness. But his subsequent rejection, while she kept reaching out, was the major source of damage. Even to think now about making herself attractive to a man causes the old shame to crowd her consciousness with sneers of "Dirt!" "Slut!" and "Needy thing!"

Laura's mother, angry and jealous, removed herself early on and stood aside during this ordeal. As a result, Laura unconsciously came to believe that she was unworthy of the care and protection her mother might have given her. Today she incorporates both her father's contempt and her mother's neglect, so that a life in which many of her fundamental needs go unmet seems normal to her.

Past analyses of Laura's conflicts might have focused on her rage toward men, on the guilt she feels about incestuous wishes toward her father, or on the guilt she feels toward her mother for having monopolized her father's desire. The importance of these themes should not be underestimated. Neurotic guilt could cause Laura to become preoccupied with making reparations—not only to her father or mother but to anyone who doesn't treat her well. It could distort her work life, making her feel that her only legitimate role is—slaving to help others. But the issue of shame, which might easily be disregarded, is equally important.

A treatment that was sensitive to shame would give Laura the opportunity to articulate attitudes and feelings about herself that she has always kept hidden and to examine them anew. To express a shunned feeling of shame can be like emerging from a harsh, self-imposed regime where the voice of contempt rules without check and where the self lives as a second-class citizen. The therapist's sympathetic stance might gradually enable Laura to be a kinder parent to herself, not only by stopping some of the deprivations that she unthinkingly inflicts upon herself but also by looking at her pain the way she might look at a hurting child rather than at a loathsome adult. Without this aspect of treatment, no matter how much insight she gained, she might still leave with a nagging, unconscious sense of defect.

One of the unanswerable questions in any debate about trends in treatment is how, exactly, the majority of therapists actually work. From my own experience in therapy and from what I've learned of the work of innovative analysts, I am convinced that good therapists have always worked with shame to some extent. It may not have been named, but the sensitivity to it was there and so was the healing power.

Treating painful, hidden feelings of defect is an intuitive aspect of the therapist's job. Jacob Arlow, a prominent classical analyst who has written sensitively on subjects that many would now classify under the heading of shame (although he himself does not), believes that a lot of the fuss about shame today is largely semantic ("Most conflicts in analysis are definitional"). He argues that much of what is now being called shame has not been overlooked by more orthodox Freudians but has simply been called by other names, mainly "guilt." (Other terms include "inferiority feelings," "embarrassment," "narcissistic injury," "social anxiety.") The new theorists, on the other hand, believe that shame fell through the cracks of the old theoretical models and that those who worked successfully with shame in the past were a tiny minority, the creative few whose practice did not always reflect the official canon and who rarely wrote about this aspect of their work.

For many years psychoanalysis had a strongly masculine, scientific, individualistic bent; it seemed much more comfortable with a careful emotional neutrality that would enable the patient to heal himself than with warmth and receptivity. Since the forties and fifties a group of British analysts, known as object-relations theorists, have favored taking a more empathic, maternal stance toward patients, a position that was strongly echoed by the innovative analyst Heinz Kohut and others in the United States and is now a prominent trend. But for a long time, some shame theorists contend, most analysts were squeamish about being supportive or getting too close to certain feelings. They limited themselves to interpreting the patient's unconscious sexual conflicts, and, according to Michael Basch, "analytic work suffered tremendously" as a result. Shame theorists believe that therapists who lacked a natural feel for dealing with shame, who were rigidly tied to whatever they'd been taught, or who were defensive about their own unexamined shame, could easily, sometimes damagingly, evade the whole thing. Indeed, if anything has fueled the current interest in shame, it's the painful, disappointing memories that some of today's leading shame theorists have of their own experiences as patients.

"As I look back on my childhood," Andrew Morrison says, "it was loaded with shame. But I had a first analysis during medical school that was all based on oedipal conflict—competition with my father, guilt around sexual feelings for my mother. It was helpful but never really touched feelings of shame and inferiority—even though I kept trying to come back to them."

Frank Broucek, who wrote an influential article on shame and narcissism in 1982, concurs. "Shame has been the silent emotion in therapy, often unidentified by both patient and therapist. Psychoanalysts—at least when I went through analysis, about twenty-five years ago—didn't understand very much about shame. Shame was considered just a kind of neurotic hang-up that prevented us from being able to get in touch with our true instinctual desires and needs. I had a lot of shame issues in my life growing up, and I don't feel they were recognized or dealt with."

The very way analysis was often conducted in those days (and sometimes still is) only made matters worse. "There was something shame-aggravating about the whole process, the

whole nature of the psychoanalytic setup—the distant, aloof, anonymous analyst, the poor bleeding patient on the couch; if you wanted to design a human relationship to elicit as much shame as possible, you couldn't design one better than that!"

Broucek argues that when the therapist is reluctant to deal with shame issues, it is almost impossible for the patient, even in the unlikely event that he is not colluding in the evasion, to bring the topic around. "The thing about shame is, one tends to deny it to oneself. It would be simpler if I knew then what I know now about shame, but back then nobody talked about it and there was nothing to read about it. Besides, as a patient you don't feel like an authority on anything. You're feeling very inadequate, inferior, and you're not likely to challenge anyone's point of view. You're apt to submissively accept whatever's being offered, even if it doesn't feel right at some level."

Even writing about shame is difficult, especially in social-science prose. Shame is melodramatic. It strikes at our sense of humanness, fostering images of ourselves as animals, bugs, or things. And it has a contagious quality, not only because it is considered shameful to look upon another's shame, but because it makes our own shame demons restive.

To the extent that professionals have avoided discussing shame, this may help account for it, as would certain shame-averse trends in the culture. "People are ashamed of being ashamed," Thomas Scheff says. "So we don't talk about it, we don't express it, and we don't acknowledge it. We say we're uncomfortable, or 'It was an awkward moment'—these are code words for shame."

Helen Block Lewis: It's Right There in the Session!

The first thing that alerted me that something was missing in our psychoanalytic theory," Helen Lewis said, "was the relatively few but very disturbing cases in which there had been a good analysis, the patients were happy, I was happy, we shook hands, that was it; but a couple of months—sometimes it was a couple of years—later, the patient showed up. The good results had vanished."

In each case a painful life event had intruded. "But one would have thought," Lewis said, "that the person might have been strengthened against the return of neurosis. And what seemed so awful to me, as I listened now to what they were saying, they had an improved vocabulary of self-denigration! Masochistic, narcissistic—I used to shudder at what they were saying about themselves."

A shy, warm woman with a stubborn intellect and a powerful impact on the people with whom she worked, Lewis realized, as she considered these often angry and hostile returning patients, that something had not been analyzed, and it occurred to her that it might be shame. Lewis had been doing research in cognitive styles with the psychologist H. A. Witkin during the forties and fifties. During the sixties they devised a study to determine whether people with a certain cognitive style would be more prone to shame than guilt. In examining the transcripts of the 180 therapy sessions that had been recorded for the study, Lewis found something she had

not expected—all sorts of shame-related incidents were going unnoticed, and the patients were developing new troubles as a result (“I could watch symptoms form as I read”). These problems confirmed her suspicions about what had happened to the angry patients who returned to her after supposedly being cured.

Shame, she decided, was a fundamental aspect of the patient-therapist relationship. “However good your reasons for going into treatment, so long as you are an adult speaking to another adult to whom you are telling the most intimate things, there is an undercurrent of shame in every session.” She argued that such shame, if unanalyzed or bypassed, would remain unconscious and would come back to haunt the treatment.

Lewis began reexamining the published case histories of other analysts, including Freud, and discovered that shame played a more central part than had been understood before. She saw that many analysts not only overlooked their patients’ feelings of shame but worsened them with judgmental interpretations, often implicitly shaming them for failing in their adulthood.

Lewis then described a predictable sequence of emotions that followed such moments, in which shame was activated and then ignored in treatment. Hidden rage at the therapist comes first. But how can one be angry at one’s therapist, she asked—this person “who has listened to me, who’s put up with me, who’s said something that really relieved me when I was in a deep state of shame or guilt?... To want to push that one’s face in the mud? How evil can you get?” Guilt thwarts your rage. In humiliation, your fury points back at your self, and you sink into depression.

Lewis believed not only that analysts needed to be aware of this sequence but also that patients should be educated about it. Her goal “was to train patients to be able to identify the state of shame,” according to the Manhattan psychologist Rachelle Dattner, who was supervised by Lewis. “Then you wouldn’t have to go through all the steps into depression. You would be able to discharge the feeling.”

In the classical Freudian view, shame is more primitive than guilt. Partly because of new work on narcissism, shame had come to be associated with developmental failures in childhood and with a defective self. Lewis, who believed that shame was an issue for everyone, questioned this trend. She believed that shame could arise at any time in one’s life. Abortion, incapacitation, infertility, disease, job loss—any failure or defeat could arouse it. And she pointedly argued that many patients diagnosed with severe personality disorders may actually be suffering “the sad effects of unanalyzed shame in the patient-analyst relationship.” She believed that shame, like guilt, was an innately social affect the purpose of which was to maintain and restore our closest attachments.

In the remaining years of her life Lewis carried her message wherever it would be heard, cautioning against the rigid, unfeeling styles of treatment that are anathema to shame-prone patients. Ester Shapiro, a Boston-area psychologist who was also supervised by Lewis, notes, “Like most people who are working on a new idea, Helen had this persistent, one-track mind. Everything came down to shame and guilt

sequences in the therapy relationship. What was so extraordinary, though, was that it had such power. I no longer do any of my therapy without immediately assessing, the minute a person calls me on the phone or walks in the door, how they are experiencing the potential humiliation of being in a relationship with me where they have to admit that they are vulnerable and have to look to me as a person who might help to solve their problems.”

“I would say that Helen Lewis is the premier shame person of our time,” Thomas Scheff says. “Helen discovered unacknowledged shame, its prevalence, frequency, and significance. She’s like a discoverer in physical science. She noticed in these tapes over and over and over again that there was a lot of shame going on that neither participant was acknowledging.”

Scheff, who now teaches in the sociology department at the University of California at Santa Barbara, was a marriage and family counselor at the time he first read Lewis. “I did what I was taught as a therapist to do with anger, which is to let people express it, and I couldn’t help noticing that it never worked. But I picked up Helen Lewis’s book one day and I saw a sentence in there—she said shame and anger have a deep affinity. And I thought, Oh, my God, this is what all that therapeutic failure was about.”

In Lewis’s studies women came out more concerned with fitting in and more shame-prone. Empirical studies have since demonstrated that girls, even as early as at eighteen months of age, are more likely to show embarrassment than boys, and that females in general are more likely to make the sorts of negative global self-evaluations associated with shame. But the more psychologists understand about the ways people can defend against shame, the more careful they are not to assume too much about women’s greater susceptibility. Men, for instance, may be more ashamed of shame than women, especially given the performance pressures that are typically placed on them and the expectation that they will rise above fear, pain, and self-doubt. They may therefore be more invested in suppressing it, and this may be confounding the studies.

Lewis’s landmark book, *Shame and Guilt in Neurosis*, was published in 1971, and was followed five years later by another volume that amplified her themes, but her work was ignored for more than a decade. As a psychologist in an era when American psychoanalysis was monopolized by psychiatrists (M.D.s), she was an outsider, and had to seek training from prominent analysts who swore her to secrecy. That may have contributed to her obscurity. In any event, not until the mid-eighties, when new work in infant research and increasing interest in the early relationships of the child suddenly made shame a more relevant theme, did the ideas she had been single-mindedly promoting among colleagues and supervisees begin getting broader attention.

The Recovery Movement

If many professionals have ignored shame, popular psychology has had a heyday with it. For the better part of two decades the self-help racks have been crowded with books about self-esteem—why you lack it and where

you can get it. Some of the ideas are based on the shame-related concepts (inferiority, self-hatred) of Alfred Adler and Karen Homey, which their psychoanalytic colleagues largely ignored, and some on the thought of the cognitive therapist Albert Ellis, who was famous for such esteem-building slogans as “I will not should on myself today” and “I am not a worm for acting wormily.” The word “shame” was almost never used. But the concept was silently present, and millions of book buyers were paying to read about how to deal with it. In recent years the popular effort to cope with shame has reached something of an apotheosis in Alcoholics Anonymous and the “twelve-step” programs it has spawned, collectively known as the recovery movement.

That the recovery movement has raised the banner of shame should not be surprising. A number of years ago I observed a series of AA meetings as a clinical-psychology student and subsequently wrote a paper arguing that one of AA’s main functions seemed to be the management of shame. People are deeply ashamed of themselves for drinking. It implies desperation and weakness of character and is freighted with memories of degradation. But speak of your shameful habit before people who are sworn not to judge, who will welcome you, praise you, offer you friendship for coming out, who are just as tainted by the stigma themselves, and somehow the habit doesn’t seem so shameful anymore. As you laugh with the others over insiders’ jokes about the splendors and depravities of the diabolical juice, you feel transformed. Suddenly the defect that you’ve experienced as a private scourge becomes a shared problem.

In 1983 Gershen Kaufman, of East Lansing, whose first book, *Shame: The Power of Caring* (1980), had taken four years to find a publisher, was invited by a mental-health group in Minneapolis-St. Paul to give a one-day workshop on shame. To his surprise, some 400 people attended. “I had no idea of the sociological phenomenon that was happening in this country,” he says of the interest in shame. “They told me in treatment centers that my book was required reading for anyone going into treatment. I was astonished.”

The Twin Cities proved to be in the forefront of developing strategies for treating addiction, eating disorders, sexual abuse—all syndromes, according to Kaufman, in which shame plays an organizing role. “Bulimia and anorexia are largely disorders of shame,” he says. “People with those ailments feel at rock bottom that something is wrong with them inside. Sexual and physical abuse are guaranteed by their nature to produce excessive shame, beyond the capacity of the individual to tolerate—anytime the body is violated, that always leaves the person defeated and humiliated. Addiction is rooted at least partly in shame.”

Since the late 1980s “shame” has become one of the recovery buzzwords, like “codependence” and “dysfunctional family.” “The movement,” Kaufman says, “seems to be fueled by the attempt to unburden oneself of shame.” The shame that twelve-step groups tend to deal with best is what Kaufman calls secondary shame—that is, the shame of being an addict rather than the core feelings of shame that may have caused one to become an addict in the first place. “What these groups invariably do is dissolve the secondary shame immediately,” Kaufman says. “Any time you bring twelve

bulimics together and they start telling stories, that’s pretty much guaranteed. And I think that accounts for the power of these groups and the way they have been spreading and attracting adherents.”

The dissolution of secondary shame, so that people no longer feel like lepers for their disability, not only helps new adherents pursue their goals but can release surprising amounts of energy. (It also promotes a level of attachment to the group which some observers find troubling.) But, Kaufman believes, unless the members are also in psychotherapy, the core sense of shame is unlikely to be touched.

Merle Fossum and Marilyn Mason, family therapists in St. Paul, have described certain families as “shame bound”; these are often families with a history of addictive problems or physical abuse, or with a family secret such as suicide or bankruptcy. Such families, they say, develop a “set of rules and injunctions demanding control, perfectionism, blame, and denial” that leaves each member with a burden of shame and a style of relating to others that perpetuates that shame. In their book *Facing Shame: Families in Recovery* (1986), Fossum and Mason note that such shaming family systems typically persist for generations.

No one has done more to promote such ideas than John Bradshaw. Influenced largely by Kaufman’s book, Bradshaw saw in shame the key to much of his life’s suffering, and he has been writing and speaking on shame and related subjects ever since. His own book, *Healing the Shame That Binds You* (1988), and his PBS TV program of the same name have achieved great popularity. A former alcoholic, divinity student, and counselor, Bradshaw now roams the country and the airwaves on a perpetual crusade, a Billy Graham of recovery, pointing his finger at the devil and naming it over and over in order to destroy its power: toxic shame, toxic shame, toxic shame.

Every popularizer is resented by the theorists from whom he borrows, and Bradshaw, no exception, is subject to the usual criticisms of bastardization, oversimplification, carnivalization, and (worst of all) non-attribution. But Bradshaw, who describes himself as the product of five generations of alcoholism, four generations of male abandonment, and three generations of “emotional incest,” is performing a valuable service in an unusual role—he is a modern evangelist of emotional education, who has a gift for reaching the torrid inner experiences of the thousands of polite, well-dressed people who come to hear him.

In keeping with the evangelical tradition, Bradshaw uses every technique he can muster to grip an audience. He reminds them of their lost childhood purity (“Every one of us had this wonderful, feeling, vital, spontaneous life—and something happened”). He explains the cause of their addictions (“See, because to be inside of me is just too painful. So I’ve got to alter my mood”). He dramatizes their secret experiences (“It’s like there’s a hunter over your shoulder, and the hunter is always coming. And they’re going to find out that I’m flawed and defective. They’re going to find out that I’m not what I look like I am”). He earnestly recounts his own debasement before he was saved by the knowledge of shame (“I was an alcoholic,” “Tuinal and Seconal and Nembutal were my lovers,” “I was a rageaholic”). He describes

the paths that didn't work ("I tried all my life to heal my shame with doing. I was president of the class. I was the editor of the paper. I was on the baseball team. I was number six academically. And I was one of the sickest kids in the school"). He uses pithy aphorisms ("I'd become a human doing, I wasn't a human being"). He warns the audience of the evil of their ways ("We've got to stop shaming children!"). He asks them to be part of a new social outlook ("where it's okay to be human, where it's okay to make mistakes"). And he points them in the direction of hope ("If we're going to heal the shame, we have to be willing to come together and to admit that we feel bad, that we're hurting, that we're vulnerable").

Bradshaw, who defines much of his work as "healing the inner child," is particularly captivating when dramatizing the plight of children, often by mocking the anxious parental voice with his machine-gun delivery: "*Why can't you be like, why can't you be like, why can't you be like, you're never gonna be like! Don't laugh like that it's not ladylike. Pretty soon that little inner child in you just begins to shrivel and you become an act and a performance.... I know you don't really think that! We know what you think! The poor little kid's going crazy. You don't really feel bad! I know you don't really dislike your brother! I know you're not really angry at your father! What are you mad about—there's nothing to be mad about! What are you sad about—there's nothing to be sad about! What are you afraid of—there's nothing to be afraid of!*" This is sickness! It's causing broken, schizophrenic, addicted people."

The recovery movement, with Bradshaw's help, may have begun to give shame more impetus among clinicians. Among psychiatrists the word is still a shy newcomer, but it is finding its champions. Donald Nathanson, of Philadelphia, is one of the most prominent, having done perhaps more than anyone else to put shame on the professional agenda. Although he respects Bradshaw's contribution, he believes that Bradshaw has a narrow view of the subject ("Toxic shame to him is just demon rum; he doesn't understand that we're dealing with an innate biologic mechanism"). Meanwhile, Nathanson is similarly captivated by shame, performing for professionals some of the same services that Bradshaw performs for a popular audience: he edited *The Many Faces of Shame*, which brought together for the first time articles by many of the current experts; he has written a new book of his own on the subject; he has worked energetically to integrate a number of different theoretical perspectives; and, like Bradshaw, he seems to be in perpetual motion, constantly in demand to speak on this hottest of hot topics, and, because of his great articulateness, achieving in the process a devoted following ("My wife says I have groupies!").

Nathanson stands virtually alone among the shame theorists in believing that a vast proportion of those who suffer from shame disturbances have a genetic or biological condition. He believes that alcohol is a powerful shame-relieving substance and that the huge popularity of Prozac is evidence that numerous people have a biological predisposition to experience shame, and that the shame they feel may have little to do with life experience.

Others vigorously dispute this. They believe that even where a constitutional predisposition exists, upbringing is the crucial variable. Michael Basch (*Understanding Psychotherapy*, 1988) says, "I have daily dealt with shame and get very good results without giving any medication. As a matter of fact, many of the patients I see don't want a medication to be in control of them. *That's* a shameful thing."

A Confusion of Shames

Biological or psychological, shame still strikes many as an odd concept to be gaining so much steam at this time. Not only has the word virtually disappeared from common usage but everywhere one looks dishonorable, indecent, and frightfully "liberated" people openly violate the standards that shame once guarded. It would seem more appropriate now to speak of shamelessness than shame. People expose their sexuality on TV, howl obscenities at those who would once have been considered their betters, cling to elective office despite the revelation of serious breaches of public trust, and greedily pen books about their misdeeds. How is it that in the midst of so much immodesty, psychologists have found us to be suffering from so much shame?

The answer seems to lie both in shame's confounding variability and in the fact that different eras promote different forms of shame. The problem is not just among psychologists. Bring together two anthropologists, theologians, or philosophers to talk about shame, and they may seem not to be describing the same experience. In an attempt at clarification, I've divided shame into categories that reflect our varied experience of it:

Existential shame arises from suddenly seeing yourself as you really are—too preoccupied with yourself to notice that your child is sinking, too frightened of the opinion of others to stand up for someone you love, too wrapped up in your bitterness to allow yourself or anyone close to you to be happy. This kind of shame, although it reflects negatively on the self, lacks the quality of hopeless deformity that is associated with the shame wounds inflicted in childhood. As Helen Merrell Lynd wrote in her book *On Shame and the Search for Identity* (1958), if you have the capacity to reflect on the causes of shame experiences of this type, they become a spur to growth and the basis for a stronger identity.

This is obviously very different from the sort of shame one feels for having the wrong skin color or accent, or the shame that is stamped on one at birth because of one's social class. Such class shame is a function of social power, and it has bedeviled the underdog—the poor, the peasantry, ethnic minorities, women—since the beginning of civilization. The crippling self-hatred that class subjugation often instills can be alleviated by class unity and closeness (as in the traditional black church), by the mobilization of anger (as in the recent power and liberation movements), or by a social story that carefully gives each group, however lowly, a rightful place in the social method (as in medieval Christianity). The last method explains why slavery and serfdom can sometimes be easier to bear psychologically than more informal and hidden forms of tyranny. Because ours is officially a classless soci-

ety, the blue-collar families described by Richard Sennett and Jonathan Cobb in their 1972 classic, *The Hidden Injuries of Class*, feel they have nobody to blame for their condition but themselves. They suffer a constant, nagging sense of inferiority, but it is not shared or acknowledged or mitigated by the intimacies and folk humor that flourish amid open oppression. In this way class shame crosses the line from social pathology to individual pathology, from a shared burden to the sense of personal defect that we've been discussing all along—what might be called *narcissistic shame*. This also occurs when the oppressed group singles out some of its members for special abuse, as when a black child is made to feel inferior by her parents because she has blacker skin or kinkier hair than her siblings.

Although it also reflects on the self, *situational shame* is usually a passing shame experience that arises from rejection, humiliation, allowing one's boundaries to be infringed, or violation of a social norm. Situational shame keeps us bathing regularly, dressing appropriately, eating with utensils, and able to work in close proximity to others without acting on every aggressive or sexual impulse. The power of social expectation is so great that to cross any of these boundaries is to risk a sudden shrinking of one's identity, such that a hideous, subhuman caricature of the self—buffoon, ape, horny toad, snarling cur, cockroach—flashes before the mind's eye. As the sociologist Norbert Elias showed in his 1939 masterpiece *The Civilizing Process*, the niceties of Western society have all been instilled and enforced through (situational) shame. It serves as a fiery perimeter around social convention, accounting not only for our modern delicacy about urinating, spitting, breaking wind, and nose-blowing, bodily functions that were performed openly and shamelessly in medieval times, but also for many of the subtler responsibilities and obligations of social life.

Situational shame can sometimes harden into lasting social disgrace or stigma (Hester Prynne's adultery) or even an enduring private wound (the unforgiving feelings of shame that haunt a man who has run from battle), but the horrible inner portrait it stamps on us often comes and goes with no standing threat to the identity. Like guilt, it is in a certain way felt to be "out there." It is as if one had stumbled into a cesspool: horrible, but eventually the smell will go away. Even when failure to perform well leaves one feeling stupid, incompetent, or irresponsible, the stain on one's identity can be felt as temporary, soon to be a bad memory. *Narcissistic shame* is more than a bad memory. It never fully goes away. To "have shame" in this sense means to be burdened with a festering negative self-portrait against which one is repeatedly trying to defend.

Where Was Freud?

The reader may be wondering at this point what on earth patients have been doing therapy for all these years if not dealing with shame. People feel bad about themselves, they don't like themselves, they want to be different, they want to be more self-accepting. Isn't that what therapy is and always has been about?

Not exactly. The people who came to see Freud and his contemporaries, especially in the beginning, usually had overt and troubling symptoms. They suffered from some form of hysterical paralysis. They had phobias, compulsions, sexual dysfunctions. Freud found that these symptoms were caused by unconscious conflicts, usually of a sexual or aggressive nature, grounded in the oedipal period of childhood.

A few shame theorists are strongly critical of Freud, believing that in his focus on such conflicts he not only missed shame entirely but also misdirected the whole course of analytic thinking. But others, like Helen Lewis, argue convincingly that Freud's focus on sexual conflict was an inspired one, which has vastly enhanced our knowledge of both psychology and society. They insist that he was in fact quite aware of shame but that his efforts to be scientific in the nineteenth-century mode, and his focus on the intrapsychic development of the individual organism, as opposed to the more relational approach that has developed in recent years, kept shame on the sidelines.

Freud knew that people were ashamed of their sexuality and suspected that they might be ashamed of any feelings they were loath to acknowledge in themselves. But he seemed to take shame for granted. Shame came up here and there, but he often dismissed it as a "reaction formation," a mere cover-up for powerful underlying feelings that seemed unacceptable. Freud touched on other aspects of shame too, and occasionally discussed feelings of defect. That he was sensitive to the phenomenon is evident in his injunctions regarding therapeutic tact. He had, as Lewis notes, an acute sensitivity for "what was happening in his patients' affective life and the means they used to conceal their feelings from themselves." But shame never achieved the theoretical centrality of guilt. Guilt became the cornerstone of neurosis. He saw the "fatal inevitability" of guilt as "the most important problem in the development of civilization."

"He was much more preoccupied in himself, as in his patients, with oedipal guilt," Basch says. "He dismissed what's so important to us today, the kind of character defects that we all have and we all wish we didn't, and that we're all ashamed of when they're found out or when we think of them in the privacy of our own minds."

His patients were different from today's too. "He tended to treat people," Basch says, "who, like himself, had a sense of who they were, where they were going, what was right and wrong, rather than people who had difficulty with their sense of identity." In treating these patients, Freud developed his theory of the psychoneuroses, in which guilt and guilty anxiety arose out of conflicts between aspects of the self (the rapacious id, the practical ego, the moralistic superego) rather than from fundamental questions about the worth or viability of the self. Although several analysts—Franz Alexander, who examined the interaction of shame and anger; Erik Erikson, who linked shame with the identity; Gerhart Piers, who extracted shame from its confusing definitional entanglement with guilt—did focus on shame to varying degrees, the concept did not catch on. It was a peculiarity, a sideshow, certainly not something that was seen as central to the suffering of the times.

Freud's chosen focus undoubtedly had a cultural component. Despite the social upheavals of pre-1914 Europe, society was still stable enough, families, churches, and communities still strong enough, and values and standards still commanding enough to give people a solid sense of who they were and what was expected of them. In such an environment one worried more about duties and obligations to others than about whether one was lovable or had a right to exist. Also, being less isolated, the self in a more traditional society was not the center of intense scrutiny that it is for many of us now. One derived a sense of esteem from one's associations. If people were unhappy, if their marriages were sour, if they developed physical debilities, they could more readily see these misfortunes as arising from outside. And even if they did feel that they were deficient in some way, the climate of belonging was still often strong enough to protect them from feeling like outcasts.

Although this more communal way of experiencing the self and the traditional bonds that protected it have slowly eroded over the course of the past several centuries, the impact may not have been felt in patient populations until relatively recently.

After the Second World War, analysts began seeing more and more of a new kind of patient. Rather than complaining of specific symptoms, he voiced vague complaints about himself and his life, about feelings of emptiness, lack of motivation, alienation, and meaninglessness. Rather than feeling neurotically guilty or excessively responsible for others, she often felt poorly connected to others. These patients were diagnosed as having personality disorders—schizoid, narcissistic, borderline—and they make up a huge proportion of the current therapy population. "The patient of today," Erikson wrote as early as 1950,

suffers most under the problem of what he should believe in and who he should—or, indeed, might—be or become; while the patient of early psychoanalysis suffered most under inhibitions which prevented him from being what and who he thought he knew he was.

This does not mean that anxieties about the self did not exist in Freud's time (or that they haven't always existed), or that many people today do not feel relatively free of those anxieties. But, inevitably, the renewed interest in shame has renewed old questions about the perils of modernity. At one end of the shame-theory spectrum, Thomas Scheff argues that the pervasive shame we experience over our feelings is evidence that our society is creaking toward extinction. "If a culture is any good," Scheff says, "it provides us with a format for discharging our emotions. Like the format for mourning—you do the grief work, as Freud called it. If, however, people are deeply ashamed of an emotion, as we are of grief or fear or anger, or shame itself, then you inhibit the discharge of emotion. That's what happens in modern civilization."

At the other end of the spectrum, Léon Wurmser, of Baltimore, who as a youth in Zurich suffered excruciating shame about his Jewishness in the wake of Nazi propaganda, and whose book is enriched with a broad knowledge of classical and modern literature, dismisses the idea that shame anxieties

are on the rise. "If you go back in literature, you see how the fear of shame has been always there. You can read it in Thomas Mann, you can read it in Nietzsche, you can read it in Balzac, and you can read it as far back as the Talmud. There is always culturally a great fear of shame. To say that we suffer from this or that more is, I think, just a modern way of self-pity." Wurmser allows that the impersonality of our era and the sheer quantity of technological tasks confronting us contribute to shame anxiety, but he believes that these factors may be offset by the fact that "there is, especially in the United States, but in Europe now too, a much greater respect for the child, much less shaming of the child, than when I grew up, sixty years ago.

But if we go further back, to traditional societies such as existed in feudal Europe, where people had a secure (if imprisoning) place, we find that the self was on the whole more protected. Even Wurmser concedes this. Looking back at that era offers some perspective on the pressures we experience today.

In medieval times people were ruled more strictly from above, and thus had less need of inner controls. Their emotional life appears to have been extraordinarily spontaneous and unrestrained. From Johan Huizinga's *The Waning of the Middle Ages* we learn that the average European town dweller was wildly erratic and inconsistent, murderously violent when enraged, easily plunged into guilt, tears, and pleas for forgiveness, and bursting with physical and psychological eccentricities. He ate with his hands out of a common bowl, blew his nose on his sleeve, defecated openly by the side of the road, ate, made love, and mourned with great passion, and was relatively unconcerned about such notions as maladjustment or what others might think. Norbert Elias has demonstrated that in the post-medieval centuries what I've called situational shame spread rapidly, taming and civilizing the medieval passions, as a freer, more mobile society demanded that people be able to demonstrate to the world of strangers that they had their sexual and aggressive impulses on a leash.

Since then Western emotional life has been further transformed by the pressures of the Industrial Revolution to be efficient, independent, and successful; by the expectations of the corporate workplace that people be smooth, positive, and unemotional; by the heightened self-consciousness and fear of deviation promoted by psychology and TV; and by the impetus that advertising has given to conformity based on happiness, youth, good health, and good cheer. When a man wants to impress a woman today, the list of inner and outer qualities he may feel compelled to display is truly formidable. He must be confident, articulate, sensitive, open, able to take criticism, able to take charge, and—not to be forgotten—original, spontaneous, sincere, and self-accepting as well. Given our anxiety about flaws, our uncertainty about the legitimacy of our feelings, and our lack of mutual trust, our modern psyches would seem especially fertile ground for narcissistic shame.

And that's what I would argue—that gradually, circuitously, as traditional, hierarchical, religious society has given way to a world shaped by the freedoms, insecurities, and loneliness of modernity, an important psychological change has taken place: guilt, class shame, situational shame, and the

fear of authority have in varying degrees grown less powerful. They are no longer the chief forces around which inner controls are organized. Narcissistic shame has taken up the slack.

These changes are reflected in the assumptions parents bring to child care. "In the kind of upbringing people had before the First World War," Michael Basch says, "things were much more certain, people knew who they were and where they were going and had no hesitation in imposing their ideas on others, including their children." Parents today, broadly speaking, seem to be more insecure about their feelings and personal traits, less confident of their role as authorities, less certain of what's right and wrong—indeed, less likely to be anxious about ethical behavior than about appearances. They convey these anxieties to their children in a variety of ways, often unspoken, using facial expressions and tones of voice that can be more shaming than rigid commands or a swat on the seat of the pants.

"We've looked at our videotapes," Michael Lewis, a professor of pediatrics and psychiatry at the Robert Wood Johnson Medical School, in New Brunswick, New Jersey, says of his studies of shame in childhood. "Mom says, Oh, don't do that, that's awful." She seems to be voicing a negative reaction to the child's behavior and not to the child's whole being. But on closer examination Lewis saw that the mother's face showed elements of disgust, what he called "an incomplete-disgust face." What she was conveying, in effect, was, You disgust me. "We're finding that thirty to forty percent of mothers' prohibitions are accompanied by this incomplete-disgust face. And this is in laboratory situations, where they know they're being videotaped. I would say that the middle class, in moving away from physical punishment, utilizes more withdrawal of love. We think we have moved to a higher plane because we don't punish the kids, when in fact we may be humiliating them instead."

Lewis (no relation to Helen), who is the author of *Shame, The Exposed Self* (1992), sees a cultural trend toward increased shame, partly because of this subterranean style of rejection and also because "we keep telling our kids how great they are." He says, "We're using a lot of global evaluation, and we didn't do this earlier." Like other developmental psychologists, Lewis sees the use of global negative evaluation as tending to instill shame. But too much global positive evaluation may be risky as well, for it trains children to think globally, to make their selves the issue in whatever they do, and thus to be prone to both grandiosity and self-contempt, the Scylla and Charybdis of narcissistic disorders.

The Core Feeling of Defect

When an infant seeks to engage a parent, when his coos and smiles and efforts to make eye contact fail, he looks down forlornly and experiences what looks very much like shame. The fundamental purpose of all affects, as the affect theorist Silvan Tomkins saw it, is to amplify or call attention to the situation that triggers them. "It's like the relationship between pain and injury," he said. "If we had no pain receptors, we could have injury and do nothing about it." Thus, when the baby turns

away in disappointment as his mother fails to respond in the expected way, or, worse, as she reacts with anger or distress because she sees that he has just wet the new comforter, the baby's shame is an adaptive reaction. It keeps him from making a bad situation worse by continuing to seek attunement in the face of a hopeless situation. And because he eventually associates what he has done with the feeling of shame it has evoked, that feeling helps him to learn about acceptable and unacceptable behavior.

Psychologists disagree, of course, on whether to call these early painful feelings shame, since at this stage no self-evaluation is involved. But certainly dealing with shame and its boundaries is soon a constant factor in the socialization of the child, because standards and rules are everywhere, and he has a lot to learn in a very short time. From toilet training to eating behavior to how and with whom to display anger or affection, the boundaries of the acceptable are progressively narrowed. But the child does not necessarily feel personally tarnished by this training: the shame remains situational, not a permanent part of his being. And besides, he is showered with rewards for his efforts to change and for his achievements. He joins the A team, where no one throws food on the floor or makes in his pants. Meanwhile, ideally, his underlying impulses are not entirely suppressed. They are merely directed into acceptable channels.

But, inevitably, certain aspects of the child's emotional makeup cannot find an acceptable channel. What is he to do if belonging to the A team means that he must never express certain feelings? What if his mother turns icy when he gets angry, is unable to respond to his sadness, smirks when he acts disappointed, or lectures him whenever he's fearful or wants to be held? In such cases his very feelings become stigmatized and to a certain extent he is stuck with his shame.

A young woman is having some friends and acquaintances over for a rare brunch. Only six of the ten invited were able to come. The poor showing is a humiliation for the hostess, who is ashamed in front of the remaining guests: she fears they can see how unpopular and disregarded she is. The hostess does not know three of her guests well—they are acquaintances from her department at work—and they do not seem to be mixing much with the others. They are more successful people, "really going somewhere in life," as the hostess sees it, and now she feels a fool for having invited them, having reached out for people who have no interest in her. In fact, she is quite certain that despite their cordiality, they came only to be polite. For a moment the encroaching shame panics her. She finds herself talking excessively. She wants to explain, to be liked despite it all, to make the group coalesce into a successful party. She makes excuses for the food, for her decor—"It's only temporary." She feels bad for having betrayed herself like that, laughs nervously, hears herself laugh, suspects that her merriment sounds forced and unnatural. Her guests seem uncomfortable. She wishes the whole thing would end. Later, when everyone's gone, she's sure they're thinking, "Oh, God, that was really stupid."

This fictional experience typifies the kind of shame that haunts the life of "Polly," a young woman interviewed by the psychologist Susan Miller for her ground-breaking doctoral research on shame, which later became a book, *The Shame*

Experience (1985). Polly is an archetypal shame sufferer. Although she harbors the hope that she will be famous and glamorous one day, she feels like a nobody. She sees herself as the sort of person who cares for people who don't care for her. If she doesn't react the way others do, if she hears a complaint or a harsh tone, she is quick to think, Uh-oh, something is wrong with me, my deformity is showing. Hers is a core sense of shame, a condition that some psychologists now trace back to damaging early experience.

"The child's sense of being someone who counts," Miller says, "comes in large part from the parent's capacity to empathically tune in to that child." Without that consistent reassurance the child begins to doubt the value of her efforts to engage, of the love she is trying to give, of her very being. "Polly seemed to have had the kind of parent who in some basic way never saw the child, or saw a distorted image of the child based on the parent's own needs."

Heinz Kohut had argued that the parent is a kind of mirror for the child, which gives her a sense of herself and her feelings before she has the capacity to achieve this on her own. "If there is no clear reflection," Miller says, "the self has a great deal of difficulty achieving any definition."

Polly's mother never provided this helpful mirroring. She tended to focus on details—the fit of the child's clothes, the smudge on the face, the posture—rather than on Polly herself. When she did attend to Polly, her actions seemed false, as if, in a way Polly could never articulate or even be certain of, her mother was not fully there. Insecure about her ability to draw others' interest to her, Polly developed a tenacious shameful self-concept—that she was inherently uninteresting. Unhappily, in Polly's case the concept contains some truth. Because she had only a tenuous faith in the validity of her feelings, which her parents had so disregarded, "she developed a very conventional, compliant personality, trying so hard to fit in with everyone that she would ultimately be chosen by no one."

Another early route to shame is the loss of one's loving identification with a parent. Learning that one is adopted, Susan Miller notes, is sometimes traumatic partly because of the loss of this comfortable association, of being one with Mommy and Daddy, part of what makes them big and strong. Suddenly the child feels shrunken back into his smallness. A similar and often more lasting loss occurs when a child sees one or both of his parents become tarnished as a result of conflict; when a parent is himself burdened with shame and acts it out in self-demeaning ways; or when some calamity befalls a parent, like a crippling accident or the loss of a job. Any of these unhappy life events can derail the child's sense of worth by prematurely compromising his much needed idealization. Even later on, when the early need for idealization has passed, a child can feel diminished if the same-sex parent is continually debased by a ridiculing spouse.

Although shame problems often appear to be more damaging the earlier they arise, no one has any proof that early-childhood traumas are irrevocably wounding. If a child later gets the loving validation she needs, she may be able to overcome even a persistently shame-inducing experience. Unfortunately, most negative home environments remain negative;

and the child, in trying to cope, develops traits that her parents find frustrating or objectionable. These may elicit a greater negative reaction and more feelings of shame. What's more, a mistreated child will not only feel that he deserves mistreatment but will likely identify with the bad parent and see himself as bad on that account as well. He may also become filled with hatred and evil wishes toward a parent he feels he should love, causing him to hate himself for being that way. This process is only worsened by a parent who cannot tolerate the child's antagonism.

In any family the ways in which differences get worked out tell the child a lot about his rights, his dignity, his worth. Is he allowed to feel he's still okay when saying no, complaining, or expressing even the normal hostility or aggression that children inevitably feel at times toward their parents? "It's not that every baby has to be gratified every minute," Michael Basch says. "Far from it." But a parent needs to let the child have his emotion and respond to it in a reasonable way, to come through it knowing that whether he gets his way or not, he had a right to his feeling. "Basically," Basch says of such early experiences, "shame is often the response to emotion that is not being dealt with effectively."

Pathological Shame: An Emerging View

A comprehensive picture of how shame operates in psychopathology is not yet drawn. It may never be. Once grasped, the concept seems to change into a thousand shapes in one's hand. It grows from complexity to complexity until suddenly it seems to be everywhere—and thus begins to lose its particularity and potency and collapses into relative uselessness. Besides, emotional disturbance can rarely be traced to a single source. Numerous interwoven factors tend to be involved, and theoretical categories like "shame" don't always do justice to the reality.

A sustained emotional disturbance in childhood has ramifications throughout the personality. It can affect one's expectations of others, one's habits of being (such as obsessiveness or depression), one's ways of relating, one's treatment of oneself, one's very perception of reality. Damaging early experience can make one fearful, guilty, suspicious, or rageful, and such emotional leanings can skew one's life. Inevitably such experiences also distort one's self-image, in part by implanting shameful, bad-me feelings that, often on an unconscious level, help explain the hurts one has received and why they are deserved. And, as we've seen, these bad-me feelings can skew one's life, with inhibitions, addictions, complaints, and poses, all designed to keep the sense of shame at bay.

In treatment, the shame phenomenon requires a special sensitivity on the part of the therapist. The patient is hypersensitive about acceptance and abandonment and uncertain of whether he can trust the therapist with his wound—a wound that, he no doubt senses, the therapy situation has great potential to exacerbate. The therapist must win over the hiding, shameful side of the personality and gradually help it to heal. Whether, however, the patient's shame is potent

enough, as in Polly's case, to be considered the central feature of the disorder is another matter entirely.

Although narcissistic shame is just one causative factor in psychiatric conditions, it seems able to work its way into virtually any form of psychological problem, much as bacteria breed in an area of inflammation whether or not they were initially responsible for the inflammation. As soon as you find something in yourself that you dislike and wish to turn away from, as soon as you feel uncomfortably different or deficient, shame complicates the picture.

Various factors can intensify this feeling of shame even when it's not a core issue. If you've been conditioned to feel that you must be superior in all things, any imperfection may feel like a deformity. If you grew up in a household where differences and idiosyncrasies were routinely denigrated, you may be haunted by anxiety about impending shame. At the very least, such shame acts as a barrier, a resistance, to exploration, and generally it must be worked through before the deeper areas of conflict can be approached.

To the therapist, the relative depth, relative intensity, and origin of shame will suggest particular treatment goals and methods. And so considerable debate is bound to emerge over the extent to which shame is now being identified as the core emotion in psychiatric syndromes. Precisely because shame has the ability to get into everything, some of its champions may see it as central when in fact it is peripheral. Some, for instance, disagree with Gershen Kaufman that shame is always at the heart of eating disorders, and Miller finds some of her fellow shame theorists a bit too quick to see shame underlying all conflicts around aggression. The causality sometimes runs the other way.

People sometimes inhibit their anger and aggressiveness because such feelings are shameful to them, but they may have other reasons as well. One may fear retaliation, one may be hesitant to compete with or surpass a parental rival, one may lack an adequate role model, or one may have a combination of these reasons. If a boy has a father who is unable to be forceful and is not on good terms with his own aggressiveness, the boy may come to feel uncertain and doubting about his masculinity and, at a certain age, ashamed of not having accomplished critical things, such as marriage, fatherhood, and career advancement. His inhibition may have other consequences as well, compromising his freedom to be himself with others and making him susceptible to shame for being weak, fraudulent, ineffectual, or sneaky. The inhibition of his aggression may contribute to periodic explosiveness and shame about that, too. But the problem that he ultimately needs to focus on is not shame so much as the unconscious and restrictive identification he has made with his passive father, an identification that has caused him to fail to develop the forceful side of his personality.

"The more difficulty people have allowing themselves to be aggressive," Miller says, "the more vulnerable they are to shame. But if you can work on what inhibits the aggression, the shame to a great extent will take care of itself." Miller concludes that "as people have been trying to give shame its due in recent years, there has been a tendency for the pendulum to swing too far, to believe that everything is shame and narcissistic stuff." It will probably be quite some time before

enough research and theorizing accumulate to slow the pendulum and allow a more balanced assessment to take hold.

Interpersonal Politics

I recently picked up three books on the sale table of a bookstore near where I live. The sign said 25% OFF ALL MARKED PRICES. But the cashier gave me 25 percent off only on the one book that had a red slash through the price. As I was leaving, I saw the sign again and realized the cashier had been wrong. She pointed me to the manager, who took the books from my hand. As we looked at the prices, I was embarrassed to realize that a ridiculously small sum was involved. "What? You want your dollar back?" he said. I heard his tone but didn't know how to respond. When I started to say something, he interrupted, telling me that he'd rather give me my dollar than take up more time. "Give him his dollar," he called to the cashier across the crowded store. I got my dollar and walked out, feeling like two cents.

I think everyone understands this moment. It has become part of our urban experience, an example of the casual emotional abuse with which people manipulate, control, and punish the strangers they deal with. But not everyone recognizes the shame that lies beneath the rage that such experiences engender. Whenever we are put down, shame of some kind is stirred up. The store manager does not need to know what my soft spots are. His derisive, dismissive attitude will find my feelings of shame like a heat-seeking missile.

People feel insecure, they harbor self-doubts and unexamined shame wounds, and they intuitively know that if they can make the other person the problem, they can continue to feel okay about themselves. But of course this is not just a dynamic between strangers. The exploitation of shame as a means of controlling others—or putting them down for displaying qualities we have disavowed in ourselves—is common in business, family, and friendship, too. Groucho Marx said he would never join a club that would have him for a member. It was a pungent way of describing how our self-contempt can spread to those who are close to us.

In my book about power and shame, *Top Dog/Bottom Dog* (1987), I showed how pervasive and deadly these struggles can be. One of the exchanges between the fictional characters in that book which seemed to have an impact on readers concerned a couple trying to have sex in the midst of a shaky marriage. The sex doesn't work well, and afterward they feel more distant than before. The wife, who is superficially more shame-prone, in the sense that she knows when she is feeling bad about herself, is eager to get some reassurance. The husband, a dynamic and successful man, impatient with his wife's depressions and intolerant of his own self-doubts, defends against encroaching shame with anger.

- Martin: "How was it?"
(I can't bear the thought that I'm not a good lover.)
- Georgette: "Fine."
(I'm ashamed to admit I need more.)

Martin: "You don't sound fine."
(You're ruining it again, Georgette.)

Georgette: "I'm sorry."
(I hate myself.)

This exchange is not only an event in which one person manages to feel okay at another's expense; it also defines a relationship. It's similar in some ways to class relationships in which one group is the acknowledged inferior, the cause of whatever problems exist. The common factor in both instances is the use of power as an antidote for shame. It is a universal temptation for a universal condition. "One is ashamed," Léon Wurmser says, "of weakness and losing control, of not being in charge of one's being, of failing. And the fantasy of power is really the remedy against that sense of helplessness."

People who allow themselves to be the objects of others' exploitive power, who are repeatedly forced into feelings of shame, who choose to live with someone who puts them down, are almost invariably living out some aspect of their childhood relationship with a parent. They feel at home in the humbled, inferior, supplicant position. They do, however, get even. The wife in this marriage makes the husband feel guilty about working late and about neglecting their daughter; she stops doing things that her husband likes, and that had always been a part of their life together, under the ruse that she no longer has the time; she becomes depressed and overeat. It's all retaliation for the shame he repeatedly makes her feel. But her passive aggression, although it successfully needles him with guilt and shame, does nothing to alter her powerlessness or her standing as the problem person. Her shame continues to eat away at her.

The bullying husband is also living out a way of being that he learned at home as a child. He had a mother who constantly made global evaluations of his great worth, who had a hawklike eye for weakness, and who made him feel like less than nothing if he ever revealed self-doubts or other qualities that were not to her liking. She taught him by example how to translate shame into achievement, obsession, rage, and blame. As an adult, his advantage, such as it is, is that he does not suffer the same degree of pain that his wife does; he is better able to repress his shame, partly because he is able to exploit hers. But both partners, by being caught up in this dynamic, are kept from working through shame issues and, of course, are denied an intimate, satisfying marriage. Other couples avoid such roles through periodic power struggles, in which angry denunciations and blaming matches cover each person's fear of becoming the shame-bearing victim.

Even in therapy such power struggles occur. As Basch notes, "Offense is the best defense, and many patients, especially narcissistic patients, try to make you ashamed of yourself—of your needs, of your problems, things that you may be advertising by the way you work, by the way you dress, by the way you talk." If the therapist has not come to terms with his shame, the treatment may go awry. The therapist may be defeated and proceed on the patient's terms, or he may regain control by using the power of his position to shove the patient back into his own shame.

Shame, humiliation, and powerlessness are components in intergroup stress as well. Wurmser says, "I think Nazism was really a shame movement"—a reaction to the fact that "Germany had been profoundly humiliated after World War One." I suggested that many Germans felt they'd been degraded by the terms of the Versailles treaty. "Yes," he responded, and so "they were going to drown the world in shit." Wurmser warns against public policy, whether directed at schoolchildren, drug abusers, prisoners, or defeated enemies, that uses shame as a tool of intimidation or control. "It's very gratifying to shame somebody," he says, "but in the long run it causes tremendous resentment and rage."

Scheff, a co-author, with Suzanne Retzinger, of *Emotions and Violence* (1991), has studied shame-rage interactions. "What we see in quarrels is that someone says something in anger. It's disrespectful, a put-down. And you see the other person recoil and go into a momentary shame state. They look away. Sometimes their speech gets very soft, or they withdraw. The person who is angry and disrespectful will look large and will be quite fluent. There will be lots of words and they'll be loud."

Daily entanglement in such interpersonal politics causes people to become more hidden. The bookstore manager may have understood that I was already embarrassed about asking for a refund, and that was enough to empower him. When you've been exposed to a number of incidents like this, you catch on that letting your embarrassment or doubts show is a liability. A lot of money has been made in workshops of all kinds teaching people how to make themselves invulnerable in this respect. This feeds into already existing tendencies that make shame shameful, that cause people to be anxious about being losers, that strengthen our concern for image. It is at the center of a whole layer of social interactions in which defensive skill, strategic ability, anxiety about the meanings and intentions of others, and an almost obsessive concern with the way we present ourselves get in the way of our knowing who we are.

I have a patient in therapy who wants to know who "the real me" is, but she is afraid to find out. And yet the experience of therapy suggests that being able to come out of hiding and speak of one's shame to another person can be a healing process. The patient who is able to face the shameful fact that she is a shrew to her husband and children is free to stop the endless litany of blame and to feel again. The constant complaints, the incessant demands that the therapist see things from her point of view, the guilt-inducing accusations that he always takes "their side," are part of her flight from feeling, fueled by the desperate fear that she will be found in the wrong. To stop running and experience the shame is to give herself a chance to recognize that being in the wrong for acting like a shrew does not mean that her husband isn't also wrong in his way, nor does it make her into a poisonously deformed and unlovable thing. That's a legacy of how she experienced being wrong when she was a child. But it's a legacy she cannot overcome so long as the shame remains unconscious and unspoken. Once she speaks about it, to someone who is able to listen and absorb without becoming anxious, something changes. She is able to view herself from a freer, less tyrannical perspective, able, perhaps for the first

time, to feel some sympathy for herself and her predicament. She is able to see that her cruel lack of sympathy for herself is in part what fuels her rages and her desperate need to blame. Gradually she may find that she is able to look at a deeper issue of shame, closer to her core—of feeling, as a little girl, unwanted, a piece of excess baggage who constantly had to prove her worth. The clarifying, sympathetic, clean relationship with the therapist helps guide and contain this process, and may help liberate her self-love.

Some of this healing, of course, can go on outside the therapy room. Life experience in the form of observation, accomplishment, and self-confrontation can help resolve negative views of the self over time. Particularly effective is a relationship in which each person feels free to explore secret aspects of the self which are normally closely guarded. Putting shame into words with a trusted companion enables one to step outside it—it no longer seems to permeate one's entire being—and allows some self-forgiveness to emerge. But such relationships are not always easy to establish, even in marriage. Many people have difficulty listening to pain without becoming anxious. If a friend confides in shameful tones that his child is a homosexual, or that he feels incompetent in his job, or that he can't perform sexually anymore, he is asking us not to look away; what's worse, he is provoking us to tune in to painful aspects of our own life where shame lies waiting. We may try to escape from the moment by mouthing meaningless encouragements ("Your kid will grow out of it!" "You just need a vacation!" "Who could make love to her, the way she treats you?") in the hopes that our energetic sympathy will force him to put his distasteful feelings back where they came from. We may even become secretly angry that he has placed this burden on us and push him away with a stern warning ("Feeling like this, you know, can only make matters worse"). Not everyone runs from shame this way, but few respond easily or honestly to the painful doubts of others.

On the other hand, the costs of keeping shame closeted can be exorbitant. It often propels us into a busy, running life in which the last person on earth we wish to know is ourselves. As painful as shame is, it does seem to be the guardian of many of the secret, unexplored aspects of our being. Repressed shame must be experienced if we are to know ourselves more fully, to build an identity that is more than a complex of compliance with and rebellion against cultural standards and constraints, and to come to terms with the good, the bad, and the unique of what we are.

"In my own life," Michael Basch says of his efforts to confront narcissistic shame in analysis, "I can certainly see the difference my treatment has made, not in terms of my now being shame-proof but because I am much more resistant to being devastated by shame or consumed by shame. Once you understand how this is happening, once you live it out with the therapist, and the therapist makes you acquainted with your feelings and why you feel the way you do, why

you react as if the world is now going to desert you because you're worthless—once you understand that and deal with it, bit by bit, it makes a huge difference."

And yet the current idea that being ashamed is shameful—and that people should feel free to expose whatever they hold within—can only hinder this process, inciting us to expose more than we are comfortably able to in situations that are less than adequately protective. Just as we depend on one another for our well-being and sense of self, we are also vulnerable to one another's power and the power of social expectations. Some of the vulnerability may consist of thoughts or ways of being that are too nonconformist or threatening to be revealed without risk. Some represents ways in which we have failed to achieve our society's version of maturity or perfection. "We have a lot of weakness in us—emotional and physical weakness," Wurmser says. "And, given the predatory nature of many human beings, it could be enormously dangerous if that were exposed."

The therapist-theologian Carl Schneider believes that "human beings are creatures who need some sort of covering." He notes that the etymological root of "shame" means "to cover." "It's not just something to get over, which the puritanical church or the rigid school system or Victorian society inflicted on you. If we're truly human and open, we're always at risk of exposure and therefore of violation by others. That is what I think the whole shame dynamic is about. It protects human development, which is a process of emergence and unfolding."

The fear of being known in only one aspect, the hesitation to be seen when we're not ready, the worry about being known by some flawed or undeveloped part instead of being understood as a whole—none of these shame-motivated concerns are shameful. They are a natural aspect of our need for privacy and for protection from the scrutinizing, judging, and humiliating power of the social world. "It's something like a photograph," Schneider says. "If you too quickly expose it all and let it all hang out, you destroy it."

Although Schneider speaks here mainly of the sanctity of our unfinished or unready selves, even shame-as-defect has its value. In religious communities a fifth category of shame sometimes develops, a sort of universal shame that is felt to be inherent in the human condition. In medieval Christendom the belief that all people were sinners, that all were unworthy, used this sense of universal defect to bind the community, to maintain a spiritual focus, and, perhaps incidentally, to drain off some shame that might otherwise have become individual and narcissistic. From our distant perspective in a diametrically different world, we can easily imagine how comforting it might have been to know that one was not alone in one's flaws and vulnerabilities, to feel assured of one's place despite everything, to be confident that all were equal in God's eyes.