Shame and State of the Self and Its Implications for Technique

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"Who is there?" asks God.
"It is I"
"Go away", God says....
Later...
"Who is there?" asks God.
"It is thou."
"Enter," replies God.

From "Everyday Zen"

ABSTRACT

The author reflects on the vicissitudes of the state of the self as it unfolds during the analytical encounter. He delineates the presence and the ubiquity of shame during the interaction between patient and analyst. An important mention is given to the concept of the subject and object polarity. As such, special emphasis is given to the rapid variation of the state of the self. This requires dedicated attention to the state of the self and its awareness, regarding how invalidating shame is to both members of the dyad during their exchanges. The outcome of this attention will be the resulting lack of emotional attunement or validation during the exchange.

Introduction: Self Disclosure & Shame

There was a time when self-disclosure was a debated and divisive subject in psychoanalytic circles. There still is a structuring that, although invisible, is an oppressive culture that creates an inhibiting self-interrogation, that goes like this, "How will I be seen in the eyes and the mind of others, if I operate differently than the traditional standard dictates?" Streaks of coercive tones camouflaged with terms like "slippery slope," "boundary violations" and "acting out" create an intrinsic context of an authoritarian state within the subjectivity of our minds. This state inhibits us from the more natural context of enlightenment and inquiry, required for optimal responsiveness. The imposition of an external meaning imbedded in the technique, but without a system of review or recourse, paradoxically fosters a situation in which what it is supposed to prevent still happens. Conversely, what may need to happen, is stymied.

Some of the tenets established by tradition, although may be based on desires to create an environment of safety and inquiry, when used unreflectively, fall in the category of emotive language. Emotivism is defined by Horner and Westacott (1) as "the view the ethical utterances are merely expressions of feeling of the speaker and not statements which can be either true or false." They continue, "Words have the power to suggest much more than the strict dictionary definition. Associations stick to them obstinately, like fluff to Velcro, evoking feelings and images of the listener or writer. These associations can be charged with positive or negative feelings." They concluded with a warning, "It is vital that we keep our critical faculties awake, that we do not assume something has been proved simply because our feeling has been aroused."

Interactional Dynamics

Frank Broucek and I extensively reviewed the role of shame in the development of Sigmund Freud's technique (2). We also described the important influence of shame dynamics in helping to hold together the psychoanalytic movement. As we learned to recognize the intricacies of the intersubjective field and hermeneutics, it became clear that a dogmatic formulation of a teachable technique is tantamount to an unshakeable and pathological belief. Intersubjectivity is unique in that it can be understood only by acknowledging the interplay of historicity and biases (prejudices and the theories that we follow). Donnel Stern (3), citing Gadamer states, "Understanding requires us to extricate ourselves from preconceptions, from prejudice or prejudgments." Then he further states, "Insight always involves an escape from something that has deceived us and kept us captive." Thus, for Gadamer, understanding is a matter of choosing selectively one interpretation from the multiple possibilities that exist.

These are the pillars on which we base our understanding of the interaction. The limits of self-disclosure or self-absence would emerge from what is required at the moment. The attuned analyst is aware that he has wishes of wanting to know the analyzand. He also frequently feels the tension between wanting to be known by the "other" and the opposite wish to remain anonymous to him. Broucek (1991) in his book Shame and the Self (2) said, "Shame frequently has to do with experiencing oneself being treated as an object when one is attempting to relate to the other in a intersubjective mode". To be treated differently than one would have hoped for in the intersubjective exchange is at the root of triggering shame responses in the analytical space.

Karen Hanson, in her chapter "Reason for Shame," (4) refering to J. P. Sartre's works (1956) in Being and Nothingness, mentions the issue of, "consciousness at the keyhole." She comments on Sartre clearly establishing a reciprocal relationship between self and another in the

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analysis of shame. In the "Existence of Others", Sartre says, "moved by jealousy, curiosity, or vice," I am listening at a door, looking through a keyhole. Alone in the hallway, I grasp the spectacle on the other side of the door as "to be seen," the conversation as, "to be heard," and I am absorbed in the acts of listening and looking. I am, as Sartre puts it, "a pure consciousness of things." "But all of a sudden, I hear footsteps in the hall. Someone is looking at me," and seeing me stooped in the hall, seeing me bent over at the door, seeing me looking through the keyhole. I am now conscious of myself; I discover myself, I exist for myself in shame. I see myself because somebody sees me. Shame "reveals to me the Other's look, and myself at the end of that look." Shame "is the recognition of the fact that I am indeed that object which the other is looking at and judging." This sudden exposure in a context different than we would like to be seen in is an important component of the shame experience.

In this passage, Sartre masterly described a metaphor of the relationship between the analyst and the patient, of being either an object or a subject. This relationship has prominent phenomenological underlying implications for the principles of anonymity, neutrality and abstinence in classical technique. The shame of the analyst, acknowledged or not, is not that he is looking or spying on the patient, but rather that he is not allowing the same prerogative to the patient.

Sartre presents the dilemma that exists at the core of self-disclosure. The analyst's posture of seeing and hearing without being heard or seen, to be absent and to be present at the same time. The principle of anonymity insures and supports the position that the analyst will not be seen or heard. Broucek (1991) says "the therapist is hiding and attempting to render himself as a person invulnerable (2). He is refusing to be an object and insisting on being a subject only." In the classical technique, the objectification of the patient was essential and the invisibility and protection of the analyst was assured. Using Sartre's example as a result of enforcement of the principle of anonymity that the analyst utilizes as a technical device, the analyst avoids being caught by the patient while peeking through the keyhole.

The traditional posture of the patient allowing himself to be known by someone who is unknown to him is not only unsafe but also somewhat sinister. Of course, along with the unobjectionable positive transference, there were unavoidable revelations caused simply by the fact that affects are usually synchronized (contagion) and experienced whether they are verbalized or not. A firm adherence to the principle of anonymity has the effect of communicating to the patient (whether intended or not) a message that says, "Let me get to know you, it's safe and healing; however it is not safe or appropriate for you to want to know me." In a previous paper, Broucek and I wrote of the following dream told by a very perceptive patient. Occasionally, she had asked me if I was in a depressed or sad mood. After my not addressing her inquiry, she had the following dream:

"I am at a nudist beach, very sunny and full of nature loving people. I am feeling well. I see walking around a man, dressed in a three piece suit with a necktie, very uncomfortable and perspiring."

It is clear that for some psychoanalysts and patients, it is safe and required by the situation to have a position of relative anonymity that eventually will evolve into what is optimal for that situation. Conversely, there are others who feel more effective maintaining a position of relative responsiveness and self-disclosure. Any approach has to be original and take into account the inter-subjective affective configuration of that moment. The personal styles of the patient and of the analyst always need to be the focus of inquiry and reflections in that dyad.

I found here the ideas of Sylvan Tomkins (5) very useful, in this respect as a guide to orient oneself about the compatibility of the style. Tomkins defines ideology "as any highly organized articulate set of ideas of anything." The main position he describes are the humanistic, the normative and the middle of the road positions (which is a combination of the other positions." The humanist attempts to maximize positive affects for the individual and his interpersonal relationships. In the normative position, norm compliance is the primary value and the positive affect is a consequence of norm compliance. The humanistic position stresses fairness and tolerance of diversity with global respect for the "other." The main concern is the avoidance of guilt. As such effect attention should be paid to the subjective state of the "other."

In the normative individual the stressed values are competence and self-assertion, thus, the primary concern is the avoidance of shame and the maintenance of the inviolability of the self. As such effect, pride, strength and orthodoxy are the main subscribed values. The integrity of the ideology to develop in analysis is one of complementarity and balance. To implement this attitude one needs to be aware of the possibility of an automatic posture that is assumed during the analytic situation.

This broadening approach provides us with the opportunity to do psychoanalysis tailored to the special idiosyncrasies of the analytical encounter. Each dyad sets the temperature of the interactions according to the meeting of their individualities, which can be explored only within that context. This approach does not dictate self-disclosure or self-concealment without first evaluating the meaning that the expression or withholding of that sharing has for the dyad.

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Orange and Stolorow (6) mentioned in one of their papers about self-disclosure, that technique for them is "for things with no mind." The analyst's attitude, which is based on the premise of promoting growth, is one of being an experiential model of vulnerability, intimacy, and affect modulation. To be known and understood by someone who respects and is respected by us is the underpinning of the affective communication between patient and analyst. The construction of modern psychoanalysis is based on the understanding and application of one of the earliest tenets of analytical theory, which is often mentioned but seldom, adhered to: "Always follow the affect."

Current research on procedural and emotional memory confirms an intuition long suspected by many clinicians: that not all the unconscious can be made conscious. Certainly the symbolic achievement of reflective thought is one of the goals of psychoanalysis, but not all emotional experiences can be articulated. Nonetheless these unconscious memories have to be modulated and integrated, if not in words, then in experiences. Donna Orange (7) states, "attending to emotional memory has other implications for psychoanalytic understanding - informally we might say that our attention needs to shift at least in part from the words to the tune." Many theorists acknowledge that many nonverbal elements enter the treatment process and require analysis. Often, however, this is expressed as concession, betraying again the psychoanalytic bias in favor of verbalization. On the contrary, I believe that, while words can be rich resources for the expression and emphatic understanding of emotional experience, and can help patients' respect and appreciate their emotional lives, affective memory can be only partly articulated. I also think that the psychoanalytic emphasis on verbalization reflects a Cartesian mind-body dualism. It perpetrates the devotion to the conceptualizations found in the "Myth of the Isolated Mind" (Stolorow & Atwood) (8) and in Ryle's "Ghost in the Machine" (9), from which there is much to be rejected. This renunciation will lead us to avoid characterizing nonverbal expressions of history and development in pejorative terms like "enactments" or "acting out." Then we can begin to value and explore the nonverbal expressions and responses of both patient and analyst.

Shame and the State of Self in the Intersubjective Field

Lichtenberg (10) defined the self as "an independent center for initiating, organizing and integrating motivation." The sense of self arises from experiencing. It has an active (agent) and passive (receptor) mode. Robert Emde (11) wrote about a prerepresentational "Affective core of the self." This conception for the self and the affective core lead us to the understanding of primacy of affect as the main motivational factor in the organization of experience. The changing emphasis from drive to affects directs us to a shift from an intrapsychic stance to the intersubjective.

From birth our affective experience is regulated within an intersubjective system of reciprocal mutual influence (Beebe and Lachman) (12). In 1987 Stolorow, Brandchaft and Atwood wrote: "Affects can be seen as organizers of self experience throughout development if met with the requisite affirming, accepting, synthesizing and containing responses from caregivers. An absence of a steady, attuned responsiveness to the child's affect leads to significant derailments of optimal affective integration and to a propensity to disassociate or disavow affective reactions." In the process of affects integration when this derailment occurs the intersubjective triggers of the shame affects can be found.

Broucek (1981) has offered an account of the intersubjective origins of shame that emphasizes the caregiver's failure to respond supportively to the child's needs (14). The child thus acquires the painful sense of being viewed as an object rather than a subject. As I mentioned above, Emde (1983) describes a pre-representational affective core of the self. This core is made mostly of traces of affective memories, which organize and give meaning to our experiences. Thus, the pre-representational self will include misattuned moments that will become the experience's organizer. (11)

Daniel Stern, in his developmental studies, coined the concept of RIGS (Representations of Interactions Generalized) (15). Stern distinguishes between specific and prototypic memories: "Since the representation is an abstracted accumulation, undergoing constant updating of historical events, it will be a very conservative force upon interpreting any currently lived-event (the interpersonal reality). In other words, past experiences will have an enormous weight in the construction of present subjective experience. People will repeat the same behaviors, selective inattentions, interpretations, etc". Therefore, the analyst should provide the exploration of these past experiences and should encourage a new chance for the development of the aspects of the patient's self that were not supported in their development.

Thus, the sector of the self will come to be a co-creation of the intersubjective space with each participant contributing his or her own experience. This may be synchronized and could match with the experience of the other or not. It is crucial to clarify and be aware of the different possibilities and potential combinations of the various states of self and the "other."

Modern studies of attachment systems have shown the communication of the state of mind between mother

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and child. The therapist alignment of self of states allows him to have an experience as close as possible to that of the patient. The attuned reciprocity of the therapist allows him to receive signals, which he will respond with his own correspondent state. Daniel Siegel in his book The Developing Mind says, "The sensitivity to signals and attunement between child and parent, or between patient and therapist, involves the intermittent alignment of states of mind (16). As two individuals' states are brought into alignment, a form what we can call "mental state resonance" can occur, in which each person's state both influences and is influenced by that of the other. There are moments in which people also need to be alone and not in alignment process. Intimate relationships involve this circular dance of attuned communication; in which there are alternating moments of engaged alignment and distanced autonomy. At the root of such attunement is the capacity to read the signals (often nonverbal) that indicate the need for engagement or disengagement."

In order to create a system of understanding the different states of the self, I propose to explore the different possibilities and potential combination of different states of the self and the "other." The patient operationally will assimilate his experience with the analyst according to the template, which organizes his relation with the other. The task of the analyst is to recognize in the fast pace of the clinical exchange the different experiential alternatives that are possible. This is always an approximate inference since he should assess the continuous shifting of intersubjectivity within himself and thus his influence on the "other" that changes from moment to moment.

Broucek in his paper "Shame and Early Development" (1991) defines Objective Self Awareness (OSA) as " an awareness of one's self as an object for others and through the mirroring of the observing other taking oneself as an object of reflection (objectifying self)." (17) He continues, " with the appearance of the OSA is the end of the Primary Communion". Later he says "the self becomes split into the immediate 'I' and the mediated objectified 'me' and the self-experience of the other, which also becomes split into other who relates herself to myself in an attuned way as to maintain my subjective sense of self, and the other who objectifies me and thus becomes a potential source of shame."

In another section, Broucek says, "the earliest developmental trigger for shame is a sense of inefficacy (a perceived failure to initiate, maintain or extend a desired emotional engagement with a caretaker)." Building on the ideas of Broucek, I came to realize that the lack of fundamental clarity about the variety and multifaceted nature of the self allowed the potential to impose guidelines in technique that obliviously did violence to the process that it was supposed to facilitate and energize. The restarting of the stunted growth of the self thus was transformed into a painful retraumatizing experience.

A very important contribution to the clarification of the informational-experiential process is the concept of emotional schemas. This concept contributes to the comprehension of the formation and workings of the inter-subjective world. These schemas develop in a nonverbal, sub-symbolic and symbolic images. They are the prototypical representation of the relationship of the self and others. They are constructed through repetitions of scenes with mutually shared affective states. These affective states are series of sensory-visceral and motoric elements which may occur in a sub-symbolic form with or without consciousness. These states are activated repeatedly, regularly and consistently in response to particular persons or situations. These prototypical episodes are structured in memories that build these emotional schemas. These schemas in turn are modified by new events and determine how a new experience is going to be given a meaning.

A useful guide to follow the fluid action in the clinical encounter is the one that I developed to conceptualize the different states of being with the self and the other. Each state of the self of the patient or the therapist is activated with a corresponding affective state specific to that self state.

Thus the affective activation connects with a characteristic constellation of different aspects of the self associated with separate emotional state. Thus each self perception of what is activated (role) is connected with a specific emotional arousal.

- I-I: "I" as being experienced subjectively as an agent, agency being defined as the sense of having volition and control over self generated actions as differentiated from the actions of others.
- I-Me: I as an object of the others' subjectivity.
- I-Thou: (M. Buber) subject – subject in a reciprocal relation imbedded in an intersubjective field. The subjective world of both participants is considered meaningful. Both participants are acknowledged as subjects of experience. (18)
- I(me)–You : self-object function in which the analyst is mostly recognized as someone with a subjectivity of his own, but at the moment it is suspended or receding to the background in order to serve the needs of the patient's subjectivity. In the situation in which we accept the I(me) role in the exercise of our freedom of choice it would enhance our self-esteem and pride. When the

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situation is one in which we are forced to the I(me) role without choice or alternative, it will decrease our self-esteem and induce shame or humiliation.

- I(it)-you: (Buber) self state of the analyst functioning as a self object exclusively with his/her subjectivity denied or ignored. Shame experience, diminution of sense of self is connected with this objectification.
- I-You: object- to -object, mostly focused on the formal and public exchange with subjectivity mostly in the background.
- I-You(it): the subject- to -object relation established by the analyst and herbiases (personality and theory). It is objectifying (shaming) and dehumanizing of the patient because the analyst does not engage the patient with her full personhood, i.e., optimal responsiveness in that particular moment based on the patient's needs.
- I-He or She: thus when one feels that they have been addressed as a third person.

To summarize, the main possibilities are:

- I-I
- I-Me
- I-Thou I-You
- I(me)-you
- I(it)-you (the "it" refers to the transformation to a genderless indefinite nonhuman state.
- I-you(it)
- I-He or She

Reviewing the different relational options, it appears that conflicted interactions are an intrinsic part of the nature of every analysis. When there is a misattuned connection of a different state of self that should have been recognized, the process will derail until an awareness of the different selves with which we are trying to establish a dialog is clarified. Specific experiences are reworked and promoted in the analysis to allow the aspects of the self that were not supported to have "a second chance" (Orange 1995) (7). Only enough immersion of the self in the I-Thou could afford increased moments of I (Me) or I (It) without signs of fragmentation or retraumatization. One of the purposes of training analysis could be to allow in the trainee enough I-Thou development that could allow him to endure, as an analyst extended periods in which He-She would be treated as an I-Me, I-It by a regressed or demanding patient.

In the following example, I will illustrate the situation of an analyst being subjected to extended periods in which he experiences himself to be treated as an "it". Susan is a 29-year-old woman who entered analysis because of depression and a generalized constriction of her affect. Initially her analysis proceeded in an orderly fashion and she was actively engaged, giving accounts of her life history and events in an energized fashion. As the months passed, frequent silences began to appear. Concomitantly, she became irritable and hostile. One of the recurrent themes was the feeling she had of being "just a patient". This theme became very repetitive during her second year of treatment. Continuous interpretive effort by me, relating the present situation to a reenactment of the lack of sensitivity by her alcoholic mother during her childhood,seemed to increase her sense of being mistreated and ignored. As my efforts to understand the situation failed, my mounting sense of frustration reached the point of my "secretly wanting her to get lost." In one of those sessions, after an agitated rejection of my attempts to communicatethat I really cared about her, I, at wit's end, told her "in moments like this, I don't know what else to do. It reminds me of when I was in school and I was to solve algebra problems in front ofthe whole class. I felt clumsy and stupid without having a clue of what to do." To my surprise, her demeanor and behavior changed completely and with a very gentle voice, she said, "I know. I also had a terrible problem with algebra." This sudden self-disclosure shifted, in the patient's experience, the I-You (it) to an I-Thou which created an immediate empathic response. As I continued with measured responses of a more casual tone, and specifically attuned deshaming self-revelations, the patient for the first time felt understood and began actively to recount memories of harsh treatment at the hands of her stupefied alcoholic mother. I, in my frustration, revealed my subjectivity and history, which gave to the patient the experience of being engaged in a level of humanity that she had painfully missed in her upbringing. Her protected and vulnerable self responded in an enlivened fashion when, instead of being treated as a you (it), shewas treated as I-Thou and felt rehumanized with a hope of continuous development now possible. When developing intimacy between two persons there is a process of mutual self- disclosure. If one person expresses feelings and desires about another, and the other person failsto respond at the same level, the first person is going to experience shame. At another level, thesecond person is also feels shame for failing to meet the first person on the same level of intimacy and self-disclosure.

This calculated, but eventually more spontaneous, revelation, which I call "specifically attuned deshaming revelation," when properly used, allows a development of a twinship experience which decreases or soothes the level of intensity of shame. In the case of humiliation,this is even

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more necessary. In this context, humiliation can be seen as the tarnished and obliterated self, with the rest of the mind left as a pained, suffering witness.

In the case of Susan, the analyst's sharing of his inner experience had almost a magical transforming effect. Suddenly, she was catapulted from being a target, a thing, and a recipient of vacuous intentions and theories, to someone who was on an equal footing among the living.

With this disclosure I announced that I was willing to remove my mask, and that she was more important than my theory and posture. I gave the full message that to reveal oneself was safe, and more importantly, that she was worthy, since I cared enough to show my undisguised self. The previous clinical stance had conveyed to her the message that "it is necessary and safe for you to reveal your subjectivity, but it is not safe or prudent for me to do the same."

The Irish philosopher Bishop Berkely said, "Esse est percipi" (to be is to be perceived) (Broucek, 1991) (17). I changed this to "To be is to be responded to." Thus, the response that she needed and was unable to articulate was finally given to her. The theory outside that vital encounter had been like a straightjacket for the analyst, dictating the behavior while oblivious toboth humans' needs. However, in the course of an analysis, the analyst needs to be careful while offering himself as a developmental and emotional model for the patient. For example, sometimes the patient has to be guided and scaffolded to the next level with the secure and unintrusive presence of an analyst who facilitates but is also willing to intervene when the obstacle to the patient's development seems to be unassailable. In other words, it is an operative experiential moment when the patient is supported effectively to take the next step, which he hadnot attempted before because of the lack of the attuned validated response of the caretaker.

The appraisal of the state of the self of the patient and analyst is always approximate, because the experiences of their own the historicity and biases are differently organized. The situation at times is as swift and elusive as mercury. For example, as soon as we may try to give words to the experience I-Thou, it is changed to the I-You(it), and thus the transformation is from the subjective experience to one of an objective scientific event. Only by our recognizing when this disruption occurred will we be allow to cure it and to restore the intersubjective dialogue in which the growth and validation of our experience resides. The recognition of the state of the self and also, these new developments in the way of conceptualizing, help us to further clarify the essence of psychotherapy and psychoanalysis. Along these lines, the nature of the therapy will evolve to encompass the recognition and respect of the otherness of the other, with the required wisdom and resiliency to tolerate the difference or separateness. Then there will be no urgency to impose meaning and behavior on the other. This will be the base from where we facilitate and explore enriching and problematic experiences in our lives. The tasks ofhelping to come to terms with the patient's own perspective will be greatly facilitated with this approach. Applying this approach, our respect for another human being will be expressed by ourefforts, especially when we are in a position of influence or power over the other. We should do our utmost so that the other person does not experience that power or influence (M. Hoffman,commentary) (19).

In summary, as Broucek and I stated in a previous paper, "Self Disclosure or Self Presence", "the analyst's disciplined and reflective self-disclosure is one more tool in the analytical procedure as we try to reach further and deeper into the core of the human experience" (20). The great challenge and required "heroism" of this approach is that this launches the analyst from a position of a detached and dispassionate voyeur and scientific observer, to one of a reflective human being fully embedded in the co-creation of the interaction and its understanding.

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