

Shame and Abuse: A Contemporary Self Psychological Relational Perspective

Elizabeth M. Carr, MSN

In 1933, Ferenczi described the impact of parental maltreatment in a way that resonates with our contemporary experience: An abused child “feels enormously confused, innocent and culpable at the same time— and his confidence in the testimony of his own sense is broken.... Almost always the predator behaves as though nothing has happened [p.201].” Thus, the traumatized child is hurt by the person who is supposed to provide loving protection and is left on his own, without support or guidance, to cope with highly distressing emotions while trying to make sense of what just happened. As described by Lichtenberg: “The upset child is left, not only a victim of the assault on his senses but is also unable to establish a sense of reality, of actuality, of the significance of the event [p. 414].”

What is an abused child to do? How can he cope with such confusion and pain? The child is hard-wired to rely on his parents — the child literally needs them to survive. Further, the child wants to believe that his parents are loving and good. Yet, the abused child is left with a lingering and painful sense of being hurt by the very person or persons from who care and protection were most needed. This creates a dilemma: Needing the parent for security while simultaneously finding the parent frightening.

This dilemma, by the way, is a hallmark of the disorganized attachment category discovered by Mary Main (Main and Solomon, 1990). In her research, she found that some 12 month old infants were disorganized in their attachment strategies during the Ainsworth strange situation. For example, the infants in the disorganized category would exhibit a wide variety of odd, conflicted or apprehensive behaviors in the parent’s

presence, such as approaching the parent and then falling to the floor or appearing frozen and dazed (Hesse and Main, 1999). In the metaanalysis of their findings, Main and her colleagues were able to link an infant's disorganized attachment behavior to experience with a particular parent rather than as an outcome of a child's temperament or constitution. Further, Main and Cassidy (1985) reported another important finding: Many children who had been found to be disorganized at 12 months with a particular parent had, by the age 6, developed a pattern of role-inversion with the same parent: These children would either be controlling-punitive (i.e., ordering their parents about) or controlling-caregiving (i.e., excessively solicitous).

In order to resolve the conflict between needing parents for security and finding them threatening, the child typically blames himself. Blaming the self for the abuse makes sense to the child — parents are *supposed* to be nurturing and *supposed* to protect their children. Wurmser (1999) argues that the child takes “omnipotent responsibility” for another's mistreatment to guard against a sense of unbearable helplessness.

Thus, as I have described it, the central ingredients of an abused child's subjective experience are confusion, self-blame, and a sense of having been hurt by one supposed to be loving and protective. What is the link between abusive experience and shame? Lansky (1999) describes shame in his way: “Shame is about the self. The word as we have come to understand it refers, not simply to one type of conflict but to a *complex emotional system* regulating the social bond, that is signaling disturbance to the status of the self within the social order: what one is before oneself and others; one's standing, importance or lack of it; one's loveability, sense of acceptability, or imminent rejection, as seen before the eye of the other or the self-evaluative eye of the self [p. 347, italics

added].” Lansky’s definition clarifies what activates shame: Contempt or disgust by an emotionally significant other and the experience of some defect within the self (Pulver, 1999). Both can be linked to an abused person’s experience. Abuse of one’s offspring is the highest form of contempt for a child. And besides blaming one’s self for the abuse, the child may conclude that the abusive acts, in and of themselves, renders him “spoiled”, signifying a sense of profound defect within the child’s sense of self. In essential agreement with this point, Morrison (1989, 1999, Morrison & Stolorow, 1997) argues that one outcome of humiliating, unresponsive parenting is significant narcissistic vulnerability.

In the clinical arena we face the challenge of trying to help individuals who have been abused – many of them by their own parents. Each person seeking treatment brings his or her unique, preformed psychological organization into the consulting room. We typically think of this as the intrapsychic aspect of psychological organization which includes one’s sense of self and one’s expectations of others. In addition to the uniqueness of each individual seeking help, we add the complexity of intersubjective experience which involves an appreciation of the interactive processes in which both partners are simultaneously influencing and being influenced in their experience of self and other.

My clinical experience with a man I call Aaron has powerfully influenced my understanding of the aftermath of repetitive episodes of physical and psychological abuse. For the purpose of elaborating key aspects of issues regarding shame and abuse, I will focus on my analytic work with Aaron. In 1999, in an issue of *Psychoanalytic Inquiry*, *Is Shame the Central Affect of Disorders of the Self*, I wrote about my work with

Aaron during the beginning phase of treatment. In this paper, I described how Aaron told me that he had been physically abused by his father and neglected and misused by his “crazy, depressed” mother. A number of shame experts, many of whom are here today, commented on my clinical presentation: Lansky, Lichtenberg, Morrison, Kilborne, and Wurmser.

When I first met Aaron, he was in his late 40s and had been in therapy of one form or another for most of his adult life. Just before seeing me, he ended a three-year analysis he had not found helpful. At the beginning of our work together, Aaron was quite tentative and discouraged because all his previous attempts at treatment had, from his perspective, failed. Aaron had been in therapy almost continuously for the last 20 years and the new treatment with me represented, in his words, “the final attempt to get help.”

Aaron told me that he was miserable. He lived in a state of dread and fear – something “bad,” vague and nameless, was about to happen that he would be unable to handle and might even kill him. Even worse for Aaron, though, was an overpowering sense that something was wrong *with him* — he experienced a deep sense of inner badness involving both shame and guilt affects. We came to understand that being abused and neglected left him feeling deeply ashamed and undeserving. Additionally, his relationship with his mother, in particular, left him feeling that any expression of his needs and desires was damaging to others. Also, Aaron believed, quite accurately in some instances, that his angry reactions were hurtful.

Further, Aaron told me there was something fundamentally “wrong” with him: He was unable to be in touch with his emotions. In moment-to-moment experience,

Aaron would try to determine what he “should be feeling” rather than being able to “feel.” Aaron’s difficulty with this was vividly demonstrated in our interactions when he spoke with me about being physically abused. Aaron remembered the events in great detail — the abusive episodes he spoke about were implicitly terrifying and disturbing. Yet, he spoke about them in a totally unemotional way and, in response, I shut down. At this particular juncture, it was quite difficult for both of us: Aaron was becoming increasingly discouraged and ashamed about, in his words, “another failed treatment”, and I was experiencing a sense of shame concerning my inability to emotionally resonate with him and with his terrible experience.

We muddled along in this state for awhile — both of us trying to regulate a shared, intersubjective experience of discouragement and shame. Morrison (1999) believes shame has a contagious intensity which impacts the therapist. This can become quite acute when the analyst and the patient feel the treatment is not going well which triggers the analyst’s own feelings of inadequacy. Morrison argues that a therapist’s empathic attunement with her patient and a willingness to face her own shame, as it arises in the heat of analytic interactions, is a crucial part of what helps patients articulate and tolerate their own shame affects.

As Aaron and I continued, finally, something shifted between us. In a moment that I consider co-constructed, a new space in our interpersonal engagement emerged: We made an emotional connection — a connection that created a new sense of hope and efficacy for both of us. Here’s what happened: Aaron told me about a young female intern who promised to call to set up lunch. I sensed this was affirming to Aaron. But then she did not call and I was able to imagine his feelings. I asked, “Did you feel

disappointed when you did not hear from her?” Aaron initially seemed surprised and then responded: “How did you know I felt disappointed. I didn’t even know it myself. But I think that’s right — I am disappointed.”

This was a small but very important moment — Aaron recognized it as such and we discussed it. At an implicit level, our interaction gave Aaron a sense that his internal, affective experience was recognized and this helped him realize that his feelings can be shared and understood. Dan Stern (1985) argues that this is a momentous achievement in development. Lyons-Ruth (1999) has written about psychoanalytic change processes in a way I find persuasive:

If representational change involves not only cognition or ‘insight’ but also changes in affectively rich ‘ways of being with,’ a shift in organization must also involve a reorganization of the analyst’s and patient’s ways of being together.

Therefore, moments of reorganization must involve a new kind of intersubjective meeting that occurs in a new “opening” in the interpersonal space [p. 611].

I argue that making an emotional connection with each other represents a new way of being together. At the explicit level, this clinical moment led to an in-depth exploration of our interaction and his experience of me — Aaron told me that I seemed to understand him and began to believe I could help him. We also explored his affective experience, wishes for mirroring, and vulnerability to narcissistic injury leading to new understanding and insight. Further, these exploratory efforts became the building blocks of Aaron’s expanding self-reflective capacity.

In the ongoing clinical interactions, Aaron would signal his anxiety about my reliability and trustworthiness by saying, “If I can’t trust my mother, how can I trust

you?” Slowly, over time, this question faded and was no longer in foreground of Aaron’s thoughts and feelings about me. From the time the analysis had been established on a more stable and hopeful basis, the primary transference can be described as underscoring the importance of my efforts to bear witness to his abusive childhood experience. Jessica Benjamin (personal conversation, 2005) notes this is often the case in clinical work with abused individuals — once a sense of reliability is established, the analyst frequently serves as a witness to formerly unspeakable and unknowable acts of abuse. In my clinical work with other individuals who have been abused, however, other transference configurations have been expressed, including expectations that I am harboring cruel and sadistic attitudes.

As I mentioned earlier, the 1999 published presentation of my work with Aaron focused on the beginning phase of the therapy. Several of the discussants wondered how the analytic work would develop and raised questions concerning my treatment of Aaron. One question was related to my self psychological clinical approach and to my understanding of psychoanalytic change processes: Would the treatment include a “repair of a traumatized development” as well as facilitating “an ongoing reorganization of a mind in conflict” (Rothstein, 1999)? In the following section, I address this question by briefly commenting on two aspects of subsequent analytic inquiry: Aaron’s entrenched revenge fantasies and his conflict about pleasure and accomplishment.

In the fifth year of the analysis, just at the point Aaron was beginning to feel more optimistic; he lost his job in a corporate downsizing. This event took him totally by surprise and he was devastated by his loss of status and enraged with his employers. Before this time, thoughts and feelings about wanting revenge and nursing a grudge

would generally crescendo in reaction to a narcissistic injury and then decrescendo as he self-righted. During this protracted period of the analysis, however, Aaron became preoccupied with vengeance. As this came up, I found myself moving away from his intense feelings. As I recognized and thought about my avoidance, I realized that I, too, had experienced a painful childhood loss — quite different than Aaron’s abusive childhood but still difficult, all the same. I came to appreciate that my adaptation to my childhood loss was interfering with Aaron’s analysis. As Lansky (2005) points out, vengefulness serves to protect one against unbearable awareness of helplessness and shame and also helps one evade the terrible emotional burden of mourning for what has been lost. Our work at this time, as I understand it, activated in both of us awareness of self-states and feelings that are crucial to the mourning process. Eventually, we were able to engage these feelings and Aaron was able to begin to mourn all that he suffered and lost.

The second area of analytic exploration involves Aaron’s conflicts concerning enjoyment and success. Aaron’s father was volatile and unpredictable — Aaron believed his father tried to kill him on at least one occasion. His mother was depressed and unreliable but she was *the* safe haven in the storm. She was also deeply envious of those more advantaged than she. As we have reconstructed it, Aaron tried to take charge of his unstable family by telling his mother what to do (i.e., divorce his father) and entreating her to take his advice. Aaron’s behavior with his mother was similar to the children in Mary Main’s research who exhibited a pattern of role inversion by being controlling-caregiving. Throughout Aaron’s childhood, he was caught in a struggle of unceasingly and futilely trying to convince his mother of his point of view. His sense of integrity and

self-worth depended on her affirmation — without it Aaron felt humiliated and worthless. Further, when he would make a request of her, she responded as though his needs were depriving her of what little she had; or she would fall to the floor, clutching her chest as though she were having a heart attack. This activated a sense of himself as dangerous and destructive.

Aaron's home life was terrible and he knew it. He wanted a new family and a new life where everything would be perfect — only then, he believed, could he be truly safe and worthy. Aaron went looking for the perfect family outside his home. While he never found perfection, he was able to develop and enjoy many meaningful, supportive relationships – at school, with the Boy Scouts, with his grandparents, and especially with the family of an adolescent friend. This family loved and appreciated Aaron and actively encouraged him. Indeed, all these outside-of-the-house experiences were nurturing and a credit to Aaron's basic loveability. But, he *always* had to go back home, and being at home *always* felt miserable. Aaron felt conflicted about the good times he was having away from his family and began to believe that the misery at home was punishment for the good times with others.

This is the central conflict the analysis has engaged. Can Aaron make the most of what life has to offer, feel proud of his many accomplishments, and still accept the slings and arrows of life's inevitable struggles? Breaking free of his mother requires him to face a profound sense of loss for what he wanted and never got. He is afraid the pain will engulf him. It is not easy, but we are facing it together.

I end by mentioning the challenges and opportunities of clinical work with individuals who have been abused. My experience with Aaron has been and continues to

be enriching and challenging. I believe that my openness to my own subjective responses, spontaneously arising in the heat of psychoanalytic interaction, has fostered my capacity to engage Aaron in a manner in which the development of new, implicit procedures for being together became possible. At the enacted level, over time, we have been able to collaboratively and coherently engage Aaron's deep feelings from childhood.

Simultaneously, at an explicit, symbolic level, we have been able to develop insight and understanding about how his childhood has affected him. This has included the analytic engagement of intrapsychic and interpersonal conflict. Both implicit and explicit aspects of a psychoanalytic change processes have been operative. Indeed, I see Aaron's analysis as both a "repair of traumatized development" and facilitating "an ongoing reorganization of a mind in conflict" (Rothstein, 1999).

Finally, our intersubjective analytic engagement has activated challenging aspects of my own subjectivity and required me to face myself anew. I have grown personally and professionally in this process. Together, we have encountered and engaged feelings of shame, vengeance, envy, and most importantly, loss. In an emotional sense, Aaron's analysis has brought him back to life and, I hope, will lead him to a sustaining sense of acceptance about who he is and what he has been through.

References:

- Broucek, F. (1997). Shame: Early developmental features. In: M. Lansky and A. Morrison. *The Widening Scope of Shame*. Hillsdale, NJ: The Analytic Press, p. 41-62.
- Carr, E. (1999), Wounded but still walking: One man's effort to move out of shame. *Psychoanalytic Inquiry*, 19:289-308.
- Ferenczi, S. (1949), Confusion of the tongues between the adults and the child. *International Journal of Psychoanalysis*, 30:225-230
- Lansky, M. (1999), Shame and the idea of a central affect. *Psychoanalytic Inquiry*, 17:347-361.
- _____ (2005), The impossibility of forgiveness: Shame fantasies as instigators of vengeance in Euripides' *Medea*. *Journal of the American Psychoanalytic Association*, 53:437-464.
- Lichtenberg, J. (1999), The experts give their views on a case report of shame: A commentary on diversity. *Psychoanalytic Inquiry*, 19:407-419.
- Lyons-Ruth, K. (1999), The two-person unconscious: intersubjective dialogue, enactive relational representation, and the emergence of new forms of relational organization. *Psychoanalytic Inquiry*, 19:576-617.

Morrison, A. (1989), *Shame: The Underside of Narcissism*. Hillsdale, NJ: The Analytic Press.

_____ (1999), Walking taller, though still wounded: Discussion of “wounded but still walking”: One man’s effort to move out of shame”. *Psychoanalytic Inquiry*, 19:320-331.

_____, and Stolorow, R. (1997). Shame, narcissism and intersubjectivity. In: M. Lansky and A. Morrison. *The Widening Scope of Shame*. Hillsdale, NJ: The Analytic Press, p. 63-89.

Pulver, S. (1999). Shame and guilt: A synthesis. *Psychoanalytic Inquiry*, 19:388-406.

Rothstein, A. (1999). Shame: Conceived from the perspective of compromise formation theory. *Psychoanalytic Inquiry*, 19:332-346.

Steele, B. (1990). Some sequelae of the sexual maltreatment of children. In: H. Levine, editor. *Adult Analysis and Sexual Abuse*. Hillsdale, NJ: The Analytic Press, p.21 - 34.

Stern, D. (1985). *The Interpersonal World of the Infant*. New York: Basic Books, Inc.

Wurmser, L. (1999). Trauma, shame conflicts, and affect regression: Discussion of “wounded but still walking”. *Psychoanalytic Inquiry*, 19:309-320.