Symposium 2006 Discussion. Melvin R. Lansky, MD Revised, April 2, 2006

I Introductory Remarks

Voltaire once wrote to a friend, “I’m writing you a long letter because I don’t have time to write a short one.” I am going to give a short discussion because I don’t have time to give a long one. It won’t do justice to the presentations considered individually, but, hopefully, I’ll provide a perspective for considering these individual presentations in the context of their respective topics and for the overall conference. I wish to thank the program committee for the opportunity to discuss these rich presentations.

I’ll start with some remarks about why we study shame, how we use the word, shame, and how it relates to the way we understand the workings of the mind. Shame is not just the flavor of the month or the symposium of the year. There are special reasons to study shame.

Shame is clinically significant and often goes into hiding. And it does so for a reason. Consider these phrases about shame. The veiled companion of narcissism. Disappearing persons. The underside of narcissism. The mask of shame. The Hidden Dimension. Those are all book titles or parts of book titles about shame. Shame is an instigator, a trigger. Hidden shame is often found to have an instigating role in clinically more visible phenomena: actings out and enactments; envy; impulsive actions—domestic violence, impulsive suicide attempts, impulsive eating, vengeful acts and terrorism—and projective identification—which is so often found to be triggered by actual or anticipated shame and a turning of the tables on the shamer. Appreciating the role of shame as instigator doesn’t replace guilt, anxiety, and depression in center stage.
It brings shame dynamics from offstage into our awareness of clinical phenomena that cry out for explanation.

Shame is about the self as such, not simply about wishes, desires, actions. Guilt concerns actions and punishment; shame, exposure and actions. Guilt is about what we do, fail to do, or wish to do. Shame arises inevitably from the sheer asymmetry of exposure in the analytic dyad.

I will argue that shame—even though it might not be experienced as such by the person who is dealing with it, is a moral emotion reflecting tension from the conscience. These days, that is a mouthful.

Before I can deal with shame as a moral emotion, it is important to emphasize that there is significant ambiguity about what we are referring to when we use the word, shame. Only with this backdrop of understanding the complexities of the word, shame, can we look at the presentations in terms of shame dynamics as opposed to simple explorations of shame experiences.

You might want to say that shame is, purely and simply, an affect. Yes, but that’s only a small part of it:

1. Shame includes an affect: a searing, painful affect accompanied by gaze aversion, wish to disappear, disconnection from the prevailing interpersonal process, maybe from the social order entirely.

2. But it also includes comportment organized around avoiding shame: in French, Pudeur as opposed to Honte, the affect itself. The obverse of shamelessness. Modesty. Defenses against shame.
3 And shame can be used, so to speak in the future sense, that of anticipatory anxiety about experiencing shame, signal anxiety or signal shame: that which anticipates rejection, disgrace, ostracism, relegation to inferior status—the impending social disaster we call mortification, a topic we’ll get too soon. Perhaps you recall that a few years ago, the Marine Corps Commandant committed suicide when he felt he would be exposed as someone wearing a medal to which he wasn’t entitled. Tragic. The more so, because it later appeared that he was entitled to wear that medal.

4 The impact of ‘shame’ includes not merely the intensity of the affect, but the powerful workings of shame fantasies by which the experience or anticipated experience of shame is processed: paranoid shame, or the anticipation of shame coming from the deliberate mocking of contemptuous others; projective identification, often setting off reciprocal shamings as attempts to turn the tables on the shamer; and omnipotence, especially in revenge fantasies in which the avenger imagines his or her vengeful solution to the experience of being humiliated to be done in complete freedom from the consequences to self and others.

5 Shame is not always a negative force. The anticipation of shame can be a powerful positive motivator and socializer. I read all of these papers several times and very carefully. To do justice to the authors and to you, the audience, yes. But also, in anticipation of shame—disgrace—before you all if I appear to be a fool in my discussion of these elegant presentations. Anticipatory shame has been a factor in shaping me up for today.
Shame is not to be understood as analytic bedrock or more basic than guilt. No matter what their respective times of origin, shame dynamics and guilt dynamics are often intertwined in complex ways.

Let’s return to the topic of the moral emotions: in using that term, I am affirming that shame, not just in its earliest childhood origins—and not just in relation to particular shaming circumstances along the way-- but in the developed, say postadolescent human being, is the result of a negative self evaluation or the anticipation of a negative self evaluation, often after some sort of exposure to self or others as failing to meet standards, goals, aspirations. Shame, then, must be appreciated in relation to the conscience or part of it. I argue in favor of seeing shame and guilt as moral emotions, generated in relation to the conscience: guilt from the organ of prohibition; shame, from the organ of aspiration. In so doing, I, personally, am much closer to the views of Piers and Singer, Rangell, and Wurmser than I am to those of Brenner and Rothstein.

We have always understood guilt to be an affective state in relation to the conscience. We do, and so does the person experiencing guilt—if it appears as the overt affect, rather than, say, unconscious self sabotage because of guilt—but the person experiencing shame very often doesn’t experience the state of mind AS resulting from a conflict with conscience. It can be experienced both by the subject and by the beholder as simply an affect. It is our job as analysts to help our patients make this link so that they can appreciate the power of such judgments from conscience and also to start to modify them.

In actual analytic practice, shame and guilt are much more often intertwined, it remains a risk for those whose theories privilege guilt to miss or misidentify shame and
those who privilege shame to misunderstand not only guilt, especially unconscious guilt, but conflict with the conscience entirely. I join Rothstein, in the tradition of Freud, Hartmann and Loewenstein, and Brenner in stressing the interrelatedness of shame and guilt as compromise formations deriving from the danger of parental disapproval. Not all of the presentations share these assumptions.

Symposium 2006 is very much a product of the current age, which sees itself as an age of pluralism and inclusiveness. We are into this age, deep into it, with both advantages and disadvantages.

Pluralism has been accompanied by an emphasis on a type of discourse centering on the immanent analytic encounter and very different from the language typified by Hartmanian ego psychology, which was abstract and experience distant and, in the service of making psychoanalysis into a general explanatory psychology, abstracted from the concrete experience of the patient and the analyst together in the analytic encounter. That is to say, the more transcendent, abstract language of, say, the sixties, has been challenged with the more immanent language—the language of the actual encounter—developed in the last several decades. My own remarks will presume that we need both languages, not one or the other. That is to say, that we can, should, must deploy a new language centered on the immanence of the analytic encounter, but that we are at great peril if we subtract a more transcendent explanatory language that conceptualizes how we view what we do and how the mind works. Otherwise, we are stuck in the concreteness of the dyad without a language of explanation of clinical phenomena and the tools for exploring treatment impasses and failures.
In this age of pluralism, we risk throwing out unconscious intrapsychic conflict, development (not just the overpowering and final influences of the earliest mother-child dyad), and the relation of the entire conscience to conflict. Not all of us, but many of us.

With reference to shame, I don’t believe that we can get very far if we don’t hold on to a language that refers generally to how the mind works. Granted, we may have to revise that language and keep revising it, but we can’t really talk about shame dynamics in any useful way if we just consider shame an affect and ignore the fact that it is the result of a negative moral self evaluation, a result of tension with the conscience. If we don’t see guilt as resulting from the part of the conscience that concerns what one does, wishes to do, or fails to do—with transgressions and omissions—and if we don’t see shame as resulting from the part of the conscience concerned with what one is, how lovable, how acceptable, how esteem-able—then we can’t use the words properly. And if we don’t take into account the development of the conscience, we’ll never have a satisfactory understanding of shame and guilt as moral emotions. Shame will be presumed to refer only to affect and, in some unspecified way to the impact of particular experiences that evoke the affect. We discuss shame, but not shame dynamics or development as such, and we retreat from the necessity of having a developmentally accurate sense of what the mind is like—and we use the language of affect hoping that sheer imagery will carry us through.

Let me note in passing that it is a curious fact about the history of psychoanalytic discoveries on the conscience that virtually every major discovery about the conscience has come accompanied by a pars pro toto exaggeration of that new discovery in a way that moves shame, and the ego. Incidentally, my own interest in shame came not as a
result of a special interest in affects or in shame itself, but in pursuit of what underlies
treatment failures--in psychoanalysis, but also in general psychiatry. The more I sought
in the area of treatment failure and impasse, the more I found hidden shame dynamics at
the center of the problem.

I do want to thank Sarah Zarem for her excellent remarks on the work of Helen
Block Lewis, a true pioneer in the study of shame.

Now, with that preamble, on to the presentations.
When we look closely at these three rich papers, we see Libbey’s wonderfully written and clinically apt paper on mortification, Lichtenberg’s erudite paper on shame as initiative’s stealth destroyer, and Kilborne’s very wide ranging one on shame born and unborn.

Mary Libbey’s paper—the only contribution which with I am familiar with on mortification—is a beautifully thought out and exquisitely written paper—well worth several readings--that is sensitive to all of the senses of shame. Yes, shame as affect. But also shame in relation to self evaluation and standards for lovability and acceptance. Shame as task master. And shame, the affect, as itself a signal. Mortification refers not simply to intensity of affect. It refers, as we use the word and as Libbey uses it, to shame as a signal of the immanent danger of social collapse, of exposure, rejection, relegation to inferior status, to utter loss of respect as a competent, and, I may add, sexual man, and, perhaps total ostracism—a host of painful emotions signaled by the prospect of shame. Libbey sees narcissistic mortification as having one’s damaged and defective or empty self suddenly and unwillingly revealed as one moves from one persona to another. The prospect of such exposure underlies the need for narcissistic defenses and the development of narcissistic character structure. I very much like Libbey’s linkage of this anticipation of mortification not only to narcissistic character structure, but to anticipation of the basic danger of annihilation. I also liked her case presentation, though I did wonder if the dynamics of aggression, his toward others and his anticipation of theirs
back at him, didn’t amplify the impact of his feared fulminant shame making mortification also a variant of paranoid shame.

Lichtenberg’s paper is erudite, well written, clinically apt, starting with the chant of little girls jumping rope to identify shame as social regulator and, indeed, stealth destroyer of initiative. The vignette is a paradigm for the social milieu of judgment as defective from which shame arises. But a lot depends on how one defines shame and defines development: when the cameraman steps back a bit, Lichtenberg’s paper, elegant as it is, seems to me to put far too much emphasis on the origins of shame (ala Tomkins) and the immediate interpersonal environment especially the absence of affirming responses or the interruption of joyful activity, and too little on the internalization and modification of such experiences in the development of the sense of shame. I wonder if the paper doesn’t partake of a methodological fallacy of assuming that the origins account for the final product that we see. Missing from the paper, albeit somewhat implied, is the evolving relation of the affect to the development of the conscience. Such development does include the internalization of shaming situations, shaming responses and shaming failures of response from others, but also includes pathologically grandiose aspirations and ideals and identification with others held in contempt, often the same sex parent—and the struggle against that identification—which is a powerful dynamic that we find with surprising frequency in psychoanalytic practice—to name only a few of the viscissitudes of the development of the conscience.

Lichtenberg seems to me not to make sufficiently clear that shame is not simply an affect. There we have a disagreement; it is an affect in one sense of the word, but shame, insofar as it’s a stealth destroyer of initiative, is also a moral emotion, an agent of
inhibition. Look at the power of Joe’s example, the chanting of the little girls reflecting standards already internalized by all who jump rope about the esteem of the self in relation to performance within the game. Shame is not just an affect in this context. It is an affect that takes its place in a peer social context involving performance that deploys standards and ideals in terms of that performance that are already internalized by all the little girls. It is worth discussing whether or not one can speak of shame and development without considering the development of the conscience, tension from which generates shame or the anticipation of shame.

Benjamin Kilborne’s wide ranging paper is too rich in literary examples to discuss precisely unless one is familiar with those texts. I’ll extract one very major point from the paper, one developed more fully in Disappearing Persons and in the 2003 volume of the American Journal of Psychoanalysis under Ben’s editorship and concerning Oedipal Shame.

I join those who think that the overemphasis on the preoedipal origins of the affect of shame, i.e., the fixation to earlier forms of relating, at the expense of taking into account the viscissitudes of these tendencies in the oedipal, postoedipal and even postadolescent developmental stages, i.e., regression from anxieties at developmental levels not yet mastered, impedes our appreciation of the phenomenology of shame dynamics and has resulted in a disastrously misleading conceptualization of shame dynamics as mostly or exclusively reflective of something preoedipal persisting in an unmodified form. An overemphasis on the earliest origins of shame that does not take into account not just the oedipal stage, but, the consolidation of the ego ideal at the end of adolescence as Blos described it, becomes seriously misleading.
But there is more to say about Oedipal shame. Starting from Freud, there has been a pronounced tendency to overemphasize guilt dynamics and ignore or minimize shame dynamics in the consideration of Oedipal dynamics in development. Oedipal jealousy, starting with Freud, tends to be described in terms suggestive of simple rivalry, almost as between equal suitors for the opposite sex parent rather than competition of a tiny, immature person with a grownup—a small boy with a tiny penis and no ability to be a mate and provider for his mother or a small girl who can play with dolls but can’t mate, bear and raise children or be a marital partner to a father. There has been a pronounced skew in the consideration of Oedipal dynamics toward action, wish, drive—actions or imagined actions and prohibitions and fears of retaliation—guilt dynamics—and away from humiliation, inadequacy and shame dynamics triggering both competition and vengefulness. There are notable exceptions to this imbalance, for example, Rangell’s 1954 paper on poise in relation to the snout or perioral region and Arlow’s 1980 paper on the revenge motive in the primal scene, stressing the role of humiliation and vengeance in primal scene fantasies. But such contributions have been underappreciated.

Considering this section on development, as a whole, it seems to me that, rich as these papers are in exploring clinical phenomenology and early origins, and as much as I was informed by each of them, the section as a whole seems to me to have fallen a bit short of shame understood in the light of a satisfactory notion of development with appreciation of both regression and fixation. I’ll look forward to hearing from the presenters and the audience on this point.
Leon Wurmser, in his book, *The Power of the Inner Judge*, observes that the center of gravity of psychoanalysis has shifted in recent years more and more toward the appreciation of the role of trauma. This shift has powerful implications when it comes to technique.

Richard Gartner’s paper on males who have been sexually abused is an important contribution. It is splendidly written and enriched by clinical elegance and appropriate data. I was surprised, and I presume many were by the idea that forty percent of sexual abusers of young boys were female. It seems to me that my surprise is a kind of data that confirms one of Gartner’s central points. I think that many of us tend to be held captive by the model of male abuser, female victim for sexual abuse. This model puts one on the way to seeing the abused person as feminine. We’re approaching Gartner’s point. But Gartner goes further. His paper centers on ‘masculine gender norms’—that is to say, the masculine ego ideal and the sense of lost masculinity because of the abuse. These norms include a disidentification from the mother and shame if there is a failure at this task. And he emphasizes the impact on the male psyche of abuse as, among other things, severely damaging to the—straight or gay—young man’s sense of himself as masculine. Gartner is referring not just to trauma, but to an alteration in the development of the way the mind works because of that trauma—a posttraumatic conflict with an emphasis on the gendered ego ideal. The part of the conscience that sets standards, goals, aspirations for being a manly man and points us to the specific, gender linked predicaments in both straight and gay men of having been abused sexually. The shame arises generally from having been
traumatized, used as a sexual thing by someone who renders one powerless and an object. Again and again, Gartner points us to the specifics of the male ego ideal and the enduring sense of having been rendered unmanly—that is to say, not just shame, but shame dynamics.

I would add to Gartner’s splendid treatment of the topic that the male child, if abused by his father, is also deprived of the opportunity to use an idealized version of his father as a model for positive identification. Instead, the youngster is faced with a more malignant defensive identification with the aggressor, often, as a characterologic defense against shame, dooming him to repeat what was done to him so as to, in fantasy, turn the tables on the shamer.

This type of malignant identification is very vividly depicted in Jane Hall’s paper. She notes that shame in abuse comes from being the victim, the witness, and the abuser. “I gave what I got” I was told by a chronically suicidal patient, an abused child grown up, who had, in turn, abused his own child and was inescapably lost in a lifetime of unrelenting shame, guilt, and depression. Hall agrees with Shengold’s notion that analytic work with such severely abused patients strives to diminish the power of the internalized primal, destructive parent by promoting an emotional tie to the analyst. That might sound straightforward, but look at what these patients do to her, and to us, and to anyone. Hall’s cases, Peter especially, show us the malignant internalizations, centered around turning the tables on the shaming abuser. And turn the tables he does! Peter’s seductions of himself and of Hall to be hopeful about the treatment, followed by his disappearance, which would fill any analyst with shame and rage, give us a vivid sense of the transference and countertransference situation. It is not just a matter of love
conquering all. Hall’s paper not only shows an awareness of these deep and entrapping defensive identifications, she also draws from her profound sensitivity to hidden shame dynamics—the origin of rage and abusiveness from an underlying and triggering sense of profound shame. And the grip of characterologic reversals that turn the tables on shaming internal objects—extended onto the analyst in the treatment and to others in the patient’s life. Consider the cost! It is a way of holding on to the original internalized humiliating dyad, but becoming the abuser instead of the abused. Reversing the shame dynamics by being the shamer instead of the shamed. But adding more shame. And, as Hall points out when she emphasizes toleration of the truly tragic—inescapable.

Let me turn to some important points in Elizabeth Carr’s paper. Concerning Aaron—the patient in a case I had the opportunity to discuss seven years ago—she notes, “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.” Over the past fifteen years or so, I’ve come to pay more and more attention to those who do better than their presumed prognosis. Not rarely, we see people dangling at the end of abusive histories—and sometimes doing better than we’d imagine they could possibly do. If we look closely, we often find that they adopt families. I at first credited extended family members, grandparents especially. It took me a while to realize that these corrective influences, these escapes from the toxicity of a malignant family system, were not just passive experiences that the child happened to receive—they were often the result of a positively active search for some escape, something better, something needed with which to identify and take in, some
trellis, as it were, on which the small vine could grow. I have become more and more aware of this active searching for nurturance, self respect, and identifications. But not everyone makes it. Many do not even try to escape or don’t see the possibility of gaining nurturance or a model for identification outside of the immediate family system. Those, it has seemed to me, who could escape had internalized some sense of themselves that was not entirely shame ridden, that still thought of themselves as lovable enough—and guilt-free enough, to be adopted by a grandparent, a friend’s family, a same sex teacher, a coach, a boss. The ones that did not make it were, in my own retrospective and now prospective anecdotal studies, much more shame and guilt ridden.

Carr says in passing regarding Aaron’s treatment. “I was experiencing a sense of shame concerning my inability to emotionally resonate with him. We muddled along in this state for awhile—both of us trying to regulate a shared, intersubjective experience of discouragement and shame.” This is a self-psychological formulation, but it portrays the predicaments any of us face in psychoanalytic work with severely traumatized patients.

I want to use Carr’s comment to open up the issue of the complexity regarding technical neutrality—not neutrality toward the patient, but in respect to the patient’s conflicts. When someone has been traumatized, not acknowledging the fact of and existence of the trauma is not experienced as neutral, it is retraumatizing. And it is traumatizing precisely because it is shaming— for some, unbearably shaming. It also may repeat the actions of a third, witnessing party who doesn’t acknowledge what happened or, as in the Anne Sexton poem quoted by Jane Hall, the abuser trying to cover up, or, when confronted, to deny what happened. But that doesn’t mean that we take the patient’s account absolutely as a literal portrait of reality, especially early in the
treatment. We can’t simply play the role of the enemy’s enemy and still do psychoanalytic treatment.

Now we do have an irreducible problem: all of the original reasons for technical neutrality hold. They never disappear. But they are now offset on the other side with the risks of a shaming posture of adamant neutrality and rigid adherence to an exclusively intrapsychic focus. We have no clearcut safe path. Presuming that things are exactly as the presumably traumatized patient says they are has distinct risks: the patient may be lying or, as we all do, unconsciously distorting and selectively representing external reality. The patient’s role in the trauma may be distorted. The patient may be seducing us in some ways to see him or her as victimized. All of that is important. But if we remain too tentative or too intent on an exclusively intrapsychic focus, we tend to dismiss, and, perhaps repeat the secondary trauma of shaming by non acknowledgment—a fresh trauma or a repetition of something that may have taken place originally. And if we hold an unwavering intrapsychic focus, we risk shaming and blaming the victim. So let us acknowledge that there is no dry ground, so to speak, no technical posture that is truly neutral in its impact. We are always at risk and that risk can’t be resolved by simply retreating to a noncommittal position on the one hand or to naively accepting the patient’s initial narrative as is on the other hand.

Leon Wurmser’s wonderful remarks on traumatogenic shame point to some important additional features of abuse: sexualization as an attempt to regulate affects, masochistic excitement, overstimulation, shame over intense feelings themselves, over the ‘soul-blindness’ of witnesses, over posttraumatic intrapsychic passivity, and, what Wurmser calls the ‘hypertrophy of the superego’ with an omnipotent sense of
responsibility for the trauma and self blame.
Although Janice Lieberman notes that shame goes back to very early in life, all of her examples include the element of shame as one who risks exposure as unattractive and unlovable. They partake of very early shaming situations, it is true. They are fixated there sometimes, but there are also in the picture regressions from the anticipation of overpowering shame in anticipation of failure at sexual competition. These anxieties about bodily imperfection resulting in failures of attractiveness are prominent in every one of Lieberman’s cases.

Few of us do not have some entrenched fantasy about a bodily defect that is a source of shame in the arena of sexual competitiveness. Too tall, too short, too small breasts or too big, too small a penis, a bald spot, fat ankles, bad skin—you name it. An enormous number of us are obsessively preoccupied with our bodily defect. All of Lieberman’s cases reflect at least a dimension of anxiety about being exposed as one not sufficiently attractive to be competitive on the sexual market and, hence, failing to meet standards for lovability and success in that arena. Penny’s contempt for her mother’s and her boyfriend’s looks are projections of her own bodily shame, aren’t they?

So much of the content of what our biologically oriented colleagues call ‘OCD’ reflects shame about the body—Oedipal shame reflecting the preoccupation and shame over feeling unattractive sexually. I was taught in analytic seminars that obsession mostly concerns guilt. But these bodily obsessions, this OCD plainly concerns shame—comparisons of one’s faulty body to ideals and standards for lovability and sexual attractiveness.
I’ll add that I very much like Lieberman’s insistence on making bodily talk concrete. My own experiences asking women what they look like is similar to Lieberman’s. First of all, nobody has ever considered the question foolish! And almost always, I get some unexpected information or fantasy of use in the treatment.

Turning to Riccardo Lombardi’s paper, we who come from a more or less positivistic tradition may undergo a bit of culture shock. The paper may be seen to have too many fantastic leaps to be intelligible, much less credible. But let me take a stab at it. First of all, I very much like the work, especially his emphasis on the concrete and the bearing of the patient’s hatred first. I am presuming that as a backdrop to this paper, Lombardi presumes the patient is reacting to what Bion has called a ‘hatred of reality’ in respect to which his own actuality, his finitude, especially his bodily actuality is so disappointing and felt to be so disappointing to others, especially sexual others, that he disconnects (Thanatos) and disowns his body and its limits, and its temporal finitude. It is as though he is so shamed by what he actually judges himself to be that he goes through a massive narcissistic retreat as part of this massive regression, and he disowns in fantasy the fact that he has a body, that he travels through time, and that he will some day reach the end of that time and die. His fulminant sense of shame shows up indirectly in his fantasied retreat—his regression from the danger of overwhelming shame—not just from his psychic disorganization, but from his anticipation of failure in the bodily and sexual world. This is overarching bodily shame and fantasied retreat from it. It is not simple preoedipal shame fixated and unmodified from its origins in the dyad. I am assuming in line with Freud’s 1911 paper, “Formulations on the two principles of mental functioning,” one cited repeatedly by Bion, that the patient’s regression, reflective of his
hatred of reality, reflects, even in a psychotic state, a regression from the realities of body and sexuality that fill him with terror of unbearable shame facing the world of the body and of sexuality. Let me note that psychotic patients, no matter how much they seem to be utterly disconnected from social reality, remain exquisitely sensitive to shame from that world from which they are supposedly split off. I would presume his shame is amalgamated with megalomanic sexual wishes that also include guilt. Pari passu with working through of this shame in the analysis, he becomes a sexually active person. I very much agree with the stance of tolerating the hatred first preparatory to working through of other anxieties and explorations of shame. I admire Dr. Lombardi’s handling of the case.

I want to pause for a moment to pay tribute to Frank Broucek, our cherished and stricken colleague who has contributed so much to our understanding of shame. Frank’s contributions to the field have not been widely enough appreciated. Those of us who know him personally appreciate his insights and his gentlemanly way of communicating them. If I could leave this audience with one precept only after these two days it would be Frank’s insistence that the shame is an inevitable result of the asymmetry of the analytic situation. Our hearts are with him on this occasion that bears tribute to the significance of his work and to his gentlemanly, collegial manner.
V Shame and transference and countertransference

Sandra Buechler’s paper ought to be required reading, not just for candidates, but for faculty in institutes. All that I have to add is that in our analytic culture, the fear of being exposed as a clinician, our shame about shame, doesn’t stop with graduation. We are, I believe, at every level, responding to anticipated shame showing our actual work: whether it be presentation of clinical material by faculty rather than candidates in seminars, presenting our work for certification, or sharing what we really do with colleagues. At an even more exalted level, the American Psychoanalytic Association holds a workshop series at which a very very distinguished senior analyst discusses a clinical case. At each meeting a junior presenter supplies the clinical material to be discussed. About fifteen years ago, I was asked to present a case at one of these workshops for discussion by a revered senior analyst. Nobody would dream of asking our most respected senior people to present their own material. It’s not just candidates that face shame and exposure in psychoanalytic settings. The risk of shame is, I believe rampant in analytic cultures at every level.

I was intrigued by the methodology of Irene Cairo’s paper: the inference of types of shame by the countertransference reactions to it. Cairo has given us a very interesting venue for studying shame in the transference via the countertransference reactions one has to it. I cannot say that I was entirely convinced that she was carrying shame for the patient who shamelessly exhibited himself. Was it his shame she was carrying, or was she a bit embarrassed with the awareness that this man was attracted to her and clearly showing off to impress her? Furthermore, I don’t at all agree that humiliation is a
derivative of megalomania, though one can imagine easily an arrogant megalomaniac getting his or her commuppance publicly and being humiliated. Humiliation by being bullied, raped, abused, intimidated, and so forth are not derivatives of megalomania. But the methodology, the technique of examining countertransference for clues as to the nature of shame, is well worth exploring further and studying systematically. To do so we will need a ‘full service’ conceptualization of conscience, one that includes the ego ideal.

I’ll turn now to Andrew Morrison’s paper. It’s a very courageous sharing of this material. He puts it forward without claiming that what he did was an example of perfect, premeditated technique. One might criticize what he did. Perhaps he could simply have acknowledged his preoccupation without so much revelation. I certainly come from a skeptical point of view about self disclosures in analysis. But I not only admire Andy’s courage in putting this material forward, I think it gives us a wonderful opportunity to highlight some alternatives in the situation he has presented to us. Let me invite you to think of how many people in your practice have complained of being traumatized or adversely affected with a recollection of their father interrupting what he knew to be a prearranged heart to heart talk because that father had just received some upsetting health news. Not very high on the trauma Richter scale, don’t you agree? Now—and here is my major point-- let’s consider alternatives: how many traumatized persons and persons from alcoholic, abusive, or severely dysfunctional families have said: “I tried over and over again to talk to my dad. He looked like he was listening, but plainly he was preoccupied. I tried to ask him about it. But he wouldn’t acknowledge that he was preoccupied or anxious. He always was. He never acknowledged it. He
never leveled with me. He never let me know what was going on with him, but there was always something obviously going on with him.” Not so rare. Not low on the traumatic Richter scale. I’m asking you to consider not the antithesis between self-disclosure and non-disclosure, but the alternatives between conscious suppression of an obviously upsetting preoccupation—one that will almost always be read by the patient more easily than you might think—and acknowledging that you are indeed preoccupied with a major personal matter and saying what it is that that personal matter is. Let me go a bit further. This conscious suppression—what Andy, fortunately, did not do—accompanied by faking more attention than one is, in fact, capable of mustering—is not only evident to the patient almost always, but so is the fact that you’re consciously choosing not to talk about it. It is an acting out—not an enactment, my friends.--but a one party characterologic defense against shame that isn’t necessarily triggered by the other person in the room. And, what is more, it may repeat, and hence reinforce a silent transference to a shame prone parent who could not bear the shame of exposing themselves to the patient as a real person with real anxieties and real shortcomings: stone-walling it to save face and avoid shame at the expense of a genuine human interchange. Andy’s example puts into bold relief the problem we meet over and over again—it is not always possible to be anonymous and neutral—sometimes such an ideal traumatizes and shames the patient by a failure of acknowledgement; at other times it appears as conscious disingenuous suppression on the part of the analyst.

Time moves on. My remarks are the beginning, not the end of discussion of these rich papers. Now it’s your turn. In closing, I want to express my gratitude to the program committee for giving me this opportunity to discuss these very fine papers, the
presenters for their very significant and stimulating contributions, and you for your attention. Thank you.

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