

Shame: Initiative's Social Regulator; Shame: Initiative's Stealth Destroyer

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“Sis ‘n shame on you, sis ‘n shame on you” chanted the two girls holding the jump rope at the girl who had just tripped the rope, ending her turn. She, the one who missed her jump, the shamed one, retorted: “Sticks and stones can break my bones, but names will never hurt me.” I use this memory from my childhood to illustrate the ubiquity of shame and shaming as a regulator in ordinary life. The memory also illustrates an incantation children learn to use to limit the deleterious effect of shaming, one of many means children and adults use to prevent shame from sinking corrosively into their pores. The shamer's message is, you failed and have to pay the consequences in humiliation and embarrassment. The shamed one may try to answer: “No I don't have to accept your shaming”, but the most effective answer comes in an implicit decision: “I'll improve my skills, lessen my failures and gain the pride that comes with efficacy and competence.” Or the answer may be: “ I can't ward off the humiliation, I **am** a screw up and there's no help for it.” Which path - striving for pride or sinking into ignominious defeat - will have roots in earlier developmentally significant lived experiences.

Feelings of shame are generally regarded as sources of social regulation of standards of behavior, that is, of self and interactive regulation. However, considerable disagreement exists about the origins and timing of the experience of shame in infancy. Michael Lewis (1992) argues that shame begins as an affective response of verbal children (18 to 24 months) who can recognize their caregiver's view of them and then view themselves similarly, Lewis states: “success or failure in regard to abiding by standards, rules and goals provides a signal to the self. This signal affects the organism

and allows individuals to reflect upon themselves. This reflection is made on the basis of self-attribution. The self-attribution one makes determines the nature of the resulting emotion" (p. 66). Later I will return to this view that shame experiences originate only in the post-symbolic period.

Now I will present Tomkin's (1987) proposal that shame is an innate affect present in early infancy. In Tomkin's view shame is activated when a barrier to an ongoing experience of interest-excitement or enjoyment-joy dampens but does not eliminate the interest or enjoyment. If Tomkin's hypothesis of the triggering effect of interrupted interest and enjoyment is correct and shame is an innate response present at birth, then shame must be a frequent component of the lived experience of the preverbal child. As each motivational system becomes activated, as each intention mounts, interest is triggered. In many situations, varying degrees of excitement and joy follow, sometimes generated principally by the infant's own activities, more often by the added participation and encouragement of a caregiver. A mother's active participation in feeding, or social contact, or toy play, or rocking will support the infant's interest. Further, the mother's indications of approval and attuned participation will enhance the experience and vitalize a feeling state. But often parents need to interrupt the feeding, social contact, toy play, or rocking to take care of another need of the baby or of their own. When this happens, infants can easily be observed having an aversive response. With some infants, the response may be anger and thrashing about in attempts to resume, but others react with the postural change - slumping the head, lowering the eyes, tilting the head - that may well be experienced as the affect of shame or shame-sadness.

Following Tomkins's speculative reasoning, I propose the following schema for shame as a preverbal development:

1. Shame as **an affective** non-reflective, nonself-attributive experience may be part of the daily life of every infant.
2. Caregivers interrupt infants' rising interest in throwing food, biting the nipple, or pulling on an earring and thus automatically trigger an affect that, at least some of the time, may be experienced as shame.
3. Shame, then, may be an important aspect of the socializing of infants during the period when the sense of self is forming.
4. Shame, inhibits interest and excitement and therefore can be considered a counterpart to affirming and confirming responses.
5. Whether shame as a lived experience makes a useful contribution to the regulation of undesired behaviors, or results in pathological inhibitions and a lowered sense of self worth will be determined by the frequency with which caregivers activate shame and the length of time infants are allowed or required to remain in a shame state before reparative efforts occur.
6. An affirmation/shame balance may be generalized from the lived experiences of the preverbal period and will influence fundamental non-conscious and conscious mentation.

7. In each motivational system, shame may serve to foster conformity and deference to standards of conduct that are valued by the group. Alternatively, shame may be interwoven into the fabric of the developing sense of self in such a way that, when shame is triggered, the developing child is vulnerable to rapid diminution of interest/excitement and enjoyment/joy and is prone to a fragmented and depleted sense of self.

This depiction of shame in the preverbal is a useful schema for examining one important aspect of infancy. However, I believe it is too neat, too linear, for a dynamic systems conception. The effect of any single event or stimulus, of any self and interactive attempt at regulation, is highly unpredictable. The unpredictability extends to what affective response or combination of affect responses may occur and how vulnerable the baby and the dyad are to the problematic effect of the response. Attachment research confirms that initiative may be well preserved in the secure infant, who readily seeks the safety of a secure base and readily enters into exploratory activity. Likewise, initiative may be highly conflictual in the ambivalently attached infant, blunted in the avoidant infant, and chaotic in the disorganized infant. I suggest that problematic shame is implicated in insecure attachment, and especially in the patterns of the avoidant infant.

As symbolic play and verbal communication comes online after 18 months, the self-attributive nature of shame becomes a factor that can be

explicitly identified. However, reactions to any stimulus or event remain unpredictable. The self-evaluation, the inferences the child draws from the event, determines whether a violation of values or morals is regarded as having occurred. And, if so, whether the violation elicits shame, guilt, sadness, anger or satisfaction and pride. For example, an eight-years old boy, who has agreed to share an ice cream with his sister and has eaten more than his share may decide that she did that to him yesterday so they are even and no offense has occurred: he is only proud of holding his own. Or he may decide that he has violated his sense of fairness, and he may feel ashamed of having let his excitement at the taste get the better of him. Or he may be moved by his sister's distress as she watched the treat disappear. He may feel sad or guilty for causing her distress. But even if sad, he could also feel both ashamed of hurting his sister - a violation of his values, or additional guilt for cheating - a violation of his morals. He could even feel angry or disgusted that he has had to struggle with any of this rather than just enjoy his ice cream.

What clarity do we have about the distinctions between shame and related affects? Tomkins (1987) makes the provocative assertion that discouragement, shyness, shame, and guilt are identical affects in that they reflect an identical innate program. As the separate names indicate, these affects are experienced differently because of separate perceived causes and consequences reflective of situations in which an aroused state of interest or excitement is brought to a halt. In Tomkins view, discouragement is associated with temporary defeat; it could be a temporary failure in regulation of physiological requirements - going off one's

diet, in attachment - a date fails to show up, in exploration and assertion - losing a queen in chess, or in seeking sensual and sexual satisfaction – an episode of premature ejaculation. Shyness is experienced when an expectation of familiarity is breached, that is when “strangers” replace the established figures and features of attachment and affiliation. Shame, as a quality of affect experience rather than a general designator of the innate program, is associated with feelings of inferiority or with failures to meet standards of accomplishment set by others -- becoming potty trained, or by the self -- successfully solving a puzzle problem. Guilt is the affect experience of having committed a moral transgression -- hurting another or committing a “sin” by masturbating.

. Blushing may or may not be a component of shame. When it is present, embarrassment is the most usual designator, and the experience is often triggered by a sense of being exposed to the gaze of someone who is objectifying the individual in a fashion that feels unwelcome. Beginning at age 5 and increasingly by age 9, children can express in words the features they associated with shame and guilt. Feelings of guilt are aroused by moral norm violations and are associated with remorse, a desire to make amends, and fear of punishment. Feelings of shame are described as resulting from both moral transgressions and social blunders. Younger children associated shame with embarrassment, blushing, ridicule, and a desire to escape. Older children additionally characterize shame as feeling stupid, being incapable of doing things right, and not being able to look at others (Ferguson, Stegge, and Damhuis, 1991).

Lewis (1992) reports on an experiment performed by Zahn-Waxler and himself in which young children are given a toy designed to fall apart after a few minutes of normal play. Some children simply went on to play with another toy. Other children became upset and cried. Some children showed a typical shame response. They averted their gaze and their bodies appeared to collapse. They stop moving and remained quite impassive. Their behavior was disrupted; their thought processes appeared confused and inhibited. Other children at the moment the toy fell apart averted their gaze and showed a tense facial expression, but their bodies did not collapse. Rather than “disappearing”, these children began an attempt to fix the toy. In Lewis's view, the latter response, the attempt at reparation and the focus on the toy rather than the self, constituted an important behavioral distinction between shame and guilt.

Is gender a factor in self-evaluation? Lewis (1992) found that “positive specific attributions were higher for three-year-old boys than they were for three-year-old girls; however negative specific attributions were higher for the girls” (p. 103). ”When a female child shows anger, parents used a variety of techniques, including direct punishment and love withdrawal, to inhibit her behavior. But when a male child exhibits aggressive behavior, his parents make little or no effort to inhibit his behavior; indeed, they may even actively encourage such behavior (p.100).” Thus in this study of traditional gender bias in child rearing, women are more apt to experience shame in response to both problem-solving failure and the expression of anger.

We are, I believe, on solid ground when we consider the role of shame in socializing along cultural lines mediated through self and interactive bi-directional regulation. The effect of shame is well expressed by Larry David that master of ridicule, humiliation and shame when he speaks of “curb your enthusiasm”. We are also on solid ground when we note the traditional findings of the early psychoanalysts that shame is a component of conflicts that develop around toilet training, masturbation, and a whole variety of sexual and other strivings. In fact, the list of what strivings may trigger shame in any given individual at any given time is I believe inexhaustible. But what about the far more significant implications of shame, what I've called a stealth destroyer of initiative?

A number of authors call attention to shame that has been bypassed (H.B. Lewis, 1987), substituted for (M. Lewis, 1992), or disavowed and gone underground (Morrison, 1989). They present clinical examples in which overt experiences of ridicule, defiance, boredom (Wurmser, 1981), anger/rage, contempt, envy, and depression are the outcomes of unacknowledged shame. Morrison argues that because of the searing quality of shame and accompanying sense of hopelessness, any other aversive emotion may be more readily allowed into awareness. M. Lewis notes that people who undergo repeated shame experiences are likely to substitute either depression or rage. My experience is that patients who evidence frequent contempt, hauteur, disdain, and entitlement are individuals for whom shame has been disavowed and gone underground. In such patients self with other schemas or maps portray contempt as one part of a

role experience in which shame operates as the other part. Finally, I believe that as we have become more and more observant of shame experiences in early life, we recognize how difficult it may be in adult patients to access the feeling itself and the memories that go with it. Conferences like this may help us to become more sensitive to shame experiences as a source of dissociative and avoidant behaviors as well as shyness and depression. Particularly convincing for me has been my experience in analyzing a number of patients who have had learning disabilities that at first went unrecognized. These patients regarded themselves in childhood as defective despite some internal recognition that they are competent, often highly competent people. Once the sense of being stupid has become a part of the individual's self-evaluation, shame as a basic feeling propels them into negative expectations and a powerful deadening of their sense of motivation and initiative. Comparable shame based self evaluations, always of course part of self and interactive regulation, include those children who regard themselves as ugly, deformed, too fat, too thin, clumsy, too angry, sissies and klutzes or as coming from lower socio-economic origins. Behind the common negative buzzwords lie many painful experiences that are often difficult to get to and require an active effort on the part of analysts to open the feelings of searing shame to analytic exploration and transformation.

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