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Introduction

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A Homage to Helen Block Lewis

Background:

As a way of putting the topic of shame in context, I would like to speak about the groundbreaking work of Helen Block Lewis, one of the first psychoanalysts to write about shame. If Freud is the father of psychoanalysis and dynamics of guilt, Helen Block Lewis is the mid-wife of shame. Her seminal book, Shame and Guilt in Neurosis, was published in 1971. Lewis called shame the “sleeper” emotion, an affect easily ignored, but ubiquitous; an affect whose operation, she felt, underlies depression and plays a part in obsessions and paranoia. In her last book, The Role of Shame in Symptom Formation, she speculates on why it has taken psychoanalysts so long to appreciate the central role of shame in their patients’ lives. Shame is such an excruciating painful and contagious emotion that, says Lewis, “the witness to it ordinarily looks the other way. Contemporary psychoanalysts are no exception to this tendency.” (1987a). How can analysts speak the unspeakable if they cannot bear to know it? She argued that this was the case for Freud, who abandoned issues of shame when he turned away from the seduction theory and focused more exclusively on guilt.

Shame and Guilt in Neurosis was published in the very same year as Kohut’s The Analysis of the Self. But where Kohut re-envisioned classical theory to account for narcissistic vulnerability, Helen Block Lewis suggested careful listening for the affect of shame within the analytic dyad. “I was pushed to hypothesize that what may have been
operating was a neglect of shame, rather than a new kind of unrecognized neurotic
disorder, namely the ‘narcissistic personality.’” (1987c, p. 95) “I was drawn to the idea
that unanalyzed shame in the patient-therapist relationship was the villain.” (1987a)
How very contemporary a notion! Yet where Kohut became a household name, Helen
Block Lewis’s contribution has largely been forgotten. Helen who? So let me start by
providing some background about her.

Helen Block Lewis was born in 1913 to Jewish immigrant parents from Central
Europe. Raised in a secular, socialist tradition, she grew upon the Lower East Side of
Manhattan, the daughter of a doctor. She graduated from Barnard College at 19 and
finished a Ph.D. in psychology from Columbia University at 24. She wrote five books
and co-authored two; her c.v. lists 54 articles and book chapters written from 1934 until
her death in 1987, and this does not include numerous reviews published in professional
journals.

Working first as a social psychologist, she did research on personality and social
psychology. She later joined with Herman Witkin doing empirical work on cognitive
styles of field dependence/independence. Her dream of becoming a full-time researcher
was stymied when, because of a brief association with the communist party, she was
blacklisted and prevented from obtaining a full-time academic position. Through a
variety of adjunct teaching positions, Lewis continued to pursue her research and
teaching interests.

When she decided to become a psychoanalyst, Helen Block Lewis faced hurdles
there, too. In the 1940’s and 50’s access to psychoanalytic training was available only to
medical doctors, not Ph.D.’s. Undaunted, she spent 8 years obtaining analytic training
“through the back door,” in which part of her analytic odyssey had to be hidden because
two of her major supervisors, prominent M.D.’s, did not wish it known that they were
training psychologists. She had a personal analysis with Esther Menaker, was a supervisee of Margaret Mahler and participated in a series of classes and seminars at the William Alanson White Institute where her teachers included such luminaries as Henry Stack Sullivan, Erich From, Frieda Fromm-Reichman, Clara Thompson, Janet Rioch and Ernst Schactel. Eventually Lewis would participate in the lawsuit again the American Psychoanalytic Association that challenged the exclusion of psychologists. And, she was one of the psychologists who fought for the establishment of the Division of Psychoanalysis, Division 39, within the American Psychological Association. She became the founding editor of their journal *Psychoanalytic Psychology*, a position she held from its inception in 1983 until her death. She became a much respected and sought-after analyst, teacher and supervisor, working with private patients and candidates at NPAP, IPTAR and New York University Program in Psychoanalysis.

Lewis strongly believed that psychoanalysis and research mutually enriched each other and argued for analytic institutes to include training in research as a mandated part of their curriculum. Perhaps more radically, Lewis advocated for an empirical approach to psychoanalysis itself—for opening up the analytic process to research scrutiny and careful outcome studies. She was aware that analysis faced assaults from the world outside the analytic enclave and from schisms within the analytic community. In the same way that Lewis felt “resistance” in the clinical situation was a misnomer for unanalyzed shame, she argued that analysts’ “resistance” to research was similarly shamed-based.

Helen Block Lewis was also a feminist. Particularly at the outset of her career, she was very much a woman in a man’s world. Social activism and academic interest merged in her 1986 book, *Psychic War in Men and Women*. Lewis wove together a large body of empirical research and clinical material detailing the ways in which women’s
devalued, second-class position in society became internalized and led to a proneness for shame. She says, “Our sexist intellectual heritage contains an explicit devaluation of women and an implicit, insoluble demand that they accept their inferior place without shame. The neglect of shame in both psychiatry and in psychoanalysis reflects prevailing sexist thinking. In any case, shame in men of the Western civilized world is usually reserved only for Friday, Saturday or Sunday religious services. For women, it is their silent lot on these and all other days.” (1987a, p. 4)

Lewis traced the origin of her interest in the topic of shame to both clinical work and research. “The idea that shame is neglect in treatment became particularly salient as I tried to understand my own unpredicted therapeutic failures.” This clinical observation was reinforced as she read over 180 verbatim psychotherapy transcripts gathered from a study done with Herman Witkin and colleagues which hypothesized a link between field dependence and shame and field independence and guilt. Microanalysis of those transcripts showed how “unanalyzed shame occurring in the therapist-patient relationship result(ed) in an exacerbation of symptoms” and often led to negative therapeutic reactions (1971, p. 348).

Lewis’s understanding of shame was also informed by the burgeoning research that was being done in the area of infant development and attachment, which challenged the notion of primary narcissism. Human sociability was taken as a given, and this meant that both shame and guilt were affects that connected people to each other. “The root of shame (lies) in our lifelong attachments. Instead of reflecting their ‘partial instinct’ of exhibitionism or their ‘narcissism,’ shame is seen as a means by which people try to preserve their loving relationships to others.” (1987a, p. 2) For Lewis, shame is not an inferior step-child of guilt; rather, both emotions serve as important social regulators and are essential for our humanity.
Discussion of her work:

One of Lewis’s major contributions was the phenomenological differentiation of shame and guilt. Lewis acknowledged how shame and guilt were often inextricably bound up with each other, yet she believed that they were phenomenological different feelings and feeling states. In her own words: “shame (is) a cover for a family of feelings--humiliation, mortification, shyness, feeling ridiculous, feeling painfully self-conscious, embarrassment, chagrin. All of these states, while differing from each other, have in common that they catch the Self as the focus of experience. Shame is a “ferocious attack on the self,” that occurs in response to rejection, failure and defeat, where the self is experienced as helpless--if not momentarily obliterated. A two-person emotion, shame is the experience of losing self-esteem in one’s own and the Others’ eyes. Shame makes us want to hide, disappear, crawl into a hole.

“Guilt is a cover term for a family of feelings in which the variants are responsibility, obligation, fault and blame which share common theme that a thing done or not done is occupying one’s thoughts. Guilt is the experience of injuring others or things and requires that one make appropriate reparation. (1986, pgs. 7-8). And, while guilt is usually well-worded and easily accessible, shame is more silent.

Because shame involves the total Self, it is a global experience. Unlike guilt, shame is deeply embodied: one blushes, sweats, has a quickened heart rate. Yet despite the arousal, one feels bodily frozen, paralyzed, exposed and unable to escape or hide. The intensity of the autonomic arousal paired with the inability to hide from it before one’s Self and/or Others, makes the experience of shame feel primitive and irrational and can lead to the incongruous state of feeling shame for being ashamed.

Lewis felt that shame about being ashamed could lead people to disclaim or deny
their shame state, and she identified two kinds of shame states in which the affect of
shame was not felt directly: overt, unidentified shame and by-passed shame. In the
first state, overt, unidentified shame, the person is in an acute state of self-hatred, but
without recognizing the affect as shame. There may be visible signs of shame—gaze
aversion, blushing, etc., but the person does not label the feeling as specifically shame.
Instead, the person talks about feeling “weird,” “worthless,” or hating themselves.
According to Lewis, this unidentified state of shame, more typical of women than men,
becomes transformed and is experienced instead as a feeling or symptom of depression.

In by-passed shame, the person is clearly dealing with shaming events and may
even say that he or she is embarrassed, but without being caught up in the shame feeling.
There may be what Lewis calls “a momentary jolt to the self,” but the ideation
accompanying the feeling passes easily into obsessive but insoluble guilty dilemmas.
By-passed shame thus becomes difficult to distinguish from guilty ideation, expressed as
obsessive worry or dread about specific happenings. This manifestation, Lewis found,
tended to be more typical of men.

Lewis called attention to the spiral of shame. She noted how being shamed, say
by being rejected by a suitor, often led to a state of humiliated fury or shame-rage. The
humiliated fury is blocked, however, by the person’s attachment to the rejecting other--
the very attachment that made the person vulnerable to feeling shame in the first place.
How can they be so enraged and hateful toward the person they love? Fantasies of
retaliation or revenge against the shaming other evoke guilt, and this guilt increases the
shame about wishes to hurt the loved one. As Lewis points out, there is a paradox here
because one feels both entitled to the rage and not entitled to the rage. The intensity of
this state can make the experience of shame feel so primitive and irrational that both the
patient and the witnessing analyst feel shamed. Yet Lewis is careful not to pathologize
the experience of shame. “When acute shame erupts in sessions…in patients’ silence or apparently irrational fury at the analyst for a trivial event, the analysts themselves have tended to agree with their patients that the state they are in is ‘primitive’ or ‘narcissistic.’ The evokes even more shame in the patients. As for the analysts, confronted by an unexpected outburst, they are genuinely worried that their patients have been misdiagnosed and that instead of being garden variety neurotics, they are really ‘borderline’ with a very ‘fragile sense of self.’” (1987a, p. 2)

**Techniques**

Lewis’s interest in shame influenced the way she worked with clients. Rather than listen to patients with “even hovering attention,” she listened with a specific focus—for the “sequelae from patients’ evoked states of shame and guilt as these appear in the stream of communications.” (1986, p. 4) She argued that attuning to the patient with such an emotional ear prevents the clinician from making premature interpretations of content, which can themselves be accusatory and shaming, and helps the clinician identify and stay closer to the patient’s emotional experience. She believed that patients often felt relieved when the analyst identified their feelings of shame, particularly the shame--humiliated rage--guilt--shame spiral, and that such understanding led to greater self-acceptance.

Listening with such a focus also shifts the analyst’s attention away from rediscovering or reconstructing repressed memories from the past. Rather than looking backward, the analyst is encouraged to stay in the here-and-now, centering her awareness on states of shame and guilt as they arise in the analytic dyad. “Present states of shame and guilt,” Lewis argues, “tend to bring the earlier experiences into awareness.” (1987a, p. 25) But Lewis goes further. She elaborates how the very experience of being in treatment can itself be shaming. A power imbalance is inscribed in the very language
and ritual of treatment itself: a “benign, nonjudgmental, effective” therapist, in making a
good enough interpretation can shame the “needy, suffering patient.” And this is
precisely because the interpretation is tactful and empathic! Thus, Lewis says, hostility
following an effective intervention is inevitable. “It simply turns the tables on the
helpful, empathic therapist, whose position as therapist nevertheless evokes the patient’s
shame.” (1987a, p. 25) Again, what might look like resistance from the patient following
a seemingly appropriate intervention may well be a “misnomer for unanalyzed shame
and guilt.”

It was “the relentless pursuit of shame and guilt in the patient-therapist
interaction” that Lewis considered the most radical technical gain from her unique focus.
She emphasizes over and over again how therapists failure to pursue such aspect of the
analytic dyad directly may result in the development of neurotic symptoms--depression,
obsessional thinking or paranoid ideation--as a side effect of the treatment itself and/or
led to a therapeutic impasse. (1987a, p. 26)

Lewis found that maintaining a therapeutic focus on states of shame and guilt
shortened the treatment process. She became interested in promoting a shorter-term
dynamic therapy, thereby opening up treatment to include populations whose access to
therapy had been constrained by shame over inability to pay the fee and shame over
social class and cultural differences.

In conclusion, Helen Block Lewis was no stranger to events and situations that
threatened to marginalize, exclude and shame her. Rather than becoming depressed and
despairing or, as she might say, stuck in a chronic cycle of humiliated fury, she fought for
recognition as a woman, a researcher and a psychoanalyst. Aware that shame involved
the painful separation of self from others and the community, her lifework was dedicated
to building bridges between the personal and political and to bringing together academic
psychology and psychoanalysis. It is in Helen Block Lewis’s sprit of inclusion that this conference today bring together analysts and scholars from multiple theoretical orientations. The papers to be discussed today and tomorrow will expand upon and elaborate on many of the themes Lewis gave voice to: the normal and pathological development of shame; shame and abuse; shame, the body and sexuality and shame in the transference/counter transference.

References and Partial Bibliography for Helen Block Lewis


Lewis, H.B. (1987b). The role of shame in depression over the life span. In H.B. Lewis

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