SHAME VEILED AND UNVEILED: THE SHAME AFFECT AND ITS RE-EMERGENCE IN THE CLINICAL SETTING

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The paper examines the psychoanalytic theory of shame and the importance of developmental aspects of the shame affect. In a clinical setting, the discovery of the shame affect, stemming from unconscious and early traumatic situations, is an important and useful approach in helping the patient access painful memories and defenses against them. The defenses disguise the underlying shame affect; furthermore, vision is being bound up with the searing painful affect of shame. The anticipatory dread of scornful gaze of another person, similar to objective self-awareness can cause mortification. Fear of mortification and being exposed emerges in the clinical setting. Through the recognition of enactments in the transference and countertransference interchange, the analyst helps the patient working through them. Several case vignettes demonstrate these important concepts. Finally, the author discusses how shame in certain situations can be a powerful, positive motivator for human interactions.

KEY WORDS: veiled shame; shame dynamics; ostracism; mortification; self-consciousness; objective self-awareness.

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INTRODUCTION

When I arrived at Mehrabad Airport during the summer of 1999—my first visit 25 years after leaving Iran as a medical student—I saw a massive picture of the Ayatollah Khomeini on the wall, facing the crowd. His menacing eyes looked as if he were making sure no one would break the social dress code, a headdress (Rousari) and a long overcoat-like cloak in public. I was in a sea of women all covered up and felt I did not belong there. We women fell under Khomeini’s gaze, so powerful that it created a sense of paranoia. Was I being watched? Was I obeying the rule of law in this oppressive regime run by a bearded Mullah? How was I supposed to behave in public space?

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Women waited in separate lines to get their passports stamped. The wait was long, and the summer heat added more to the general restlessness. The question kept haunting me. Was I covered enough? Was every last strand of my hair tucked beneath my scarf? Later, during this first return visit after nearly a quarter of a century of absence, I learned that men also were supposed to cover their bare arms. I found out that a handshake was no longer permissible between men and women. When I put forward my hand in a gesture of greeting, blank, somewhat embarrassed faces stared back at me.

My surroundings were unfamiliar. There were no signs of street names or statues that I remembered from long ago. What had happened to the ancient land with ties to the older world of kings, poets, and emperors? It felt surreal. I found myself a stranger, observing without being able to relate to this new world. I felt I was being watched and judged. There was definitely a danger from without: the fear of ridicule for unfamiliar ways of behaving in public places. I was a foreigner coming to visit the country of my birth, and I felt displaced.

I was carrying inside my affective life, the lived experience of my early years of childhood and adolescence, and this was crowded with a mixture of colors, lightness of being, laughter and love. Covering, hiding myself, trying to disappear inside a dark cloak was not a part of my youth in Iran. The values were now different, the language more formal, and how it was being used seemed a distant way of greeting one another, particularly between men and women.

I asked myself how was I supposed to act so to blend with the new milieu. Was there something to be ashamed of? Were these women doing what the public expected of them under the Islamic laws of control? We were supposed to be models of perfect females, covered, hidden, yet not looking worried or in danger. Were these poised women defending against politically induced shame and social threats? Were they supposed to look confident and neutralize their rebellious drives?

The women I saw on the street seemed at ease with their own attires and even poised. Leo Rangell (1954), the psychoanalyst, defines how poise is a way of recapturing the blissful state of the infant who develops strategies to insure his or her mother’s collaboration to prevent the agitation that would lead to his being “put down” or “dropped.” Poise is an expression of the desire to be wanted and loved—a form of social security that is never at play in solitude, but in public eyes. Yes, I was in public with many others, but I felt that I lost the poise that belonged to the time before the imposed dress code. I felt I was being observed with the kind of eyes I had never been before. Most of the women in the crowd looked more certain of themselves, seemingly at ease with the social and dress code. I found
myself ill at ease and at a loss, not knowing how I could blend in without drawing attention to myself or looking clumsy in keeping my headscarf in place. I was afraid my body language would give away my secret that I am indeed a foreigner in my own motherland, the pre-revolutionary Iran I left behind in 1974. I came to recapture the images I carried in my mind when I left Iran on that summer day of my early 20s. Any unintended movement, my choice of words and way of talking from years ago, or subtlety in my social interactions could draw attention to me not belonging there any more. I asked myself how was I supposed to act to blend with this new milieu. Was I experiencing shame?

SHAME DYNAMICS

The word shame has many meanings. It is both a noun and a verb (one can feel shame, and one can also shame another). The noun refers to an emotion but is also used for the acts that precede that emotion (one can do shame). As an emotion, it is complex, with important cognitive aspects and an emphasis on self-awareness (Kilborne, 2002, 2003).

The meaning of shame depends on the theoretical structure in which it is embedded. As psychoanalysts, we are involved in constructing accounts, narratives, portrayals of our patients’ lives and their experiences in treatment. Constructs center around drives, conflicts, objects, affects, anxiety, defense, guilt, shame, narcissism, tragedy, or many other themes. Each of these along with their theoretical accompaniments provides the opportunity for therapist/analysts to help patients form a new psychic structure.

Being an intense social phenomenon, shame depends on cultural context more than other affects. There are cultures based on shame in the same way that Western cultures, at least in the past, have been based on guilt. Shame is a developmentally rooted emotion, whose boundaries with other emotions are blurred and to some extent arbitrary, heavily influenced by cultural context and linguistic convention. We may be able to learn about shame both from the role of culture as well as knowledge from infant observation.

It is useful to distinguish between several concepts closely associated with shame, for example, to make a distinction between shame and guilt:

1. Shame includes a searing, painful affect accompanied by gaze aversion, a wish to disappear (Kilborne, 2002), a disconnection from the prevailing interpersonal process, may be from the social order entirely.
2. It also includes comportment organized around avoiding shame: in French, Pudeur as opposed to Honte, the affect itself. The obverse of shamelessness, modesty, may be a defense used against shame.
3. Shame can be used, in the future sense, as an 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. Perhaps you recall that a few years ago, a Navy Admiral committed suicide when he felt he would be exposed as someone wearing a medal to which he was not entitled. Tragic, because it later appeared that he was entitled to wear that medal, after all (Trainor, 1996).

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 shaming 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 (Rizzuto, 2003). At the weaker end of the continuum, there is embarrassment, referring to a less painful experience, one associated with action or exposure, often of a social nature. Humiliation is usually felt more strongly, a feeling of embarrassment at being humbled in the estimation of others, often by a specific act. Chagrin is humiliation mingled with vexation or anger. Shame, the strongest of these feelings, often involves unconscious elements, associations of factors coming from infancy, childhood, or adolescence. Many times, the origins of these feelings are obscure to the individual experiencing them. Shame is associated with feelings of inferiority or with failures to meet standards of accomplishment set by others or by the self. Feeling of shame is the result of moral transgressions and social blunders. Younger children associate shame with embarrassment, blushing, ridicule, and a desire to escape. Older children characterize shame as feeling stupid, being incapable of doing things right, and not being able to look at others (Ferguson et al., 1991).

6. Shame should not to be understood as analytic bedrock more basic than guilt. Guilt has been defined as the emotion associated with having committed an offense … or wrong, especially against some moral or penal law … a feeling of responsibility for some act. Guilt is the affect experience of having committed a moral transgression—hurting another or committing a “sin.” No matter what their respective times of origin, shame dynamics and guilt dynamics are often intertwined in complex ways.
THEORETICAL CONSIDERATIONS

There has been over a century of psychoanalytic studies regarding shame. Comparisons have been made with social and philosophical theories and contemporary views on affect. The relation of self and object in early developmental life of infants has been studied in order to better understand “shame” (Lansky and Morrison, 1997; Yorke et al., 1990; Caparrotta, 1989).

Newborns can grasp the equivalence between facial patterns of movement they see and patterns of movement they make on their own (Field et al., 1982). Infants can recognize correspondence across perceptual modalities innately because they can recognize the equivalences between the acts they themselves perform and those performed by adults; they have a mechanism by which to begin identifying with other human beings, to recognize them as “like me” (Tronick et al., 1978).

Shame is closely linked with intentionality and intersubjectivity. As Lichtenberg (1988) points out, the infant is an accomplished action initiator and responder before he can achieve psychic representation of the purpose of the action or of himself as the originator of the action. Competency in being involved in infants’ early efforts with the caretaker makes it possible to elicit responses in the intersubjective field. Infants’ innate understanding of the affective code, the earliest developmental trigger for shame, is a sense of inefficacy (Brazelton and Als, 1979). A perceived failure in infancy, a failure to initiate, maintain, or extend a desired emotional engagement with a caretaker is emphasized. A disruption in the “flow” of affective exchange could be looked upon as the trigger for shame (Broucek, 1982, 1991).

This sudden disruption of affective flow would bring about what Kaufman (1985) called the rupture of the interpersonal bridge. This interpersonal bridge is established through good-enough affective attunement on the part of caretakers so that an affective dialogue can take place between the infant and caregiver based on reciprocity and complimentarily in affective exchange (sometimes called flow) that promotes the development of the sense of self. By sense of self, I mean a self awareness of an immediate, pre-conceptual type; it is the basis of our most profound identification with our body, and it is what provides us with the experience of “indwelling” the experience of the “lived body” rather than body as a part of the object world.

Emde (1983) refers to the sense of self as “the pre-representational self” that he sees forming around an affective core, which guarantees our continuity of experience despite developmental change. Silvan Tomkins (1963), an affect theorist writes that experiences of shame are preceded by affective states of interest-excitement or enjoyment-joy rather than by negative affect states. Yet our clinical experience informs us that the experience of shame
is frequent and pervasive in those persons whose affective states are primarily negative. Tomkins’ writing on shame reflects, however, a great sensitivity and understanding of the intersubjective context in which it is apt to occur. He had put it sensitively in his 1963 magnum opus:

If I wish to touch you but you do not wish to be touched, I may feel ashamed.
If I wish to look at you but you do not wish me to, I may feel ashamed.
If I wish you to look at me but you do not, I may feel shamed.
If I wish to look at you and, at the same time, wish that you look at me, I can be shamed.
If I wish to be close to you but you move away, I am ashamed ...

(Tomkins, 1963, p. 192)

Morrison’s (1994) view is that shame is elicited by an intersubjective disjunction resulting in a sense of rejected desire and rejected affectivity, failed intentionality, and inefficacy and the result of mis-attunement.

Schore (1994) tries to tie the earliest experiences of shame to Mahler’s practicing of separation-individuation (12–18 months). He notes the function of shame as an inhibitor of hyper aroused states when a practicing toddler, in an expansive grandiose, hyper stimulated state of arousal, reunites with the caregiver expecting shared excitement and affective attunement but experiences instead a mis-attunement.

To create an integrative understanding of neurological development and psychoanalytic concepts is undoubtedly a challenging task. However, we need to be aware of the importance of shame and its connection with objective self-awareness. Objective self-awareness appears to be the result of the interplay of developmental maturation of the central nervous system and social contextual factors such as conflicting points of view and disjunctive affectivity.

Amsterdam (1972) in her study of mirror self-image reactions in infants and toddlers before age 2, concluded that every subject who showed recognition behavior also manifested either avoidance or self-consciousness or all three. Those reactions point to a shame experience. Many of the behaviors that Mahler et al. (2000) described as characteristic of the individuating child during the rapprochement sub-phase of separation-individuation may reflect the shame and ontological insecurity associated with the acquisition of objective self-awareness.

Objective self-awareness makes possible the formation of a self-image, and later, with increasing cognitive maturation, a self-concept. At this point, standards, rules, and goals begin to become increasingly important. Lewis (1992) notes failure with respect to standards, rules, and goals may bring affective disjunction interpersonally as well as difficulty in maintaining a favorable self-image. It may be helpful to think of the earliest self-representation
as a representation of a relationship, a representation more affective than conceptual in nature, which, once firmly installed in the unconscious, may be very resistant to change. Shame induction is prevalent globally. Parents, teachers, and peers deliberately induce shame in children by use of power, overt verbal expressions of disgust or contempt, sadistic “teasing,” various forms of ostracism such as “the silent treatment” and love withdrawal. Lewis believes love withdrawal elicits global self-evaluation of failure. It is also the most painful form of severance of the interpersonal bridge.

Shame is heavily influenced by cultural context and linguistic convention. Shame is an intensely social phenomenon, more dependent on cultural context than most other affects or dynamics. Many writers have suggested that there are cultures based on shame in the same way that western cultures, at least in the past, have been based on guilt (Benedict, 1946).

CASE 1

Miss B, a 32-year-old unmarried Iranian woman came to see me because of symptoms of depression, not knowing how to cope and adjust with her new host country, the United States and its strange culture and social values. She came here to study at a major university in 1992. She lived on the East Coast with a friend of the family who offered to help her get started. After several years of living on the East Coast, she moved to the San Francisco Bay area. She wanted to be able to form a love relationship and work in her field of professional education and expertise. In one of her sessions, she recalled her student experiences in Iran, how she felt oppressed having to go to her classes wearing a headscarf and sitting in class with a partition between male and female students. She was experiencing feelings of rage and shame when the female Islamic government agent roughly wiped her face with a piece of white cloth to see if there were any traces of makeup or lipstick. She felt ashamed and intruded upon by this forceful touch and the rubbing of her skin by a stranger.

The effect of intense feeling of shame mixed with rage was quite palpable in the consulting room. Her voice also changed as she recounted her memory of being treated indignantly. I said she must have felt humiliated and made to feel shame for a cause she did not have faith in. She was relieved that I understood her feelings even though she suspected I left Iran long before the revolution. She went on to tell me that she was happy to leave Tehran behind, for she felt imprisoned and claustrophobic. To this day, when she sees newly arrived immigrants who are still wearing headscarves, she has a very strong emotional reaction of embarrassment and shame followed by feelings of anger. She wonders why they would not give up the scarf that is a symbol of their subjugation in the Islamic Republic now that they live in a free world.
We experience shame from time to time about our bodies and it is part of normal development, especially at adolescence. My patient in her late adolescence was forced to feel shame during that period of her life, which contributed to her self-consciousness to this day. She still has doubts about her appearance even though she is an attractive woman.

CASE 2

The second case illustrates how shame can be associated with cultural context and the fear of feeling different. Mehran was a first grader, a handsome boy of 5 years of age from Afghanistan who entered treatment because of ritualistic behavior of hand washing for fear of getting them dirty. He was apprehensive about participating in play activities with other children in his school for fear of being treated badly since his skin color was darker. He worried about being criticized for his imperfection by his teachers. He struggled to be successful. He also showed unwillingness to work at tasks in the classroom, and especially after school. He reported to his parents that he had “bad thoughts” when he started analysis with me and kept repeating: “Oh, never mind”; “I don’t remember my bad thought to tell you today!”; or “I don’t want to say what I think out loud.”

Mehran’s underlying low self-esteem became obvious to his parents and to himself as well. Parental expectations of him to have scholastic success left more pressure on him to perform accordingly. He was not sure about his ability to make friends. He wished he would be accepted into the popular clicks and he could share the way he practiced Islamic religion in his family environment. He wanted his friends learn his ethno-cultural values too and accept him in their clique.

His mother not only infantalized him and but also treated him like a little prince. She would also expect his two older sisters to do the same despite their expressed feelings of envy. His sisters resented the restricted freedom they had in the way they dressed and not being allowed to talk to any boys in their schools.

Mehran’s relationship with his father contained many positive elements, but during his phallic and Oedipal phase, father showed concern about his obsessive-compulsive symptoms since he himself recalled being the same way as a young boy. His father wanted to pass his religious legacy to Mehran just like his father did by taking him to the holy city Mecca. When he returned, he told me all about his trip and also to his friends in public school. His friends told him, “You are not supposed to talk about all of these weird things.” He was ashamed and felt hurt. He did not know why they were not interested in his travel story and why they were making fun of him. He came in one of his sessions in tears telling me how enraged
he felt and wanted to do something “bad to them or at least tell them off,” but could not. He was just mortified and felt frozen. He could not get any words out. I said he wanted to feel like one of them. Perhaps he felt they were seeing him being different and he wanted so badly to be accepted. He nodded his head in agreement.

Here, we see an example of a young boy who went through the affect of shame because of his social context that did not offer any understanding, but labeled him as “different.” Mehran fails to feel good about himself in relation to self-evaluation and standards for lovability and acceptance. He feels an immanent danger of social collapse from exposure, rejection, relegation to inferior status, and loss of respect by his peer group. His father decided he should go to a small private school after this incident, hoping he would be more accepted.

CASE 3
The third case demonstrates the role parents play in the development of shame in their children. Mr. A, a 33-year-old graduate student came into analysis because of multiple symptoms. He was chronically depressed and his life was constricted to the point that he was unable to make any decision, even small ones. He had trouble staying in love relationships.

At age 17, he came to the United States from Iran, to attend school and lived with a family friend for the first year. He continued studies in his field, but considered it to be his father’s choice of career. He really wanted to do some other type of graduate work. He knew he was feeling rebellious with his father whenever he would come to visit him. His mother was depressed and his memories of her were those of a sad woman who was in bed for long periods of time. He felt helpless and ashamed of himself that he could not help his mother and could not stand up against his father’s authority and tyranny. His father was overly critical and seemed to get angry much of the time.

Mr. A. in one of his sessions reported that he was having difficulty getting along with his boss, a man he perceived as being judgmental and critical of him. He decided to voice his feelings to his boss and let him know how he was making him feel. His assertion turned into an angry confrontation and made the matter worse. It took Mr. A. some time before he realized that he acted out his feeling of father transference toward his boss. In another session, he remembered how he was feeling helpless around his father and could not say anything or voice his opinion.

Mr. A. remembered he liked reading poetry, but his father would criticize him for being too feeling, not enough of a man especially when he found
out his favorite poet was the contemporary Iranian female poet, Forough Farrokhzad. He liked her because she strived for personal freedom and individuality. He believed she accomplished much for Iranian women through her life and her poetry. He wished his mother would have been strong and fought for her personal freedom as well. In one of his analytic sessions as he was remembering his childhood home, he fell into silence. When I inquired about him being silent, he said he was just remembering one of Forough’s poems; “the abandoned house.” He felt his life that he left behind in Iran seemed very much like the poet’s description of her life left behind. When I showed an interest about his liking her poetry and the meaning of it in those moments, he switched into his mother tongue and recited the poem.

I know now that from that distant home  
Life’s happiness has flown away.  
I know now that a child in tears  
Grieves over separation from his mother.

But I, upset and weary of spirit,  
Head toward desire’s road.  
My lover is poetry, my solace is poetry.  
I am going to seek my lover.  
(Farrokhzad, 2004)

The poet imagined a sad sleeping child in the arms of a tired and old nursemaid. And where “the candle in its own last flicker/sets out toward nothingness,” she concluded with recognition of the real situation and her reason for abandoning her home.

Mr. A. had identified with Forough’s leaving her home just as he did in coming to the United States. He thought he would be accused of being “ungrateful” as his father told him on many occasions. Here, in the United States, his life was in his own hands and he felt free like the woman poet expressed in her poem. He feared that I would also find his liking of Forough rather odd as his father did. His father would say in a mocking tone that he was being a “sissy,” knowing that he could have shown more interest in so many well-known male poets in Persian history. There’s no scarcity of male Iranian poets after all. He felt shame for liking a woman poet instead of a man poet, which was perceived as a sign of not being like “a man” as his father wished him to be.

CONCLUSION

These cases, the psychoanalytic theory of shame, and our own personal experiences illustrate some important developmental aspects of shame.
Let me conclude with some general observations. People who undergo repeated shame experiences are more likely to have a substitute affect such as rage or depression to disavow their feeling of shame. As we clinicians are becoming more observant of shame experiences in children, we recognize how difficult it may be in adult patients to access the feelings of shame and the memories that go with it. We need to make an active effort to open the feelings of searing shame to further analytic exploration (Kilborne, 2003).

Shame includes a searing painful affect. Vision is bound up with shame feeling. Shame about aspects of one’s character or body image is experienced as subjective self-awareness. For some, it is experienced as a fear or anticipatory dread of the scornful gaze of another person, similar to objective self-awareness. Shame may turn into shamelessness or extreme modesty as another defense. Shame as an anticipatory affect can lead to anticipatory rejection, disgrace, ostracism, and relegation to inferior status—the impending social disaster called mortification. Finally, shame can also be a powerful and positive motivator for human interaction and engagement. Much more clinical research is needed to understand this very complex emotion.

REFERENCES


