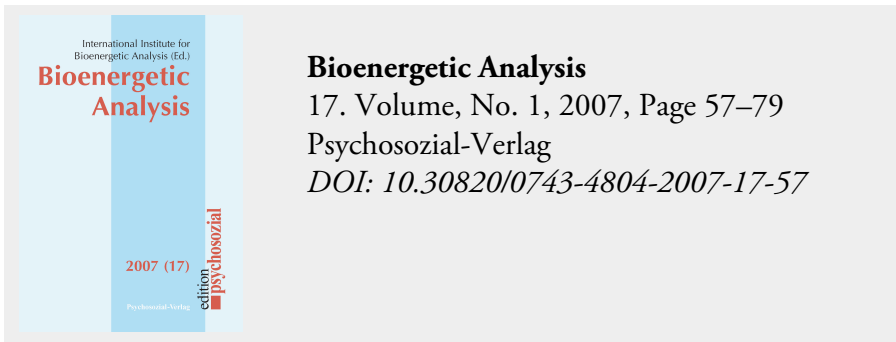


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Summary

A bioenergetic perspective on shame and its treatment is presented. Therapeutic work with shame will be seen as an intrinsic aspect of bioenergetic analysis. The nature of shame from the psychodynamic, the energetic, and the characterological points of view are all discussed. The unique and specific contributions that a bioenergetic approach offers to understanding and treating problematic shame and shame related issues are presented. From a developmental point of view, shame is viewed within the context of the development of sexuality as well as self-hood. The significant concepts of ›self-respect‹ and the ›self-hate system‹ and their relevance to shame are elucidated. Specific treatment issues and approaches are presented from the bioenergetic perspective.

Key words: shame, treatment of; bioenergetic analysis; self-respect; bioenergetic therapy of shame; self-hate system

Shame and its Place in Bioenergetic Therapy

Shame is no longer an overlooked or obscure issue in therapy and will be an issue inherent in any depth psychotherapy (Morrison, 1989; Schore, 1994). *Shame, the Underside of Narcissism*, by Andrew P. Morrison (1989), in particular, is a pioneering, definitive psychoana-

lytic study. For several reasons I want to review some of the essential aspects of Morrison's work.¹

The fundamental and inevitable centrality of shame in therapy is Morrison's (1989) »basic thesis«. Therapeutic failure and premature termination are often the result of the failure to deal with shame in treatment (Conger, 2001).

»... the shame of patients is contagious, often resonating with the clinician's own shame experiences – the patient's own sense of failure, self-deficiency, and life disappointments. Painful countertransference feelings may thus be generated in the analyst/therapist, feelings that he or she, like the patient, would just as soon avoid, feelings that frequently lead to a collusion, preventing investigation of the shame experience. Frequently the therapist's own analysis or psychotherapy will not have explored shame, and thus both patient and therapist share various methods of concealment, blind spots unavailable to analytic exploration« (Morrison, 1989, p. 6).

The discussion of shame in therapy seems fairly recent. For example, in two of his important books, *The Fear of Life* and *Narcissism*, Alexander Lowen (1980, 1983) did not name shame in the context in which shame was clearly the referent. In *Fear of Life Sex and Self-Respect*, *The Quest for Personal Fulfillment* Helfaer (1998) addresses the issues of shame from a bioenergetic perspective. Self-respect is a body concept which provides a framework for understanding shame and guilt as well.

»The significance of the concept of self-respect is grasped by considering guilt, shame, humiliation, and self-hate. Self-respect is their functional antithesis. Self-respect is the healthy alternative to unhealthy guilt, shame, and self-hate. Shame, guilt, and self-hate are commonly found entwined in the individual's sexuality in our society. Self-respect permits good feelings as well as mutual respect« (Helfaer, 1998, p. xii).

Self-respect is a body concept, not a psychological one. It is based on

1 A longer version of this paper is available from the author upon e-mail request.

the individual's capacity to regulate him- or herself according to his/her body or organismic states, desires, and feelings, and not only good feelings in the body, but all of the body's feeling states. Self-respect means to be in touch with one's deeper feelings and body states and to allow one's life to be guided by them. The capacity for self-respect is a function of the body's capacity for aliveness, motility, and a relatively unimpeded flow of energy; i.e., it reflects contactfulness. Self-respect can be overwhelmed by unrealistic, perfectionistic demands on the self as well as by unrealistic, grandiose images of the self. Self-respect can be undermined by feelings of low self-worth, as well as other manifestations of shame – such as, self-hate, humiliation, a sense of failure, self-diminution, sexual ruination, deficits in ego functioning, and a sense of neediness and lack of independence and autonomy.

The »self-hate system«, described in »The Hated Child«, (Helfaer, 1988–89), which I will touch on below, became the model with which I could understand shame and guilt. In self-hate, the person is turned against him- or herself in a powerful, intense way. Shame, guilt, and humiliation are expressions of the person being turned against him-/herself. In the case of all such persons, the only word for what they had been exposed to as children is hate, or hateful behavior, on the part of parents.

Shame is a universal experience. Everyone has felt it. We know what it is like to have feelings of worthlessness, low self-esteem, failure, and to feel lacking or defective. We know what it is like to feel that we do not belong, are outside of the clan, have lost our important connections. We know what it is like to feel ashamed for our behavior, wishes, comportment. We know what it is to have shame about our body or body parts, our genital expression, our desires. We know what it is to be filled with shame, to wish to sink into the ground or to disappear.

The painful affects of shame are all too familiar, such affects, for example, as the searing, even disintegrative impact of shame. Perhaps worse, the experience of humiliation is no less familiar – to be subjected to feeling put-down, our dignity destroyed in a painful manner by one more powerful, or seeming so. There is also an experience of

shame that is associated with one's very self and identity in such a way that one feels one's very being and identity to be shameful, that what I am is shameful.

We see the effects of shaming and humiliation on children. Mortification and embarrassment are other words for shame experiences. All of these experiences are not only unbearably painful, they also make being in the world very difficult for the one who experiences them on a chronic basis. It is notable that an affect as painful and universal as shame is not more universally acknowledged as a therapeutic focus.

Psychodynamics of Shame

If shame has received little attention, it must be because therapists have not looked at their patients in such a way as to relate shame to what they saw and experienced. From a psychoanalytic perspective, Morrison (1989) describes in intricate detail a psychodynamic picture of shame and its transference manifestations which aid our seeing. He establishes shame as an intrapsychic, not solely an interpersonal, phenomenon. Altogether, he accomplished a unique feat of theoretical development and clinically useful elucidation.

Morrison's study of shame is also a study of narcissism. This gives a characterological cast to his approach, to the extent that he is dealing with »narcissistically vulnerable« patients who have a particular way of being in the world. These are individuals who have a sense of shame »based on an intrapsychic view of the self as fundamentally flawed and defective« (Morrison, 1989, pp. 134–35). In such individuals, »the essence of narcissistic concern is a yearning for absolute uniqueness and sole importance to someone else, a »significant other« (p. 48). For them, shame »reflects the subjective experience of frustrated grandiose ambitions, failed attempts to compensate for un-realized ambitions, or unmet yearnings to attain ideals, (it) is the hallmark of the defeated self in a state of depletion, the self that has fallen short of its goals« (pp. 80–81). Shame thus »earns its place at the center of narcissistic experience« (p. 62). It is, in the final analysis, the

result of the »failure to meet the goals and expectations of the ... *shape of the ideal self* (his italics)« (p. 78).

Morrison introduced his innovative conception of »the dialectic of narcissism« (p. 64).

»... there is an ongoing, tension-generating dialectic between narcissistic grandiosity and desire for perfection, and the archaic sense of self as flawed, inadequate, and inferior following realization of separateness from and dependence on, objects. Similarly, a metaphorical dialectic exists between the wish for absolute autonomy and uniqueness and the wish for perfect merger and reunion with the projected fantasy of the ideal. Thus, shame and narcissism inform each other, as the self is experienced, first, alone, separate, and small, and, again, grandiosely, striving to be perfect and reunited with its ideal. ... The narcissistic dialectic may also be formulated with regard to those tensions occurring within the self – intrapsychic conflicts regarding autonomy or merger – about the best means to attain uniqueness« (p.66).

This is a notable account. I would say this passage portrays inner chaos, confusion, turmoil, and possibly shock. With dialectical tensions between several conflicting and opposing psychic, motivational, and emotional pathways, what else could result? It would be equally accurate to say that if the person is in a state of chaos, confusion, turmoil, with cohesiveness of the self under threat, the mind is shocked into struggling to find some way out and to find some form of cohesive organization from amongst competing alternatives all of which, in fantasy, are possible, but none ever effectively functional. Further, it is obvious that this would occur only under conditions of adaptational necessity. Adaptational necessity means stress threatening the integrity, cohesiveness, or survival of the self. This picture comes close to the one of »the hated child« (Helfaer, 1988–89, 1998 Chapter 8.) It also describes the conditions of character adaptation.

A further, confounding, characteristic of the psychodynamics of shame is that in the therapy situation, shame is seldom presented directly as such to the therapist. First, and perhaps above all, »shame generates concealment out of a fear of rendering the self unacceptable« (Morrison, 1989, p.2). Often, what is presented is an attitude

that is best understood as a defense against shame. Some of the important and common defenses against shame are rage, contempt, envy, depression, hypochondria, mania, and, of course, narcissism (cf. Morrison 1989, Chapter 8, and elsewhere). Character traits of arrogance, superiority, as well as grandiosity are also well known defenses against shame. Shame or humiliation may underlie some somatic symptoms. One client traced her bothersome migraine attack to a specific experience of humiliation. Organizations support other forms of defense against shame. By seeking to bring a »small« or marginal organization into alignment with a larger, positively valued group, members can avoid the shame of participation in a group perceived as less valued.

For a deeper understanding of the development of the self and of the shape of the ideal self, Morrison turned to Kohut's description of the selfobject, both mirroring and idealizing. Morrison says,

»In fact, failure of the parental selfobject to respond to the self's idealizing needs and quest for merger is a prominent source of shame vulnerability and a model for subsequent shame over the self's experience of its needs« (p. 79).

This language can be translated into bodily, everyday realities. It means that parental failures to respond to the child's needs in a positively facilitating manner result in the development of an ideal self that is incongruent with the real, bodily self of the child. Unrealistic and unrealizable ideals, aspirations, and goals develop as an adaptational compensation, and such development leads to shame vulnerability. In addition, the adult grown up from such a child will, in all likelihood, feel shame about and defend against, the needs which develop or remain from such deficits and unmet needs for parenting. Such needs will continue into adulthood in the form of needs for compensatory selfobject responses from another idealizable adult, or, more likely, they will find expression in the defensive characterological distortions of such needs.

The narcissistic needs of therapists, so famously depicted by Alice Miller (1979/1981), are still an all too relevant example, and while she

rarely mentions shame, we can re-read her book as a study in shame. The miserable lifelong quest for perfection is an all too familiar experience for many people, and it surely has sources in early life (Chassequet-Smirgel, 1985).

In the healthier situation, parental response allows for the development of aspirations, goals, and ideals that are congruent – as I would say – with the ordinary good feelings of the body and with bodily based self-respect. Healthy adults will still experience shame in the face of (inevitable) failure or indignities, but such experiences will not be of the repetitive, misery-making sort stemming from chronic shame vulnerability.

Characterological and Energetic Perspectives on Shame

Shame and the Body

There is little mention of the body in Morrison's book, although we can credit him with a very apt »body reading« of shame. »Slouching posture, inaudible speech, and averted gaze are hallmarks of narcissistic (primary internal) shame, reflecting abject apology about the self's very existence« (Morrison, 1989, p.136). The shame experiences Morrison focuses on have mostly to do with the shame experienced because of failure to achieve ideal aspirations or goals, the failure to measure up to the shape of the ideal self and a resulting sense that the self is flawed, defective. This is the shame of the social person in his aspirations for place, status, and affiliation with the clan.

A bioenergetic perspective immediately brings to our attention bodily shame, a shame that infuses identity, the feeling that who I am is shameful and that my body, body parts, and bodily expressions are shameful. This is the shame of the biological individual, the self as body, the sexual, erotic self, the person seeking fulfillment based on a basic good body state. This shame splits us from our erotic selves. Dream symbolization of shame not infrequently takes the form of

finding one's self naked in public, especially with the lower body, genitals and backside, exposed.

Social shame can be a defense against or displacement of the bodily shame.

»Dr. A, a client of mine, became aware of the inhibiting effect of her fear of being shamed about her professional writing, which she feared was »not good enough, not acceptable, takes so much time«. She kept her writing vague and tried »not to make too much out of it«, in essence, hiding herself, not putting herself out in the world too strongly, staying safe, and avoiding shaming attack. I reminded her that she often had talked about her body in exactly the same ways, and that too expressed shame – about her body, her appearance, and her self on a body level. She talked then about what an unpleasant feeling this was, and that she was afraid to »make too much out of my body«, that in fact she was trained to »not pay too much attention to the body«.

Her bodily shame became the model for her work-related shame and underlies it. Perhaps the »underside« in the sub-title of Morrison's book is the body or body parts.

A bioenergetic perspective also adds something to Morrison's discussion of Kohut's descriptions of mid-life depression in men. This state, as Morrison describes it, is of a »depleted self. ... Such a self lacks realizable ideals and is burdened by excessive and unattainable ideals and goals« (p.83). He also describes this state as an »empty depression« (p. 72 ff). The »emptiness« here, as well as the depletion, suggests essential information about the man's connection or lack of it with his own body.

In this clinical condition, the man remains fixated on unattainable ideals formulated in adolescence or even earlier, and, at mid-life, is struck by the realization that he will never attain them. Then the man is left with no defensive protection against the deprivations and deficits of early life, (the stimulation for the unattainable ideals). His resulting depression is »empty«, because he is left with the experiential (body) memory of those early states, the emptiness of deprivation.

Again, there is another possibility here. If the ideals and goals of the aging man fall away, leaving an emptiness, the aging man may, if

guided by self-respect, find a deeper connection with the bodily self in that very experience of emptiness. Without the guidance of self-respect, the emptiness left by the falling away of ideals may lead the aging man into an »empty depression«, until he can find a connection with his body and in this way establish self-respect and more reasonable expectations for himself.

Shame Affect

Shame is a difficult experience to describe and grasp by its very nature. It has a peculiar mix of affective and cognitive components. There is a painful idea, for example about the meaning of a failure, and there is a painful affect. The question is, what is the source of the affect? How can an inner process or idea result in such a painful feeling? The ideal self, after all, is a construct, an assumed mental structure, perhaps vague and fluid. It is essentially an elaborated set of images, fantasy, and ideas all colored by the peculiarly human capacity for idealization.

In shame experience, there is always a commingling of the cognitive and the affective. Ideas, ideals, ambitions, goals are inextricably, it seems, pinned to painful feelings. Each – cognitive content and affect – may have separate sources. The affect, the pain of the shame experience is a body memory having its origins in childhood experience, and the set of idealizations that go with the shame are illusory ideas that develop subsequent to, but in relation to, the earlier painful experiences and the relationships within which they occur (cf. Helfaer, 1998, »The Cognitive Peculiarities of Shame and Guilt« pp.144–47).

The essential painful experience for the child consists in having his/her movement stopped. In other words, there is contraction, a shrinking, in response to the environment. This is a bodily experience occurring within the context of early vital relationships. In childhood, when parents discipline the child, for example, they stop the child's movements, they create a contraction or a shrinking (Schoore, 1994, pp. 203, 212).

The manner of stopping covers a very broad range, from respectful,

patient firmness to disrespectful, rageful violence. If we interpret Kohut's descriptions in energetic terms, we can see that certain kinds of neglect, contactlessness, and lack of attention can also stop the child's movement, create contraction, and shrinking, and these deficits can lead to the development of shame vulnerability.

When I speak of movement, I mean energetic movement, as well as literal movement. More specifically, I am referring to the movement that occurs in states of pleasure, excitement, and attunement (Schoore, 1994, p.203). Movement is based on the basic pulsatory movement of the body and its tissues. This movement is life. When movement is stopped, to that extent life is stopped. Thus the shamed, humiliated child shrinks in, collapses down. Conversely, in the child who is seen and appreciated, the energetic function is supported, and she or he is upright, bright, and prideful. The abrupt switch from expansive, prideful excitement to shamed contraction can be the source of actual somatic illness (Helfaer, 1998, pp. 13–18).

Morrison (1989) mentions one possibility for bringing in the source of the affect in shame which has a more bodily referent. He quotes Tomkins' idea of »shame as a primitive, indwelling affect that reflects interruption of, or negative feedback about, excitement, interest, or joy in the infant« (Morrison, 1989, p. 53). This is clearly a conception very close to the energetic one I describe, that shame evolves from the stopping of movement in the child. As I see it, it is not shame as a specific affect that is »indwelling«. What is indwelling – in the sense that it is inherent in the biology of the organism – is pulsation, expansion, and contraction. What is indwelling is the child's natural sensitivity, on a pulsatory level, to the environmental inputs, that is, energetic expansion in the face of positive environmental response to the child and contraction or shrinking back in the face of »interruption of, or negative feedback about excitement«.

Self-Hate System

The self-hate system is the essential characterological outcome in children who have been exposed to parental hate, hateful behaviors,

and hateful family environments. In effect, their movement, at all levels is grossly stopped and disrupted, and they have to develop all kinds of compensatory attitudes, perfectionism, for example, in order to get along in the world.

It would seem to be no surprise that a child who is hated learns to hate him- or herself. However, it is worse than that, because it is more complex, torturous, and chaotic. For example, self-hate will develop in the child not simply because the parent hates the child, but because the child – in his or her own mind – could not become the person who could win the parents' approval or love.

Furthermore, within the hated child, there is not just a sense of self-hate, there is a self-hate system. The whole way of experiencing the world is dominated and organized by the fundamental, internalized »reality« of the hatefulness of the self. The ego organizes feeling, perception, and relational experience in a way that actually kindles the experience of self-hate. Any and every interpersonal event may trigger self-hate and defenses against self-hate or may engender inner feelings of self-hate (cf. Helfaer, 1998, Chapter 8).

Shame can be understood with this model. Thus the »shame-system«, develops from the chronic, painful shaming or neglect of the child. In this case, the affect of shame becomes embedded in a set of beliefs which may be quite vague and unarticulated, but nonetheless real to the individual. The beliefs, the system, in a sense, »explains« to the individual his or her pain. Mind follows body, one might say. In any case, the shame experience is integrated into the personality or character. In fact, it becomes an agent for the management of energetic flow and expression (Helfaer, 1998, pp. 144–153). The chronic contraction of the early shame experience is the foundation for establishing and maintaining this system.

Early shame experiences occur within the context of the child's vital connections. The shame-system or self-hate system is the developing child's painstaking effort to reconnect, to reconstruct the vital relationship as it should be, to establish love and lovableness. They are efforts to reconstitute a fractured self or construct a cohesive one.

Sexuality

Kohut aimed to delineate a line of development for the self separate from libidinal object development and structural theory. Morrison seems inclined to follow Kohut in this regard. When it comes to the understanding of shame, he seems to address it as a dynamic and a development that stands on its own. No relationship with sexuality is established.

As I see it, from an energetic point of view, sexuality and selfhood are very much related. They stand in the relationship of identity and antithesis. They are the same and different. The development of selfhood and sexuality go hand in hand, one informs the other, and a common energetic process underlies them (Helfaer, 1998, chapters 1,2 and 3). Thus, for example, the sense of genital injury can be very much at the basis of narcissistic injury.

»Charles dreamed that he found himself in a shower room where he ›had to cut off the head of my penis‹. We traced this dream to an encounter he had with his boss the day before where he had felt humiliated, a problem that was the focus of our work« (Helfaer, 1998, pp. 136–37).

Characterological shame, guilt, self-hate, and humiliation may be understood as distortions of the healthy process of self-respect. Violations of developing sexuality, which take many forms, are a major source of these distortions. Shame vulnerability or humiliation vulnerability are direct outgrowths of some kind of violation of sexuality. I understand sexuality as a broad concept or principle, indeed one of the major organizing principles of personality, with selfhood being another. If sex is the actual biological expression of sexuality (both gender and sexual acts), then self-respect is the biological expression of selfhood. Sexual identity lies at the core of both selfhood and sexuality.

The development of sexual identity can be framed in terms of three main stages. In the early stage, involving the baby in the maternal relationship, the child can develop a sense of being »of the species«, being one like the mothering one. The intermediate stage has to do

with identification with the genital, occurring during what is usually termed the Oedipus period (Helfaer, 1998, chapter 2). The third stage occurs in adolescence. Here, the task is the integration within the self of sexual desire and a sense of a sexually mature body in such a way that the youth is able to function in the social world in choosing a partner and allowing him/herself to be chosen.

Each of these stages has distinct possibilities in terms of the development of shame. The developmentally earliest and maybe most fundamental experience of shame was expressed directly by a man who said, »I am beyond the species. I am so diseased. I am the one to be attacked by my own species. Thrown to the wolves« (Helfaer, 1998, pp. 126–27). Identification with the genital when disrupted by moralistic, shaming, rejecting, sex negative attitudes (violations of sexuality), results in genital shame and castration. I term the quality of shame that can arise in adolescence as sexual ruination, the sense that one is too defective, dirty, or ruined to be chosen or to be free to choose a desirable partner.

Humiliation

Humiliation, one shape of the shame experience, deserves special consideration, because it is particularly devastating. Humiliation is considered by Morrison as »that special form of shame experienced in an interpersonal context«, and the internalization of this experience results in an identifiable persecutor, a »persecuting introject« (Morrison, 1989, p.118). The developmental experiences leading to shame vulnerability entail the development of the ideal self; while in the case of humiliation, they additionally entail the presence of an identifiable persecutory object. This latter is closer to the experience of »the hated child«.

Treatment

Morrison states succinctly: »For guilt the antidote is *forgiveness*; for shame, it is the healing response of *acceptance* of the self, despite its

weakness, defects, and failures« (1989, p.82). From the point of view I am developing here, the therapist's healing response of acceptance is in the larger context of respect for the actual state, feelings, and reality of the body. It is this broader attitude, leading to the attainment of self-respect that is the basis of self-acceptance.

Morrison describes the psychotherapy of shame:

»Protracted empathic immersion in the feeling state of any patient ... will usually unveil deep and painful shame feelings. ... [T]heir discovery, examination and working through by the patient, and the ultimate realization that therapist and patient alike can accept them, represent a major curative factor in every successful treatment. In achieving this goal, therapists should be helped and guided by recognition, through vicarious introspection, of their own personal failure to achieve goals and to realize ambitions and ideals, of personal grandiosity and failures. In short, therapists must be willing to face and acknowledge their own shame and the pain that accompanies it« (1989, p. 82).

This description applies for the bioenergetic therapist as well. Energetic work can be approached with the same kind of sensitivity to the shame proneness of the patient, his/her narcissistic vulnerability, and his/her needs for the selfobject functions of the therapist as should be the case in verbal psychotherapy.

Shame System

The distinctive nature of bioenergetics immediately brings shame to the center of the therapeutic stage. In my understanding of bioenergetics, its essence can be captured by the phrase »seeing the person« (Helfaer, 1998, chapter 3). Working with the body is based on a discipline of contactful looking and seeing. To the degree there is any shame proneness, it will be easily and sometimes immediately stimulated by the awareness of the eyes of the therapist, now experienced by the patient as his or her own »eye turned inward«, looking at him- or herself in shame.

Respectful looking and seeing must be based in the therapist's deep

acceptance of him- or herself on the bodily level, an acceptance that will be registered by the client as a sense of respect when he or she is looked at and contacted. Then the energetic work may be addressed to helping the patient establish a sense of self-respect which will ultimately allow him/her to find his/her own movement.

Bioenergetic analysis, by its nature, can also immediately and directly access another facet of the shame experience. As noted earlier, shame has a cognitive aspect and an affective aspect. The cognitive aspect of the shame-system is a set of beliefs, fantasies, idealized images and ideas, sometimes diffuse and vague, often very specific, which define what the self »should« be or must measure up to. The painful affects of shame are bodily experiences. Affect and belief system, feeling and ideals, need to be separated from one another. This separation is initiated from the moment when the body becomes the focus.

In our shame, we live in delusion. The delusion is that I have a horrible feeling because I have not fulfilled such and such ideal. In reality, it can be said with equal truth that I am convinced of the truth of my (idea that I am a) »failure« because I have painful feelings. As R.D. Laing wrote (1970, p.10):

»I don't feel good
therefore I am bad
therefore no one loves me.
I feel good
therefore I am good
therefore everyone loves me.«

Experience tells me that it is very difficult to relinquish the unrealistic expectations of the self embodied in the »shape of the ideal self«. What makes it so difficult? Why do we insist so on our sense of failure and defect? What makes the quest for the selfobject so enduring? All these rest on fantasy and unrealities, yet they may dominate the personality, indeed, dominate a lifetime. These questions bring our attention to the fact that we are dealing not simply with a »feeling« of shame, but a shame-system, or a self-hate system; and these are as-

pects of character. The shame-system and its attendant affects are, in fact, key components for maintaining the self-restricting functions of character. The above questions are usually painstakingly addressed over and over in very specific ways and very specific contexts in the course of therapy and often a lifetime.

Here, bioenergetic work makes its unique contribution in treatment by addressing the modifications of the energetic processes. Bioenergetic work, in part, addresses these modifications by addressing specific aspects of somatic functioning. These include muscular tension, restricted respiration, held affects, and autonomic imbalance. However, while a bioenergetic intervention is very specific in the way it addresses a bodily function, the person remains the center of focus, and contactlessness is always the underlying energetic issue. Thus, the actual approach to working with these somatic aspects of shame varies greatly depending on the clinical situation.

Bioenergetic therapy also addresses the over-arousal of the sympathetic nervous system, by encouraging a balancing with the parasympathetic system. This therapeutic goal is calming down. A calming of the autonomic nervous system can occur through rhythmic deep breathing, crying, and the release of anger. In other cases, with shock, frozenness, and with gastric intestinal symptoms, for example, the parasympathetic system is over aroused. Depression and anxiety, in different ways, also represent imbalance and over-arousal of both the sympathetic and parasympathetic nervous system, as well as other central nervous system and hormonal disturbances. Energetic work in these cases focuses, in different ways, on »calming down«.

Relationship Matters

In the course of empathically sharing the experience of the patient through the layers of defense, characterologically and energetically, painful shame experiences and their origins are reached. Through energetic work attuned to painful affects, fostering breathing that releases crying and grieving, amongst other processes, bioenergetic work fosters a healing of the painful contractions and related affects

and calming down. In the course of doing so, this work also revitalizes the capacity for self-respect through enlivening the body.

I am referring to a complex and ongoing psychosomatic process occurring within a therapeutic relationship. It is a biological process, a deeply personal experiential process, and develops within an interpersonal context with its own energetic and characterological complexities. There is no simple technique involved. The distinguishing feature of this work is the way it approaches character and personality through an energetic understanding of body process within the therapeutic relationship.

For those carrying any degree of shame, humiliation, or self-hate, their relationships are inevitably burdened with projective identifications. The inside is put outside, and the outside is little more than a stage for playing out the inner drama. The experiential outcome is misery compounded with confusion. There is confusion because we seek events, scenes, and relational episodes that provide the setting for reliving the painful experiences of shame and self-hate arising from inner sources.

The intention of therapy is to help the patient reach the experience inside, because in so doing, the patient establishes a deeper contact with him/herself, the self integrates estranged parts, and the energy involved in the estrangement, projection and projected experiences can be invested within the self.

The relational world is constructed, for those so vulnerable, in terms of the shame-system, and this is a terrible burden. Sometimes it would seem that the simple word »shame« can hardly encompass the nature and quality of the actual pain. In some way it does not encompass it, because the shame affect is often used in the service of self-punishment, self-restriction, and self-controlling. It can become part of a runaway punishing superego, used to control wanting, desire, excitation, and sexual expression. This kind of self-punishment, self-restriction, and self-controlling expresses the inhibition and chronic modification of the pulsatory system underlying character.

Here, the contribution of bioenergetics is helping the individual to find and reclaim his or her own movement, to free the pulsation from the characterological restrictions on the attitudinal and energetic levels.

This is done in the same spirit as described above, immersion in the experiences of the patient, and the gradual separation of the patient's own movement, excitation, wanting, desire, and personal aims from the old self-hate systems and the old energetic restrictions.

Self-Respect

In this context, it is very important to note that self-respect, in this process, *does not mean not feeling shame or pain*. On the contrary, it is the attitude toward the self that allows me to feel and »suffer« my shame and pain. It allows me to suffer the feelings, rather than suffer the effects of the struggle against them. In suffering the shame, I can, in a sense, complete an experience, feel it through to its sources and its end. I can then look at the sources of the shame within my personality and history. This too prepares the ground for self-acceptance, the antidote to shame, the acceptance of my flawed, failed self.

The difficulties posed by the idealizations, »the shape of the ideal self«, in bioenergetic therapy are enormous and cannot be overemphasized. They can sink the whole therapy if they are not constantly addressed. Idealizations are always an aspect of the self-hate system or the shame-system. In addition, the »dialectic of narcissism« (Morrison, 1989, p. 64) is almost always present. In other words, the therapist will be constantly faced with the confusing and seemingly chaotic swing between some form of grandiosity and some form of self-denigration. Both idealization and self-denigration often form the cores of partial identities, a negative one (»I'm worthless«) and an inflated one (»I'm special«).

Both poles – the negative and the inflated – are at discrepancy with simple bodily realities. These discrepancies are a constant source of the rejection of bodily experience which makes contacting bodily experience and feeling extremely difficult. In fact, this effect on the individual's inner experience of feeling is stronger than repression and more difficult to root out.

Under the influence of the shame-system and the flux between negative and inflated identities, every and any feeling can be immedi-

ately attacked, denigrated, and turned into something bad and worthless. The immediate benefits of energetic work – deeper respiration, greater aliveness – can be immediately undone by becoming attached to a sense of worthlessness, failure, inadequacy, or badness. Desire, wanting, and genital feeling is immediately shrunken in the face of taboo, dirtiness, shame, and badness.

To be established within the patient, the attitude and the process of self-respect must be continuously held within the therapeutic relationship. For both the bioenergetic and the analytic therapist, the therapist has to be grounded sufficiently in his or her own self-respect to tolerate the failures, the frustrations, and the lengthiness of the therapy. The therapist's own self-respect and the integration of his or her own failures and humiliations allow him or her to tolerate any disbelief and demeaning, shaming aspects of the projective identifications of the patient, the patient's disappointments in the therapy, and the patient's validated recognition of the therapist's failures.

The practice of working bioenergetically with the body is a great help in bringing out the unreality of the expectations of the ideal self, the quest for specialness, and other aspects of the shame system. Regular work with the body brings us back to the reality of the body and therefore the simple realities of the imperfect, mortal, and limited self. Facing the experiences of the body gives something very tangible to accept; it cannot be escaped that this is me, and the conflicts around self-hate versus self-acceptance can be experienced very immediately in the here and now. There is nothing to interpret or explain; here I am; here you are. In addition, working with breathing, grounding, and the release of tension directly strengthens the sense of self through heightening energy, feelings, and a sense of aliveness. In such a state, there is less need to put what is inside outside.

If shame, itself, has been an overlooked topic, so too, and even more, has been self-respect, the healthy state antithetical to shame. In my own therapy with Alexander Lowen, as well as experiencing him as a positive presence in my life, I realize also that he had a kind of *respect for me as a living body*. This is how I would put it: *respect for me as a living body*. This was the context in which I first had a healing experience of self-respect. I believe the patient can establish self-

respect when we therapists have the same kind of deep respect for ourselves and the other *as a living body*.

Pleasure

There is a direct connection between the treatment of shame, the development of self-respect, and the development of the capacity for pleasure and sexual fulfillment (Helfaer, 1998). Self-respect is distorted by subordination to the demands of the ideal self, and the capacity for pleasure is lost to narcissism, shame vulnerability, and humiliation vulnerability. Pleasure heals.

One process that occurs in the treatment of shame involves, essentially, the weakening of the dominating demands of »the shape of the ideal self«. Supporting the deepening connection with and feeling of the body strongly fosters this process. In encouraging self-respect, the subordination to the ideal self is weakened.

Within the shape and texture of the shape of the ideal self, there will be idealizations about a sexual self, ones which inevitably are out of line with the real sexuality of the body and the real sexuality that can occur in a love relationship between two real people. There will also be idealizations about what the body of a man or a woman »should« be which are equally unrealistic and which are deeply implicated in some of the most intractable and punitive functions of the shame-system.

In developing the capacity for self-respect and pleasure, the path inevitably leads through experiences of shame. Holding and tolerating these painful affects are the actual basis for the development of self-respect. As the painful affects of shame are accepted, tolerated, and held within the therapeutic process and relationship, the patient's contact with him-/herself deepens, and he/she is freed from the aspects of the shame system that, deriving from violations of sexuality, precluded the experiencing of pleasure, the identification of pleasure and the fulfillment of sexuality as guiding principles in life. As I come to have good feelings in my body, it is more and more possible for me to feel like a good person, to identify what is good in me, and to bring it to my relationships with others.

In almost everyone I meet, I find these longings: to feel the goodness of one's self, to free the genital from feelings of shame, to free the feeling of sexual desire from shame, sexual ruination, and fear, and to come to feel lovable and to have the capacity for loving. I see that when people find these capacities within themselves, they are able to face their life, find the pleasures it can offer, and find a sense of fulfillment.

Conclusion

Shame, shame vulnerability, defenses against shame, and humiliation will enter into any depth-oriented treatment situation such as psychoanalysis or bioenergetic analysis. Bioenergetic analysis has unique contributions to make to the understanding and treatment of shame. The bioenergetic therapist can facilitate the establishment of the positive, healthy body state of self-respect. In addition, by addressing the body, the inter-relationship of shame and violations of sexuality emerges clearly, as does the more general relationship between selfhood and sexuality. Self-respect and allowing pleasure and a good-feeling body state become the alternatives to the shame and self-hate states.

For now, what remains to be said in conclusion is only the following: For the therapy of shame, and that means virtually any therapy, to reach any depth of healing, there are at least three necessary elements: First, and perhaps above all, the therapist must have felt, lived with, and come to understand and accept his or her own shame, grandiosity, sense of defective and failed self, need for uniqueness, shame vulnerability, humiliation and humiliation vulnerability, self-hate system, and shame-system sufficiently to have found the path of healing that acceptance and self-acceptance can provide. Second, for the bioenergetic therapist, the therapist must have within his or her own bodily self the experience of self-respect, by whatever name he or she calls it. And finally, not only must the therapist have the capacity for detailed, patient, quiet, and empathic sorting out of and immersion in the actual shame related experiences of the patient. The

therapist must also have the same empathic capacity for holding and sorting out the highly charged maneuvers, games, and ploys designed for concealment, and other character defenses, with which we all protect ourselves from shame and humiliation.

And finally, we should never forget that it is hard work for both therapist and patient, and we as therapists need to assure ourselves that we find within ourselves and our environments the sources of support for an ongoing sense of self-acceptance and self-respect that we are ourselves deeply in need of.

Bibliography

- Chassequet-Smirgel J (1985) *The Ego Ideal*. Norton, New York.
- Conger J (2001) »The Body of Shame: Character and Play.« *Bioenergetic Analysis. The Clinical Journal of the IIBA* 12 (1) 71–85.
- Helfaer P M (1988–89) *The Hated Child*. *Bioenergetic Analysis. The Clinical Journal of the IIBA* 3 (2) 24–44.
- Helfaer P M (1998) *Sex and Self-Respect, The Quest for Personal Fulfillment*. Praeger Publishers, Westport, CT.
- Laing R D (1970) *Knots*. Vintage Books, New York.
- Lowen A (1980) *The Fear of Life*. Macmillan Publishing Co., New York
- Lowen A (1983) *Narcissism*. Macmillan Publishing Co., New York.
- Miller A (1979/1981) *Prisoners of Childhood; The Drama of the Gifted Child and the Search for the True Self*. Translated from the German by Ruth Ward. Basic Books, New York.
- Morrison A (1989) *Shame, The Underside of Narcissism*. The Analytic Press, Hillsdale, NJ.
- Thoreau H D (1854/1965) *Walden and Other Writings of Henry David Thoreau*. Edited with Introduction by Brooks Atkinson. The Modern Library. New York.
- Tompkins S (1987) *Shame*. In: Nathanson D L (Ed) *The Many Faces of Shame*. Guilford Press, New York, 133–161.

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