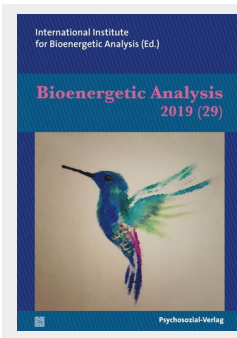


Helen Resneck-Sannes

Shame: Wanting to Be Seen and the Need to Hide



Bioenergetic Analysis

29. Volume, No. 1, 2019, Page 39–56

Psychozoal-Verlag

DOI: [10.30820/0743-4804-2019-29-39](https://doi.org/10.30820/0743-4804-2019-29-39)



Reviewers for this issue:

Garry Cockburn, Helen Resneck-Sannes, Maê Nascimento and Scott Baum

Translators of abstracts for this issue:

Claudia Ucros (French), Maria Rosaria Filoni (Italian), Maê Nascimento (Portuguese), Pablo Telezon (Spanish), Olga Nazarova and Alesya Kudinova (Russian)

Submissions for consideration for the next volume of *Bioenergetic Analysis* must be sent to Leia Cardenuto (leiacardenuto52@gmail.com) between June 1st and September 1st, 2019.

Bibliographic information of Die Deutsche Nationalbibliothek (The German Library)
The Deutsche Nationalbibliothek lists this publication in the Deutsche Nationalbibliografie; detailed bibliographic data are available at <http://dnb.d-nb.de>.

2019 Psychosozial-Verlag, Gießen, Germany
info@psychosozial-verlag.de
www.psychosozial-verlag.de



This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License (CC BY-NC-ND 4.0). This license allows private use and unmodified distribution, but prohibits editing and commercial use (further information can be found at: <https://creativecommons.org/licenses/by-nc-nd/4.0/>). The terms of the Creative Commons licence only apply to the original material. The reuse of material from other sources (marked with a reference) such as charts, illustrations, photos and text extracts may require further permission for use from the respective copyrights holder.

Cover image: Vincentia Schroeter, *Hummingbird* © Vincentia Schroeter
Cover design & layout based on drafts by Hanspeter Ludwig, Wetzlar
Typesetting: metiTec-Software, me-ti GmbH, Berlin, www.me-ti.de

<https://doi.org/10.30820/0743-4804-2019-29>
ISBN (PDF-E-Book) 978-3-8379-7492-8
ISBN (Print) 978-3-8379-8254-1
ISSN (Online) 2747-8882 · ISSN (Print) 0743-4804

Shame: Wanting to Be Seen and the Need to Hide¹

Helen Resneck-Sannes

Abstracts

Shame is differentiated from guilt and embarrassment by elucidating the biology and energetics of shame. Shame is a response to a relational injury. Its early developmental origins are explored, especially its relationship to narcissism. Gender differences to shame and responses to being shamed are elaborated. The issues surrounding healing sexual abuse are discussed focusing on shame as the major culprit in working with sexual abuse. Lastly, the dynamics of outliers and their susceptibility to shame are discussed.

Key words: shame, narcissism, gender, sexual abuse, outliers

La Honte: Désirer Etre Vu et Désirer Se Cacher (French)

La honte est différenciée de la culpabilité et de la gêne en clarifiant son fonctionnement biologique et énergétique. La honte est une réponse à une blessure relationnelle. Ses origines dans le développement humain sont explorées, et en particulier son lien avec le narcissisme. Les différences de genre dans la honte et les réponses qui s'ensuivent sont élaborées. Les questions autour de la guérison des abus sexuels sont abordées en se centrant sur la honte comme le fautif principal à travailler dans l'abus sexuel. Enfin, les dynamiques des marginaux et leur susceptibilité à la honte sont analysées.

Vergüenza: Queriendo Ser Visto Y Necesitando Esconderse (Spanish)

La vergüenza se diferencia de la culpa y lo embarazoso, elucidando la biología y energías de la vergüenza. Vergüenza es la respuesta a una herida relacional. Sus tempranos orígenes de desarrollo son explorados, especialmente en su relación con el Narcisismo. Diferencias de género hacia la vergüenza y respuestas al ser avergonzados son elaboradas. Los problemas en torno a la cura de abusos sexuales son discutidos enfocando la vergüenza como la mayor culpada en el trabajo con abuso sexual. Fi-

¹ Keynote Address at the Southern California Bioenergetic Conference, 2018.

nalmente, las dinámicas de los “diferentes” y su susceptibilidad a la vergüenza son discutidos.

Vergogna: Voler Essere Visti e Aver Bisogno di Nascondersi (Italian)

La vergogna è differenziata dal senso di colpa e dall'imbarazzo mediante la spiegazione dei suoi aspetti biologici ed energetici. La vergogna è una risposta ad una ferita relazionale. Sono esplorate le sue precoci origini evolutive ed in particolare il suo rapporto con il narcisismo. Vengono elaborate le differenze di genere rispetto alla vergogna e il modo in cui si risponde ad essa. Vengono discussi i problemi attorno alla guarigione dell'abuso sessuale concentrandosi sulla vergogna che fa sentire le vittime colpevoli quando si lavora con l'abuso sessuale. Infine, viene affrontata la dinamica dei valori anomali e della loro suscettibilità alla vergogna.

Vergonha: Querendo Ser Visto e Precisando Se Esconder (Portuguese)

Pode-se diferenciar vergonha da culpa e do embaraço, através da explicação da biologia e do fluxo energético da vergonha. A vergonha é a resposta a uma ferida relacional. Serão exploradas suas origens no desenvolvimento precoce – principalmente sua relação com o narcisismo. Elabora-se, também, sobre as diferenças de gênero na vergonha e sobre reações a estar envergonhado. Quando se trata do tratamento de abuso sexual, as questões são discutidas com o foco sobre a vergonha, como sendo o maior fator responsável. Finalmente, serão discutidas as dinâmicas dos “diferentes” e sua susceptibilidade à vergonha.

Стыд: Желание Быть Увиденным И Потребность Спрятаться (Russian)

Стыд можно отличить от вины и смущения за счет прояснения его биологических и энергетических аспектов. Стыд является реакцией на реляционную (отношенческую) травму. В статье исследуются его истоки в раннем развитии, особенно его связь с нарциссизмом. Детально рассматривается разница в восприятии стыда разными полами и разница реакций на пристыжение у разных полов. Поднимаются темы, касающиеся исцеления сексуального абьюза, с особым вниманием, к стыду, как к главному препятствию в работе с сексуальным абюзом. В заключение рассматривается динамика тех, кто не вписывается ни в какие рамки, и их восприимчивость к стыду.

Introduction

It was about 40 years ago, when I first became aware of feeling shame. My therapist did not consider it a true emotion. Rather, she described it as a racket that parents run on their children. It was not receiving much attention in therapy or theory. Focus was on the emotions of fear, anger, longing; and shame was

thought of as an emotion that accompanies these feelings. It is exciting for me to recently be invited to give a keynote at a conference with the sole focus on shame.

Definition of Shame

Shame and guilt differ in that guilt is the feeling of having done something wrong. Shame is an experience of being bad, wrong, or disgusting. When a child has been shamed and angrily rejected for who he is, there is no prescribed way back to the relationship for him, while guilt is redeemable through acts of reparation and atonement. There is no way out of a shame experience: nothing you can do will mitigate the effects. It has happened; you are revealed in front of the other, and you cannot hide that part of yourself which is so unacceptable.

Shame and guilt can occur together in the same situation. When a person has made a mistake, atoned for the misbehavior; and yet, still feels bad, then he or she is stuck with shame. Shame cannot go away with reparation because it is not the behavior but the self, which is at fault. The unconscious, irrational threat implied in shame anxiety is abandonment. For example, Adam and Eve were made to feel ashamed of their nakedness and were expelled from the garden. Similarly, Oedipus was banished from his home. The fear in shame is that our parents, teachers, spouse, whoever matters to us will walk away in disgust.

The Biology of Shame

Shame is an innate biological reaction present from birth. Most theorists (Darwin, 1872, 1979; Nathanson, 1986) agree that embarrassment and shame involve changes in the circulatory system. Specifically, it is believed that shame can dilate the blood vessels in the periphery, possibly by the release of an intrinsic humoral substance. Unlike anxiety, anger, fear, excitement, etc. which are more easily linked to facial muscles and which disappear rapidly, shame tends to linger for quite a long time until the subject recovers. Shame involves a “short fuse and a slow burn” (Nathanson, 1986, p. 26).

In the initial response of being caught, there is embarrassment, a person blushes, the blood rushes to the periphery and the heart rate increases. As the effect goes deeper into shame, into the awareness of our very selves as bad, we try to hide, to pull our energy in – the face drops, eyes turn down, shoulders pull forward and the upper body collapses. The effect is like shock: vagal stimulation leads to a lowering of blood pressure and slowing of the heart. With the embarrassment we experience heat, redness of the face; we may giggle, feel foolish, almost giddy (Resneck & Kaplan, 1972). With shame the person is depressed. Although blood

is available to the periphery, the core feeling is of coldness and aloneness; the self is rejected and feels no good.

Embarrassment and shame are biologically determined responses demanding modesty. While eating, defecating, or engaging in sex, an animal is in an extremely vulnerable position. These activities are overlaid with social taboos, manners, and the demand for privacy. Concealment is a preparation for a potential danger and shame has been intimately linked to cover. When shamed, the person is drawn into himself, must confront an aspect, which he wishes to keep hidden, from which he cannot hide. Thus, we have the story of Adam and Eve. On their expulsion from the garden they became aware of their wrongdoing, and in their shame covered themselves.

Schneider (1977, p. 30) argues that Darwin and Ellis in their treatment of shame fail to recognize in addition to fear-flight and anger-aggression, a third fundamental reaction to danger: concealment-immobility. "The manifestations of shame – averting the eyes, covering the face, blushing, hanging one's head, and wanting to 'sink through the floor' – are clearly distinct from fear responses." Roelofs (2017) argues that such a response to threat makes sense. Because most animals do not easily perceive motionless objects for which they are searching, the immobility reaction provides a genuine security for animals. It is well known that certain animals, i. e. birds, lizards, opossums become motionless and "play dead" when caught. In fact, biologically they appear in a state of shock, their heart rate slows, eyes don't blink; but then, just as soon as the danger has passed, they "wake up" and dart away.

The problem is that when shamed we are in a state of shock, all the blood is drawn to the core and we can't think. I go into shock when people call me names. I can't respond at all and am not certain of how I feel until hours later. That often is not a great time to deal with it, as the event has passed and bringing it up only draws attention to an aspect of myself from which I wish to hide and have no desire to expose my vulnerability by bringing it up at all.

Shame and the Eyes

"Peek-a-boo, I see you," says mother just at the moment when her baby's body relaxes at the sight of her reappearing face. The mother's trilling voice and the animated look in her eyes are telling the baby, "What a beautiful baby you are. How wonderful you are. How happy I am to see you." The baby looks back into his mother's eyes. Mirrored there are the spectacular and wonderful things he imagines himself to be. A baby gets to know what he is by what is mirrored in the faces of those who look at him. The mirroring admiration is a caress that paints proud edges on the baby's body (Kaplan, 1978, p. 144).

Shame is felt and received through the eyes. Oedipus, with his realization of his transgressions, left his home and family and put out his eyes. One of the baby's

first connections with the parents is through the eyes. Much research has been conducted investigating the effect of mother-child eye contact on the subsequent emotional and intellectual development of the child (Stern 1977, 1985). Robson (1967) suggests that mutual gaze acts a releaser of attachment. Mutual eye regard seems to be a need of the child just like sucking or physical holding and appears to be one of the prime requisites for good mother-child bonding. Thus, at an early age shame can be communicated and received through the eyes.

Demos (1986) reviewed Tronick's "still face" experiments in which interchanges between mothers and their 2½ to 3-month-old children are filmed and played back in slow motion. In the first phase of the experiment the mother is told to behave normally as she and the infant sit face-to-face. Slow motion review shows the rapt interest with which they view each other. Next, the mother is asked to leave the room for a few moments; and on her return, to sit opposite from the infant but refrain from making any facial gesture.

For a short time the child will exhibit a number of facial expressions in an apparent attempt to engage the mother in their normal mode of interaction. After a while the infant will exhibit one of two characteristics. Some children will cry in distress, but many will slump down in the chair with a sudden loss of body tonus, turning the head downward and to the side, averting their eyes from their mother's face. Demos felt that these children were exhibiting a primitive shame response.

Too often we miss this same shame response in our clients and either re-interpret the experience e.g. say to them, "you are collapsed, get up and hit the pillows," or we turn away, not wanting to resonate with the same feeling in ourselves. One of the exercises I do with my clients involves sending and receiving energy through the eyes. Some clients are afraid to look at me, hide their faces. They are then asked to take a peek, look away and then peek back as they feel comfortable. What they report as unsettling is the warmth and caring they see reflected in my eyes. It doesn't match with their self-concept, what they expect to see. Often, they remember the look they saw in their parent's eyes – that look that told them that they had disappointed the parent, that they were not enough, that they were bad.

In the movie "Mask", Cher plays the part of the mother of a boy whose face is disfigured by a disease. Despite his outward appearance the boy knows he is beautiful. Every time Cher looks at him, her eyes fill with love. However, he is becoming a teenager and his peer group is relating to him on the basis of his outward appearance. He begins to stop seeing himself as beautiful, as ok, as a worthy human being.

Teenagers are susceptible to shame because of their desire to be accepted by their peer groups. It is necessary for them to connect outside the family to complete their developmental process. They are acutely sensitive to rejection, but when it occurs, they try to cover their feelings of humiliation. Our clients are

also trying to complete a developmental task. They are encouraged to let go of their protection, to temporarily regress and re-experience the original trauma that created the defense. They look to us, the therapists, for our reaction. This is a sensitive time when disapproval or criticism of their feeling could cause them to regret revealing themselves. Their internal statements may be: "I showed too much of my vulnerability, sexuality, sadness, need, anger, or fear." Once again, they are wrong, "too much", and have made a mistake. Of course, the experience will not be shared with you because they do not want to be further humiliated. Instead, they will cover, pretend that all is ok, but the excitement is gone, the movement stopped.

As therapists it is necessary to be well-versed in shame responses so as not to re-interpret it as an oral collapse. Shame is such a profound experience that many maneuvers we not may be aware of are used to hide it. In the somatic therapy I practice, bioenergetics, we are encouraged to let down our defenses, in essence to do something, which is against our better judgment. As therapists we need to be sensitive to the shame response, because the feeling is such that it may not be readily shared. Rather, the person wants to hide, try to cover the feeling so that further exposure of inadequacy doesn't follow.

Shame and Narcissism

Shame is central in its relation to the self, particularly to the image of the self. Narcissism is a positive experience of the self; it is a state of loving or admiring oneself. Shame is a negative experience of the self; it is a momentary "destruction" of the self in acute self-denigration. In analytic theory and in folk wisdom, narcissism is recognized as a defense against the hatred of the self in shame.

Healthy self-esteem is not so much feeling perpetually good and worthwhile but is rather the ability to manage feelings like inadequacy, weakness, incompetence, or guilt. At certain phases of development, from infancy to about three years of age, and again during the teenage years, the child is especially prone to narcissistic disturbances in development. If the family can't allow the young child to be as grand as he or she can be, then disturbances in narcissism occur. Shame is the response of the self, overwhelmed by unmirrored grandiosity. For example, consider the gregarious toddler who discovers that he can finally open the cabinet doors and bang the pots and pans while Mom is making dinner. The tired depressed mother reacts to the child's triumph with anger. The little boy's excitement turns into disappointment and withdrawal. Suppose later that day, the same child begins to walk, and his father reacts with delight and hugs him. Some of his early disappointment is offset and the earlier narcissistic wound can be healed. But let us suppose the same father ignores the toddler when he falls after his first few steps; once again the child will have experienced humiliation and shame for

his early attempts toward competency. The stage is set for problems in self-concept. During adolescence even, a child who has been adequately mirrored, can still be subject to deep narcissistic wounds leaving her hurt, ashamed, and withdrawing. As I mentioned before from the movie "Mask", the boy who had been adequately mirrored by his mother, during adolescence felt the rejection from his peers, realized that he was disfigured and began not liking himself. Such may be true of other aspects of the person's self that were accepted by young childhood friends and then later rejected during the teen years. Consider the black child who is accepted by his white male peers, but experiences severe rejection when he tries to date a white girl, or the child who is ashamed because of his religion, his parents' accent, or their alcoholism.

The elements for shame and narcissistic vulnerability more often occur in the family. Consider two kinds of shame-inducing families. Suppose a little girl gets the lead in her dance recital. It is normal for the other family members to be proud of her. However, if she wears her triumph for too long a time or extends her image to that of a professional ballerina for a dance troupe, her family will point out that there are many years ahead of hard work and practice before that can possibly happen and will pull her back into her normal narcissistic limits. If the family is too eager for the child's success and doesn't help her develop a realistic self-appraisal but makes the child into a narcissistic extension of themselves, of their own dreams and fantasies then the child is predisposed to ridicule outside of the family. Her family hasn't limited the child's grandiosity, so the peer group will try to "bring her down to size" and if that doesn't work, may reject and isolate her. In protection, the child builds a fantasy structure of her own "specialness" and is prevented from integrating with people outside her own narcissistic creation. Suppose, on the other hand, the family is made up of people with chronically low self-esteem, who have regularly failed at competition. The real success of another family member brings up his or her own shame. To stop themselves from feeling less than, they must use powerful shaming techniques to prevent the rise of the other family member.

Defensive Reactions to Shame

Moreover, frequent and repeated experiences of shame are apt to "chip away" at one's general level of self-esteem. Shame propensity and narcissistic vulnerability are related but distinct notions. All shame-prone individuals are narcissistically vulnerable, but the reverse is not true. This is because many narcissistically vulnerable people lock themselves into defensive invulnerability. If the child is repeatedly humiliated, "put down" and shamed, these traumatic experiences lead to modes of self-protection. This self-protection is what Freud called the "stone wall" of narcissism. The child's spontaneous self-expressions were unacceptable

to the parent so he or she ritualizes behavior. In that way the real self can be controlled and hidden and only that part which is deemed acceptable presented to the world. In an effort to escape painful feelings shamed individuals tend to defensively project blame and anger onto a convenient scapegoat. In this way, they may regain some sense of control and superiority in their life, but the long-term costs are often steep.

If the shame remains unacknowledged, a person may decide to focus on another emotional state, an act of emotional substitution. For example, a shamed person, unwilling to acknowledge the feeling of shame can become angry with someone else, making the other a kind of scapegoat for self-blame. Anger is a more comfortable to experience than shame. However, substitution is a form of self-deception: it relieves the pain and discomfort but does not alter the feeling, not immediately. By not focusing on the shame and attending to other emotions, we lose the opportunity to understand the forces at work around us and within us.

I think this is an important concept to consider. At first in Bioenergetics the thought was that anger was sitting behind shame and needed to be released. Maybe that is because shame is a state of shock, and when coming out of frozen/immobility; fight/flight is initiated. We may choose to hide or deny our feelings by “making nice” in order not to be abandoned, not to lose contact with a relationship that we depend on for our well-being. This could be seen as a kind of flight response. Or a fight response might occur, using anger and aggression to defend ourselves. Hopefully, when safe, we can begin to acknowledge the hurt and vulnerability hiding behind our anger. In other words, after the melting from frozen immobility (shock), and if there is enough support and with enough self-esteem and with enough courage, the risk can be taken to fully understand the process.

Shame and the Culture

The first paper I published on shame was titled, “Men, Women and Shame”. In this paper I elaborated on how our self-concepts are defined by what the culture judges what as good and acceptable behavior; and that because of cultural differences and the differential upbringing of the two sexes, men tend to feel shame about letting down into vulnerability and tenderness, while women are more ashamed of their sexuality. I had no plans to revisit that topic for, as I believed, that we are now one and a half generations later; and certainly, we have moved beyond that. But then, god bless him for his braggadocio, Donald Trump announced without any shame that because he is a powerful white male, he can sexually accost any woman he wants. And then to my horror, I watched him physically stalk Hillary Clinton during the debates, looming over her in the position that Peter Levine warns us is that of the predator.

Men feel shame around vulnerability and need and women, their sexuality, because boys and girls are shamed and supported for different behaviors. For men in our culture, there are deep feelings of shame around need, vulnerability, and helplessness. Defensive anger and withdrawal are two of the most common responses to men on being shamed. Deborah Tannen studied little girls and boys interacting, beginning as toddlers. Girls were trying to relate, while the little boys as early as 2 to 3 years old were going one up/one down. So, if a man is called out for a transgression, then he is being wrong. To admit to making a mistake, means that he is deficient ... thus blame the accuser. She or he is too demanding, emotional, critical, seductive. To say: "I'm sorry" would mean being one down. So, become angry, stonewall her, devalue the incidence.

In a study on the effects of touch on patients' reactions to surgery, it was found that the effects were therapeutic for women, i.e. the women who were touched had lowered blood pressure and less anxiety both before surgery and for more than an hour afterwards than the women who weren't. But men found the experience upsetting; both their blood pressure and their anxiety rose and stayed elevated in response to being touched. The researchers explained the differential findings for the sexes by reasoning that "... men in the United States often find it harder to acknowledge dependency and fear than women do; thus, for men, a well-intentioned touch may be a threatening reminder of their vulnerability." On the other hand, little girls in our culture are allowed to maintain a physical relationship with their mothers, which boys are forced to give up (Moss, 1967). "In the United States ... girls receive more affectionate touches (kisses, cuddling, holding) than boys do" (Thayer, 1988, p. 32).

Thus, underneath the shame, men feel rage especially with the mother, for she was his first love, the one who held him and taught him softness and warmth. Then she denies the contact, tells him that big boys don't cry, don't need to be picked up and comforted. He feels humiliated overwhelmed by her power. So he gets even. He devalues her love, models his father who he sees as a powerful manipulator in the world, a controller of ideas, of money. He teaches his son not to cry, not to reveal pain, not to lose control, not to let down, not to give up, not to merge.

The father teaches him about aggression, shows his son how to thwart his mother's power by humiliating her, shows him how to keep his distance, make her object. She still arouses strong feelings in him – the longing for love, sexuality, and warmth. He must suppress them, does not trust his own body, his own heart. So he projects his longings on to her, accuses her of instilling these shameful feelings in him. He turns against the sensations of the body, for they bring back memories of his infancy and vulnerability. These body feelings are woman; she is the vulnerable one. It is her seduction that arouses these feelings. He is afraid to feel sensation, intense physical feeling; and therefore, intense emotional feeling. He may do this by assuming a super-macho front or by becoming cerebral, trying to

explain all his feelings, with the illusion that if he can explain a process, he can control it. Regardless, vulnerable feelings are to be controlled and he tries to do so both for himself and in others.

These two different defense mechanisms produce two different behavioral ways of dealing with emotion. In the case of the “super-macho” man, because he is unable to really assert his power, he becomes explosively aggressive, attempting to control others while he is out of control. “Rage is one of those more spontaneous, naturally occurring reactions often observed to follow shame” (Kaufman, 1985, p. 74). To hide his inadequacy, he belittles others, rages to feel strong, against his wife and really against his own need for softness and closeness. Or, he becomes logical, rational attempting to control others and place himself above them.

I had a client many years ago, a 50-year-old man with narcissistic issues whose work illustrates how he was caught between the culture’s definition of manhood, his need, and his contempt for himself. His presenting problem was his inability to form a lasting meaningful relationship with a woman. Instead of being able to meet women and date, he got high on cocaine and used prostitutes to enact masochistic fantasies. Often, he ended up feeling close to the prostitutes and then became afraid that they would take advantage and abuse him. He wanted to be in therapy with a woman to whom he felt sexually attracted so his transference issues could be worked through. His previous female therapist had been over-whelmed by his sexual transference, referred him to a group and he eventually began seeing the male leader in individual therapy. Both the male therapist and the client felt his basic issues with women had never been resolved so the client was referred to me for individual therapy.

When the client was 6-years-old, his father told him that his job was to take care of his mother and sister. The father was gone to work most of the day and not very contactful when he was home. From 6 to 9-years of age the client had nightmares of being attacked by Frankenstein. In the course of therapy, he re-experienced his fear of his father’s rage, which was never overtly expressed but he felt and saw in his eyes. Then he identified his father as the monster who wished him harm. He also began to see himself as the Frankenstein monster in that he felt controlled by others’ images and ideas of himself.

In the course of his bioenergetic analysis his longing for his mother appeared. When he started to cry, the entire front of his body tightened. He was caught between his insistence as he hit and kicked the mat that: “she really did love me” and his disbelief that anyone could treat a child like that – deny his basic needs. When he would look up at me and see my caring, he was deeply ashamed, felt that he had lost his manhood, my respect, and his sexuality. He began to put himself down and called himself stupid for needing and caring. Sometimes, after he had expressed his rage against his mother for abandoning his needs, he felt his impotence and powerlessness at being able to affect her deep feelings. Then he

would approach me in a sexually seductive way. He was re-enacting his parents' treatment of him, putting himself down for needing and feeling emasculated and then trying to get his needs met by being seductive. If he reached out with tenderness, he felt he lost his pelvis and sexuality. When he related to whores, he was frustrated because once again his needs weren't met. To be in relationship with a woman meant he was trapped into taking care of her, like he felt with his mother and sister, left alone without either his manhood or his emotional needs met. No wonder he had never been able to commit to a woman!

Although his pelvis wasn't opened, he felt much more comfortable thrusting with sexual aggression and anger than with soft feelings. When aggressive, he felt like a man. As he continued thrusting and his pelvis opened, the charge began to move into his chest. The pain and longing emerged and with it the rage at his parents for abandoning him. Next came the shame and embarrassment of not being a "real man". "Real men" don't cry. They thrust with power and aggression, unfettered by desires for softness and contact. Then he tried to present an image of manhood – seductive and uncaring.

And that was his image that his father left him with – take care of the females. But there was no model for feeling, for needing. All of those feelings were woman; only women could be nurtured. So, in his sexual masochistic fantasies, he liked to pretend that he was woman, powerless yet taken care of, held, appreciated. But to be woman also meant to be abused, used and powerless. So, he could act out his fantasies with prostitutes until he became scared of them taking over and abusing him. Because his parents denied his basic narcissistic needs, he projected a way of meeting them by the cultural stereotypes he observed. Men are strong, sexual and unfeeling; women – weak, passive, and loved.

Female Body Image, Sexuality and Shame

The little girl's situation is different from her brother's. She experiences two heart-breaks, one with Mommy and one with Daddy. Her heart feelings, nurturance, hugs are supported and encouraged – "daddy's girl", playing with dolls – while her natural aggression and assertion are discouraged – soft quiet voices, small steps, quiet play.

So, she has turned to Daddy, not as a model like her brother, but as someone else to love. Her mother has been unable to support her, for the mother already is an object of the culture. She is a sexual object who has been told that she must control her passions or she will make men lose control, revert to beasts, cause them to commit adultery, rape or turn to pornography. Because the mother is afraid of her own sexuality, afraid of her husband, of her mother; because she is worried that she has no money, that her body is too large, her energy too intense, because this mother's heart is not open, she cannot allow her daughter to be.

She criticizes her daughter's assertion, her flirtatiousness. Naturally, the daughter turns to her father. Perhaps, she can please him. If he is at home, available and warm, her heart feelings, nurturance, and hugs are supported – she is “daddy's girl”. She tries to please him, be his perfect mate. Unlike the mother, she doesn't nag or boss. He will not humiliate her; will always love her. And of course, he does love her; that is as long as she remains a little girl and doesn't form opinions that differ from his, become too large, too powerful and threatening.

If the father is hard and distant, the little girl will still try to charm him, not arouse his wrath, try to learn the magical formula that will get his attention, become an expert at reading emotional cues from others and be out of touch with her own feelings and needs.

He may not even be present. With the increase of divorce, single parent families, and the historic notion that fathers spend their time at work, many of the ideas of father and maleness are gathered from images depicted by TV, books, and movies. So, the little girl uses these cultural images to create an idealized father whom she hopes to please. Once again, she strives to be better than her mother. She becomes polite, charming, hoping that she will be able to keep her man, won't be humiliated or abandoned like her mother.

As she grows her body begins to soften, expand, becomes round. An excitement stirs inside her. Kim Chernin describes this first flowering of the adolescent girl.

“We picture her ... as she looks admiringly at herself in the mirror. She is studying those breasts, that rounding belly, those fuller thighs that make her like her mother. She combs back her hair and puts a flower in it; she takes her mother's lipstick from the drawer and heightens the color on her cheeks. Now she is wearing perfume, she has draped a scarf across her shoulders, and she dances now, her arms reaching up, her belly twisting. She has never seen this dance before but her body knows its motions, as one day it will know how to make a mother and will guide her in knowledge and tenderness in the care of a child, this body bending itself now, no longer seeking to know itself through studying its reflection, but gathering directly a knowledge of its own force, its sensual power in the dance. But now suddenly, the door opens and the girl turns, startled and delighted, afraid of what she senses must have been a transgression and yet still eager to share this new knowledge of delight discovered in the body. She stretches out her arms, dancing still, a smile on her lips, as in her innocence she steps toward him. It is an older brother, her father, an uncle who has been spending the weekend with the family. And he, misunderstanding, reaches out for her, transforming innocent delight into seduction. Or he takes alarm and flings back over his shoulder as he retreats some ambiguous expression that makes her feel ashamed. Or he grows angry, snatches up a towel, throws it over her, as if this flesh discovering itself were an object of danger or disgust. Or maybe he flails out wildly, overcome all in the same moment by the desire and the

fear and the rage of his awakened primordial memory. He slaps her, shakes her by the shoulders, calls for her mother, and sends her in to lecture the girl" (Chernin, 1981, pp. 158–159).

Now she can't be "daddy's girl". Her body is becoming woman and everything in our culture says that woman is to be despised. So, she becomes the anorexic, the bulimic. Starve the body, don't become the hated mother, please Daddy forever. Shame is an energy blocker, a way to stop the pelvic charge, a way to block the arms from asserting their love, from offending the loved man.

Female Sexual Abuse and Shame

If the father, brother, uncle doesn't move away, but uses the girl for his own pleasure, then he has violated the child's natural excitement that undifferentiated flow between the pelvis and the heart. That love and trust is violated for an adult's pleasure. The girl is over-stimulated, given too much charge in her pelvis with no way to contain the charge. As adults, these women often abuse drugs, alcohol, grasp for any sedative as a way of trying to keep their energetic charge under control. Their excitement becomes anxiety; the reaching out stopped for fear of invasion, their hearts, broken, sad. Abuse of a child by an adult whom she has been taught to respect and trust is a betrayal of love.

So many times, in working with our female clients, the problem has been of supporting them to open their pelvis. This goes against the entire cultural conditioning which has told them to keep the charge down and not become too excited. This was really brought home to me with a female client with whom I had been working for a couple of years. Her chest was oral and collapsed but her lower back was held with a dead white area just above the buttocks. She had a lot of pain there and periodically strained her back. After much therapy working on opening the chest and pelvis, she still reported not wanting to have sex with her husband. The source of her lack of responsiveness was revealed when she came in with her husband to talk about the problem.

She was caught between two polarities. On the one hand, she said she was afraid of being labeled frigid when she turned her husband down and on the other; she was turned off by his sexual excitement. I noticed when she talked about her husband's enjoyment at looking at her; she turned her head down and held her hands tightly on her lap. When I said: "What happens when your husband looks at you?" She said, "I feel like a whore." With white face she began talking about how her father watched her when she was a teenager, obviously interested and excited; and yet both parents communicated to her that sex was dirty and bad. So here was her bind. Both parents recognized her growth into womanhood, but instead of blessing her with pride, they communicated to her that she was

bad and dirty and needed to hide. Instead of being able to meet her husband's excitement she responded to it much like her parents had responded to hers – with shame and disgust.

As somatic therapists, working with sexual abuse, we are attuned to the flow of the charge, to the emotions of rage and fear. From many years of working with sexual abuse, I have come to believe that the major harm in sexual abuse is shame. Fifty years ago, I was seeing clients in the University of Wisconsin health center as part of my training. Many of them came from rural areas in northern Wisconsin. What emerged is that incest was fairly common in these rural areas. I was struck that female students were reporting sexual encounters that they had experienced with their fathers, uncles, brother, cousins, without much anxiety. They were coming into therapy for other concerns. However, their peers at the university were letting them know that this was not common practice. For the first time they became ashamed and anxious. Shame was more disturbing than the actual sexual encounter. It was the culprit hijacking their sense of self-worth.

As therapists we must be careful when opening a client's sexuality, especially in cases of sexual abuse. This is a critical moment because if the shame is not immediately addressed the client will be left feeling that he or she is bad, which may lead to a self-attack, e. g. cutting, over-eating, or drugs. Or a defensive attack may be levied against the therapist to protect against the "bad self". The therapist who opened these feelings must be bad. He or she is the perpetrator over-stimulating the client. That is why this Conference is so important in alerting us to the factors creating feelings of shame and the responses to it.

Shame and Outliers

As I mentioned at the beginning of this paper, when I first encountered shame, it was not considered a real emotion. I am still learning about shame and dealing with it in my everyday life. Have any of you ever heard of the name Janet Buckner? Neither had I until I heard this story on Facebook. As she talked about an event that had happened 30 years ago, she began sobbing. When she grew up, Negroes weren't allowed to swim in the public pool except for one day that was the day before they cleaned it, so that people like her, Negroes, who for no other reason other than her race had contaminated the water and their filth could be washed away.

Many years later, the ban against Negroes swimming in the public pool was lifted. As she entered that pool and began to swim, she heard the word: "Nigger". That word alone caused her to sink to the bottom of the pool and she would have drowned unless someone had saved her. Obviously, she had gone into shock.

There was something about her story that sounded familiar. I had to find out more about her, so I began searching her name on the internet. The first thing I

learned was that she had been a State Representative in the Colorado legislature, but it took a while of searching, until I found out that she and I were born the same year, and that she had been born, in Indianapolis, Indiana. This is the largest city in the state I am from. Jews weren't allowed to swim at "The Country Club" when I was growing up and there were separate rest rooms for Jews and non-Jews in some of the states.

You see, I grew up as the only Jew in a rural high school in the middle of the Bible Belt. I knew that Trump would be elected, the Klan would march again and there would be violence. I wanted to hide, to escape to a safe place. Then, I realized I wasn't in rural Indiana anymore and lived in Santa Cruz, California, the most liberal and progressive community probably in the world. However, being a member of a group that is so despised and has experienced systematic genocide by the major culture through most of civilization, it is impossible not to feel the impact of that. So, in addition to discussing the biological, somatic, and developmental underpinnings of shame, I want to also discuss to focus on the shame of the outlier: The anti-Semitic feelings of the Jews, the homophobia of gay men. Outliers are different. They are the pieces of a jigsaw puzzle that can't find their place in the picture. They are the Negroes in Ivy League schools, the boy who must deal with his homosexuality in a family of Mormons or Evangelical Christians, the somatic psychologist surrounded by practitioners who believe that Cognitive Behavioral Therapy is the only effective treatment of choice. The outlier is me, the only Jewish girl whose best friend is the only Catholic and whose parents came to this country from Italy. The outlier is my client who came to the United States from North Korea and entered the 4th grade in a primarily Negro school in Michigan. She says: "there are names for girls like me, who look Asian on the outside (yellow) and are white on the inside. We are called "twinkies". Of course, there are other names: nigger, gook, dirty Jew, kike, Shylock and there are names for my best friend (wop), names that resound letting us know that we are disgusting. When I watch a Jew being loud and aggressive, I feel repulsed and want to hide. When I have a gay client, I discuss his homophobia, his wish to be heterosexual, for gay men are treated as even more disgusting than Jews, and even more inferior than women.

And each of us has outliers that live inside of us. These are our self-parts that our parents couldn't connect with. I sit with clients and watch as they berate themselves for being too needy, when they are clearly expressing their wants, or for being wimpy, when confronted with real life scary issues. Those needs which weren't met are our shame and we find them disgusting. Bioenergetics encourages us, undresses us, and reveals these shameful parts to our therapist. And we have to be alert to how clients hide these parts or treat themselves badly when experiencing them. As therapists, we need to hunt those self-parts out and nourish them. Men and sexual abuse are a different matter. If women are inferior, then a sexually abused man is nothing more than another man's bitch, inferior like women. His

sole use is for another's man pleasure and he is of no value. Imagine the shame. Interesting though, if a woman defends herself, she is a bitch.

Conclusion: Healing Shame

There is another response to shame that is less obvious. I call it: "the negative voice". I became aware of this after giving a keynote at a bioenergetic conference. The year before I had presented a workshop on shame. After that, the faculty invited me to give a keynote, this was just after I had finished my training and had just become a local trainer. I knew that while some of my trainers were proud of me, others were jealous and envious.

I gave the talk. The theme of the conference was spirituality and I described my internal process while working with a self-destructive client. I finished, looked at the audience, and you could have heard a pin drop. It was utter silence and I froze. Because I didn't know what else to do, I began singing a Hebrew song, and I don't really have a voice for singing. I just stood there, and my friend Judith led me off the stage, as I received a resounding standing ovation. All week people told my husband, my friends, and me how wonderful I was. What followed was one of the most miserable years of my life. That experience activated an intense depression. One day while riding my bike, I became aware of a steady conversation in my head. I turned up the volume to discover that a street gang lived inside me. I was shocked how nasty the things were that I was saying to myself and realized that I wouldn't even speak like that to someone I didn't like. I also felt a tightness around my chest and diaphragm. So, I began to send my breath to those areas. The voice did have a point to make but it was way over the top in making it. Over the years, I have discovered that this voice is activated, when I have received a great deal of positive attention and comes from my older brother's jealousy of me, which I experienced when we were children. It is good to know the trigger, so when I have returned from a party and have received much positive attention, I am alert to the bad feelings that may follow and can work with them.

Turn up the volume
Where in my body am I tense when I hear this voice?
Breathe into that area
Would I talk that way to someone I didn't like.
Was there any useful information that the voice was saying?

Another way we can heal shame is by helping our clients view their behavior in such a way that what is revealed is seen in the context of the human situation. One of the most powerful ways of healing shame is in a group, especially when the person is in the company of others who have had similar experiences. That

is why ME TOO has become such a powerful movement and why groups for people who have been adult children of alcoholics, sexually molested, bulimic, or anorexic are so popular. The members can talk about their early experiences of denying and hiding, realize that others have had the same reactions to similar situations and it wasn't their fault. The child always blames him or herself for not getting the support or feedback he or she so badly needed, it is the child's fault for the molest, or the woman's fault for the sexual abuse. In a group, the shamed person hears stories of others like himself. By supporting and encouraging the other to let go of her shame, the person becomes aware that he or she is not to blame, or disgusting, or less than and is able to begin self-forgiveness.

When I was having a particular hard time during my bioenergetic therapy – my therapist was working on opening my heart, and as a result my sexuality had shut down – I joined an African dance class. Five or six men sat in the front of the room beating on drums, while the women moved their hips and shoulders with strong yet sensuous motions to the rhythm. At first, I was shy and tight about moving in front of the men. My shoulders felt frozen, my pelvis rigid and locked. But slowly, with the smiles and support of the other women (later the men – I didn't look at them for a long time) I began to move, dance, pound my feet and thrust my pelvis and shoulders. All of a sudden, I felt free to move my body the way I wanted to move. I began walking down the streets with long strides, the movement initiated from my hips. If a man commented I smiled back and agreed with him. Before, I would have felt that I had lost my power, given up myself to him, just by being looked at. I was beginning to feel the way I walked and to walk the way I felt.

References

- Chernin, K. (1981). *The Obsession*. New York: Harper & Row.
- Darwin, C. (1979). *The Expression of Emotions in Animals and Man*. London: Julian Friedmann, (original work published 1872).
- Demos, E.V. (1986). A Timetable for Shame. In Nathanson (Ed.), *The Many Faces of Shame*. New York: The Guilford Press.
- Kaplan, L. (1978). Oneness and Separateness: From Infant to individual. New York: Simon & Schuster.
- Kaufman, G. (1985). *Shame: The Power of Caring*. Cambridge, Massachusetts: Schenkman Publishing Co., Inc.
- Levine, P. (2008). Personal communication.
- Lynd, H. M. (1958). *On Shame and the Search for Identity*. New York: Harcourt Brace.
- Nathanson, D.L. (1986). The empathic wall and the ecology of affect. *Psychoanalytic Study of the Child*, 41: 171–187
- Nathanson, D. L. (1987). *The Many Faces of Shame*. New York: The Guilford Press.

- Piers, G. & Singer, M. B. (1971). *Shame and Guilt: A psychoanalytic and a cultural study*. Springfield, IL: Charles C Thomas, 1953; reprinted., New York: W. W. Norton & Co.
- Resneck, H. & Kaplan, B. (1972). *Embarrassment in relation to the body image and self-concept of the college freshman*. Paper presented at Midwest Psychological Association, Cleveland, Ohio.
- Roelofs, K. (2017). Freeze for action: Neurological mechanisms in animal and human freezing. *Philosophical transactions of the Royal Society B Biological Sciences*, 372: 1718.
- Robson, K. S. (1967). The role of eye to eye contact in maternal-infant attachment. *Journal of Psychology, Psychiatry*, 8: 13–25.
- Sartre, J. P. (1956). *Being and Nothingness: An essay on phenomenological ontology*. Translated by Hazel E. Barnes, New York: The Philosophical Library.
- Schneider (1977). *Shame, Exposure, and Privacy*. Boston, Mass: Beacon Press.
- Stern, D. (1977). *The First Relationship*. Cambridge, MA: Harvard University Press.
- Stern, D. (1985). *The Interpersonal World of the Infant*. New York: Basic Books.
- Tannen, D. (1990). *You Just Don't Understand: Men and women in conversation*. New York: Ballantine Books.
- Thayer, S. (1988). Close Encounters. *Psychology Today*, 10(1): 31–36.

About the Author

Helen Resneck-Sannes, Ph.D. is a psychologist in private practice, and has lectured and taught in universities and colleges. She is a well-published author and is most known for her ability to integrate diverse concepts into the theory and practice of bioenergetics. She is a member of the international faculty, and has been a keynote speaker at conferences, co-editor of the journal, and has led training groups in the United States, Canada, Europe and New Zealand.

www.helenresneck.com

helenrs@aol.com