Shame—further reflections

Shame involves a hole—a hole where our connection to others should be. In shame we fall out of the dance, the choreography of the human theatre. And in the deepest depths of shame we fall into a limbo where there are no words but only silence. In this no-place there are no eyes to see us, for the others have averted their gaze—no-one wishes to see the dread that has no name.

Shame and schizophrenia

This is sometimes conveyed most vividly and painfully by people suffering from schizophrenia. One patient, Sally, described how she would observe other people communicating, with words and gestures, each person seemingly perfectly “in step” and harmonized with the other—an astonishingly intricate interlocking of sound and movement, determined by dauntingly complex rules of form and content, whereby each person apparently conveys meaning to the other. As a child, Sally had always experienced difficulty in “joining in” with others, despite her intense desire to do
so. She had never been able to understand how and why people behaved towards each other in the way that they did, and why one kind of behaviour or conversation took place in one situation, but not in another. Increasingly Sally's social experiences had been painful and discouraging, involving rejection, teasing and scorn from her peers who had clearly regarded her as odd. She came to feel ever more awkward in the presence of others, never knowing how to behave or what to say. Her feelings of shame and self-consciousness intensified, crippling her social capacities even further. Finding the social world almost entirely without reward and consistently humiliating, Sally withdrew more and more into her secret alternative world of inner fantasy. She began to devise her own private code of communication involving certain gestures and signals. When imposing this on others she was attempting both to deny her own failure to understand the shared social “language” and to make others feel something of the incomprehension and bewilderment that was her recurrent experience. By late adolescence she had become floridly psychotic.

Sally’s behaviour was pervaded by indications of shame, self-consciousness, and embarrassment. When she first began attending her psychotherapy sessions, she would conceal herself behind a pot plant in the waiting area. She would avoid eye contact. She would repeatedly apologize if she felt she might have behaved inappropriately in some way. Moreover, she would report excruciating shame at her recognition that some of her behaviour and remarks would indeed be regarded as odd by others. Sometimes she would attempt to counter her shame by making a point of explicitly telling people that she was schizophrenic almost on first meeting them. It was apparent that she was extremely anxious about telling me of her private thoughts, beliefs, and fantasies, for fear that I would laugh at her or react with shock. Her core fantasy, which varied in its degree of prominence, was that she was the “son of God”, with a secret message for the world. I describe this as her “core” fantasy because, although she told me it was always present in her mind, it was the one that she referred to most rarely, and when she did so she was clearly extremely anxious and embarrassed. This self-image, of the utmost grandiosity, obviously functioned in part to counter her feelings of inferiority and inadequacy, but was itself associated with intense shame and for this reason was mostly concealed. I think it is probably the case with many core schizophrenic delusions—they are concealed because of shame and are certainly not revealed to the casual and unempathic enquiries of the general psychiatrist. Probably it is only when the patient is in a fairly florid psychotic state that he or she will display core delusions overtly—at such times of acute psychosis, shame appears absent. Afterwards, when the acute phase has subsided, the patient may suffer terrible shame at the memories of his or her behaviour. The same is true of those patients who at times experience manic states of mind.

Whilst there are no doubt many factors converging to produce the clinical state and personality of schizophrenia, an inability to process and respond appropriately to the communicative signals of others seems crucial. Schizophrenic people have difficulty understanding others and in grasping social rules and expectations in the way that most of us are able to do relatively effortlessly. It is a kind of social dyslexia. In this respect there may be links with other conditions involving failures in grasping social meaning and in understanding the minds of others, such as is found in autism and Asperger syndrome (Concoran, 2000; Frith, 1994). The problem may arise from neurobiological abnormalities that result in difficulties in processing emotional and social information, and impairments of the normal filtering, focusing and sorting of perceptual stimuli. Such patients live with the continual threat of engulfment by cognitive and perceptual chaos—the “black hole” of non-meaning (Grotstein, 1977, 1990). Another contributing factor may be confusions and contradictions inherent in the communications of the mother, such that the child who becomes schizophrenic cannot “make sense” of her messages—although I do not wish to suggest that this is a primary or essential cause of schizophrenia, which almost certainly has some basis in neurobiology. Whatever the source of the difficulty in processing social information and in responding appropriately, this impairment gives rise to pervasive feelings of shame and inadequacy—and also then to deep feelings of depression.

Shame and social inadequacy

Shame is a response to failure and to ensuing feelings of inadequacy—especially a failure when success was expected. Such
instances always involve a sense of failure in the eyes of others. The spectrum of shame-evoking failure is very wide indeed: e.g. failure to achieve academically or in a career; failure to possess a desirable accent, body, clothes, or social skills; failure to be accepted by others and be included as part of a social group; failure to understand information; failure to perceive and respond appropriately to the social requirements of a situation accurately; failure to have acquired symbols of status and social and material success; failure to retain control over display of emotion; failure to control one’s body. However, the most fundamental failure, I suggest, is that of not being able to evoke an empathic response in the other. Following a hypothesis by Broucek (1979), that the sense of efficacy forms the basis of the sense of self, we might consider that one of the most basic forms of efficacy is that of being able to communicate one’s needs and have them understood by the mother or other primary care-giver. This is also the case in adult life. When we are in contact with friendly others who display empathic understanding of our experience and difficulties we tend to feel relatively free of shame; we feel there is a continuity between our experience and that of others. It is when we anticipate, or actually encounter disapproval or incomprehension of our behaviour and emotions that we experience shame. At such times we feel a discontinuity or gulf between ourselves and others; we are strangers to each other.

Broucek (1991) suggests that shame may arise in the early experiences with the mother at those moments when she becomes a “stranger” to her infant. This could occur as a result of the mother’s changing moods and preoccupations which may alter her behaviour and facial expression. Broucek points to the evidence of “still face” experiments (Tronick et al., 1978). Interactions between mothers and three-month-old infants were filmed under two conditions; in the first, the mother was instructed to interact as she normally would; and in the second she was asked to make eye contact but not engage in facial or verbal interaction. The infants reacted to the still face first by attempting their normal engagement with the mother, but then responded either by crying in distress or by slumping down, with loss of body tonus, turning the head down and averting their gaze from the mother’s face. Broucek agreed with Nathanson (1987a) that the infants showing the second kind of response were displaying an early form of shame and that this is also an aspect of the infant’s response to strangers (Spitz, 1965). It is perhaps significant that the infants first attempted to engage the mother using their usual behavioural repertoire and then reacted with distress when these efforts failed. Thus the shame arose when the infant encountered an emotionally important other, the mother, who did not behave as expected, and the infant did not know how to respond to her. Suddenly the relational world was alarmingly unpredictable. It is the same with adults when our social expectations are violated—we call it embarrassment.

Schore (1998) summarizes a great deal of developmental and neurobiological data regarding facial mirroring as a major vehicle of affect communication, to conclude:

The experience of shame is associated with unfulfilled expectations and is triggered by an appraisal of a disturbance in facial recognition, the most salient channel of non-verbal communication.

He sees shame arising when the young child looks to the mother for the positive emotion-generating function of facial mirroring, but finds instead a response indicating disapproval or disgust. Then, in place of the anticipated psychobiologically energized state, the child experiences shame, which is a rapidly de-energized and painful state. Whereas the child’s brain in the positive emotional state of facial interaction is producing endogenous opiates that mediate pleasurable responses, in the state of shame it is generating stress biochemistry, such as corticosteroids, which induce inhibition and withdrawal. Schore suggests that shame helps the child to know when it is appropriate to withdraw and become subdued—an addition to the more commonly recognized fight-flight alternatives when faced with interpersonal threat, shame represents “parasympathetically mediated passive coping mechanisms … [which are] … an alternative but equivalent strategy for effectively regulating social interactional stress” (1998, p. 72). Nathanson makes a similar point regarding the safety-seeking emotional withdrawal when a positive and familiar facial mirroring is not evoked. He describes shame as:

a biological system by which the organism controls its affective output so that it will not remain interested or content when it may
not be safe to do so, or so that it will not remain in affective resonance with an organism that fails to match its patterns stored in memory. [1992, p. 140]

We might also consider the shame potential arising from congenital impairments of the capacity to engage in visual contact with the mother. Tantam (1991) writes:

My own hypothesis ... is that Asperger syndrome results from a failure of congenital gaze reflexes, which ensure that the normal infant attends to social signals preferentially and locks the normal infant into the ebb and flow of social interaction. The normal child, it is hypothesised, learns to anticipate how much gaze they and others merit, and this leads to the development of an “attention structure” which is shared with other people. It is from this, I argue, that social theories evolve. ... According to this hypothesis, the lack of in-built gaze responses results in the person with Asperger syndrome being unable to acquire the fundamentals of social competence. [p. 180]

The social awkwardness of the person with Asperger syndrome is regarded as a core feature and many aspects of this, particularly the aversion of gaze, are clearly related to shame.

**Shame and guilt**

It is not always easy to entirely disentangle shame from guilt. However, in general, guilt seems to be felt in response to harmful or prohibited actions or phantasies of such actions. These are often of an aggressive nature. Shame, by contrast is often to do with failures to do what is expected, and is associated with feelings of weakness. Aggression and guilt may be preferentially highlighted as a defence against feelings of weakness and shame—on the basis that it is better to feel strong and bad rather than weak. Jacobson (1965) comments that “sadistic impulses are apt to induce guilt, while masochistic, passive, dependent leanings ... tend to arouse feelings of shame and inferiority” (p. 147). She gives the following example of the interplay between shame and guilt:

This interplay frequently manifests itself in adolescent masturbation conflicts. A patient who in his adolescence suffered from compulsive masturbation would develop intense guilt feelings about his fantasies of “raping” a girl. He would regularly ward off such sadistic impulses by indulging instead in masturbation with passive, regressive fantasies of being spoiled and sexually gratified by beautiful girls who found great pleasure in taking the sexual initiative. However, this masturbation, which would rapidly lead to orgasm, would leave him with excruciating feelings of shame and inferiority, since he regarded his fantasies—correctly—as a manifestation of his passivity, his lack of masculinity, and impotence, i.e. of his castrated self image and his unconscious passive homosexual (oral and anal) wishes. These feelings would immediately result in new impulses to prove his masculinity by “raping” girls; inducing another outburst of guilt feelings, such impulses would have to be warded off once more by passive fantasies. [p. 148]

Thus, feelings of weakness, helplessness and passivity—associated with shame—can lead to a wish to turn the tables and triumph over the other, giving rise then to feelings of guilt (Lynd, 1958). This is extremely common, since, as Gedo (1981) and G. Klein (1976) have emphasized, a major component of the developing organization of the self is the transformation of passive experience into a more active mode—to do actively what was once suffered passively and thereby move from helplessness and shame to guilt.

Some authors (e.g. Lynd, 1958; Piers & Singer, 1953) have suggested that shame is a response to failures to live up to the ego ideal, whilst guilt results from transgressions condemned by the superego. However, shame is a peculiarly global state, casting its shadow over the whole sense of self, whilst guilt tends to have a more discrete reference to particular actions (Lewis, 1971; Lynd, 1958). As Thrane (1979) puts it, in guilt we say “How can I have done that!”, and in shame we say “How can I have done that!”.

Shame may also give rise to guilt more directly. For example, a person might feel shame about a parent, a child, a spouse or other relative, because of their social inadequacies or behavioural peculiarities. Similar shame may be felt about one’s family as a whole, especially regarding class, cultural, and educational background, leading to attitudes of awkwardness and rejection towards one’s kin. This may be pronounced when a person has moved into a class or cultural group significantly different from his or her origins. Such shame about others to whom one is connected—common
particularly during adolescence and early adulthood—may be experienced as an extremely painful source of guilt and feelings of disloyalty.

Shame and the look

A stand-up comedienne in therapy—Julie—talked of her contrasting experiences of being in front of an audience. When her performances went well, she would feel a wonderful intoxicating sense of agency and potency. At these times the audience would appear admiring, their responses of laughter affirming her wit and skill. This was a mirroring experience amplified to its maximum. The more responsive and engaged the audience became, the more her delivery of her material seemed to flow with effortless panache and precision of timing. On the other hand, when the audience was unresponsive, she would experience a mounting panic. Terrible feelings of shame and self-consciousness would begin to fill her whole being. Her heart would pound and her skin would feel cold. Her delivery would become increasingly hesitant and she would stumble over her words. On occasion, in response to jeers, she would actually run off the stage. At such times she did not at all feel herself to be acting from a centre of her own sense of agency, mirrored by an admiring audience, empathically responding to her humour. Instead she would feel herself to be an object of the audience’s unempathic and unfriendly gaze.

Thus when the audience was responsive and clearly experiencing pleasure in her humorous communications, Julie would experience herself as a subject, an agent within her immediate interpersonal world. By contrast, when the audience appeared hostile or unresponsive, she experienced herself as an object of their scornful gaze—all sense of agency would rapidly dissipate and she would feel herself to be socially impotent. As a child she had developed a role of “performer” in the family, being funny, doing little tricks, singing etc. However, she had also experienced her mother as controlling and intrusive, preoccupied with Julie’s achievements, and frequently expressing disapproval by withdrawing and presenting an icy cold demeanour. Julie described her oscillation between states of mind in which she felt herself to be in the centre of her world, into which others could be invited, and, on the other hand, states in which she felt pushed to the edge of someone else’s world. In this way she described the tension, discussed by Bach (1980), between what he termed “subjective awareness”, the feeling that the world is “all me”, and “objective self-awareness”, the sense of being there for someone else.

These patterns were apparent in the transference. Julie would complain at times of feeling treated as an object to be made sense of, rather than a person to be understood empathically from within her own subjective internal position. Interpretations, if they were not framed as an empathic grasp of her experience, but instead referred to a psychodynamic defence or process, would be experienced by her as controlling and fragmenting; at such moments she would feel objectified, shamed, and in a state of painful self-consciousness. On the other hand, she would display a marked tendency to try to fit herself into the analyst’s formulations—this alternating with rebellious states in which she would fantasize wrecking the consulting room, or would fill the session with such a continuous stream of words that there was no space for the analyst to speak.

Many patients experience some degree of self-consciousness when feeling that their communications to the therapist are not immediately understood. It is as if at those times the experience is of being the object of an other’s uncomprehending gaze; there is no sense of affirmation of common humanity—or of Kohut’s (1984) sense of twinship, where it is felt that “here is an other who is like myself”. I have also noticed that some patients who are particularly prone to self-consciousness and shame have suffered the loss of a parent or some similar catastrophe in early life. Such losses cannot easily be mourned by the young child, especially if the remaining care-givers are themselves too preoccupied with their loss, or in other ways are unable to provide empathic and responsive support. The child is likely to become withdrawn, shutting off his or her emotions, perhaps not showing outwardly much evidence of the internal devastation. Adults observing this may think with some relief that the child does not seem to be very affected. The emotional reality is that the child has been torn from the empathic matrix, feeling him/herself to be now at the centre of a cold and hostile world. What then appears to happen is that the child grows up having internalized the absence of an empathic response in the form
of the presence of an unempathic internal object. This unempathic figure is then projected onto the therapist, leading the patient to expect a lack of understanding and responsiveness. The patient fears that he or she is gazed upon by an other who looks not with empathy but with incomprehension.

For the child, too much looking or too little looking are both damaging to the delicately emerging sense of self. The natural exhibitionism of the child looks for the “gleam in the mother’s eye” (Kohut, 1971), but fears the look that seems to invade and control. Lewis (1963) describes the role of watching in a four-year-old psychotic child. The child showed a peculiar, precocious, embarrassed, self-consciousness whilst her mother demonstrated a kind of total involvement with her, constantly watching anxiously. Lewis suggests that the child seemed to have identified with the mother’s watching—in this way maintaining a link to the mother, whilst at the same time affirming her own sense of self, warding off the danger of engulfment by the mother. Merleau-Ponty (1964) has described an abrupt change in the child’s reactions to the look of the other. Prior to a certain point, the other’s look is encouraging, but after this it becomes an embarrassment: “everything happens as though when he is looked at, his attention is displaced from the task he is carrying out to a representation of himself in the process of carrying it through”.

One of the major sections of Sartre’s Being and Nothingness dealing with shame is entitled “The look”. He gives numerous examples of the phenomenology of becoming the object of the other’s look:

Let us imagine that moved by jealousy, curiosity or vice, I have just glued my ear to the door and looked through the keyhole. I am alone... but all of a sudden I hear footsteps in the hall. Someone is looking at me! [pp. 347-349].

Sartre writes of the shock of realizing that the object of our perception can suddenly become the subject who is viewing us as the object:

... my apprehension of the Other in the world ... refers to the permanent possibility that a subject who sees me may be substituted for the object seen by me. [p. 345]

When we perceive the other looking at us, we cannot easily maintain that other in the position of object—we tend to feel we are the object:

The Other’s look hides his eyes; he seems to go in front of them ... to perceive is to look at, and to apprehend a look is not to apprehend a look-as-object in the world (unless the look is not directed upon us); it is to be conscious of being looked at. The look which the eyes manifest, no matter what kind of eyes they are, is a pure reference to myself. [pp. 346-347]

When we experience our self as the object for an other, we feel vulnerable and exposed:

What I apprehend immediately when I hear the branches crackling behind me is not that there is someone there; it is that I am vulnerable, that I have a body which can be hurt, that I occupy a place and that I can not in any case escape from the space in which I am without defence—in short, that I am seen. [p. 347]

Sartre goes on to describe how our awareness of being an object for the other contains the realization that this object (this vision of one’s self) that the other sees is essentially unknowable to us. The self as an object for the other is not the same as our self as the object of our own reflective consciousness:

... it is separated from me by a nothingness which I can not fill since I apprehend it as not being for me and since on principle it exists for the Other. Therefore I do not aim at it as if it could someday be given me but on the contrary in so far as it on principle flees from me and will never belong to me. Nevertheless I am that Ego; I do not reject it as strange, but it is present to me as a self which I am without knowing it; for I discover it in shame or pride which reveals to me the Other’s look and myself at the end of that look. It is the shame or pride which makes me live, not know the situation of being looked at. [p. 350]

Sartre’s examples are of the sudden reversal of the flow of consciousness, from the self-as-subject to the self-as-object (Wright, 1991). The psychologically competent adult is able to balance the subjective and objective self, so that the inner sense of agency is coordinated with an appropriate presentation of self to others, such
that communicative behaviour is continually modified by the perceptual feedback regarding the other's view and impression of one's self (Mollon, 1993). This is the interplay of G. H. Mead's (1934) "I" and the "Me"—a balance which is necessary for the good functioning of what Lichtenberg (1983) called the "self-as-a-whole" and the "mental director". However, some people, especially those corresponding to Winnicott's (1960) account of "false self", seem to experience themselves as predominantly all "Me", excessively preoccupied with the other's image of them and quite out of touch with their "I", their own deeper feelings. Shame and feelings of embarrassed self-consciousness arise when a discrepancy becomes apparent between actual self and the presented self, or between the actual self and the image of the self that the other expects. Thus a person may feel shame when his or her grandiose aspirations are found to be discrepant with reality and this discrepancy is apparent to others. However, shame may also arise when the actual self is revealed to be discrepant with the other's image of one's self, whether this discrepancy is in a positive or negative direction; to realize that the other is underestimating one's status or achievements can evoke shame and embarrassment just as much as can finding one's achievements fall short of the other's expectations. It seems that embarrassed self-consciousness arises in the gap—in the sudden jarring disruption of the fitting together of self and other (Mollon, 1987). Indeed it is a matter of everyday observation that all instances of embarrassment involve this disruption of social expectations.

Captured by the mother's narcissism

For some children—and later adults—the threat of this "embarrassment" can be a pervasive feature of their interpersonal world, thereby becoming internalized as a core component of the personality. This occurs when the mother is experienced as excessively controlling and demanding, requiring her child to fulfil her narcissistic needs whilst the child's own exhibitionism and phase-appropriate grandiosity are neglected. The pressure on the child is then to fit in with the mother's narcissism and to deny his or her own developmental initiatives. To some extent this corresponds to the situation described by Winnicott (1960) in his discussion of true and false self. However, it is articulated in more detail in Kohut's (1971) account of the vertical split in certain narcissistic developments.

For example, Kohut describes the case of Mr J, whose presentation in the analysis was for some time characterized by qualities of grandiosity and exhibitionism. During one session he mentioned casually that after shaving in the mornings he would carefully rinse his razor and clean the sink before washing and drying his face. It was not immediately apparent why Mr J spoke of this and why he felt it to be important, but Kohut observed that it was recounted in a somewhat arrogant and tense fashion. In retrospect Kohut began to see that this was an early indication of a hidden area in Mr J's personality derived from a combination of vertical and horizontal splits—such that one vertically split sector was an expression of his accommodation to his mother's narcissism whilst another sector contained his conscious depression and his own repressed grandiose-exhibitionistic strivings. They gradually arrived at an understanding of how Mr J's overt vanity and arrogance was linked to his mother's praise for various of his performances in which he was shown off for the enhancement of her self-esteem. Thus, in the example of the shaving routine, Mr J was displaying himself as a "good boy who leaves the sink nice and clean", a quality that presumably would have gained his mother's approval. However, his fastidious washing of the razor and basin took precedence over attention to his face. Kohut saw this as an endopsychic replica of his need for his mother's acceptance of his displayed body self and her rejection of this. He explains that Mr J's apparent grandiosity and exhibitionism was not truly his own:

This noisily displayed grandiose-exhibitionistic sector of his personality had occupied throughout his life the conscious centre of the psychic stage. Yet it was not fully real to him, provided no lasting satisfaction, and remained split off from the coexisting, more centrally located sector of his psyche in which he experienced those vague depressions coupled with shame and hypochondria that had motivated him to seek psychoanalytic help. [1971, pp. 180-181]

Kohut here describes a situation in which the child's narcissism and exhibitionism is essentially hijacked by the mother's narcissism, so that the exhibitionistic display is essentially hers. The analytic task,
as Kohut sees it, is to locate the patient's authentic narcissistic needs, which are kept in check (unconscious) by intense feelings of shame:

Gradually, and against strong resistances (motivated by deep shame, fear of overstimulation, fear of traumatic disappointment), the narcissistic transference began to centre around his need to have his body-mind-self confirmed by the analyst's admiring acceptance. [p. 182]

Kohut and Mr J eventually came to understand that a crucial fear was that the analyst would value the patient only as a vehicle for his own aggrandizement and would reject him if he displayed his own initiatives—a transference pattern that precisely repeated his childhood anxieties in relation to his mother. Mr J's overt grandiosity and exhibitionism had been expressed through one side of a vertically split personality, whilst his own authentic narcissistic needs, linked with shame, had been held in repression (horizontal split) within the other vertically split sector (Kohut represents this in a diagram on p. 179 of *The Analysis of the Self*, showing a combination of vertical and horizontal splitting). As Mr J's wishes to display his "grandiose—exhibitionistic self" were identified and worked through in the transference, Mr J was able to arrive at a point where, as he humorously put it, he could "prefer my face to the razor!"

The background of a mother who required the child to function as an extension of herself, in such a way that there was no room for the child's own separate self, does seem to be common with patients who are prone to painful self-consciousness. In such cases the child appears to have colluded with this need in the mother, often because the reward was to remain in a special or privileged position in relation to the mother. This might be so particularly if the mother denigrated the father, so that the child felt preferred to the figure who would otherwise have been the Oedipal rival. In these circumstances, the real rival for the mother's love is not the father but the false image that the mother has of the child. It is the dilemma portrayed in Oscar Wilde's novel, *The Picture of Dorian Gray* (B. Green, 1979). The picture, the image, is loved and it this that Dorian wishes to swap places with. By contrast, the unseen and unmirrored self becomes increasingly degenerate, its features distorted by envy, represented by the hideously deteriorating picture hidden in the attic. Once the child has made this devil's pact of identifying with the image that mother loves, sacrificing his or her true self in the service of retaining her love, the hidden corrosive inner development is then set on its inevitable course. With the possibility of authentic development thus sabotaged, the person will feel that the true inner self is increasingly unlovable and must remain hidden. The ensuing shame and rage may be intense and profound—erupting sometimes later in life in seemingly incomprehensible self-destructive acts of sabotage of the person's achievements (and sometimes actual suicide). In such cases the destruction is an unconscious attempt to break free of the prison of the false self and the mother's narcissism (even if by destruction of the body).

### Shame and exhibitionism

Historically we have castigated the psychological exhibitionist... It seems to me that we have become excessively narrow-minded in our thinking to imagine that the art of being seen, being observed, being noticed, being appreciated and so forth, should be confined to the celebrity or exhibitionist. Surely, in an emotionally literate society, everybody needs to be taken seriously, and we ought to endeavour to provide room so that each and every one of us can have an arena. [Kahr, 2001, pp. 65-66]

Some degree of shame is commonly associated with exposure to the view of others, even if that view is favourable (Buss, 1980). Compliments commonly evoke embarrassment. Darwin (1872) noted that an attractive young woman might blush if a man gazes at her, even though she knows that his look is admiring. This shame-shyness relating to pleasurable aspects of exhibitionism is quite normal. For some, however, conflicts over exhibitionism can be excruciatingly painful.

A young woman complained of social inhibitions and "paranoia" when amongst a crowd of people. She feared that everyone would be looking at her critically and judging her. Analysis revealed that behind this fear lay a strong exhibitionist desire. She wanted to be the focus of admiring attention. It emerged that when she had been younger she had become used to such admiration, being an only child, and adored by her mother (her father having been absent as a result of divorce). Her fantasies were of being a
wonderful singer and dancer—of performing on stage to rapturous acclaim. The problem was that she felt her actual achievements did not match up to her ambitions. Therefore her exhibitionism caused her intense anxiety. It overstimulated her, evoking a fear of crude exhibitionistic display that was not harnessed to talent and achievement worthy of admiration. Her difficulty was self-reinforcing, since her conflicts over exhibitionism gave rise to intense shame, which was the root of her social anxieties, and thereby inhibited her from developing her actual talent as a singer and also prevented her from gaining other work achievements that could provide a realistic basis for self-esteem.

In another case, a patient reported that as a young boy he had frequently been used as a child performer in variety shows—his mother being keenly involved in local amateur dramatics. The boy had not chosen to undertake these performances at his own initiative and in fact experienced intense anxiety before going on stage—especially since he was, by temperament, rather shy. However, his mother had been dismissive of his expressions of anxiety, thereby teaching him to disregard his own signals of shame. Moreover, he did not have any particular talent to display on stage and the “performances” consisted essentially of the amusement value of a small boy dressed in a costume illustrating a popular song of the day—such as a “jailbird” outfit to accompany “jail house rock”, which he would then pretend to sing. In retrospect, it was possible to understand that the boy’s exhibitionism had been overstimulated by this abnormal exposure to a large and seemingly admiring audience. What exacerbated the problem, however, was that his mother caused the performances to continue well past an age when they were at all appropriate, and when the boy could clearly sense that he was no longer regarded as “cute” and the audience was no longer unequivocally admiring. In particular, his peer group became overtly mocking. The boy grew up to be a man with a marked proneness to shame and social anxiety.

These examples correspond to situations described by Kohut (1971), in which the child’s natural exhibitionism had been either overstimulated or excessively suppressed. As a result, the exhibitionism would be repressed. It would not then have the opportunity to transmute gradually into more mature modified forms that are grounded in socially approved achievement. Remaining thus infantile and crude in quality, the desire to exhibit—to “show off”—would be feared unconsciously as very threatening. The potential flooding of the psyche with unmodified infantile exhibitionism can be a source of overwhelming shame. In most of Kohut’s examples, the father was absent, as in the case of the woman described above. The resulting position (of too much mother and too little father) may mean a failure to progress into the triadic Oedipal position, leaving the child insufficiently differentiated from the mother and with an uncertain sense of self; this can be a crucial component of excessive shame-proneness (Mollon, 1993).

Shame and the body

A shame prone patient would frequently speak of his wish to be “pure intellect”, to be without a body with its needs, its lusts, and its imperfections. He was critical of the appearance of his own body and those of others, especially that of his girlfriend. It was apparent that part of his unconscious hope had been that psychoanalysis would help him achieve a state of enduring rationality and a triumph of intellect over body. His body was a source of great shame. It represented limitations and biological need—a continual affront to narcissistic aspirations for freedom, perfection, and self-sufficiency. Andre Green, in a discussion of “moral narcissism” writes:

In the case of the moral narcissist, hell is not other people—narcissism has eliminated them—but rather the body. The body is an Other, resurrected in spite of numerous attempts to wipe out its traces. The body is a limitation, a servitude, a termination ... their body is their absolute master—their shame. [1982]

The moral narcissist condemns the body and its appetites. It is an attitude close to the “profound asceticism of adolescence” described by Anna Freud (1966), adolescence being a time of particular proneness to shame. Green relates moral narcissism to circumstances similar to those Winnicott describes as leading to the development of false self, where the mother’s agenda to have a particular kind of child prevails over the child’s own initiatives. He
suggests that the omnipotence attributed to the mother may be
reinforced if it is associated with the mother’s desire to bear a child
without the contribution of the father. Many patients who are
particularly shame prone do seem to have had mothers who were
rather controlling and who devalued the father (Mollon, 1993).

Sartre also describes the way the body can be felt to betray the
self insofar as it exists for the other:

“To feel oneself blushing”, “to feel oneself sweating” etc., are
inaccurate expressions which the shy person uses to describe his
state; what he really means is that he is physically and constantly
conscious of his body, not as it is for him but as it is for the other. This
constant uneasiness which is the apprehension of my body’s
alienation as irremediable can determine . . . a pathological fear of
blushing; these are nothing but a horrified metaphysical apprehen-
sion of the existence of my body for the Other. We often say that the
shy man is “embarrassed by his own body”. Actually this is
incorrect; I cannot be embarrassed by my own body as I exist it. It is
my body as it is for the Other which may embarrass me. [1956,
pp. 462–463]

The original Other is of course the mother—and in shame-prone
people, the body has been felt to belong to her, and is therefore the
object of hatred.

A particular area of shame in relation to the body concerns
sexuality. Certain German terms illustrate the close association of
shame and sexuality. For example, the genital region is called die
Scham, the pubic mound Schamberg and pubic hair Schambare.
There is something about sexuality that is inherently intimate to the
self (and one’s lover) and which cannot be shared publicly without
some feeling of shame—or if there is an absence of shame we feel
something important is missing. When I was first training in
psychoanalytic therapy I was taught that it was very important to
ask a patient about masturbation fantasies during the initial
assessment because these were considered to provide clues to
crucial conflicts and anxieties. I have always tended to feel reluctant
to make such enquiries, especially in an initial meeting. Although it
does seem that masturbation fantasies can reveal core desires and
anxieties relating to essential aspects of the self, to ask about these
directly (unless done with the utmost tact) can be experienced as
violating and in disregard of the patient’s natural shame. This is
especially the case insofar as sexual fantasies can often be under-
stood as sexualized narratives about injuries and vulnerabilities in
the sense of self—the core self that must not be violated, as
Winnicott (1960), Khan (1972), Stoller (1976) and Kohut (1971, 1977)
amongst others have emphasized.

Some analysts seem inclined to assume that shame associated
with masturbation must be to do with the content of the
accompanying phantasies. I do not believe this is necessarily the
case. One patient, Jeanette, reported, with tremendous embarrass-
ment, how she had learned to masturbate and give herself an
orgasm at the age of seven and had indulged regularly in this over
the subsequent years, but always feeling some sense of shame
afterwards. Her turning to her own body for pleasurable stimula-
tion had been given impetus partly by her feelings of loneliness and
lack of emotional stimulation—her lone parent mother tending to be
preoccupied and often intoxicated. One day, whilst at school aged
14, Jeanette had experienced a sudden “realization” of the nature of
her sexual activities and was overwhelmed with intense feelings of
shame and a terror that others would know her secret. She had
rushed home and tried to tell her mother, who failed to respond in
an empathic manner but instead reacted with anxiety and
disapproval. Subsequently Jeanette developed a disabling social
anxiety, which turned out to be based on the fear that the word
“masturbation” would crop up in conversation and that she would
go red; naturally her anxiety about blushing and this being seen
tended to bring about the very effect she feared whenever a
conversation turned to sexual matters. Jeanette’s adult feelings of
shame centred not only on her childhood masturbation, which she
regarded as excessive, but also on her view of herself as having an
abnormal interest in sex. Discussion of her sexuality in psychother-
apy led to a rapid diminution in her feelings of shame and
associated anxiety.

The sexual stimulation of one’s own body can be experienced as
a private addiction, associated with feelings of weakness and thus
shame. Its prominence in a person’s life may be felt to be an
indication of his or her inadequacy and inability to form a satisfying
sexual relationship with another person. An activity of giving
pleasure to oneself, which inherently is non-social and private,
inevitably must be associated with shame if it is exposed to others. Masturbation is the only pleasurable activity that, inherent in its nature, is not for sharing with others.

Sexuality has many functions—obviously including procreation and the communication of love and intimacy—but it also often appears associated with the sense of autonomy and identity (Lichtenstein, 1961). Injuries to the sense of self and its autonomy, suffered in the early relationship with the mother, may give rise to sexual behaviours and fantasies that have the unconscious function of denying the anxiety and injury, asserting the survival of the self (Stoller, 1976). Through the unconscious ingenuity of sexual fantasy the deepest anxiety about the viability of the psychological-bodily self is transformed into the source of the most intense pleasure.

Parents often do interfere with the child’s autonomy in relation to its exploration of the body’s sexuality. Amsterdam and Levitt (1980) suggest that a common source of painful embarrassed self-consciousness is the negative reaction of a parent who looks anxiously or disapprovingly when the child is engaged in genital exploration or play. They argue that the mother’s disapproval of the child’s autoerotic exploration may be one of the first narcissistic injuries experienced by the child. Amsterdam and Levitt point out that, in contrast to the “gleam in the mother’s eye” which Kohut (1971) emphasized as a foundation of the child’s sense of self, mothers in our culture do not normally beam whilst their infants play with themselves. They argue that in this way the child’s dream of his or her own perfection is destroyed and the source of pleasure—his or her own bodily sensations—now produce shame. Exploration of sexuality has led the child out of the Garden of Eden.

Shame and depression

Guilt, rather than shame, has tended to be emphasized as one of the crucial affects (along with anger) in states of depression. However, if one listens to the preoccupations of depressed patients, it is not difficult to discern repetitive ruminations over shameful and narcissistically injurious events. Indeed, the characteristics of the “depressive personality”, as described by such authors as Rado (1928), Fenichel (1946) and Arieti and Bemporad (1980)—narcissistic vulnerability, sensitivity to slights, insults, criticisms and disappointments—may all be seen in terms of proneness to shame. Certainly depression is, in part, a narcissistic disturbance, since the disruption in the sense of self and in self-esteem is quite central (Mollon & Parry, 1984).

Whilst depression is often a response to loss, what is not always appreciated fully is the role of the shame and humiliation inherent in the loss. When a relationship ends, there is the pain of loss of the other person, but in addition, for the one who is rejected, there is a narcissistic injury—the feelings of shame, humiliation, and injury to self-esteem. It is common for some people consistently to avoid receiving such an injury by ensuring that they are always the ones who end the relationship—becoming “serial rejecters”, agents of narcissistic trauma inflicted on others who are left to suffer the ensuing depression.

Rejection brings shame. Shame evokes rage and hatred of the self that is the object of shame. Self-esteem plummets. A state of depression descends. In such a state, the person feels even more undesirable and unlovable. Shame, rage, self-hatred, falling self-esteem, depression, and further shame—this tangle of “breakdown products” of narcissistic injury (Kohut, 1977)—spirals relentlessly in an accelerating negative feedback, culminating, in the case of vulnerable individuals, in suicide or serious self-harm. Such individuals know that their deteriorating mental state makes them increasingly unattractive and undesirable and this adds to their sense of shame. Shame begets shame—and the only antidote to shame is the empathic and affectionate response of another person. Those who are fortunate enough to have experienced sufficient love and empathy in childhood are able to draw upon these internalized experiences and find their own self-directed empathy. For those who have not, shame may expand without limit.

Some people who are prone to depression live under the oppression of a harsh and shame-inducing superego (Cohen et al., 1954; Morrison, 1989b) derived from experiences with very demanding and status-conscious parents. In childhood these people found that failure or rebellion led to withdrawal of love. The adult pattern may often then be that of an alternation between compliance with the demands of the internalized parental figures and states of manic rebellion. For example, one young woman had grown up
within a particular ethnic culture in which females were expected to behave with extreme inhibition and modesty; she would go for long periods in conformity with these expectations, but periodically would enter manic phases in which she would reject her traditional clothing and become sexually adventurous and promiscuous; this manic phase would then end with a crash into depression and overwhelming feelings of shame about her preceding behaviour. In addition to her feelings of shame for herself, she would feel she had brought shame upon her family.

To some extent the active destructiveness directed towards the self displayed by certain depressive patients can be understood as an attempt to avoid feelings of helplessness and shame in response to rejection. Guntrip (1968) made a similar point when he argued that sado-masochistic internal object relations function as a defence against intolerable feelings of weakness and helplessness. In such a way, depression can be seen sometimes as an attempt to protect the sense of self (Mollon & Parry, 1984). For example, one chronically depressed patient had never managed to separate from her mother, with whom she maintained a hostile masochistic dependence. She described how all her life she had felt she had to be something for other people, whether they be mother, friends, or the therapist in the transference; she felt she always had to slot into the "vision" that her mother had for her. This became quite explicit in the transference where she felt that to become dependent on the therapist meant that she would be taken over and would lose all her autonomy. She made several plans for suicide, which she saw as one way in which she could escape from the grip of the other and affirm her own self even if this meant her death. In this way she could assert that her life belonged to her and was therefore hers to end. Each time she made these plans she threw out all her personal possessions and letters and anything that had any emotional meaning for her. Eventually she became able to say why she did this. It was, she said, in order to prevent others prying into her personal belongings after she was dead. Thus she wished to avoid the sense of shame associated with violation of her core self, even after death. She was engaged in a lifelong struggle to emerge from the shame-ridden state of being an object for the other, and to find and protect the autonomy and integrity of her self—even at the expense of ending the life of her body.

Embarrassment about the self

It will be apparent from the discussion so far that for those who are prone to shame, the fundamental embarrassment is the self. For example, Mr D wished to be "all things to all men". He would adapt his manner, voice, opinions, tastes etc. according to whom he was with. In this way he endeavoured to hide his real self. His greatest fear was that his self would embarrassingly emerge from its camouflage—that he would say or do something that was not in keeping with the image he was attempting to present. A chameleon, he was continually afraid that his colours might not match his surroundings. Naturally, Mr D's real self was hidden from "himself". He did not know what he really thought or felt or desired—but he feared that something from these hidden areas might leak out, catastrophically breaking the carefully constructed blending with the other person(s). Moreover, he feared being exposed as a fraud. He was not sure exactly in what way he was a fraud, but he sensed that his whole way of presenting himself in the world was fraudulent. He would always agree with whatever the analyst said—including interpretations about his false self. The problem was that he genuinely did not know the content of what lay behind his false presentation—he simply feared that whatever it was would embarrassingly break out. In this way his entire being was pervaded by the fear of shame and embarrassment.

Shame and rage

Whilst one common reaction to shame is a wish to withdraw and hide, another is rage. This is a violent attack on the persons or circumstances that have brought about a humiliation. Kohut (1972) wrote an important paper about shame-based narcissistic rage, which he described as follows:

Narcissistic rage occurs in many forms; they all share, however, a specific psychological flavour which gives them a distinct position within the wide realm of human aggressions. The need for revenge, for righting a wrong, for undoing a hurt by whatever means, and a deeply anchored, unrelenting compulsion in the pursuit of all these aims, which gives no rest to those who have suffered a narcissistic
injury—these are the characteristic features of narcissistic rage in all its forms and which set it apart from other kinds of aggression.

[p. 638]

Kohut gives the example of a patient who would skilfully but subtly embarrass and humiliate acquaintances at social gatherings by introducing some aspect of their national or religious background, avowedly in the spirit of being very open and liberal. Gradually, in the course of analysis, he became aware of “an erotically tinged excitement” at these moments of the victim’s embarrassment and his underlying sadism became clear. This led to his recall of recurrent experiences of shame and rage in his childhood. In addition to ridiculing and criticizing him in public, his mother had insisted on regularly exposing and inspecting his genitals, ostensibly in order to find out whether he had masturbated. As a result he had formed vengeful sadistic fantasies, now enacted in his cruel exposures of his social victims to the gaze of others.

Narcissistic rage is often not subtle at all. The ostracized loner who engages in a school shooting; terrorist attacks by groups who feel disempowered and excluded from world prosperity; the rise of Nazi Germany after the humiliations of the defeat in the first world war—all these and many others readily come to mind as examples.

Narcissistic vulnerability (Mollon, 1986) and chronic narcissistic rage derive from childhood experiences of humiliation and failures to evoke empathic understanding from care-givers. Kohut draws attention to Ruth Benedict’s study of narcissistic rage amongst the Japanese, which she attributes to methods of childrearing based on ridicule and threats of ostracism. Benedict describes how:

sometimes people explode in the most aggressive acts. They are often roused to these aggressions not when their principles or their freedom is challenged ... but when they detect an insult or a detraction. [1946, p. 293]

Kohut links narcissistic rage to the “catastrophic reaction” sometimes shown by brain injured patients when faced with an incapacity to perform a task that normally would be easily accomplished—for example, when an aphasic patient is unable to name a familiar object. This incapacity is clearly a source of shame—and is particularly humiliating since, as Kohut points out, we tend to experience our thought processes as belonging to the core of our self. He compares this to a similar, albeit milder, version of the same incapacity when we make a slip of the tongue. Some patients, he suggests, experience slips of the tongue and other expressions of the unconscious as narcissistic blows and in response “are enraged about the sudden exposure of their lack of omnipotence in the area of their own mind”. Indeed, Freud (1901), in his original discussion of slips of the tongue, noted that these are often followed by “a trace of affect” which “is clearly in the nature of shame” (p. 83).

I have often found that when a patient becomes enraged in psychotherapy or analysis, it is because he or she feels that the analyst is not accurately (empathically) grasping their experience; instead, the analyst is perceived as persisting in a point of view of their own. It becomes a battle of perspectives. Similarly, I may find myself experiencing some degree of “rage” towards a patient if I feel that he or she is not listening to what I am actually saying but is persisting in misperceiving and mishearing my meaning according to their own assumptions. The process is no doubt experienced in a particular way, despite contrary evidence (Mollon, 2001a). It can be a pervasive part of some people’s childhood experience, sowing the seeds of chronic narcissistic rage—and, of course, they will then be inclined to want to turn the tables and subject others (including the analyst or therapist) to the same experience.

Adaptive and maladaptive functions of shame

Although extreme shame can be devastating, leaving a psychic wasteland in which all traces of self-esteem are obliterated, the emerging field of evolutionary psychology (e.g. Buss, 1999) teaches that all basic emotions (including shame and guilt) must have some adaptive function. A person without shame would encounter difficulties in relation to others. He or she might engage in behaviour that violates group norms and leads to social exclusion, thereby losing the support and protection of the group and wider society. Access to resources and to potential mates might then be reduced; evolutionary pressures would therefore have selected shame for its advantage in facilitating reproductive success (Greenwald & Harder, 1998).
Shame is a means by which society maintains its own norms and values. It is a signal of violation of these. Pines (1995) comments:

Shame protects our own integrity and tells us if we have been invaded and exploited as well as telling us that we have failed to earn our self-respect, and therefore feel exposed to and invaded by the higher aspects to which we aspire. Guilt will tell us that we have damaged others and that we can expect retaliation or punishment. Both shame and guilt are social markers essential to finding our positions in family and in all subsequent groups. Shame and guilt teach us through painful but inevitable trial and error how to adapt ourselves to social roles and how to influence others to adapt to us. We learn when and how and how much to be open to others: how to manage appropriate closeness and distance: how not to hurt or be hurt: modesty, tact, social sensitivity and sympathy are all learnt this way. And we learn to be human by knowing that what we feel others also feel. [pp. 350-351]

It is through a sensitivity to shame in others that we can show social kindness, minimizing the potential for our fellow human beings to feel embarrassed, inadequate, awkward, left out, and so on. Social intercourse always hovers on the edge of potential shame and embarrassment, since the possibilities of misunderstandings, misperceptions, and misjudgments are ever-present. The absence of feelings of shame can be taken as a signal of being "at home", amongst friends, and of belonging to the group; one might say that "love is not having to feel shame"!

Some individuals are insensitive to signals of shame with the consequence that they are repeatedly ostracized without fully realizing why and how this occurs. This may occur either through social dyslexia or as a result of an active repudiation, or bypassing (Lewis, 1971) of shame signals because of excessive shame in childhood. Certain kinds of narcissistic disturbance (Bateman, 1998; Kernberg, 1975; Kohut, 1971; Rosenfeld, 1987), may be based in this combination of extreme shame-proneness and insensitivity to shame signals (Harder, 1984). In manic states of mind, a person may become disinhibited, triumphantly disregarding social norms and signals of social disapproval, as well as the internalized shame-based prohibitions of childhood (Morrison, 1989b). When the manic state has passed, the person may suffer terrible shame on recollecting his or her shameless earlier behaviour. The repudiation of shame signals may also give rise to paranoid states (Meissner, 1986); rather than experiencing shame (and associated feelings of weakness, defectiveness, or inadequacy) directly, the person experiences feelings of persecution by others. Shame signals are readily externalized in this way since their origin is external and based in the responses of others.

Conformity to group norms can, of course, be harmful if the group is delinquent or destructive. Fears of shame in relation to a peer group can lead an adolescent into drug addiction or other self-damaging and antisocial behaviour that is in conflict with internal morality—thus leading to feelings of guilt. Paradoxically, some groups value a repudiation of shame and an embracing of shameless and socially rebellious behaviour; the result then is shame about feelings of shame. Much of the proto-Nazi philosophy of Nietzsche can be understood as a relentless war against shame (Wurmser, 1999).

The social function of shame gives a clue to something profoundly disconcerting at the heart of the human experience—a haunting paradox hinted at in much of Lacan's writings. We can feel shame if we are revealed to be in some respect an imposter—claiming an identity that we do not have. However, there is a way in which all human identities are false insofar as they are derived from culture (Mollon, 2001a). We all must construct our "identity" out of the roles, images, and language available within the culture into which we are born—and especially within a particular family within the culture. Human beings do not exist outside human culture—but culture is highly variable and plastic. All selves are illusory "false selves"—no matter how vigorously and sometimes violently they might be defended—formed out of this plastic and elusive substance that pre-exists us and yet continually evolves. The threat of shame in its social function binds us to the group, to the culture—and to the illusion. But there is always the threat—a barely perceptible dread—that the illusion will unravel.

**Summary**

Shame can be distinguished from guilt, the latter being more specific and usually related to aggression and transgression, whilst...
Shame relates more to feelings of inadequacy. There can be complicated spirals of interaction between shame and guilt, as shame leads to rage and aggression—the wish to do actively to others what was suffered passively—which leads to guilt, which may be warded off by a retreat to passivity, which leads to further shame, and so on.

Shame can be associated with a very fundamental kind of social inadequacy—a sense of not fitting in, of not being able to enter the dance of human discourse—and can be illustrated in an extreme form in some instances of schizophrenia. A fundamental sense of inadequacy may be felt by the small child who fails to evoke an empathic response from the mother. Facial mirroring between infant and mother is an important vehicle of transmission of affect, having a direct effect on the developing child’s brain. The “still face” experiments indicate that an absence of the expected facial mirroring can be extremely disturbing to the infant, provoking primitive shame responses. Shame is, in other ways too, intimately associated with looking and being looked at. A distinction can be drawn between the look of empathy, which affirms the looked-at person as subject, and the look which objectifies and creates shame. The work of Sartre and of social theorists, such as G. H. Mead, are relevant here. Links can also be made with psychoanalytic concepts of false self, where the being-for-the-other takes precedence over being-for-self. Embarrassment occurs in disrupted expectations that one person has of another—thus the “true self” can be an embarrassment when it conflicts with the “false self” or with the image that the other has of one’s self.

Shame is also associated with conflicts over exhibitionism. This natural wish to display the self to others can be subject to criticism or to overstimulation, resulting in its repression; there is then a chronic fear of crude exhibitionism breaking out in a destabilizing manner—a situation particularly described by Kohut. Another personality constellation described by Kohut is one in which the child’s exhibitionism has, so to speak, been hijacked by the mother, so that his or her performance is for the mother’s benefit; the child’s “own” exhibitionism is repressed and associated with shame.

Shame is intimately associated with sexuality, which is also linked to the sense of self, of privacy, and of autonomy. Masturbation, regardless of the content of associated fantasies, is linked with shame. It is a form of pleasure that inherently is asocial. Parents often express disapproval of children’s masturbation, causing a significant narcissistic blow, a thwarting of the child’s developing sense of autonomy, and an increase in painful self-consciousness and shame.

Depressed patients are often suffering from hidden shame, struggling with the impact of narcissistic injuries. Suicidal preoccupations may express a desire to assert autonomy—to retake possession of one’s life by ending it. Manic states express a rebellion against shame. Experiences that evoke shame are also likely to evoke rage—sometimes termed “narcissistic rage”. This can be a significant feature of the aggression found in depressive states of mind.

The field of evolutionary psychology teaches that shame must have adaptive functions. The signal of shame serves to maintain group cohesion, which helps to promote inclusive reproductive fitness and ensure the protection of the community. Some forms of personality disturbance involve a failure to read shame signals, either due to an inability to do so or an active repudiation of shame. This can lead to paranoid states. Shame promotes identification with the group/family/culture—and yet all human identities are illusory and all selves are “false selves”—a paradox that means the threat of shame is ever-present and is structured into the human condition.

Note

1. Lacan’s own work is often difficult for the non-French reader to understand. One of the best introductions, in my view, is by Gurewich (1999). She outlines Lacan’s insight into the illusory sense of self or subjectivity inherent in the human condition. The child is shaped by social, cultural and linguistic forms that are originally external but are woven into the developing “subject”:

   From structuralism Lacan borrows the idea that the individual does not start his career in the world as a subject but becomes shaped by structural forces that are not graspable phenomenologically. … The fact that we believe we are the sole engineers of our thoughts and feelings, that we believe we are autonomous and cohesive individuals in control
of our actions, that we think we know why we seek analytic treatment, that we imagine that the analyst knows something about us that we don’t know, that we feel that the analyst is casting judgement upon us—these aspects of experience are what Lacan calls méconnaissance or misrecognition. This méconnaissance—our usual way of being in the world—gives us access only to a realm of illusion … [p. 7]