

Self and Shame: A Gestalt Approach

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Shame, both a universal human feeling and also one of the most potentially disorganizing of all affect experiences, has been relatively neglected in clinical writing until recent years and even today remains in unclear focus in much of our dominant clinical tradition and thinking about self-models. Both this neglect and this lack of focus are much clarified by a Gestalt model of self-experience and self-process—a perspective which raises paradigmatic questions for our thinking about human nature and relational process. Drawing on the tradition of affect theory and Goodman's radical revision of traditional self-theory, this article examines the terms of the underlying assumptions about self and relationship that have informed our traditional clinical models and offers a new model of shame, support, and their dynamic interplay in self-process and self-integration. Shame then emerges as a key signal affect in a field model of self, much as anxiety stood in this role in an older, individualist model. Implications for clinical practice are then considered, with an examination of five thematic clusters of possible therapeutic interventions, aimed at bringing shame issues to light in the therapeutic relationship itself, and offering the promise of transforming self-inhibition and disorganization into new self-development and growth.

WHAT IS SHAME, and why do we consider an understanding of shame dynamics to be essential in working with individual and relational process?¹ What does this understanding add to the

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¹The ideas in this article and the model presented here are very much a work in progress, developed collaboratively over a period of several years with Robert G. Lee, Ph.D., coeditor of *The Voice of Shame, Silence and Connection in Psychotherapy* (Lee and Wheeler, 1996). For critical input and support, by no means always in agreement with us, we are also indebted to Sonia and Edwin Nevis, Iris Fodor, and the members of the New England Gestalt Study Group, as well as to Jim Kepner, Mary Ann Kraus, Mark McConville, Joseph Melnick, Malcolm Parlett, Jean-Marie Robine, the GISC Writers' Conference, and our many stimulating colleagues and participants at AAGT, GIC Child

process picture of human experience and behavior we develop using other lenses and perspectives; what might we miss without it? Why is it that the experience of shame and its dynamic relationship to other emotions have been relatively neglected in both psychodynamic and Gestalt literature until recent years, and what does this neglect tell us about our underlying concept of human nature and human experience and development?

In this article I will be arguing that the role of shame in organizing and modulating experience in general cannot be seen and understood clearly from the older, fundamentally individualistic point of view that has characterized much psychodynamic and early Gestalt writing, because of the inherent limitations of that view of human nature and process. Rather, this dynamic role and its implications only come to light when we take up a more relational and more phenomenologically based view of self and self-process, one that can accommodate the crucial dimension of support (and its absence) in experience and development. The Gestalt model of self, outlined briefly by Paul Goodman and his collaborators (Perls, Hefferline and Goodman, 1951) provides a richer basis for this new understanding of shame feelings and shame dynamics, while at the same time a consideration of the interactive dynamic of shame and support in self-process helps us to fill out the picture and the self model sketched so radically and suggestively by Goodman some 50 years ago.

But first some words of definition. *Shame* is a broad term, and one often used fluidly or fuzzily to refer to (1) an emotion (in the sense of a complex experiential schema including cognition/interpretation as well as sensation or feeling); (2) an experience, which is close to the first sense as long as we understand the term emotion as including cognition and (social) construction; (3) an "affect" (in Tomkins's sense of a more basic or innate body sense, "before" the operation of interpretation and social construction, though certainly that "before" is very much under challenge nowadays; see, e.g., Tomkins [1963]; also Kuehlwein [1996] for an example of current constructivist challenges to a "pure affect" point of view); (4) an interpersonal transaction, as in the verb "to shame," and/or an internal "state," a kind of personality or self-disorganization (see, e.g., Bradshaw [1994] or any of a number of other writers in the self-help and recovery movements); and (5) several other senses, including an unhappy event ("what a shame"), a characterization or imputation ("shame on you!"), a blot on honor or decency (a "crying shame," "shameless"), and so on. Moreover, it is common to see all these uses in

and Adolescent Conference, Cambridge Family Institute, and numerous other workshop and conference settings. To be sure, Robert Lee himself would express and has expressed some of these ideas differently and is not responsible for incompleteness or unclarity here (see, e.g., Lee, 1995).

an immense range of intensities, from the mildest social embarrassment ("I'm ashamed to say . . .") to an acute level which we associate clinically with strong risk of suicide or other violence. All of these uses have validity, if not always clear boundaries, and we will use and examine the term in all these senses here—hopefully with clarity about which sense we are taking up when. In addition, a crucial part of this presentation will be to introduce yet another sense of this deeply familiar, often poorly distinguished cluster of meanings. This will be our understanding of shame as a *social field perception or condition*, contrasted with support, which we will offer as the indispensable missing link between the social behavior of shaming (which we link to withdrawal of support), the apprehensive feelings of anticipatory shame (which is close to Kaufman's [1980] term "internalized shame"), and the subjective or phenomenological experience of shame, in interaction always with other thoughts and feelings. This is where a redefinition of self is crucial, in our view, to clarifying the confusing and sometimes contradictory clinical discussion of shame in current literature. Likewise this is where the Gestalt model, we submit, is essential to that new and more experience-near definition of self.

The Experience of Shame: Shame as Affect and Feeling

To begin with, when we speak of shame we are talking about a *feeling*, in a broad cluster or continuum of affect that ranges all the way from mild everyday embarrassment and chagrin to the acute states of panic and paralysis that most or all of us have experienced at one time or another in our lives—and more than a few of us experience chronically, or organize our personal field and styles of contact to avoid experiencing, often in debilitating ways. Here the experience of shame is above all a sense of *personal inadequacy* of some kind, the sinking apprehension that I am *not going to measure up* to something or somebody, that I will be shown up as deficient (or possibly too much) in some important way. At their most extreme, shame experiences are among the most intensely negative and debilitating, even life-threatening feelings that we can have. This is because the experience of shame in extreme forms has a way of cutting to the bone of our sense of *basic worth and capacity to survive and cope*, a kind of background feeling that underlies other feelings and experiences and may be subjectively felt as unchangeable—and therefore hopeless at a given painful moment. That is, if shame seems to have to do with my "being," and not just my "doing," then there may also seem to be "nothing I can do about it," which in turn is why states of extreme shame are recognized clinically as states of great vulnerability and reactivity for self- and other-destructiveness (see discussion in Lee 1995; also Wheeler and Jones, 1996). In the related feeling we call guilt, I may feel that I have "done a bad thing," or even am "a bad person"; still, there is the possi-

bility of reparation (guilt derives from the old German *gelt*, a payment or compensation), some sense of strength and agency, which could be turned from bad to good. In extreme shame, by contrast, I am powerless, unable to "face" people or life from such a position of weakness: thus the close connection between shame and sudden explosions of disorganizing rage, turned against the self or the world.

Here is the description of extreme shame states offered by Gershen Kaufman (1980), perhaps the foremost of the affect theorists writing today about shame and how deeply feelings of shame can cut into the core of our basic schemas of viability and self-esteem:

Shame itself is an *entrance* to the self. It is the affect of indignity, of defeat, of transgression, of inferiority, and of alienation. No other affect is closer to the experienced self. None is more central for a source of identity. Shame is felt as an inner torment, as a sickness of the soul. It is the most poignant experience of the self by the self . . . a wound felt from the inside, dividing us both from ourselves and from one another.

Shame is the affect which is the source of many complex and disturbing inner states: depression, alienation, self-doubt, isolating loneliness, paranoid and schizoid phenonema, compulsive disorders, splitting of the self, perfectionism, a deep sense of inferiority, inadequacy or failure, the so-called borderline conditions and disorders of narcissism. These are the phenomena which are rooted in shame. . . . Each is rooted in *significant interpersonal failure*. . . . (italics added).

The binding effect of shame involves the whole self. Sustained eye contact with others becomes intolerable . . . speech is silenced. Exposure itself eradicates the words, thereby causing shame to be almost incommunicable to others. . . . The excruciating observation of the self which results, this torment of self-consciousness, becomes so acute as to create a binding, almost paralyzing effect upon the self [p. vii].

Plainly Kaufman has been there, as have we all to one degree or another. And small wonder then if shame feelings are also among the most *denied* of all the affects, to the self as well as to others—with the result that the more time we spend studying and thinking and talking about shame, the more we come to recognize or hypothesize it clinically by the defensive reactions and compensatory strategies which are often its hallmarks: denial of feeling, anger, rage, criticalness and other countershaming moves, self-righteousness, character attacks, deep anxiety

and self-medication in all its forms including addiction, and finally violence large and small, toward others and/or toward the self. In extreme forms, feelings this acute and this isolating simply cannot be borne and stayed with for long—or at least not without the unusual levels of relational support that can be found, at times, in deep friendship, intimate loving contact, certain group and spiritual experiences, or psychotherapy, all at their best.

At the same time, if a given feeling is so unacceptable or so unbearable as often to be denied, even to the self, then how are we to recognize it at all? How do we know, personally or clinically, when anger, say, or depression is usefully thought of as in part a reaction to or defense against shame, and when this is more our suggestion than the client's own reality? This is of course a question that comes up in any clinical dialogue, about any feeling states and experiences. As clinicians, even if we reject an older authoritarian or rigidly interpretive stance, we still know that our own attention is directed somewhere, that that direction is partly determined by our own theory and clinical experience, and that in this way our theoretical biases can have a powerful influence on what the client attends to and how he or she makes meaning of her/his own experience. The answer here, developed below, will be not to argue right and wrong clinical answers, but rather to ask where our clinical conversation will be supported to go, what we and the client together will attend more to, if we assume as we do that hidden shame may often be playing a much greater role in experience than we have often realized in the past. Specifically, the introduction of the shame topic will serve to refocus our attention on the much neglected issue of support, in the context of the revised model of self which we claim the Gestalt model offers. That model, its implications for issues of support and shame, and some of the clinical implications and applications of it will all be developed below, after considering some of the ways shame has been understood by other models in the past.

Affect Theory: Shame as an Affect Modulator

Up to this point we have been talking about shame as a feeling, much like other feelings—anger, say, or sadness, excitement, fear, and so on—only perhaps even more aversive than other negative feelings, at times anyway, because of the isolation and impotence which Kaufman speaks of, which are so often associated with extreme feelings of shame.

But shame as we see it is something more than “just a feeling,” parallel to and constructed like other feelings in our experiential process. This something more is already reflected in the language of affect theory, which addresses the particular relationship of shame feelings not just to

the world around and the people in that world, but to other feelings and motivational clusters as well. Both Tomkins (1987) and Kaufman (1963), as well as other writers on affect theory, speak of the role of shame as a "modulator affect," one whose function is to govern or modulate the intensity of other affects, ultimately to protect the self—particularly the affects Tomkins calls "interest-excitement," which are of course all those feelings that push or pull us out into the world, toward some desired object or state or position. That is, when I am moved to extend myself out into the social field—and to that extent am exposed to adverse reaction or even danger—then I'm immediately in need of some other cognitive/ affective feedback loop, something that can take ongoing information about my sense of "how I'm doing," and feed it back in a way that will regulate or modulate this "going out" energy. Without this kind of corrective process structure, not just my quality of social living but my actual survival will likely be compromised. Shame, then, is something I am "prewired" to feel (and all the affects are basically "prewired," in this view), as a sort of safety regulator when the social ground doesn't feel firm enough to support my extending myself any further. (Of course, there are many other considerations and feelings that may make us pull back from a given overture, before or after the fact, mostly having to do with estimation of bad practical or emotional outcome. Shame is particular, in the affect theory view and in our view, in that it actually acts to dampen the positive feelings or desires themselves, which is not so much the case with other feelings that may come up, or with practical outcome assessments.)

To put this affect theory discussion in more everyday personal terms, we may say that a state of need or desire is always, at least potentially, a *state of vulnerability*. When I need something, I am to that extent dependent on the field around me; and dependency as an experience is always evocative of issues of exposure, risk, power, and control. Shame is the flashing red light warning me to pull back from a risky exposure, some overture which is not going to be well received in the social field. This pullback may be situational and momentary, as in unexpected embarrassment or humiliation after the exposure, or it may be more anticipatory, protecting me from the public exposure itself (but at times still extremely aversive privately, which I may well struggle to conceal). If these experiences of public or anticipatory shame are severe enough and chronic enough, then the dynamic interaction of shame and desire or need may of course become earlier and earlier, until eventually we lose all awareness of our own desire and feelings in a given kind of situation and experience only the sinking or deadening feeling that that stimulus comes to evoke. This is then what Kaufman calls "internalized shame" (1980), which he regards, as we do in slightly different language, as a

problematic interruption in personal process, a kind of distortion of the original, functional/protective operation of the shame dynamic.

All this is highly contextual, fundamentally constructivist, and deeply phenomenological, in the "experience-near" sense—which is to say, very much in tune with current thinking in developmental theory and cognitive/affective models (and with the fundamental precepts of Gestalt psychology) (see, e.g., Lewin, 1935; also Astington, Harris, and Olson, 1988). But it is not at all close to our dominant received clinical models of self theory and therapeutic intervention. Rather, those dominant models, in particular the older psychodynamic and behaviorist models, are based on an entirely different self-model, which yields a quite different understanding of shame—to the extent that they support any useful clinical discourse and dialogue about shame experience at all (see, e.g., Masters, 1976; also Bijou and Baer, 1961, for a behavioral approach to developmental theory). To see just how different—and how limited—that inherited view is, we need to turn briefly to the background of psychoanalytic self theory itself. This background is the *individualist paradigm of human nature*, a model and a heritage, we believe, which is most usefully deconstructed and recontextualized by a Gestalt field model of self.

The Psychodynamic Model in the Context of Individualism

Traditionally in the West, our understanding of self and relationship has come out of, and been deeply colored by, the *dominant paradigm of individualism* as an underlying worldview and model of human nature and process. This model has roots that reach at least as far back as the Greeks, and then forward and on down to us in a consistent stream, through the Judeo-Christian tradition, Renaissance humanism, Enlightenment and 19th-century scientism, and on into our own century, where psychology has attempted to break with its own tradition as a branch of speculative philosophy and ground itself in empirical process. Fundamentally, individualism presupposes (and it is the nature of a paradigmatic view, as Kuhn [1970] has usefully pointed out to presuppose, more often than to state openly) that something in the essence of each individual person *preexists relationship and context*, and exists meaningfully apart from the social environment. Thus the individual is in some important sense more real than relationship or community, which are not themselves part of our basic makeup but are more in the nature of pragmatic arrangements to accommodate individual needs.

This view is sometimes called the "monadic" self-model, after the Enlightenment philosopher Leibniz, who posited that the basic building blocks of reality were "windowless monads," individual soul/selves set in motion by the will of God, and then spinning and bouncing off each

other endlessly, all according to Nature's laws. This view—minus God, of course—reaches its apogee in psychology in the work of Freud, whose complex system aims to show how, without God and without any assumption of basic benevolence, people could nevertheless form bonds, live in society, and possibly reach some uneasy truce with their own savage biological nature. People do form attachments in the classical Freudian system, but the bonds they form are by definition secondary and instrumental in nature, a fragile compromise between kill and be killed, ever at the point of reverting to an outbreak natural aggressiveness and rapacity. The highest value of the system, as befits an imperialist age, is *mastery*, including importantly self-mastery, which in this model is coextensive with mastery of nature. Any "social instinct" is just a soothing fiction, much like religion or the "spiritualism" that was popular in the times (altruism itself is one of the defenses added by Anna Freud to the "classic nine" defense mechanisms she gleans from her father's writings; see A. Freud, 1936).

And if separateness is our basic nature (and mastery our necessary survival goal), then maximum self-development, the highest realization of that nature, will be found in the developmental ideal of *maximum autonomy, maximum emotional independence from other people*. The child, by nature and by necessity, is dependent; the mature adult, by contrast, is *independent of the social field*, self-driven and self-judging by an internal standard, and in a real sense cut off from connections with others (for discussion and critique of this self-ideal from a contemporary feminist perspective, see any of the valuable works of Gilligan [e.g., 1982] or the writers of the Stone Center and their Wellesley associates [e.g., Miller, 1976; Belenky et al. 1986]).

But how to get from infantile dependency to mature autonomy and field independence? The answer is the centerpiece of classical Freudian developmental theory and brings us back to our discussion of shame and shame theory here. The developmental solution lies of course in the oedipal crisis, the crescendo of inevitable conflict between the rapacious animal nature of the growing child (presumably male) and the demands of a possessive and presumably equally predatory male parent. Through identification with the aggressor (again, see discussion in A. Freud, 1936), the father's dominance is internalized as the superego of the growing boy/child, and thus the standards and demands of society, which keep animal aggression and libido in check, are internalized and carried on.

With resolution of this crisis, *guilt replaces shame, as a social (or socially derived) modulator on impulse, appetite, and behavior* (S. Freud, 1933). To the extent that the individual remains subject to shame feelings, he or she is by definition immature. The "he or she" is important here because another implication of this system, and one much critiqued by feminist and other writers, is that women by definition never achieve this full

autonomy from the social field or a full transformation from *social control through shame* to *self-control through guilt* (remembering here that we are talking about classical psychodynamic discourse, not the many modern revisions, away from drive theory and toward "object relations" and related newer schools). This gender difference follows necessarily from the fact that women are never subject to the full castration threat of oedipal rivalry and thus never identify fully with the aggressor, never completely internalize the superego—and so remain, by definition, in a condition of more or less arrested development: more field-dependent, less abstract in moral judgments (on this subject see Gilligan's [1982] critique of Kohlberg), and *more subject to shame*.

Thus shame is the infantile form of guilt—the affect of children, women, "primitive" cultures, and immature, mother-dependent men—but not felt at all, supposedly, by the healthy, mature male individual, in fully evolved (i.e., individualist) Western societies. In other words, *shame itself is shameful*, a sign of weakness, pathology, and immaturity. Small wonder then if the classical model did not and could not serve as a supportive theoretical ground for discussion of this complex and troubling (and sociable) affect, the most "field-related" of all the affects (even including love and desire, which are related to the field in this model only in an "object" or discharge mode; altruism, remember, is not a basic impulse but a secondary defense *against* basic impulses).

And thus we find little attention paid to shame in psychoanalytic writing, at least until about a generation ago, and even then, many clinical writers continued to be marked by the "self-in-isolation" flavor of classical drive theory and thus seem ill at ease with the way attention to shame tends to take us toward a focus on some *relational disconnect*, past or present (a failure of empathic mirroring, in the language of self psychology), and struggled to find a way to contain the shame discussion within the framework of the isolated Freudian self (see, for example, Morrison's [1987] dissent from Nathanson's [1987] social-context view of shame for an example of this struggle within the psychoanalytic tradition; affect theorists, from Darwin [1872] to Kaufman [1980] and Lee [1995], tending as they do to view the self in a social context, have not had this difficulty. See also Wheeler, 1995).

In our view, this struggle to contain clinical discourse about shame within the bounds of the separate Freudian self and to have a meaningful discussion of shame in purely or heavily internal terms (much like the Freudian discussion of, say, anxiety) cannot succeed. The reason for this has to do with the contradiction between our experience of shame, so eloquently rendered by Kaufman above, with its felt themes of being seen, shrinking, and wishing to disappear from view, on the one hand, and the terms of the individualist self model, which has to assert that feelings like this are not universal and deeply self-organizing, but

exceptional, pathological, and developmentally infantile (*and feminine*) (see discussion in Wheeler and Jones, 1996).

In simpler, more experiential terms, we can say that we just aren't like that, and our living experience isn't like that. Even among successful and privileged adult men—supposedly the group most completely impervious to shame in the psychodynamic/individualist model—it is commonplace, now that the subject is “up,” in the popular culture, to hear people say, ruefully, that significant parts of their lives and experience are at least partly organized around managing and avoiding shame, while the corporate business and professional culture of this society are manifestly deeply structured around dimensions of status, deference, and fiercely subtle gradations of hierarchy—a world, in the words of one of our management trainees, of “shame or be shamed.”

Affect theory offers a picture closer to the world we know and live, of a self guided by affect (and the “meta-affect” of shame) in its negotiation of the social world. Yet such a picture, with the social-field emphasis inherent in a tradition derived from evolutionary research and theory, neglects the dynamic “inner” world of personal history and self/social construction of meaning, which the psychodynamic model did at least address itself to (which is why, in our view, the psychodynamic model has been dominant for so long, despite its many and often-cited difficulties in reconciling theoretical constructs with empirical research and felt subjective experience).

A comprehensive and radically new approach to all these issues, we believe, is found in the terms of the Gestalt field model of self and “contact.” It is to this new model that we turn our attention now, first in its theoretical approach to these and related questions of self-process and self-experience and then to its clinical applications.

The Gestalt Field Model of Self

We've already said that down through Western tradition, “self” has been taken as denoting something deeply private and internal—very close to our received tradition and discourse about “soul”—something that endures and defines the individual and marks his or her existence prior to and apart from (and possibly after) the social field of relationship and connectedness. The problem then, in self theory as in philosophy, has always been, how does this separate and private entity connect up with the world? Leibniz held, basically, that it doesn't (the monads or individual soul-kernels were “windowless”); connection is only in the mind of God. Descartes struggled with the question and posited a dual nature: body belongs to the world; soul or mind to another realm (which leaves us where we started—how does “soul” influence “body”?) Spinoza tried

to finesse Descartes's dualism, with a more subtle dualism of his own: "body" and "mind" or "soul" were two "parallel aspects" of divinity—a bit of pantheism for which he was soon excommunicated from his Jewish community and roundly condemned by the Church for good measure. In the 19th century, with the ascendance of a more atheistic materialism, the old "mind-body" problem was said to have been resolved—in favor of biology, which became the new ground for self theory. And yet subjectivity and self-experience remained, and remained to be explained. The subjective, felt difference between an "inner realm" of private experience and self-organizing drive and affect, on the one hand, and an "outer realm," of the social and physical environment on the other, was still the organizing difference underlying the experiences of awareness and sense of self. Thus in this century the new philosophical movement of phenomenology, articulated by Husserl and others, attempted to address these ancient questions from a new point of view, one based on the terms and given structures of subjective experience itself.

The Gestalt writer and social critic Paul Goodman, deeply steeped in an earlier, more radical Freud and also in the works of Kant and Husserl, drew on these and other sources to attempt a new and more social approach to the old "human nature" problem and to articulate a new approach to the old problems of self, self-experience, and self-process as a source or organizer of agency in the behavioral field. Basing his model on the then-new insights of the Gestalt movement in psychology, Goodman (like Kohut and many others of his contemporaries) emphasized the *organizing, constructivist capacities* of the person as the essential function and defining activity of the processes we call "self" (Perls et al., 1951). But what is it exactly that is being organized, and how does "self" or "self-process" accomplish this essential activity, so that what we get is both the cohesive "self-experience" emphasized by Kohut (1977) and coherent action in a complex and intensely social world? Goodman's answer, which is enormously fruitful for constructing an "experience-near" self model, was to *relocate* self, decentering it from the "inner individual" to a supraordinate position in relation to the whole field, "outer" as well as "inner" (or as he would say, "at the boundary").

We may reformulate a Goodman-based argument this way: first there is the field, into which I am born. This field is everything that is, and thus everything that I have to draw on and be a part of, in the ongoing creative process of self-organization. Awareness is by definition the capacity to respond to the field; self-awareness is the awareness that I am doing that, while I'm doing it. In other words, the most basic characteristic of experience, for the self-aware subject, is a sense of difference or boundary in the field (as Goodman would put it)—a felt, qualitative difference in experience between "inside" and "outside" or, in everyday terms, between "me" and "you." I must be aware of both these realms, to

live and grow; that is, I have to orient to both the inner world of desire (again, to take Goodman's term) and the outer world of people and things. Life consists, in fact, in relating the one realm to the other, integrating the world of needs and desires (and dislikes and fears) with the world of resources and opportunities (and frustrations and dangers)—this is what living is, in experiential or phenomenological terms.

Self, in process terms, *is the activity of that integration*; thus self is "located," Goodman argues, not somewhere deep inside, in the secret recesses of the individual psyche, but "*at the boundary*," in a position to act on and integrate the *whole* field of experience, "inner" as well as "outer," into coherent, usable wholes of understanding, meaning, and action in the field (or perhaps we should say "of the field," since self is not a separate entity, apart from the field, but rather a sort of position, or metaposition, in or of it; *self, we might say, is a "point of view" and an activity in and of that field*).

Now stripped of phenomenological jargon, this is a wholly "commonsensical" position about self and self-process—as Goodman would be the first to proclaim—and one that meets the test of being "experience-near," as a model that has the same "feel" as the living processes it is meant to represent. But the implications of it are quite radical, in some subtle and some not-so-subtle ways, for our understanding of human relationships in general, of shame experiences in self-process, and of that special kind of relationship we call psychotherapy.

First of all, note that in this perspective it suddenly no longer makes sense, really, to speak of "*self and other*," in our familiar everyday way or in clinical discourse (much less of "*self versus other*," which was the flavor at least of much clinical writing in the first century of psychology's existence as a self-conscious discipline). Rather, "*self*" is the organizing, field-resolving process that *yields* a sense of "*me*" in the first place *and a sense of you, or "not me," at the same time*. You are a part of my field and thus a part of my self, which organizes that field meaningfully for me. You are in a different place in my field from my own place, but we are not and cannot be separate in any ultimate sense. Thus the problem of explaining relationship, or relatedness, which the new "self-in-relation-ship" theories try to do by adding on relational needs to a psychodynamically derived self-theory, doesn't really come up (see for example Miller, 1986). Rather, the field is understood as a *field of relatedness*, which is itself the ground of self-process, a constructivist act resolving that field into a coherent "point of view."

In the same way, the field of relationship and self-process is inherently an *intersubjective* field. Your "inner" process, like mine, is a part of the whole field. Yours is a part of my field, and mine is a part of your field. Our experiential fields, in this sense, interpenetrate; and certainly my ability to negotiate the field and reach some satisfying integration of

need and outcome is crucially dependent on my ability to know something, at least, about the inner worlds of other people. This kind of intersubjective knowing is developed and refined dialogically, through inquiry and active listening—as for that matter is my knowing of my own inner life, which is dependent, at least developmentally, on some intersubjective reception and inquiry from others, which let me begin to know something about how to structure that sensate world with language and meaning.

Plainly with this model and this approach we are in a quite different discourse and a different realm here from the 19th-century positivist world of classical Freudian metapsychology—a different world where self is understood not only in process terms (as opposed to the older entity or “homunculus” model), but as an organizing dynamic that is coextensive with the whole field of experience and not just the “inner” part of that field. Plainly too, this in turn will have important implications for our notions of health, relationship, even politics, as well as for clinical work in general—and shame theory in particular.

Understanding Shame from a Gestalt Field Perspective

As we have seen, if the pinnacle of healthy self-development involves *detachment from the social field*, and shame has to do in some way with our interpersonal reception, then by definition shame will be seen as the affect of weakness and failure, and developmental arrest, and *will itself be shame-tinged and taboo as a subject*. But in the contextual self model we have been outlining in the section above, there's no such thing as “detachment from the social field;”—or rather, it is that detachment itself that would be seen as problematic, even pathological (and indeed, the caricatured male developmental ideal in the classical psychodynamic system is something we might have a hard time distinguishing meaningfully from a schizoid structure, or possibly an endemic post-traumatic stress syndrome, as a character style; again, this is a point that has been raised, in somewhat different terms, by a number of feminist critics of the older drive theory model).

The issue, in a field model of self process, is not a simple bipolar one of attachment/detachment (with attachment understood as dependency, and dependency typed as weak and dangerous). Rather, the issue is what *kinds of integrated resolutions of inner and outer world are possible*, which paths to integration of the whole field (which is living itself) are open and which ones are closed, which are supported and which are unsupported, both developmentally for the individual person and as dynamic conditions in the current field. In personal terms, what parts of

myself, what urges and desires, what thoughts and feelings, can be *received and connected with in my social environment* (immediate or symbolic)? What parts will meet with resonance and energetic response (including at times energetic opposition), and on the other hand which parts will be met with a pulling away, a disconnect, often in an overtly belittling or punishing form that we think of as active shaming? That is, in this model we understand shame as *the affect of that disconnect in the field*, that sense of the field pulling away from me, not receiving me, with all the judgment and associated feeling that are carried by that field structure. Shame, that is, is the experience of an unwilling (to me) disconnect with my vital social field (not to be confused with opposition or limits, which may well be felt as a kind of engagement, and are not necessarily shaming).

But—and here is where the difference in self models makes an enormous difference in how we conceive our clients' (and our own) experience—the “field” we are talking about, in this perspective, is not just my “environment,” not just “object” or “other” to me, not just “my environment,” in the sense of something “outside myself.” The field in this sense (and in our lived experience, we would argue) is an *essential and integral part of my self*, as essential a realm of experience and connectedness as my own inner world. The field, that is, is “my world,” in the same sense that my inner world is “mine;” and a break in identification, in this sense of ownership and self-identity on the “outer” level is actually as disturbing and potentially damaging as we know a break in that kind of self-identity is when it is felt in relation to the “inner self” (see discussion in Kohut, 1977). Of course, it goes without saying that such a sense of break or alienation (literally, “otherness”) in identification with the “outer” world is one of the hallmarks of modern Western culture and identity. Under this field model of the self, this is seen not as the “existential truth” of the human condition, but as the clinical pathology of our times.

A break in the field, as we understand it, is always at least potentially *a break in self-process and cohesive self-integration*, which is to say, a break in the self. In the context of development, the growing (and field-dependent) child, as we know, is highly sensitive to breaks and threats of break of this kind—places where a part of the inner self or of self-experience (a behavior, a feeling, a meaning, a voice) cannot be received and, as Kohut would say, “mirrored” in the outer field. If these gaps, these experiences of nonresonance or shame, are too central and too chronic, the result is the dampening and ultimately the atrophy of those parts of the inner field (the “self,” in everyday, individualist language) that were unreceived.

Up to this point we are still in substantial agreement with many of the revisionist, post-Freudian psychodynamic schools in general and with

their way of regarding the self in development. The growing child is extremely sensitive to the empathic break, which is felt as shame and which may become deeply structuring, in limiting or distorting ways, for the developing self-process and self-structure. Where we may differ from some of these models is in our view of the continuing importance of the social field to the mature person (a point Kohut [e.g., 1977] has tried to express, in individualist language, with his notion of the lifelong importance of "internalized self-objects"). We do not "outgrow" our field-orientation, our sensitivity to our reception or response in the field; rather, our field-sensitivity and field-interdependence is lifelong and is one of the two defining poles of self-experience.

Where we do grow, to be sure, is in our ability to organize needed and relevant support from one part of the field (external as well as internal), to compensate for a lack of connection or an experience of direct shaming, in or from another part. We are no longer so reactive and dependent, as a young child must be, to the immediate social surround (though we do feel that response or lack of it), but can "hold" other referential supports. This is quite a different statement from the individualist ideology, which holds that in maturity we "rise above" infantile field orientation. Moreover, these parts of the field do not fall out neatly along "inner/outer" lines, as the older individualist model would suggest (where "self-supports" are expected to replace "field-dependency," meaning the outer field; see for example the work of Lewis [1987] or for that matter Perls [1969]).

Rather, we would emphasize that a disconnect, and threatened or felt shaming, in one part of the field can *only* be supported and managed in a healthy way (a way that leaves me well enough supported to be open to further growth and development) by appeal to *another* social reference group (often a reference group not immediately present), to provide the requisite validation and self-resonance: this is the essential social field orientation that is part of our basic makeup, not something we "transcend" on the way to mature autonomy. Something like this is the case, we would argue, in cases of "solitary heroism," one person standing against the crowd for the sake of a principle. In nearly all cases of heroes of conscience, we find in their writing and speaking that they seek support and social validation by making explicit reference to some other valued group, in their own lives or in history, with whom they identify themselves in their stand, thus knitting up the rupture offered by their immediate social context.

In other cases, we may make appeal to outer support to manage and reframe an "inner" shaming voice. The rejected lover may talk obsessively to friends or therapist, or even relative strangers, about how badly he/she was treated: we would view this need to talk as the attempt to *repair the shame*, by seeking an empathic connection that restores the

wholeness of the self. The obsessive quality suggests that the attempt is not working—in our view often because the real shame feelings are being talked around and avoided (perhaps with countershaming and blame), not named and supported, and thus not reaching a new integration that would enable the person to move on. The listener may feel entrapped, as if she/he has either to agree (“yes, what a jerk”) or else risk further shaming of the distressed person (“get over it,” or “well, I think the picture was a little more complicated—you had your contribution there too”)—or else just keep silent, perhaps avoiding the suffering friend altogether for a time (the fate of many people in an acute state of shame). The simpler and more empathic response, whether from friend or therapist, might be something more like, “You must just feel terrible about yourself, to be treated like that,” or even, if it fits, “When I’m rejected like that, I feel humiliation and shame.” If shame is the affect of an unwanted disconnect, then it is *to that place of felt rupture itself that we need to go*, to make a healing intervention—as a friend, as a couple or family member, or as a psychotherapist.

To recap, both the inner and outer worlds are integral parts of self-experience, the two dynamic poles whose integration is the self in action, and the process of living self-definition and resolution. A rupture in reception of the inner pole of self in the outer field is always a potentially disorganizing experience, a rupture in self-process itself, and must be met with some new organizing, connective move—reactivity (anger and blame, even violence), reconnection with another part of the field, placation and “self-abnegation,” self-dulling (chemically or otherwise) and self-distraction (the behavioral addictions)—or *new outreach and support coming from some significant person or group in the field* (such as the listening of a friend, the extraordinary holding we extend to people in states of sudden loss, or the relational process of psychotherapy).

The felt experience of this kind of disconnect is the affect cluster we call shame, ranging from mild discomfort and embarrassment through deep humiliation, all the way to states of blind rage and decompensation. These feelings, we submit, are not exceptional or immature but are always at issue when there is a loss of field connection—even if they are often shown by their compensations and avoidances, as much as by direct experience of shame itself. This is not to say we always “feel shame” when we have a loss or are otherwise not received; much less is it to say that we don’t have a whole range of other feelings, besides shame and/or accompanying shame. Rather, we are saying that shame is an experiential, dynamic counterpart and counterpole to connection and support: when those are disturbed, shame dynamics, shame issues, and possibly direct shame feelings are always “up.”

Implications for Practice

What does all this mean for our work with people and our work in psychotherapy in particular? To begin at least to round out this more theoretical discussion, the following are some of the areas of clinical focus where we believe a field model of self and shame makes a difference in practice and offers better support for interventions that balance attention to internal, dynamic concerns, with attention to social context factors *and to the crucial dynamic interplay between and among these domains*, which is often accessed experientially through attention to feelings of shame:

(1) *A reframing of support issues:* First of all, a field/constructivist perspective such as that offered by the Gestalt model means a shift of angle of vision, from a primary emphasis on "self" or "internal" supports ("self-talk," self-soothing, self-object use and constancy, and so on—all of them of course using "self" in the traditional sense of "internal self"), in the favor of a wider lens, one that directs our view toward *conditions of support and reception in the outer field*, as much as toward "inner resources." This lens can be turned on the conditions of the client's or patient's life in general, or directly on the process dynamics within therapy itself.

What we are particularly interested in here is not just problem solving in the outer field, but the *felt conditions of connection, reception, and support* or disconnection, lack of resonance and understanding, and shame, in the person's relevant social world. If we take a field model seriously, then we have to regard whatever is, whatever happens, as a phenomenon of the whole field—meaning that what is, is what is supported in the field in some way (including of course the "internal" fields of the person and of other people). This does not mean that we forgo our more usual focus, in dynamic therapy, on "internal" dynamics and processes: history and the construction of meaning, cognitive framing, affect and affect management, self-constancy (including, in our model, "other-constancy," which after all is an aspect of self as we see it), attachment and loss, expression and voice, "resistance" and energy, body experience and so on. Rather, it means that we take up a more complex lens, so as to see all these things *as well as* the conditions of the "outer" field, the "inner" and "outer" worlds as contexts and grounds for each other, and the dynamic interplay between them. To take an example of what we mean, a marital separation, for instance, which may be felt as a deeply shaming experience by one or both partners, has entirely different dynamic consequences depending on both past history of loss and shaming *and* current conditions of support and affirming resonance (or lack of it) in the

present social field (including of course psychotherapy). It is this last, the external supports, that are most likely to be neglected or incompletely seen if we work from a more individualistic frame.

Of course, such a shift is a shift of focus for the client as well as for the therapist. If we inquire, "do you feel shame about the break-up?" or "Where are you feeling shame in your current life otherwise?" or even, "Where are you not enough supported?" we may well draw a blank stare or a series of energetic protests and deflections, even mocking and shaming from our interlocutor, all of which are signs of insufficient support for the contact figure we mean to be offering. But if we move closer to felt experience and familiar vocabulary and inquire, "Who affirms you right now, around you, *as you are*, the way you really want to be held and seen and affirmed?" we may draw a more articulated answer, or tears, or unlock an underlying despair born of years and years of low-grade, avoided, or habituated shame. Or "Who doesn't? who do you wish would support you in this way, right now? who ever did? how do you carry that now—is it here, present for you as a resource? have you thanked them? what does it feel like, in your body, in your presence and self-presentation? what can you do differently in the world, now, if you think of yourself as grounded (or not) in that affirming place?"

(2) *The masks of shame*: We've already said that feelings of nonsupport and disconnection, which are themselves denied as needs or even glorified as maturity in our culture, may clearly tend to get masked and overlaid with other, more acceptable feelings or behaviors, even ones that don't seem so acceptable or desirable at first glance. The fact is, for many people, perhaps especially some men in this culture, the social and self-reproach of being a violent abuser or a drunk may be less than the felt shame of being seen, or seeing oneself, as *dependent*, "too needy," or weak. When we are dealing with any abusive pattern in therapy—from addiction to physical menace to hypercriticalness, character assassination and other emotional abuse—we need to put a boundary on the behavior *and* pay attention to the issue of underlying shame feelings, and how to receive and support them in the therapeutic relationship. Just doing the former without the latter cannot work, in our view, because without strong additional interpersonal support, people *will move toward the path of lesser shame*. They have to, again because of the terms of our nature as we understand it in this model: we *cannot simply bear* a severe felt rupture or disconnection in the most relevant social field (which is not necessarily to say, again, the most immediately present) without the support of other resonance and reaffirmation (we do bear it, of course, but not simply: without that other support, we necessarily have recourse to countershaming, numbing, schizoid or hyperautonomy, dissociation, or some other strategy to take the edge off the unbearable). If that rupture is there, and without strong additional support to reconnect elsewhere in

the field, people will do whatever it takes (up to and including suicide) to escape those unbearable feelings.

Less extremely, we look at criticism, denial, hyperautonomy, chronic anger and blame, as well as grief, depression, self-doubt, "codependent" patterns, and less drastic behavioral addictions, with an eye to surfacing the hidden ground of felt support and felt rupture/shame, under the figure of these uppermost feelings and actions. Shame will most often present as an accompaniment to other feelings, and partly or wholly masked by them. We are not interested in telling people what they "must be feeling"; we are interested in *naming feelings that go unnamed*, inquiring, sharing our own shame feelings, and signalling the receptivity that often makes voice itself come to life in the intimate social field of therapeutic relationship.

(3) *Listening for the longing*: This is a phrase I take from Robert Lee's writings (e.g., 1995), which follows, again, from the terms of the model we're presenting. The issue of shame arises, remember, when the person is feeling desire or need—the affects Tomkins calls interest and excitement. If anger and blaming and depression may all often be signs of hidden shame, shame is always a sign of an underlying desire or need—often hidden, because *the chronically unmet need is almost a field definition of shame*. This may be a simple matter, when the client is saying to his/her partner, "You never listen; you always think of yourself," and so forth, of responding with the inquiry: "How do you long to be listened to, held, received? Tell her/him about that." Or the longing may be more embedded, under a proclamation of self-sufficiency, for instance, or a barrage of other criticism. To frame a desire in terms of a reproach—one of the most frequent and troubling of problematic patterns in couples—has to be, we submit, a sign of shame, of an inner conviction of insufficient personal "weight" when it comes to vulnerable needs and feelings in the social field. Such a conviction always goes beyond the boundaries of the couple and is rooted more widely and deeply in the person's sense of self-in-the-world. *To transform that conviction from a lonely belief which is used defensively against the partner, into a shared challenge held intimately by both partners, is one of the great healing gifts couples therapy has to offer, we believe, to both members of the relationship.*

(4) *Naming and owning shame*: Again, we are not interested in telling people what they are feeling or are not feeling or ought to be feeling (if only they were more "in touch"). These moves are themselves potentially shaming, in our view, and thus not likely to lead to articulation of new self-experience, new understandings of one's dynamic interaction with and in the whole field. At the same time, if we imagine that we do not carry any preconceptions into the encounter with another person, or that we ourselves could possibly be "just receptive," and not always subtly support focusing attention in one direction over another, then in our

view we risk falling into a dangerous clinical fiction of "objectivity" (dangerous because it makes it impossible for the other person to have an easy dialogue with us about what those preconceptions are, which we are necessarily carrying, but which then remain denied and thus closed to influence). This mythic objectivity also completely violates the constructivist assumptions of the Gestalt model itself.

Our answer to this kind of dilemma—how to give the client the benefit of our point of view without violating or denying her/his experience—is to come right out with it. We may say, for example, "That kind of feeling you're talking about, of being ignored and completely discounted or dismissed, is a feeling I (or a lot of people) think of as shame. What happens for you if you put that word on it, or think of it that way?" If the client then chooses another word for the feelings—denigrated, or not seen, or impotent, or not taken seriously—then we listen and accept that word. But we don't want to court the risk that a stronger word like shame is going unspoken, because of being itself felt as shameful to feel and to own. (Remember, feeling shame means being susceptible to the field, able to be influenced by the field, which itself is often typed as weak and immature and, to repeat, *feminine*. Note here how shame and gender are inextricably bound up together in our society; indeed, gender as a social schema can be read as a *differential code of shame*).

Or we may approach the topic by owning shame ourselves, as in "When I'm treated like that, I'm aware sometimes of an involuntary, irrational feeling of shame. They're being abusive, and I'm feeling the shame instead of them!" Or again, we might offer a shame feeling that we're having ourselves at the moment, as in, "For instance, right now I'm feeling impotent to help you, which always gives me a certain urge to "be helpful," in the sense of offering solutions, advice, and so on. If I resist that urge—especially if I don't state it openly like this—then I'm aware of a certain discomfort that could begin to feel like shame, like I'm not good enough at my job, there's something wrong with me." Of course, self-statements like this depend on our assessment that the relational field we've built with the client can support that much of a spotlight on the therapist's world and feelings, by which we mean that the client can make use of the model and the information and get back to his/her own focus. In the best case, a model for self-tracking and self-acceptance of this kind can have a strong field impact in the therapeutic relationship in a supportive and freeing way for the client.

(5) *Naming and owning shaming*: Here perhaps more than anywhere, the example of the therapist is crucial. When a client hesitates to speak, "loses voice," becomes critical or defensive (often self-critical), perhaps even feels shame directly, then in all these cases we have intervention choices. We can concentrate wholly or principally on issues and sources

and relational failures from the past, or at least outside the immediate field of therapy, *and/or we can open a dialogue about our own shaming of the client, in the here and now.* Again, this can be done naturalistically, in the ongoing dialogue, as when a client says he/she is not ready to talk about something, and we might respond, "That's good, I want to support your paying close attention to that feeling, and honoring it. If anything, try to stay with the reluctance, the side that wants to be more sure before opening this up. Meantime, can I ask you about what I am doing right now, or not doing, that would make it harder, that would make your comfort level go down?" If that doesn't connect, then "What might I do that could make this easier or harder?" To the client who says it has nothing to do with us, we might (or might not) persist, "Well, I think it should! I think you need to be thinking about what kind of support is available and what kind of reaction you may get, and how you may feel afterwards, before you start opening something up to another person. I want to offer support for paying a lot more attention to that, right here, especially if that's not something you're used to thinking about. I don't want to see you exposed unnecessarily, to anybody—and it sounds like you may need the practice, in thinking about this kind of thing."

This kind of intervention (like any intervention) is an experiment and needs to be presented in the knowledge that *offers of support in and of themselves may provoke feelings of shame*, at times quite strong feelings. In that case, our best connective move may be to share our own dilemma, our helplessness, possibly our own shame (e.g., "Now I'm in a bind, because I feel like I'm kind of stuck between sitting here and letting you feel worse or trying to offer support with the risk that that too may make you feel worse! And I sort of feel like I ought to be able to find a creative way out of that dilemma, but right now I can't find one, other than to tell you about it like this.")

The general principle here is that *we cannot enter deeply into an intimate field of the client's profound longings, losses and fears without both provoking and feeling shame.* This fact, which we believe follows from the kind of experience-near model we are outlining here, leaves us with only two broad kinds of choices: to deny the feeling, in the way of the individualist self-model (rising "manfully" above it), or to *bring it to awareness and make it part of the intimate discourse and dialogue of therapy.*

(6) *Refocusing again and again on supports:* A theoretical focus on a field model of self—and/or a clinical focus on the subjective experience of shame—leads our attention back again and again to *felt conditions of support* (internal and external) in the experiential field. To make a change, *we must change the conditions of support—again, internal and external.* Often in psychotherapy, as in the culture, we concentrate heavily or exclusively on the internal domain. If I only understand better, frame it differently, learn new strategies (thought-stopping, self-soothing,

meditation, self-talk, etc.), and above all *try harder*, then I can "make" a change. We agree emphatically with the importance of "self-supports" and for that matter "trying" and "making": all these things are essential to change, as they are to satisfying living. But they are not the whole picture. What is often neglected is the different focus we have if we think about "allowing" and "supporting" a change. And most often, this means changing and seeking new and different supports in the *outer field* as well, which is to say, *from and with other people*. In this culture, to the simple question "Who can help you with this (desired change, new project, shift of goal, etc)?" we may be often met again—at first—with a blank look (in fact, we've grown used to blank looks when we first bring up almost anything that contradicts the prevailing autonomy ideology of our individualist culture). In AA, to take a familiar example, much espoused value is placed on self-responsibility and support from a "higher power" (however one may regard or experience that). But the reality of AA recovery is broader than this. Not only is the program group-based to start with, but many people report that the single most important factor in their recovery (and also at times the single hardest "pill to swallow") was their relationship with their sponsor, whom they could, and often did, ring up anytime, 24 hours a day.

Why is support of this kind shame-tinged and a "bitter pill," a felt additional failure? *Because of our individualist ideology*, which supports the pretense that any of us functions in a healthy way, or can function in a healthy way, in the ideally autonomous mode the culture holds up as the highest level of "self-development." Again we see the pervasiveness—we believe pervasive destructiveness—of the exaggerated individualist self-model in our culture, the need for a new model such as the one we are working toward here, and the crucial experiential link between support and shame.

Conclusion

The goal in this article has been to present, theoretically and clinically, a new and quite different understanding and approach to the dynamic role of shame in human experience and therapeutic process. To do this, we have reviewed the background of treatment of this issue in other clinical and psychological models, particularly classical psychodynamic and affect theory, which derives from the work of Darwin, as elaborated in this century by Tomkins. Underlying the classical Freudian model in particular we find a deep and paradigmatic ideology of individualism, which has colored our clinical and cultural view of shame, tending to cast shame issues and experiences as developmental failures in contrast to an explicit ideal of individual autonomy and field independence as the hallmarks of maturity.

In the terms of the Gestalt field model of experience, particularly as articulated by Goodman (Perls et al., 1951), we find the basis for a new model of self-experience and self-process, one radically decentered from the older individualist models and closely based on a phenomenological approach, the study of the structure of lived experience. This model, which is inherently constructivist and intersubjective, opens up a new perspective on shame and its dynamic role in the construction of experience and the management of life goals and problems. In this view shame, rather than being a failure of mature autonomy and a sign of excessive field dependency, emerges as the crucial affective marker of *support and nonsupport in the social field*. Using this lens, we are then in a position to reexamine shame experiences, both in personal development and in therapeutic process. Keys to using this perspective in therapeutic relationship include (1) reframing support issues in whole-field terms, so that it becomes legitimate, not shaming, to consider support in the external social field as an essential part of any goal or change process; (2) looking for shame experiences beneath and behind their characteristic defensive hallmarks and compensations (to experience shame is itself shaming in the individualistic model; thus extra support is needed to stay with and explore these experiences); (3) in the same way, being attuned to the issue of hidden longings, which underlie the dynamics of shame; and (4) supporting the naming and owning of shame feelings—first and foremost in ourselves as therapists, both in our own development and in the therapeutic dialogue itself. Our clients will be supported to bear and explore shame feelings only to the extent that we ourselves can be open to these difficult and isolating experiences.

It is our belief and our contention that this theoretical and experiential reframing of the meaning and dynamic role of shame in regulating both interpersonal and intrapersonal experience can provide the basis for a deepening of therapeutic dialogue and process, and for new growth and healing for client and therapist alike. In the process, this stance and this reframing, informed and grounded by the Gestalt field model, lead directly to a deconstruction of our inherited paradigm of individualism as a self-model and a self-ideal. The result is an opening to a more relational basis for both psychotherapy and living in general, one more in tune with the inherent intersubjectivity of our lives and our nature. Thus we find that consideration of shame issues leads us to a richer understanding of our deeply constructivist, fundamentally social, meaning-making selves.

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