Dignity is the Opposite of Shame, and Pride is the Opposite of Guilt

Richard A. Chefetz

Psychotherapy with a person who wants to be big while remaining small

Few problems in psychotherapy are as inherently challenging as the treatment of a person laden with shame. I joke seriously that psychotherapy is the setting where one person comes to talk about what they do not want to say while another person listens to what they do not want to hear. This is a burden for which there is no easy remedy. The people involved must make an active choice to both speak and listen with the intention to honestly engage and allow their minds to meet. Even with intention, that is not easy.

This kind of intention insists that my patient and I honour our core dignity. The extent to which my intent is disbelieved or mistrusted is both a great sadness and without as much mystery as when I first came in contact with the intractable shame of a profoundly emotionally wounded woman some twenty-five years ago. She opened my eyes, and then I could see what I had missed for years: the misery of profound shame. I could not see in her that to which I had been blind in myself. I am still learning to see. Each person I meet in consultation requires that I grow new eyes while they do the same. An eye cannot see itself (Stern, 2004) but neither can an I see itself. We desperately need each other to find our way out of the emotional thickets of the shame spectrum of experience. Trusting the mind of another person to accurately represent what they think or feel about me is (especially for the shamed mind of a wounded person) perhaps one of the most difficult tasks any person can face. People were the problem, and now how is it possible to accept that people are part of the solution? It is in this context that I write and offer the reader some things to consider in exploring the pain and despair of a relentless affliction with the airless darkness of shame. I will focus on the particular advantages of thinking about dignity in the context of creating as active a dialogue as possible about shame experience.

Shame was mostly invisible in psychoanalytic thinking until the groundbreaking work of Helen Block Lewis brought its tentacular influence on the

ATTACHMENT: New Directions in Psychotherapy and Relational Psychoanalysis, Vol. 11, July 2017: pp. 119–133.

psychotherapeutic discourse into focus. There are many other writers who have worked on this subject area since her early work, some aligned with her directly and some independently (Broucek, 1991; Demos, 1995; DeYoung, 2015; Herman, 2012; Kaufman, 2004; Lansky, 1992; H. Lewis, 1971, 1987; M. Lewis & Haviland, 1993; Miller, 1985; Morrison, 1989; Nathanson, 1992; Scheff, 1988; Scheff & Retzinger, 2001; Tangney & Dearing, 2003; Tomkins & McCarter, 1995). Shame is an experience in which there is a gross loss of a person's worth: a worthlessness that in its chronic form is tantamount to a denial of the value of existence itself, a sense that death would be a well-deserved relief and that life is simply unbearable. Guilt, in contrast, is about regret over deeds done while the sense of self remains intact. States of mixed shame and guilt occur and are complexly woven. In her 1987 volume, H. Lewis shows how shame can be bypassed and rage activated as a self-protective mechanism. This was explored in detail by Lansky (1992), above. Lewis also spoke of a shame–rage cycle, an elaboration and appreciation of how, as I see it, shame and rage become welded to each other during shaming by an overwhelming other that makes expression of a protest impossible and even dangerous (Chefetz, 2015). This is consistent with DeYoung's (2015) model of shame as the experience of disintegration of self in the relationship with a dysregulating other. Particular to the experience of shame is the spectrum of shame experience, from mild embarrassment through shame, humiliation that is the intent of another, mortification, which includes a sense of wishing to die rather than feel the shame, and the shame-deflecting and metabolising emotions of contempt, self-loathing, self-disgust, and the dismissal at a distance of the person who is a "stinker"—what Tomkins called the emotion of dissmell (Demos, 1995).

Is it any wonder, then, that shame is such a miserable experience that at first and even second glance it is hard to come up with an antonym that holds the essence of what shame is not? Nathanson (1992) gave us pride as an opposite, and I have used this with utility for years. However, pride risks hubris. In deeply embedded shame, the feeling of being invisible, unseen, non-existent, is glued to a sense of being me; the idea of pride, however, seems to be part of another dialectic other than one that speaks to the essence of one's being. There has always seemed to me to be something "off" about the shame–pride polarities on the dialectic of the value of self, since pride has connotations that seem often more focused on accomplishments: who a person is and what a person has done. For me, pride goes too far beyond the essence of being a person and embraces ideas about achievement in life. Consideration of a quality that speaks to valuation and affirmation of a core sense of existence, not just including celebration of the qualities of a person, must be inherent in the feeling of the dialectic upon which we discern the polar opposite of shame. In chronic shame, this is especially the case. The feeling of the significance of one's existence in relation to another and the world is the dialectic of the value of self.

While presenting workshops on shame, I have challenged participants to think with me out loud about the opposite of shame. "Being special in the eyes of the other" was the wordy best that emerged. While that has some advantages, I have never been satisfied with it. What single word was the opposite of shame? At least being special in the eyes of the other speaks to the internal experience of essence, of being, as well as to the relational aspect of shame emphasised by DeYoung. Of course, even the thesaurus in this word processor I am using pulls up myriad definitions of pride, some of which fit what I am looking for, and some of which do not. I do not want any confusion about what I sense in labelling something as the opposite of shame. I want the word to be spot-on, as they say "down under".

I am fond of the expression "Chance favours the prepared mind." However, satisfaction of my quest for a better sense of the opposite of shame was more the experience of "life happens when you are not looking". It was in this context that I began to read Donna Hicks' work on dignity (Hicks & Tutu, 2011), a book suggested by Richard P. Kluft, MD, to his colleagues on the Dissociative Disorders Listerv discussion group (www.dissoc.icors.org/) (personal communication, 2016). There was Dr Hicks' definition of dignity in print: "the feeling of inherent value and worth" (Hicks & Tutu, 2011, p. 6). Dignity and shame are both along a dialectic of self-esteem: valuing the essence of self. More elaborately, and worth setting out on its own:

> Dignity is an internal state of peace that comes with the recognition and acceptance of the value and vulnerability of all living things. (p. 1)

This definition speaks to the essence of what it is to be a person, a human being with inherent validity, something of which my most deeply wounded patients deny any possession. Dignity is the opposite of endlessly restless shame, too exhausted to even wriggle in pain, quietly downcast, slumped, utterly vulnerable and bereft.

But what of Nathanson's notion of pride as the opposite of shame? If pride is too general for the opposite of shame, slipping off a dialectic about valuing existence, the life in us all, then what are those synonyms that cause this problem: hubristic arrogance, conceit, smugness, vanity, etc. and gratifications as in pleasure, satisfaction, delight, joy, happiness, and the like? To me, these two realms of pride-synonymous words speak to the actions and accomplishments of a proud person, satisfied, joyful, and delighted over what has been done, but risking arrogance, smugness, or demonstrations of self-importance if conceit comes to the fore. In all these examples, pride speaks to the acts of a human being. Shame speaks to the essence of the feeling of being me, my inherent validity and worth. Guilt speaks to the essence of regret about an action I have taken. While what I have done may be unacceptable, I am not unacceptable when I feel guilt: it is my action that is unacceptable in the throes of guilt. I have let myself and others down because I acted improperly. I could later be quietly, and perhaps with some

sadness, proud of acknowledging responsibility for what I have done, and then making amends. But all the while, my basic essence would be unaffected in guilt or pride.

If you are a "lumper", then you might say we should accept pride as the opposite of both shame and guilt. In the case of thinking about the feeling and experience of shame, especially chronic shame, I am a "splitter", and proffer that a word like dignity as the opposite of shame, valuing the essence in me and all living things, counters the abject experience concomitant with the painful non-existence of shame. Dignity stands up to be counted, while shame, humiliation, or mortification, cowers when held in contempt by a powerful and emotionally dismissive other.

While I like my argument, I can imagine a context in which my view and that of Nathanson might exist in harmony. What if we are thinking of everyday shame, rather than chronically experienced repetitive interpersonal shaming? I could imagine that in a moment of letting people down, not measuring up, and so forth, shame stands opposite a pride that speaks to standing up to a challenge, sustaining an effort, and being held in high regard: in other words, in an acute shame experience, I could imagine shame and pride being held as opposites. In the chronic shame that comes to roost in my office, it is not loss of esteem that is at stake: it is a person's very existence. For these people, there often never was a sense of self-esteem, and that is part of why it feels to me at its core that pride just does not live up to its own potential as an opposite of shame for people who only theoretically have a sense of self.

As I have reviewed my clinical work in this new context, I am beginning to appreciate that one of the most effective interventions with my patients is not what I am doing, but how I am being. Standing up for dignity, without cheering, is more like "sitting up and maintaining alert attention" than anything else. This can be a particularly difficult thing to do on a long work day, or during especially painful moments in a dialogue. I have written about my falling into a trance-sleep elsewhere (Chefetz, 2009), and about the associated particulars of negativity and negative therapeutic reactions (Chefetz, 2015). Lewis Hill wrote about the difference between doing and being in a slightly different context regarding therapeutic action (Hill, 1958), but it is satisfying to resurrect the title of his important paper in this context.

Mistakes and mismatches of emotion also teach us about the importance of being with our patients as we listen with an ambience of dignity. In some situations, a particularly injured person may hear just about anything I say as laced with contempt. There are also times when a little smile may emerge on my otherwise serious face in an unconscious moment of feeling like I am finally "getting it" about what is being said to me. But in those moments, my smile is sometimes seen as a smirk, as if contemptuous of what my patient is feeling, and that can be extraordinarily disconnecting and wounding. I am still working on learning how to stay conscious of the potential emergence of that smile, or at least to accompany it

with some language about learning something new, but this is proving to be rather hard work. Why? I think that the comfort I feel in talking with my patients is not matched by their comfort in talking with me. This is a disconnection. There is a way in which my distance from the pain in my patient must be misleading me about the pain they are in. If I close the gap, then can I be present? From my patient's perspective, I imagine that just as importantly, the disconnect is a match for all three of the insecure attachment patterns first described by Ainsworth, and later elaborated by others to include the disorganised/disoriented, Type D infant attachment pattern (Liotti, 1995, 1999a,b; Lyons-Ruth et al., 2005, 2006; Main & Hesse, 1990; Main & Morgan, 1996; Scheungel et al., 1999; Solomon & George, 1999). It is this group of adults, who have survived severe adversity in childhood, who inform my clinical perspective most robustly.

It is not just fear of losing proximity to a care-taker that predicts the shape of infant attachment and adult sequelae. Shame is implicitly in the core experience of the child, generating insecure attachment patterns. This is visible in adult patients' expressions about their childhood experiences, though they are typically unable to name it and often will challenge me about my perspective if I assert that they were shamed and might not be bad. There is an omnipotent sense of badness that pervades self-assessment and explains why bad things happened to them (Chefetz, 2015). The anxious–ambivalent child has a parent who is too preoccupied to pay attention to the child's central need for affirmation and shames that child by their turning away and tending to their own business. The child anticipates this movement and rather than suffer the humiliation of being left for some "thing," some focus of the parent's attention that is not even of truly vital dimensions, the child takes the power and exercises control by leaving the parent before the parent can leave them, preserving proximity rather than raging against the loss, as predicted by H. Lewis. "Every time I need my parent I get disappointed; it must be me?!"

The so-called avoidant child, who seems to not even notice the return of the parent in Ainsworth's strange situation experiment, is secretly quite interested, as I and others have noted before (Chefetz, 2004). With an increase in heart-rate and respiratory rate, the child is in physiologic distress when the parent returns. It seems to me that what is likely is an anticipation of humiliation by the parent who was dismissive and rejecting of the child's previous expression of emotion. It seems much safer to avoid humiliation and "stuff" (deny, which is a dissociative process) one's feelings. "Maybe mummy will feel less threatened around me and return sooner or not leave if I'm not a problem for her? She gets so upset when I'm me! There must be something about me that is just very, very bad. If I pretend to not exist, maybe she won't attack me. I can't seem to figure it out. It must just be that I am here and I'm me and that's not okay."

The Type D child is really in a pickle, no matter what they do, and fear of getting it wrong is in the mix, given the parental reaction. They regularly seem to

get it wrong about which version of mummy is going to show up. "I can't figure out how to be me when mummy comes near me. Sometimes I'm right, but when I'm wrong she loses it and then the whole world falls apart and daddy gets upset with me too! I don't know what to do. How do I make it safe for mummy? I just can't decide. I'm just incompetent. That's all there is to it." These conflicts result in the classic simultaneous or sequential contradictory internal working models heuristically underlying the Type D attachment pattern. "I'm bad" is the resulting vector of the direction these scripts take. The child has no overarching perspective about family difficulties and it is too early for theory of mind. Instead, the child understands that their presence is wrong: that their very existence destabilises mummy. What could be worse? Well, when mummy has a powerful loss, then a child may face the inscrutability of a profoundly depressed and emotionally unresponsive mother. Additionally, in families where sadistic levels of conflict are regularly the centre of the relational landscape and outright interpersonal attacks are the norm, relationships feel more like "attackments" than attachments (Chefetz, 2015). This is the sad reality we face when externalisation of these internal working models rules the day.

Of all the problems facing a child, neglect may be the most emotionally destructive (Lyons-Ruth et al., 2006). Existence remains unacknowledged here. At least the anxious–ambivalent child has a parent who is negatively responsive by leaving and consistently letting go of the child, however confusing that is for the child, who then believes that the leaving is the child's fault; and the avoidant child has the rage of the anxious destabilised parent to fear and confirm their existence in the initial attacks against emotional expression. But the Type D child either always gets things wrong, or gets no recognition at all: a fearful admixture of confirmed incompetence and dys-recognition that my adult patients tell me is like being on a space-walk, tethered to the mother-ship, when the tether is cut. Life then is about quietly drifting in nothingness, forever. This goes beyond shame and humiliation to mortification, and then all the way to nothingness, non-being (Alvarez, 2006; Bion, 1959; Green, 1975). It is over this cusp into realms of non-being that the dissociative process thrusts the clinical discourse when it is highly active. Dissociative processes are visible in the writings cited above, but by different names, as is the case elsewhere: see Chefetz (2017a) and many other places.

The loss of dignity and sadomasochistic attachment: negativistic "attackment"

Enduring fear-generated patterns of interpersonal relatedness that move the child into a relative position of safety and relief of emotional tension forms the basis for an elaboration of infant attachment theory as predictive of maladaptive relating

across the lifespan. Such was the case with Rachel and the internal life depicted by her multiple self-states in the context of dissociative identity disorder.

The blunt grandiosity and controlling behaviours of Rachel's mother, coupled with the mother's insistence that Rachel the person was a carbon copy of the mother's fantasised version of Rachel (rather than reflecting to Rachel any motherly empirical observation of her child), left Rachel with a sense that she could neither be herself nor assert otherwise without the risk of her mother's retaliation. Even more problematic was the rapidity and extent of what Rachel has described as her mother's state-changes, replete with amnesia for her previous behaviours. This made reality a dangerous farce and the real world into something that offered no soothing, but only jagged fracture lines of unpredictable experience and behaviour. Rachel could assert nothing. As a teenager she became an ultra-compliant student and helper at home. Mother always won. Rachel always lost. However, during latency, she battled with her mother and was routinely punished and sent to her room to await her father's judgement. He would tacitly acknowledge that there was a dilemma, and then implore Rachel to accept her mother's perspective.

Even after many, many years of treatment, if there was anything that had become typical about Rachel's expressions in our conversation it was contained in her repeated lament: "I'm sick of complaining, sick of wanting to die, and sick of nothing happening. How can you stand talking with me? You are always so kind. Nothing ever changes here. We are done. There is no reason for me to continue. Just face it, Dr Chefetz, you're a good person, and a good psychiatrist, but I'm not somebody you can help anymore, so let's just face the facts and be done with this!" I had heard this and similar attacks on the treatment (was this what it was?) for a number of years, even as she grew, but the growth was invisible to her: it just did not register. Nor did the lovely things people said to her at work, or at play with her nephews and nieces, or even just occasionally while she sat for coffee at a Starbuck's shop. In fact, at least she no longer became suicidal when I complemented her on something, but it still did not register. She would wonder out loud: "What in the world do you see in me, Dr Chefetz? I don't see what you see. You are an exuberant optimist. That's nice, but I don't think you see me, really. It's like you expect much more of me than there is. There's really nothing to see. I don't exist, and I just want to die. There is nothing in this world for me."

As described by Rachel, the horrific and sadistic sexual abuse by three adult men, in concert, episodically, over many years, was not as damaging to her as were her mother's words and actions. What we eventually focused upon was not loss per se, but a repeating scene from Rachel's life where she would be furious with her mother for changing states. Her mother would repeatedly change her mind to the opposite of instructions she had just given to Rachel, not once, but several times over several hours. She used to send Rachel to the market to buy a can of vegetables. Rachel would dutifully follow her instructions. But, then, upon her return, mother had changed her mind. It needed to be taken back, or it was

the wrong thing. This made Rachel feel she was going crazy. She would protest and be sent to her room to await her father's return from work and "adjudication" of the scene with mother. Father would listen patiently and quietly to Rachel, and then he would gently, almost in a pleading whisper of desperation, say to Rachel: "I know how you're feeling, but just do it her way this one time, for me, please?" For Rachel, this was tantamount to having been made invisible. Father listened, but it made no difference at all. She wanted him to validate reality, to say that he knew mother was "off the wall". But he remained always loyal to his wife, no matter how that invalidated Rachel's perception of what had happened, of what was real (Chefetz, 2015, pp. 330–331).

Even in the midst of Rachel's pain, she continued to be creative and dedicated to her treatment with as much effort as she put into her expressed wish to die. Her violent negativity regularly challenged the very basis of her existence. She spent hours sitting with one leg in and one leg out of the window of her tenth-story apartment, debating with herself about whether ending her life was really what she wanted to do. I had applied all the technical manoeuvres I could learn to her situation—hypnosis, eye-movement desensitisation and reprocessing, focusing, and a range of other somewhat "fringe" techniques—and she added to them with Qi Gong, which she found stabilising, and other meditative practices. In the latest phases of our work, she grudgingly accepted my efforts to work through yet another traumatic scene from her past that was affecting her physical functioning, would do the work, get relief, and then despair at the length of her treatment, and the impossibility of finding any value in herself or in being in the world. She had once suggested that there was something missing in her treatment and offered that music would likely help, though she was not exactly sure why. Upon further reflection, she decided that she preferred to dance rather than just listen. We negotiated the process, and her dancing had a profound positive effect on reducing the depersonalisation that had plagued her life and defied more direct clinical approaches to reduce her dissociative experience. Her dance also recreated a scene of abuse, an opportunity to explore my countertransference reactions, and a continued venue for her to be herself, safely, and in my presence (Chefetz, 2017b). It seems silly to write this, but the experience of her total dedication to her treatment and her absolute refusal to be in the world made my experience of her like talking with two different people. "Yes, of course, Rich, she has dissociative identity disorder and you've treated her for two decades! Don't you get it?" I do get it, and yet from my perspective, the extent of her denial, even as things have become much better, is still extraordinary!

It is in this context that I began to introduce the word "dignity" to our discourse. Talking with Rachel about the pain in her shame only seemed to dig the knife in deeper. "Her" shame or the shame "you feel" was a reminder that was painful for me to say to her, even though it felt as if it had to be named. After all, naming the shame is part of all the writing done on the subject. Leaving shame

unnamed only allowed it to fester. Giving shame "light and air" (DeYoung, 2015) was an apt and logical approach. It was not working. I had been reading Hicks' work and was increasingly excited about the possibilities. What I found exceeded my expectations.

> "Rachel, when there is so much negativity expressed, I can't help but think that it drives you further into the ground."
>
> "I'm not doing anything, Dr Chefetz, other than telling the truth about me. There is no reason for me to live. I have no interest in it."
>
> "The world certainly has an interest in you, Rachel, but I wonder if you are able to notice that."
>
> "There's nothing to really notice. What people say to me that might sound nice to somebody else just doesn't register."
>
> "We've noticed this problem before, Rachel. You've said that compliments just sort of run off your back like water on a duck's feathers."
>
> "Yes, I know, but that's just how it is. Nothing changes. Nothing changes in this therapy. It's time to stop therapy. This is just getting me nowhere."

This kind of lament was not new, and it was insistent in a manner that had become a caricature of itself. Rachel and I were both aware that of the twenty-something self-states that comprised her mind, there was an effect that paradoxically duplicated the experience of being around her mother, as if the collection of self-states anticipated mother's deadening presence and would collectively find a way to sabotage Rachel's growth.

For Rachel to be in her body was painful as she recalled scenes of abuse via intrusive flashbacks. Depersonalisation and relative somatic numbness was her bane and her respite. But dissociation was always the thief that deprived her of the impetus for living, and colourless depersonalisation sucked the life out of her, not unlike one of Murakami's protagonists, Tsukuru Tazaki, who was relatively unaffected by and detached from the world (Murakami, 2015). Simultaneous with her wish to heal—a wish that kept her coming back to her thrice-weekly treatment—she talked about how she feared her mother's attacks in real-time if she took on the reality of being an adult rather than her avowed Peter Pan-like "never grow up" sensibility. I had heard all manner of reasons for not growing up: wanting to have a real childhood, avoiding the responsibilities of adult living, not wanting anybody to have any expectations of her, etc. She had recently begun to declare that there was not any recent good music to hear and then to dance to. As we approached a deeper core of her being able to feel, the tug back to the safety of non-living seemed to dominate; not challenging mother's desperate need for self-esteem and dominance in the family, Rachel was scuttling one valued piece of effort after another, throwing them out of the window of her private airplane

as if keeping it in the air depended upon making it lighter, while at the same time she deprived herself of the heft of something meaningful.

"We need to work to find a way to maintain your mother's dignity, and your own, Rachel, as you continue to do the work of the therapy. Dignity is knowing about the essential value of living things—all living things, all people."

"What dignity? I am nothing. I am totally alone."

"I don't think that you recall how you smiled with pleasure as you told me about your sister's twin boys and how they made you laugh. Are you able to recall that smile? Your eyes were sparkling. Your face was lit up. Do you not remember that? Your nephews know about your dignity, your value to them and their delight in you and your playfulness."

"I know what you are talking about, but I honestly can't connect with it. It's like that's a different person, not me."

"They really see you as the adult you are, and they enjoy you being able to enter their child-sized space and play through a combined adult–child sensibility. Remember how you took them to the bathroom at the restaurant, put their heads under the hand-drier that blew hot air and then came back to the dinner table as everybody complained how windy it was in the bathroom?!"

Rachel had a flicker of a smile as I spoke. At least I was activating another state with some feeling, in the background.

"I know you want me to be big, Dr Chefetz. I get your point. But it's not safe to stop being small. Sometimes I know I want to be big, but in the same moment it scares me to even think that and I know I have to stay small or I just know I'll get in trouble. You don't know how relentless my mother is. I can't risk not having my system of parts available or I'll have no place to go if she starts up her stuff."

We've hypothesised that mother has dissociative identity disorder, too, and how could Rachel face her mother's part selves without her own system of part selves?

"I know I can deal with her now, but I keep on getting more and more in my body, thanks to you, and that is just making things worse. It scares me every time I'm feeling a bit more present."

"Who is here, Rachel? It sounds as if there's somebody in the background, close by, perhaps present and unacknowledged: somebody reacting to our conversation about you being human and protecting your dignity."

"Yeah, it's me, Deadwood. How did you know I was here?"

Deadwood was a male self-state familiar to me historically at the end of a long series of self-states who tried desperately to divide up the horror of a night and then a day involving multiple rapes, torture, and the tag-team presence of three drunken perpetrators having their way with her eight year-old body. When we last talked, he was insistent on not moving out of his dissociative space, a landscape of bare, cold, concrete in the basement of his main perpetrator's home, wet with sweat, stuck to the floor, too exhausted to lift his head.

"Deadwood, it's nice to hear from you again. It's been a while. We need to talk about Rachel and the efforts we're making to reclaim her sense of dignity."

This was something I could lobby for that was more powerful than talking about relieving shame. Aiming for dignity was a positive statement and I could feel the shift in her as I used that language.

"I don't know what you are talking about. There's no dignity to be had. That's not who I am. Don't you remember they cleaned me up, dressed me up the next day like the little girl I was supposed to be, told me not to tell my father or he'd kill Mr X and end up in jail."

Mother had rescued her from the scene of abuse and with friends had cleaned Rachel up, but all swore Rachel to keep silent or risk her father's absence for a lifetime—a threat that was unbearable for Rachel.

"They didn't know about dignity. What are you talking about?"

"How many years has it been since you were on that concrete floor, Deadwood?"

It took several moments to do the calculations, but thirty-four was the accurate number for Deadwood, who was chronologically Rachel at age eight.

"Thirty-four, but that doesn't mean anything to me. I'm still there and I'm not leaving. It's where I need to be."

"I don't get it, Deadwood. It's certainly not a dignified place for anybody to be, and it's been such a long time that you're there. Haven't you suffered enough?"

"I'm not leaving. I'm not interested in having you patch me up, just like my mother did, and send me on my way as if what happened to me was OK."

"Your mother has a pretty hard time with reality and you know what happened when you confronted your parents with the story of what happened to you."

"Yes, my mother took my letter, and whatever she did with it that might possibly have been workable became lost when she invited Mr X to a family gathering a couple of weeks later. That was my answer. Even if she didn't believe me, at least she could have simply respected me. There's no dignity for me in knowing her. She wants me to be small. That's the only way I can survive and still know her."

"Deadwood, I know you've been stuck on the floor all these years, and I get it that you don't want a simple patch job, as if what was done to you was OK."

"You're right. I don't want that and I'm not going to have it."

"Still, I could see the flicker of a smile in the corner of your mouth when you were remembering the twins and the windy bathroom. Perhaps we can talk more about what it might be like to find a way to respect your dignity and not just accept a patch job as if everything was fine then or is fine now. What do you think? Is this something we can consider a little bit more in our meeting on Monday?"

"I'll think about it, but I'm not making any promises."

This was one of the things I had learned to count on in my work with Rachel. She admonished me to not take her push-back against something I had said in session to indicate that she was not listening to me or would not consider what I had said. In fact, she had told me that she often mulled over things from our conversations for days after we met. She just was not going to tell me that she would. I had to remember.

Speaking of dignity is a powerful way to name the shame of abuse without invoking it. Talking with Rachel and asking her to claim her pride or to protect her pride made no sense because she had never known that feeling. Speaking to her about claiming her dignity and defining it, right in the middle of our discourse, meant that she could reach for it. After all, while she claimed no value, she could not argue about the notion of the value of all living things. Pride had no counterpart in human experience except when associated with achievement. Dignity, defined with Donna Hicks' emphasis, bypassed that problem and could be imagined, with relatively little effort. Rachel had always appreciated natural beauty, even as she declared her lack of it.

> Everyone desires dignity. I believe that along with our survival instincts, it is the single most powerful human force motivating our behaviour. In some cases, I think it is even stronger than our desire for survival. People risk their lives to protect their honour and dignity all the time. You violate people's dignity and you get an instinctive reaction—people feel humiliated and get upset and angry. You violate people's dignity repeatedly and you'll get a divorce or a war or a revolution. (Hicks, 2015)

What Rachel got was a mind with divided consciousness as a reflection of the unreality of an uncompromising world filled with the inconsistencies perpetrated by a family with severe internal contradictions and adult men who did to Rachel as a child what no human being should ever suffer. (For those who might doubt the accounts of her abuse, I can only tell you how the process of the somatic emergence of scenes of abuse, followed by healing after working through attendant dissociative processes, is rather convincing. On the whole, she functions better than she has ever before in her life.)

Hicks describes the essential elements of dignity, and they read like a guide to the conduct of psychotherapy: acceptance of identity, inclusion, safety, acknowledgement, recognition, fairness, benefit of the doubt, understanding, independence, and accountability (Hicks, 2015; Hicks & Tutu, 2011). The power of appreciating that dignity can be held as the opposite of shame resides in claiming a goal for treatment that is about the essence of valuing life. As such, it is a way of talking about shame experience that is not shaming. It holds the shame experience within emotional reach while asserting, implicitly, that there is value in the person with whom we sit. Severely abused persons often relate in a negativistic manner that is assertive of power. While this is true, the unbridled negativism digs a deep hole out of which it is increasingly hard to climb. Negative therapeutic reactions

(Horney, 1936; Novick, 1980; Seinfeld, 2002; Wurmser & Jarass, 2013), and "attackment" relationships (Chefetz, 2015) that reflect the sadistic interpersonal relating that was an unfortunate norm in some childhoods are the bread and butter of some clinical experiences in the treatment of traumatised people. Considering dignity as the opposite of shame gives us a new tool with which we can patiently stand as the magnetic attraction of honesty and integrity in the discourse we have with our patients kindles their humanity and moves them toward engaging in living, albeit slowly.

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