

Volume 8, n 1, 2020

**Psychotherapy**

**Shame, Pride and Dissociation: Estranged Bedfellows, Close Cousins and Some Implications for Psychotherapy with Relational Trauma**

**Part I: Phenomenology and Conceptualization**

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**Abstract**

It has been previously observed, both clinically and in research, that shame and dissociation tend to co-occur in survivors of relational trauma, and that individually and combined contribute to negative consequences in both psychological and interpersonal functioning. Much less has been written about pride in this context, either as emotional process or traumatic state. In Part 1 of this two-part article, I explore both similarities and differences with respect to the phenomenology of pride and shame, on the one hand, and dissociation, on the other, in survivors of relational trauma. Specifically, I discuss three broad yet interrelated phenomena, “attention”, “gazing” and “organization of mind/body” as relate to pride, shame, and dissociation both as “process” and “structure”. Under “attention”, I explore both the direction and quality of attention as relates to pride, shame and dissociation. Within the category of “gazing”, I describe distinct qualities of gazing at self and others that differentially affect greater acceptance and integration as contrasted with greater rejection and disintegration within self and in relationship. The final section, “organization of mind/body”, explores different ways the mind/body connects versus disconnects aspects of experience. Part 1 closes with a discussion of how “being” is preserved in mind/body states, using the metaphor “shards of light”. Describing these phenomena offers us novel perspectives not only in understanding some interrelationships between pride, shame and dissociation, but also informs the clinical discussion that follows, in Part 2.

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**Keywords:**

Shame; Pride; Dissociation; Structural Dissociation; Phenomenology; Trauma; Relational Trauma; Attention; Gazing; Self-states; Psychotherapy.

**Received:** 21 April 2019

**Accepted:** 11 February 2020

**Published:** 20 April 2020

**Citation:** Benau, K. (2020). Shame, Pride and Dissociation: Estranged Bedfellows, Close Cousins and Some Implications for Psychotherapy with Relational Trauma Part I: Phenomenology and Conceptualization. *Mediterranean Journal of Clinical Psychology*, 8(1). Doi: <https://doi.org/10.6092/2282-1619/mjcp-2154>

**1. Introduction**

The aim of this article is to further our understanding of why shame, pride and dissociation tend to co-occur, particularly in survivors of relational trauma (Schore, 2003). After identifying some shared and distinct phenomenological or qualitative features of shame, pride and dissociation (Part 1), I then use these observations as a springboard that informs several

distinct, psychotherapeutic approaches to working with shame, pride and dissociation in relational trauma (Part 2).

In my subtitle, “estranged bedfellows” reflects my wordplay with “strange bedfellows”, and how strange and at the same time predictable it is that shame and dissociation often appear in dynamic relationship to each other. I refer to “estranged” bedfellows because maladaptive shame and pride, on the one hand, and dissociation, on the other, each result in a person’s estrangement from aspects of self and others. As a result, we know from research (see Section 3, below) and clinical observation that shame and dissociation co-occur. Based upon my clinical observation, I believe pride and dissociation often co-occur as well. However, many may not expect these ways of being, that is shame, pride and dissociation, to relate well to each other. “Bedfellows” and “close cousins” refer to my observations, detailed below, that maladaptive shame, pride and dissociation share qualitative features that make these phenomena more alike than one might expect. In sum, while shame and pride are contrasted with each other, and shame and dissociation enjoy a complex point/counterpoint relationship with each other, these phenomena often co-occur and are more closely related than psychotherapists working with relational trauma survivors may have realized. Knowing this can benefit our work with these patients.

It should be noted that for Chefetz (2017), shame and dignity, on the one hand, and pride and guilt, on the other, are opposites, and not shame and pride. Dr. Chefetz and I have met and respectfully discussed our respective and distinct conceptualizations. While this paper does not permit a fuller discussion of our differences, in short, I believe shame and pride are more apt opposites or contrasts (Benau, 2009) for several reasons, including: 1) Shame and pride are both emotions or affects, but dignity is not. A person can readily *think, feel* and *embody* shame and pride, but less so can a person think, feel and embody dignity. For example, there are common implicit and explicit beliefs about self, other and relationship associated with shame (e.g. “I ‘m worthless”) and pride (e.g. “I’m worthy”, or “I delight in being myself”), but less so for dignity which, in my opinion, is more abstract (i.e. “I was treated with dignity”). Likewise, there are characteristic or stereotypical neurophysiological states and body postures associated with shame and pride, but not for dignity. I can see and feel shame and pride in my patients and myself, but I am less able to see and feel dignity in my patients and myself. Thus, I know when shame and pride show up in my psychotherapy office, and how to work with these very alive phenomena, but not so much with dignity; 2) The concept of pride is more experience-near than that of dignity which is, for me, experience-distant. Experience-near terms are better suited to depict the workings of an emotionally- and relationally-informed psychotherapy than those that are experiencing-distant;

and 3) Shame and pride, on the one hand, and dissociation, on the other, are psychodynamically and experientially linked, as will be discussed at some length in these papers (Part 1 and Part 2).

Dignity, at least from my perspective, is neither psychodynamically nor experientially linked with shame and pride, and therefore is not as useful a term to describe survivors of relational trauma who typically experience dissociation, both as process and structurally.

### **1.1 A Brief Introduction of Terms: Shame, Pride, Emotion or Affect, and Dissociation**

Before delving further into the relationship between shame, pride and dissociation, I offer a brief discussion of the terms shame, pride, emotions or affects, and dissociation. More about each will again follow, below. Shame and pride are emotions or affects that have both adaptive and maladaptive consequences (Benau, 2017, 2018; Greenberg & Iwakabe, 2011; Kelly & Lamia, 2018; Tracy, 2016). Shame is generally associated with the phrase “I *am* bad” as contrasted with guilt “I *did* something bad” (Benau, 2017). Pride is typically associated with mastery, achievement, or what I refer to as “pro-being pride” (Benau, 2018).

For the purposes of this article, I am using “affect” and “emotion” interchangeably, although some researchers do not. For example, Ekkekakis (2012) defines “core affect” as a “neurophysiological state consciously accessible as a simple primitive non-reflective feeling most evident in mood and emotion but always available to consciousness” (Russell & Feldman Barrett, 2009, p. 104), whereas others define “emotion” as a “complex set of interrelated sub-events concerned with a specific object” (Russell & Feldman Barrett, 1999, p. 806), such as a person, an event, or a thing, whether past, present, future, real, or imagined. The co-occurring components that compose a prototypical emotional episode include (a) core affect, (b) overt behavior congruent with the emotion (e.g., a smile or a facial expression of fear), (c) attention directed toward the eliciting stimulus, (d) cognitive appraisal of the meaning and possible implications of the stimulus, (e) attribution of the genesis of the episode to the stimulus, (f) the experience of the particular emotion, and (g) neural (peripheral and central) and endocrine changes consistent with the particular emotion. In my view, emotions or affects include underlying neurophysiological processes that may or may not reach consciousness, as well as associated, conscious cognitions or schema, meanings, imagery, somatic experiences, and behavior.

## **2. On the phenomenology of shame, pride and dissociation**

Despite the excellent research by Dorahy and collaborators outlined below, *why* maladaptive shame and dissociation tend to co-occur in relational trauma has not been addressed

sufficiently. In this article, I argue that the phenomenology or qualitative features of shame, pride and dissociation may account for some of these correlations. To the best of my knowledge, this is not something that has been discussed in the literature previously, and particularly with respect to maladaptive pride and pride as a traumatic, mind/body state (Benau, 2018).

Emotions have cognitive, imagistic and somatic elements. The cognitive elements of shame include conscious self-talk (e.g. “I’m such a loser!”), and implicit beliefs about self in relationship with others. An example of an implicit shame belief might be, if it were to speak, “Just as my father treated me, I’m a nobody. I will never amount to anything. I might as well give up trying right now”.

“Implicit beliefs” can, in turn, be represented in imagery that powerfully capture a patient’s shame experience. These images typically operate outside of awareness or, when available to consciousness, may not be recognized as meaningful. An example of a patient’s shame-filled imagery might be a picture of himself as small, dark and shriveled when in the grips of a traumatic shame state. Shame embodied includes such qualities as heightened arousal (shock) followed by a rapid drop in arousal into a “shut down” state of hypoarousal. Somatically, shame can be observed in a collapsed chest, averted eye gaze, and sometimes, coupled with the initial shock response, a flushed face (Benau, 2017).

Pride as emotion or affect also has cognitive, imagistic and somatic features. Conscious, adaptive pride cognitions might include, “I worked hard and met my academic goals. I’m proud of myself.” An example of a spoken, explicit, maladaptive pride belief (i.e. hubristic pride or better me pride; Benau, 2018) might be, “I am so superior to you, I hate having to be in the same room with you”. An example of an implicit, maladaptive pride belief, consistent with “not me pride” (Benau, 2018), if given words, might be: “If I start to feel proud of myself I will be crushed, just as I was by my envious older sister whenever mom praised me and not her. I must never feel nor show pride in my accomplishments or I will end up defeated and utterly alone”.

Pride imagery tends to be associated with light (both light in weight and light as contrasted with dark), and as an expansive, enlivened, dynamic self rather than shrunken, static or deadened. Pride also tends to orient upward [e.g. both arms up over head in triumph (Tracy, 2016); up in the sky] and outward (e.g. spreading out, a more expansive “self” extending to and connecting with a larger universe or world of possibility).

Pride is embodied in adaptive forms (e.g. mildly expanded chest, eyes gazing gently straight ahead or slightly raised), or in maladaptive, hubristic forms (e.g. chest rigidly expanded, arms-crossed chest, head looking down at others with a sneering expression on the lips and perhaps flaring nostril associated with disgust or contempt toward others) (Benau, 2018).

Dissociation is neither an emotion nor affect, but rather can be understood as a mind/body *process* as well as *structure*, with the latter evidenced in structural dissociation (SD). SD refers to a way of disorganizing (disintegrating) and then reorganizing mind/body experience under conditions of extreme and prolonged stress. Within SD, the mind/body creates separate units of self-other organization or mind/body states that may or may not share consciousness with each other. Shame and dissociation, particularly in relational trauma (Schore, 2003) and Dissociative Identity Disorder (DID), have been shown in research and clinically to co-occur, to negatively impact interpersonal functioning, and thus contribute to psychopathology (Chefet, 2015; DePrince et al., 2015; Dorahy, 2010, 2014; Dorahy & Clearwater, 2012; Dorahy et al., 2013, 2015, 2017a, 2017b; Dyer et al., 2017; Kelly & Lamia, 2018; Tangney & Fischer, 1995). Pride is rarely discussed in this regard (Benau, 2018).

Dissociation has been conceptualized in several ways (Schimmenti & Caretti, 2016; Schimmenti, 2018a). As noted, dissociation may be viewed as an acute process, as in adaptive dissociation when a person screens out “excessive or irrelevant stimuli” (Schimmenti & Caretti, 2016, p. 110), or when a person experiences too little stimuli and “spaces out” while bored, perhaps as a way of “biding time” to escape unbearable aloneness (Fosha, 2000). Dissociation can also begin as an adaptive process that, over time, becomes a more chronic, pathogenic state. An example of the latter is when a person’s psychological disconnection or detachment from self or the environment shifts from a brief and flexible defense to a chronic and problematic mind/body state that shows little or no capacity to reconfigure in the face of changing, interpersonal circumstances.

Moving from temporary dissociative states of mind/body to chronic, problematic mind/body states is exemplified by intermittent *symptoms* of depersonalization and derealization solidifying into *disorders* of depersonalization and derealization (Schimmenti & Caretti, 2016, p. 109). Likewise, in structural dissociation, there develops an ongoing mind/body state where the person holds “...nonconscious or nonintegrated mental modules or systems (as happens with dissociative amnesia and other compartmentalization symptoms)” (Schimmenti & Caretti, 2016, p. 109).

### **3. Some Research into the Relationship between Shame, Dissociation, Psychopathology and Treatment**

Previous research by Martin Dorahy and colleagues examined the relationship between shame and dissociation in clinical populations, including complex Post-traumatic Stress Disorder (what is now called C-PTSD), comparable to my use of relational trauma, and DID, as well as in non-clinical populations. As relates most directly to this article, these research findings showed the following:

- With increased shame comes increased dissociation, whether shame is externally generated, internally generated, or general shame. This is true for both student samples and people in psychotherapy (Dorahy et al., 2017b). Likewise, 269 general population adults who provided feedback online revealed that shame activates dissociation, and dissociation experienced with a close other evokes shame (McKeogh et al., 2018).

This finding is important, in my opinion, as I believe shame and dissociation co-occur, in part, because shame “solves” the problem of dissociation, that is by bringing the person back into their body when “non-feeling” becomes unbearable; and dissociation “solves” the problem of shame when “too much feeling”, that is the pain and anguish of shame, becomes unbearable and leaving the body offers welcome “relief”, of sorts. More on this shame-dissociation dynamic later in the paper.

- Shame and dissociation are both linked to problems in intimate relationships in survivors of complex PTSD, with dissociation showing a direct association, and shame serving as a possible mediating variable (Dorahy et al., 2013). While both shame and dissociation have very negative, severing effects on interpersonal relationships, dissociation appears to be more deleterious (Dorahy, 2010). In a related study (Dorahy et al., 2015), patients diagnosed with a dissociative disorder (DD, n= 39) showed more severe symptoms than Chronic PTSD (n= 13) and general psychiatric patients (n= 21). Dissociation predicted relationship depression, whereas shame and chronic PTSD symptoms fell just short of predicting lower relationship self-esteem, perhaps due to the low sample numbers. Compared to the general psychiatric group, the DD group reported more state and trait shame and guilt, and were more likely to respond with withdrawal to shame activation. In sum, DD patients experienced more severe symptoms including greater shame, and more guilt and withdrawal due to shame.

- People diagnosed with DID report more alienation than those diagnosed with PTSD. Alienation includes statements such as: “I feel lonely. There is a huge void inside me. Even though I have friends, I am still lonely. I mostly stay to myself. I am disconnected from people” (DePrince et al., 2015, p. 580).

Commentary: While not directly assessed in this study, I believe all those statements indicative of “alienation” might be the consequence of both dissociation and shame, although shame was not directly related to DID.

Clinical observations suggest that while many people with DID live with the *effects* of chronic shame, they may not always consciously *feel* and then *report* shame, as measured by endorsing statements such as the following:

“No shower can wash away how dirty I felt. It’s as if my insides are dirty. I feel embarrassed. I feel disgust. I feel ashamed” (DePrince et al., 2015, p. 580).

- My suggestion, that *the effects of shame* may not always result in *conscious reporting of shame*, is consistent with a recent study (Marsh et al., 2018). 19 DID, 16 DID simulators, and 41 comparison participants (divided into amnesic and nonamnesic groups) were played an embarrassing audio vignette. Using the autobiographical Implicit Association Test (aIAT), results showed that the DID participants experienced implicit, episodic self-referential memory (e.g. “embarrassment”) across identities, even though they reported *no conscious awareness of feeling* embarrassed.

This finding is pertinent to our work with relational trauma survivors who often display a dissociated relationship with shame and pride (Benau, 2017, 2018), such that *conscious, explicitly reported feelings* of maladaptive shame and pride may appear and disappear, whereas the *effects* of each persist and are evidenced indirectly, for example in somatic symptoms, interpersonal enactments, self- and/or other-harming behavior, etc.

- Comparing DID patients (n= 20), chronic PTSD patients (n= 65), and a nonclinical sample (n= 125) (Dorahy et al., 2017a), the DID group emerged as having a different profile of shame processes compared to patients with complex PTSD, whereas the complex PTSD and general mental health groups had comparable shame levels. The DID group showed significantly higher “attack self”, “withdrawal” and “avoidance” behavior than the complex trauma and healthy controls (Dyer et al., 2017). These findings fit with my observation that dissociation results in greater dis-connection from self (thoughts, feelings, bodily sensations, etc.) and others (relationships) than even maladaptive shame. In addition, this study (Dorahy et al., 2017a) showed that

DID patients experienced significantly more shame and pathological dissociation, and that their shame directly contributed to relationship anxiety and fear of relationships. Likewise, pathological dissociation directly affected relationship anxiety and relationship depression. Shame and dissociation indirectly negatively affected all relationship variables via complex PTSD symptom severity.

It seems important to add, here, that the relationships between shame, dissociation, “attack self” and “withdrawal/avoidance” are complex.

More specifically, while this research shows, for example, that pathological dissociation directly affected relationship anxiety and depression, I believe it would be fair to hypothesize that these relationships are bi-directional or multidirectional, that is that relationship anxiety and depression contribute to both withdrawal/avoidance behavior and that, in turn, leads to greater social isolation, self- and other-alienation, that further exacerbate shame and dissociation. This bidirectional or multidirectional perspective is apropos the relationship between shame, pride and dissociation, as hopefully my two papers (Parts 1 and 2) will demonstrate.

- A closer look at adult men sexually abused as children (n= 7) fleshed out some of the more general findings summarized above (Dorahy & Clearwater, 2012). Dissociation took the men away psychologically (e.g. to a more negative, painful state), or resulted in “emotional numbing”. One patient described emotional numbing and interpersonal severing thusly: “The emotions when I was young were so overpowering that I’ve learnt to either dissociate or totally numb out to them. So during counselling, the emotions would really well up inside and then they would be cut off. So it’s been very difficult for me to allow myself the emotional range” (Dorahy & Clearwater, 2012, p. 167).

These men experienced more “self-as-shame” (SAS), with concomitant fears of further exposure and only short-lived benefit from positive connection with others, before withdrawal and shame returned. SAS is an important concept, and in my opinion is consistent with shame as a traumatic mind/body state of being rather than simply a “feeling” (Benau, 2018; Herman, 2006, 2007, 2012).

These findings further support Scheff’s (in press) discussion of recursive shaming, in that “positive connection with others” and closeness, including a psychotherapist, can intensify feelings of shame and social anxiety, that in turn can generate withdrawal and greater shame and anxiety, and even terror, at times.



- With respect to the treatment of shame and dissociation, when responding to a shame script, both dissociative disorder patients (n= 24) and a comparison psychiatric population (n= 14) found the following interventions helpful: focusing on feelings, cognitions, and previous shame experiences (history) (Dorahy et al., 2017a).

I believe these approaches likely helped as none avoided the shame, countering shame's tendency to hide, while at the same time *widened* the shamed person's focus in a *non-evaluative way*. (See, below, for more about how "widening the focus" in "non-evaluative ways" may ameliorate both shame and dissociation).

#### 4. The Phenomenology of Shame, Pride and Dissociation: Some Shared and Distinct Qualitative Features

Shame and pride, on the one hand, and dissociation, on the other, share some cognitive and somatic features, and show some important differences as well.

The qualities that I discuss, below, are derived from my clinical observation and reflections, and not from a *formal* phenomenological analysis (Giorgi, 1997, 2012). I emphasize these qualities as they all have important treatment implications with survivors of relational trauma.

The three categories I discuss in this article include attention, gaze, and organization of mind/body as these relate to shame, pride, dissociation as process and structural dissociation (SD):

1) **Attention:** a) Directionality; b) Quality; c) Wide lens versus narrow lens.

This section refers to where attention is directed, i.e. self, other, or self-other; the quality of the attending, such as accepting, delighting, critical, or attacking; and whether the focus of attention is narrow, wide, or flexibly versus inflexibly moving between the two.

2) **Gaze:** a) "Heart" and "slant" versus "eyeing" and "goal-oriented" gazing; b) Mindful, celebratory, evaluative, or disintegrative and destructive attention.

This section refers to the quality of gazing, self to self, other to self, and self to other. It includes looking at the other from a place that is heart-centered or indirect ("slant") versus goal-oriented and eyeing the other directly. This discussion then moves toward describing the differential effects of being gazed at (by self or other) in a mindful, celebratory, evaluative, or disintegrative and destructive manner.

3) **Organization of Mind/Body:** a) Coalescing/connecting versus Breaking apart/disconnecting; b) On the preservation of being in "shards of light", known today as mind/body states (Putnam, 2016).

This final section considers the universal processes of connecting and disconnecting as relate to shame, pride, dissociation as process and SD. The paper closes with a discussion of a Hasidic myth about a person's being or essence held in a shard of light, and how this myth bears upon our understanding of mind/body states, again in relationship to shame, pride, and SD.

It must be observed that “attention”, “gaze” and “organization of mind/body” are not entirely distinct attributes, although discussed here, separately. When and how a person *attends* to self and other includes the nature of *gazing* toward self and other, and in turn impacts how, over time and ongoing, that same person's mind/body is *organized*.

In the following discussion, the male pronoun is mostly used for the child or patient, and the female pronoun mostly used for the caregiver/parent or therapist. However, I believe the following applies to males and females interchangeably.

#### 4.1 Attention

Where and how we place our attention is vital to all aspects of human functioning. Attention reflects interest, and interest, following the work of affect theorist Silvan Tomkins (Tomkins, 1962, 1963), lives on a continuum from interest to excitement. As such, attention directly affects our experience of feeling alive versus deadened. Without attention there can be no interest nor desire, and likewise no impassioned, embodied aliveness.

Attention also helps us determine, neurocognitively, what problems need to be “solved” or, at minimum, engaged. From this perspective, attention enables a person to learn, as when sustained attention aids in solving a math problem, while more relaxed attention opens us up to new, creative possibilities. Coupled with implicitly conveying one's desire (“I attend, therefore I want or desire”, to wax Cartesian), attending to some things and not others tells us what is important to that person, that is what they value and devalue. Years ago, I learned about the Premack Principle (Premack, 1959) when working with non-verbal children diagnosed with Autism Spectrum Disorder. The Premack Principle asserts that we can determine what a person finds rewarding (i.e. reinforcing, following the behavioral theory of operant conditioning) by paying attention to what he does when free to choose. Attention or interest, then, from an existential perspective, tells us something essential about a person individually and interpersonally, reflecting the quality of his *being* and *being with*. For example, when a person's attention is typically drawn inward, he might be called an introvert; drawn outward, particularly toward people, perhaps an extravert. And so on.

Our attention now shifts to the qualities of attention that are evidenced most directly in shame, pride and dissociation. We begin with the *directionality* of attention, that is *who* or *what* is attended to.

#### **4.1.1 Directionality of attention: Self, other, other's view of self, and self's view of other's view of self**

In both shame and pride, *what* a person attends to appears to be mostly “the self”, at least at first glance. The person experiencing shame and pride attends to how he thinks about, feels about, relates to, and meaningfully evaluates himself. If he (or a part of him) judges himself harshly, then he will be prone to feeling shame, or perhaps defensive anger. With appreciation or self-congratulation, pride.

A closer look reveals that what the shamed or proud person attends to is more complex than merely “the self”. Attention, in fact, is quadri-furcated, directed toward *self*, *other*, *other's viewing of self*, and *self's viewing of other's viewing of self*.

Consider a pre-school aged child playing quietly with blocks: 1<sup>st</sup>) He may attend to himself and conclude, if asked (or if he had the words), “I’m good with blocks!” This is attending to SELF, and exemplifies adaptive, “good enough me pride” (Benau, 2018, p. 134); 2<sup>nd</sup>) If the child hears his mother raise her voice and look at him with contempt, shouting, “What a mess! You’re such a slob!”, this same child’s attention will likely shift away from self toward other. Depending upon how shocking his mother’s shout is, and particularly how he registers her tone of voice or gestures, and the child-mother relational history, this boy’s attention may shift, automatically, toward the perceived or implicitly neuroceived (Porges, 2011, 2017) interpersonal threat. This is now attending to OTHER, and marks the beginning of the child’s move out of adaptive pride and toward shame (Benau, 2017, 2018); 3<sup>rd</sup>) The child, often instantaneously and without conscious awareness, not only interprets his mother’s look (“She hates me!” or “I disgust her!”) but also may implicitly agree with her words, tone, gestures and gaze (see Section 4.2, below, on the Quality of Gaze) (“I’m a bad boy!” or “I’m disgusting!”). This is a common response, as the very young child is dependent upon his caregiver for physical and psychological survival. To disagree (implicitly thinking/feeling “I hate YOU, Mom”, or even a milder, “Don’t be mean, Mom, I’m a little boy”) is too threatening to the bond for most children to even think or feel, much less express, if they had the words which they often don’t, either for developmental reasons, or because they are frozen in fear (Porges, 2011). This, then, is attending to the OTHER viewing the SELF, and indicates the child has moved into shame proper (Benau, 2017). If the child was able, in the face of the mother’s attack, to retain a positive view of himself, then adaptive pride (Benau,

2017) would persist (“I know I’m good with blocks, because my friends and teacher say so. Mom must be in a bad mood.”); and 4<sup>th</sup>) The shamed child (Benau, 2017) looks inward again and, over time, internalizes his mother’s contemptuous or disgusted tone of voice and gaze. He sees himself through his child’s eyes interpreting his mother’s eyes. The proud child looks inward and rejects his mother’s view of him, having internalized the praise of his peers and teacher (Benau, 2018). In both shame and pride, this is attending to SELF with internalized OTHER viewing SELF, and is consistent with Bowlby’s (1973) concept of an internal working model or IWMs and Stern’s (1985) repeated interactions generalized or RIGs. From this perspective, shame and pride as “self-conscious emotions” (Tangney & Fisher, 1995) is a misnomer. The term, “self-other conscious emotions” provides a more apt moniker for the phenomenology of shame and pride. Experientially, it is closer yet to “self, other, self-other, and other-self-conscious emotions”.

This is consistent with infant-mother research into mutual gazing (Beebe & Lachmann, 1988). The directionality of attention in relation to *dissociation as process* is quite different than is the case of shame and pride.

In some ways, dissociation serves more to *un-focus* than focus attention, when being in relationship is perceived or implicitly neuroceived to be threatening (Porges, 2011, 2017). Note that “threat” may be overt and explicit, covert and implicit, active or reactive (e.g. “I see you, you brat!”) and/or passive and neglectful (e.g. non-verbally communicating “I have more important things to attend to than you.”). This “*un-focusing*” of attention in dissociation as process is a way of leaving the relational field as well as leaving the body and feelings, and often occurs when shame and pride mind/body states are insufficient to manage inter- or intra-personally induced pain. Here, as noted above, dissociation “solves” the problem of “shame” by temporarily or chronically leaving the body and unbearably painful emotions.

*Structural dissociation* (SD) is more complex psychologically and, I presume neurobiologically, than *dissociation as process*. SD’s quality of focus also enables the person to both withdraw his attention from perceived or neuroceived threat (Porges, 2011), and to draw his attention toward a “solution” in order to quickly manage threat. For example, while “leaving her body”, a form of extreme *un-focusing* or *withdrawing* of attention, may enable a rape victim to survive psychologically, drawing her attention back to a “fight” rather than “submit” survival response, that is to feeling her bodily rage, may help to rapidly manage a stranger’s approach from behind. Likewise, in SD the person may unconsciously segregate, via structural dissociation, her “fight response” (e.g. yelling) from her submit response (e.g. “going along” with a perpetrator). Thus, attentional focus, when it occurs, may be “one reaction or

mind/body state at a time". Narrowing of attention in SD is again seen when the person is oriented more toward an external threat (other's thoughts, feelings and/or actions) or internal threat (one's own thoughts, feelings and/or actions), rather than flexibly shifting one's attention toward self, other and relationship, and/or from mind to body/emotions, in a complex, dynamic and fluid manner.

#### 4.1.2 Quality of attentional focus

Attending to self, other, and the relationship between self→other and other→self is not merely a neurocognitive activity. Following Schimmenti (2012), focusing attention on self-other perceptions and relationships is both necessary for normal socialization and the development of relational trauma. That is, *how* a person is attended to, seen and/or not seen directly impacts how he fits in socially, be that adaptive or maladaptive. Therefore, a discussion of the *quality of attentional focus*, follows.

When studying shame/pride and dissociation, what matters most is not the *directionality* but rather *the quality of the attentional focus*, both other→ self, self→ other, and self->self that, over time, contribute to the development of an internal working model (Bowlby, 1969). Does the caregiver turn toward the infant/child with gentle interest, kindness, compassion, empathy, and acceptance, that is with non-judgmental love? In contrast, does the caregiver attend to or behave toward the infant/child with contempt or, and I believe this is more harmful, does the caregiver dismiss the infant/child and not see him at all, never feeling into and imagining the infant/child's inner life? Just as importantly, how does the child and later adult receive or not the other's attention? Does he perceive contempt when none is there? Does he fail to absorb genuine acceptance, perhaps because he has learned through repeated interactions with others, including his therapist, that "closeness" invariably heralds "betrayal"? Thus, *the quality of the attentional focus given and received* impacts the ways the infant, child and later adult internalize attention or lack thereof.

What is *the quality of the caregiver's attention* toward her child when he feels adaptive pride? The caregiver's attention (and accompanying congruent touch, tone of voice, and behavior or actions) must be accepting, validating and valuing the child for what he has done or achieved. As a simple example, the young child hands his mother a toy, and his mother smiles and says, "Thank you". In that moment, the child may experience a small dose of adaptive, "good enough me pride" (Benau, 2018, p. 134). Likewise, the mother who frowns when her child throws his toy at her, and sternly responds, "No throwing!", has not only begun to socialize her child ("We don't throw toys!"), but possibly shamed him, resulting in the child concluding, "Bad me". A quick repair—the mother warmly hugs her son, says "I'm sorry I yelled. I love

you”, and gently reminds him, “Throwing hurts”— quickly transforms shame and the threat of social banishment into feeling loved and included, as long as the son’s behavior remains within his mother’s relational and socio-cultural parameters. (This, by the way, would be an example of “good enough me” or “other-> self-righting” shame) (Benau, 2017, p. 10).

The proud child also attends to himself when he has achieved something he sets his mind to, irrespective of his parent’s approval. Most observers would likely agree that the young child typically feels good about himself when standing for the first time. If he could speak, he might exclaim, “I did it!” or “Look at me!”. While self-valuation and other-valuation can occur simultaneously, I believe the child, standing for the first time, would be excited and proud if no one witnessed him. But perhaps I’m asserting a tree falling in the forest with no one around *must* make a sound.

There is another way of attending even more powerful than approving attention, and that is delight. Delight infuses what I call “pro-being pride”. The term *pro-being pride* comes from the Latinate word origin of “proud”, “prodesse”, or “prod” (“pro” or “for”) and “esse” (“being”). I now define *pro-being pride* as “delighting in being myself delighting in me delighting in you being yourself, with me”. When the parent’s attention shines upon her infant who has done nothing other than look up from his crib and gurgle, and the infant realizes (implicitly, that is, laid down in his body/emotional memory) that his mother is shining her love light upon him— her de-light— a quintessential form of shared, inter- and intra-subjective “pro-being pride” is activated. This pro-being way of attending occurs between adults as well, and is essential in the healing of relational trauma in psychotherapy (Benau, 2018).

When shamed, the quality of attention the person experiences is not only negative or critical, but lived as though the other said, “You are bad” (flawed, inadequate, contemptible, etc.), rather than “I don’t like when you do X”. Attention that is shaming also results from a parent’s failure to attend to essential aspects of the child’s being or aliveness, as when the surviving parent who has lost her husband fails to notice her very young child, having lost his father, is also grieving. This form of non-attending may be highly specific, as when a parent fails to notice her child’s angry protests, or more global, when the parent ignores or dismisses her child’s being, as though he wasn’t there. [For more about the “specific” and “global” form of non-attending, see my description of “not me shame” and “no me shame” (Benau, 2017, pp. 12-17)].

The kind of attending, or lack thereof, that fosters “not me shame”, “not me pride”, “no me shame”, and “no me pride” (Benau, 2017, pp. 12-17, 2018, pp. 135-136) includes the same kind of attention that generates dissociation, either as process or structurally. Aspects of self

that are repeatedly not attended to by parent and child alike are, by definition, “dissociated” from, that is not available to the person to think about, feel about, nor relate to. This contributes to “not me shame” and “not me pride”. More global non-attending and non-contingent responding, along with other features of severe neglect and abuse such as chronically contemptuous attending, as well as unpredictable combinations of welcoming and threatening attention, may ultimately contribute to the development of SD and the shame of not existing (Wille, 2014).

#### 4.1.3 Wide lens versus narrow lens attention

A person can attend to the other from a “wide lens” or “narrow lens” perspective. The wide lens is more holistic, eliciting a general, felt sense (Gendlin, 1978/2007) of the person being viewed. In some ways, wide lens attending can be thought of as a more right than left brain way of perceiving (McGilchrist, 2009). Wide lens is more whole versus part, and simultaneous versus sequential way of observing oneself and the other.

A wide lens perspective holds complexity with awareness that, as the poet Walt Whitman (Blodgett & Bradley, 1965/1855) wrote in “Song of Myself”, we all “contain multitudes” (p. 88).

The passage from Walt Whitman’s poem, “Song of Myself”, from his book *Leaves of Grass* (Blodgett & Bradley, 1965/1855, p. 88) reads:

“Do I contradict myself?  
Very well then I contradict myself,  
(I am large, I contain multitudes.)”

In contrast, wide lens attending may miss unique particularity in the other. What is most adaptive, inter-personally and intra-personally, is flexible alternation between wide and narrow lens perspectives, as the situation calls for. As psychotherapist, sometimes it is best I lean into one aspect of a patient’s experience, and elsewhere lean back and allow the patient’s experience to wash over me until something “grabs my attention”, calling for a more focused, narrow lens response.

The narrow lens perspective hones in on one quality in the self or other. This may enhance pride, “You are so smart!”, or be overtly denigrating and shaming, “You’re such a dummy!” In contrast, sometimes a narrowing of attention helps ameliorate maladaptive shame and pride, as when a therapist listens for her patient’s subtle, self-deprecating remarks in order help the patient see how these contribute to depression. In contrast, too narrow a focus may fail to see the patient’s complexity, for example missing when the patient is self-affirming

despite an historical pattern of self-criticism. White & Epston (1990) refer to this as only attending to the problem-saturated story.

Janet (1901), cited in Meares & Barral (2019, p. 111) presaged my observation of narrowing attention this way: Janet (1901) associated integration with what we now call the self. In contrast, “dis-integration” was associated with states of unconsciousness, where the “diminution of personal synthesis” occurred via the “*contraction of consciousness*” (p. 222, my emphasis).

Maladaptive shame and pride often emerge in response to an *inflexible* alternating focus from narrow to wide lens and back to narrow lens, again. The person gripped by maladaptive shame or pride often makes too much of too little, and then believes he knows the whole truth! For example, when a person judges another as “an idiot” following one small mistake, she sees the now shamed person through a narrow lens (privileging the mistake), and then widens the lens such that that “mistake” becomes “all of him”.

Likewise, the person who discovers his partner had an affair may take one instance of “being fooled” (narrow lens) and make it the totality of his relational capacities, i.e. “I am a fool” (wide lens). (For a personal example of this narrow to wide lens, shaming experience, see Part 2 of this paper, Sections 1.4.1.2 and 1.4.1.2.1).

Similarly, the hubristically proud person takes a narrow lens perspective of one personal attribute (e.g. physical attractiveness), and then widens the lens to conclude, “My attractiveness proves my specialness and your insignificance.” Not surprisingly, the “better me proud” person (Benau, 2018) may have been raised by caregivers using a very narrow lens, for example privileging their child’s physical beauty. The child now adult learns implicitly to *focus narrowly* on their physical appearance in a desperate attempt to hold on to his self-worth as well as to the bond with his narcissistically vulnerable parents.

As a child, my patient “Hank” bonded with his self-absorbed mother by sharing her excitement about projects *she* valued. Hank’s excitement was always mixed with anxiety, knowing implicitly his tenuous, “strings attached” connection with his mother. As an adult in couple therapy, Hank came to understand his singular excitement failed to tune into the emotional experience of his narcissistically vulnerable wife. Hank’s narrow lens (e.g. excitement about a germ of an idea) to wide lens solution (e.g. “This idea will bring me and my wife closer!”) was quite fragile. Whenever his wife did not immediately share his enthusiasm about a creative project, Hank rapidly dropped from “inflation” (as he put it, like “a helium balloon whose string I excitedly grabbed onto”) to “deflation” (like “a pin bursting my balloon”).



Dissociation both as process and structure shows parallels with the inflexible, narrow to wide lens perspective seen in maladaptive shame and pride. Dissociative process in relationship begins with a narrow lens perspective as observed in traumatic shame and pride states. For example, not me shame (Benau, 2017) and not me pride (Benau, 2018) reflect a narrow lens excising and disowning (in shame) or privileging (in pride) of parts of the whole person, in a desperate attempt to preserve what is left of self and relationship. With not me shame, this is analogous to a surgeon cutting out cancer cells in order to save the patient's lungs. In not me pride, also known as hubristic pride (Tracy, 2016), this is comparable to only noticing one's thriving cells (e.g. "I'm revered by my work colleagues") while dismissing damaged cells (e.g. "My wife's contempt proves she's histrionic"). In the first instance, the "cancer cells" represent personal attributes perceived by the person as "unwanted" (e.g. sensitive), that are neither inherently toxic nor undesired in other relationships. Likewise, so-called "non-thriving cells" (e.g. the spouse's contempt) may teach the person something important about why he excels in some relationships (e.g. at work) but not others (e.g. at home).

In relational trauma, the narrow lens view often teaches the child that certain aspects of his "being", explicitly or implicitly threaten the survivability of his relationship with his caregiver. For example, the "not me shamed" person (Benau, 2017, pp. 12-14) may remain connected with his mother by never showing his cleverness. Instead, he is taught to believe he can never be clever as his "smart brother" whom his mother prefers. Likewise, the "better me proud" or hubristically proud person (Benau, 2018, pp. 135-136; Tracy, 2016) has learned to focus only on people singing his praise, while dismissing feedback that could help him understand how he repeatedly hurts others he loves, and then begin to heal those wounds.

Structural dissociation (SD), where aspects of "self" hold little to no consciousness of other aspects of self, reflects another way the mind/body automatically and outside awareness, dramatically narrows the attentional field. As with maladaptive shame and pride, in SD what is first seen within the narrow lens frame (one part of self-in-relationship) later expands in the person's consciousness whereby that "part" becomes "whole". For example, in patients living with SD, the person's "attach part", longing to be nurtured and cared for, may remain unaware of the "flight part" that breaks off relationship when closeness is offered. What is most important to appreciate here is *the inflexibility* of a narrow to wide lens perspective, and an extreme, compartmentalized solution (e.g. SD) to manage extreme and recurrent relational threat.

## 4.2 Quality of Gaze

### 4.2.1 “Heart” and “slant” versus “eye” and “goal-oriented” gazing

The quality of the gazing that accompanies adaptive pride, “good enough me pride” (Benau, 2018, p. 134), and even adaptive shame, “good enough me shame” (Benau, 2017, pp. 10-11), that is shame quickly followed by loving repair within, self-to-self, and/or between, other-to-self, has several features. These include *heart focus* and *looking slant, wide or flexible*, and a *mindful perspective*. We begin with *heart focus* and *looking slant* and contrast this with *eyeing* the other in a *goal-oriented* way.

Bill Bowen, developer of Psycho-Physical Therapy, an approach to somatic psychotherapy (Bowen, 2013), taught his students to differentiate “seeing from the heart” from “seeing with the eyes”. If the reader experiments with looking at a person “from the heart” and then “with the eyes”, she will likely experience this distinction. For me, the “heart gaze” is a gentle, kind, receptive, and mildly diffuse way of looking at another. Seeing with the eyes is more “head on”, with a quality of intense, active, “goal oriented” purposefulness.

When I see from the heart, I discover the person before me in unexpected ways. When “eyeing” another, I often notice myself searching for something. When “eyeing”, it is as if I am trying to discern, often implicitly, whether the other person is safe/unsafe, liked/not liked, etc. In contrast, I find “heart gazing” more accepting, even when the other is doing something I dislike; goal-oriented eyeing is more evaluative (see 4.2.2.3, below, for more on “evaluative gazing”). Heart gazing is less likely to shame or for that matter “pride” the other, as it embodies a non-judgmental way of observing. “Eyeing”, while not always evaluative, is more likely experienced that way, especially when the patient, in therapy, senses the therapist is viewing him in order to find something. Who amongst us has *not* had a patient ask what we are looking for by a line of questioning. This exemplifies the difference between “looking with an agenda” versus “looking from the heart, with openness and curiosity.”

Another way of gazing without judgement is looking “slant”. Looking slant is gazing at the other out of the corner of one’s eyes rather than “directly, straight ahead.” For some therapists, this may entail sitting alongside a patient and looking together at the same mental “object” (Mahrer, 1989; Pollack, 1999). Patients prone to maladaptive shame and pride, including survivors of relational trauma, often benefit from “slant” gazing. Direct, face-to-face peering often feels too exposing of vulnerabilities and may activate not only suspiciousness, but further shaming, priding, and/or dissociation. Similarly, a patient gripped by a traumatic shame or pride state may benefit from looking at the therapist “slant”, for

example gazing at the edges of the therapist's body rather than making eye contact that often intensifies traumatic shame or pride states and dissociation.

The poet Emily Dickinson (Johnson, 1960, pp. 506-507) wrote about the value of telling the truth "slant", describing in her way what I have observed also benefits survivors of relational trauma:

**Tell all the truth but tell it slant — (1129)**

Tell all the truth but tell it slant —

Success in Circuit lies

Too bright for our infirm Delight

The Truth's superb surprise

As Lightning to the Children eased

With explanation kind

The Truth must dazzle gradually

Or every man be blind —

"Heart gazing" and "looking slant" are experienced as more accepting than "goal-oriented" viewing, which explains why the latter is more associated with maladaptive shame and pride.

"Goal oriented" gazing by the other may also activate dissociation. For example, with a relational trauma survivor, direct eye contact may feel so invasive that the person dissociates in an automatic attempt to escape perceived or implicitly neuroceived (Porges, 2011) interpersonal threat. Likewise, when a person dissociates, his vision may blur but even more so does his mental acuity. "Where did you go?" is a common query made to a person dissociating. When a patient psychologically leaves the relational field and even, at extremes, embodied experience, he unconsciously seeks less emotional and physical presence, and thus less pain. Unfortunately, the dissociated person's capacity to adjust his behavior in order to reduce interpersonal re-traumatization is often impaired (DePrince et al., 2015; Dorahy, 2010; Dorahy et al., 2013, 2015).

To perceive an interpersonal threat requires attending in a very goal-oriented way that is "looking for trouble". "Looking for trouble" may be adaptive, as failing to detect actual relational threat is dangerous. In contrast, many cultural traditions identify certain kinds of "gazing" as threatening, for example when a person curses another by "giving the evil eye".

There is even some research suggesting the evil eye can negatively impact the observed person's neurophysiology (Ross, 2010), so we must be careful not to dismiss this as primitive folklore.

One paradox of a relational trauma survivor's gaze is that he can, at times, look diffusely or not at all (e.g. leaving the perceptual, emotional and somatic field) and other times gaze narrowly in an attempt to detect threat. Since the relational trauma survivor has learned early on that people are predictably and unpredictably dangerous, having been repeatedly demeaned, demanded to be perfect, abandoned, and so on, rather than "leave" may vigilantly "eye" the other in order to locate threat in their facial expression, body posture, tone of voice, etc., even when no threat is present. To make matters more complicated, patients living with SD may have parts that are unfocused or absent while other parts, *at the same time*, are hyper-focused and "finding trouble before trouble finds them."

In sum, a child experiencing relational trauma and later as an adult psychotherapy patient, learns to "leave" psychologically, that is to dissociate and not see what is right before him, or learns to see without clarity or precision, as historically he was physically and/or emotionally trapped and afforded no safe passage away from the threatening and/or neglectful. In contrast, that same relational trauma survivor will, at times, peer with pinpoint acuity and interpret both accurately *and* inaccurately, in an effort to fend off anticipated attacks from the threatening and/or neglectful caregiver.

It follows, then, that "heart gazing" and "looking slant" by the therapist may engender in the patient adaptive pride and shame, or more simply self-acceptance, whereas "goal-oriented eyeing" may activate traumatic pride and shame states and, when experienced as the "evil eye", evoke dissociation and unfocused gazing and/or threatening, piercing, eyeing back.

#### **4.2.2 Mindful, celebratory, evaluative, disintegrative and destructive gazing**

##### **4.2.2.1 Mindful gazing**

It often takes much effort over many years to view others and oneself in a non-judgmental manner, as long-time practitioners of meditation can attest. Self-acceptance and other-acceptance are ideals not easily achieved, or perhaps more accurately gained, lost, and regained over and again. Brach (2003) has written extensively about the challenges and benefits of radical self-acceptance, and comparable difficulties and benefits are true for radical other-acceptance.

We often hear adults admonish misbehaving children by saying, "I accept you but not your behavior." What has become cliché is, in fact, a more complex psychological process.

To reject someone's behavior is fairly straightforward, as in: "I do not condone how your behavior impacts me or others." However, the person who rejects someone's behavior but not their person must be able to see, think, feel about, and know the other in two contrasting ways, simultaneously rejecting the person's unacceptable actions and harmful effects, while retaining an image and felt sense of that same person's better self. This capacity to maintain an imaginative, double vision (of a person's "action" and "being") suggests the observer lives in the present while also envisioning a preferred past and, not yet realized, future way of being. At our best, we therapists maintain this Janus-like consciousness about our patients: We hold the patient's problematic behavior, even toward us, within a larger frame of understanding that includes acceptance of the patient's pain and archaic, problematic ways of coping, while imagining and accepting a preferred way of being himself existing before traumatization, as well as a not yet discovered self, even by the patient himself.

I have observed that if I can imagine a patient when he was a fetus or infant (pre-trauma), and also as a future person post-successful therapy (post-healing), then I am in fact contacting our shared pro-being pride (Benau, 2018). This past and future patient/person is, in fact, what I envision when I most need to find a way to connect with a struggling survivor of relational trauma and with myself struggling to connect with them.

#### 4.2.2.2 Celebratory gazing

There is another way of being and being in relation with self and others that extends wider and deeper than radical, mindful acceptance. Celebrating a person's being, what I call "pro-being pride" (Benau, 2018, pp. 134-135), extends beyond non-judgment and toward discovering joy in a person's truer self. This entails not only *accepting* differences but *delighting* in the person's unique way of expressing his aliveness (see Part 2, and Benau, 2018, for several examples of how this way of being with a patient looks and feels in psychotherapy).

What is noteworthy here is that the person in a state of pro-being pride does not evaluate others *and at the same time* embodies the highest form of valuing by delighting in being and being with, that is in life itself.

Janet (1935), cited by Barral & Meares (2019) and highlighted by Craparo, Ortu, & Van der Hart (2019), when discussing his concept of act of triumph, presaged my understanding of pro-being pride as an inter-subjective and intra-subjective experience (Benau, 2018). Note the similarities between my definition of pro-being pride, and that of Janet, that follows:

"I delight in being me delighting in you delighting in being you, with me" (Benau, 2018, pp. 134-135).

Now to Janet:

“Janet expanded even further to include a similar reciprocal of the self and the culture it exists in, with ceremonies and rituals *bringing people together in an experience of shared joy*, ‘a good antidote to depression’” (Barral & Meares, 2019, p. 122).

#### 4.2.2.3 Evaluative gazing

Evaluative gazing is a much more common way of looking at others and oneself than mindful or celebratory gazing. Evaluatively seeing and being with others or oneself quickly identifies good/bad, accepted/rejected, and valued/devalued ways of being.

Evaluative gazing is closely tied to our mammalian heritage, that is perceiving and implicitly neuroceiving (Porges, 2011) when it is safe to social engage and bond, versus when unsafety or danger/threat necessitates fighting, fleeing, or submitting. These rapid positive/negative judgments are, in part, why humans developed elaborate ethical, legal and religious systems to modulate perfunctory, “thumbs up/thumbs down” reacting. Only under very safe interpersonal and intra-personal conditions, and then only with considerable practice, can we look at our own or another’s mind/behavior without engaging in evaluation. Evaluative gazing is also embedded in our profession as psychotherapists. Most psychodiagnostic systems, no matter how benevolent in intent, are implicit systems of judgment, and while not mentioning “good/bad” per se, refer to “ordered/disordered” behavior in ways that may stigmatize. While proponents of psychodiagnosis argue the behavior not the person is “disordered”, nonetheless these evaluative systems invite the therapist and patient to view certain behavior (thoughts, feelings, actions and interactions) as needing to be changed for the better. Once certain behaviors are viewed as “in” and others as “out”, the therapist and often the patient unconsciously enter the realm of patient shaming or priding. Identifying behaviors— easily confused for the whole person— as “in” versus “out”— places the therapist and often the patient in the role of judge and jury, where the patient is found guilty or innocent, or more accurately, shamed or prided.

I recognize that psychodiagnosis sometimes guides treatment and thus may help alleviate suffering, and as therapist I am expected to reduce suffering and enhance flourishing. However, when I approach people and therapy from an evaluative stance, and it is unavoidable that I do sometimes, I participate in subtle shaming or priding behavior. As such, I exacerbate and prolong problems patients bring to therapy, and risk harming those survivors of relational trauma raised in evaluative family systems, and of course much worse.

In my opinion, the best way out of this bind that also invites a form of unwitting dissociation (by identifying aspects of the self and other as unacceptable) is to recognize the functional

coherence of most if not all behavior (Ecker et al., 2012; Ecker & Hulley, 1995). While I can't do justice to the concept of functional coherence (FC) here, FC means the patient's behavior, no matter how problematic, is understood as making sense in some inter- and/or intra-relational context, past and at times in the present. For example, the arrogant narcissist discovered along the way that dismissing others kept painful humiliation far from his consciousness, even though dismissiveness now leaves him feeling empty and alone. Finding "function" in so-called "dysfunction" and "meaning" in so-called "madness" is the best way, in my clinical experience, not to add further indignities to the patient's tendency to blame and shame himself and/or others.

Given that traumatic states are rooted in experiences of overwhelming unsafety (danger or threat), be that physical, psychological or both, it follows that traumatic shame and pride states (shame states and pride states, for short) are also rooted in threat. This explains, in part, why shame and pride states are implicitly and/or explicitly about good and bad. In shame states, "I am bad/inferior and you and your reality are good/superior", and in pride states, "I am good/superior and you and your reality are bad/inferior." Submitting to the other's will and truth (shame states), or forcing the other to submit to one's will and truth (pride states) is behavior intended, albeit imperfectly, to restore safety. Thus, the abused child learns to "agree" he is bad in an attempt to get his parent to stop abusing him, while the abusive, hubristic parent coerces the shamed child into that "agreement" in an attempt to restore his own emotional equilibrium and the relational status quo. Thus, traumatic shame state's hyper-negative view of self and elevated view of select others, and traumatic pride state's hyper-positive view of self and denigrated view of others, contribute to a deflation and inflation of self, respectively. [For one way of working psychotherapeutically that both helps the patient adapt to current, non-threatening circumstances, while working directly with FC, see Coherence Therapy; Ecker et al., 2012; <http://www.coherencetherapy.org>, accessed February 1, 2020].

#### **4.2.2.4 Disintegrative and destructive gazing**

Just as mindful gazing invites curiosity and acceptance (non-judgment), and evaluative gazing may engender shame and pride, disintegrative and destructive gazing evoke dissociation. Disintegrative gazing keeps aspects of self-other experience separate and outside of consciousness, resulting in vertical "splits" in personality and awareness (i.e. "not me" experience). While disintegrative gazing typically involves rejecting aspects of self, it may also reflect an unconscious attempt to preserve other aspects of self that cannot be expressed safely in relationship, now. An example of "rejecting aspects of self" includes the patient never

recognizing anger in himself because anger was equated with being shamed and physically violated. An example of a person unconsciously using dissociation to “preserve” and hide aspects of self is when he envies others’ creativity but denies his own because historically standing out when creative resulted in physical and emotional assault, including shaming and humiliation. Another example of disintegrative gazing in SD is when a person’s “fight part” and “attach part” never communicate, as “anger” was typically experienced as destroying rather than strengthening relationships.

With respect to maladaptive shame and pride, disintegrative gazing results in “not me shame” (Benau, 2017, pp. 12-14) and “not me pride” (Benau, 2018, pp. 135-136). In disintegrative gazing, *aspects of self* (e.g. anger) are rejected, whereas other aspects of self (e.g. sadness) will be included in adaptive shame (Benau, 2017) and/or adaptive pride (Benau, 2018).

In short, disintegrative gazing is identified when a parent focuses her gaze on an aspect of the child, rather than ignores or hates the child as a whole. The latter is linked with destructive gazing, now discussed.

Destructive gazing has the effect of destroying, annihilating or never permitting the development of the person’s *entire being* or sense of *a whole, integrated self*. Destructive gazing, then, leads to the development of “no me shame” (Benau, 2017, pp. 14-17) and “no me pride” (Benau, 2018, p. 136).

Destructive gazing, as in overt hatred and sadism, intends to kill the person if not literally than psychologically, as in Shengold’s (1989) soul murder and research into the evil eye (Ross, 2010). When absorbed or internalized by the hated person, this type of seeing (really an abject failure to see) results in a profound lack of cohesive identity. The therapist may have trouble getting a feel for who the patient really is, as he seems far away or emotionally and physically absent. When destructive gazing predominates intra- relationally, either a sense of self never develops or whenever a nascent, truer self begins to emerge, it is destroyed by internalized haters, resulting in “no me” experience (Benau, 2017 on “no me shame”; Benau, 2018, on “no me pride”; and Wille, 2014, on “the shame of existing”).

Once again, it is important to appreciate that disintegrative and destructive gazing include a failure to see either an aspect of the other person (disintegrative gazing), or the person’s entire being (destructive gazing). I worked with one highly shame prone and dissociative survivor of sexual trauma and profound, relational neglect, “Laura” (Benau, 2017, 2018) who experienced both “not me shame” and “no me shame”. As a child, Laura experienced painful rejection by several peers resulting in “not me shame”. That is, she likely experienced disintegrative gazes from her peers. Laura also experienced her mother “looking right through her” as though she



wasn't there, resulting in "no me shame". This represents a clear example of destructive gazing. As an adult, Laura's loving husband had that same disturbing feeling with Laura's mother, which helped Laura realize feeling invisible was not proof of her insignificance and, over time, move in the direction of adaptive pride (Benau, 2018).

### 4.3 Organization of Mind/Body

#### 4.3.1 Connecting or coalescing versus disconnecting or breaking apart

When safely in relationship and over time securely attached (Main, 2000), we are connected. Connected not only with the other person, but connected with different aspects of self that have room to breathe. That is, these ways of being are free to be and be expressed in the relationship with others, and are free to be and given inner voice, intra-rationally. For example, in close relationships I have room to be serious and silly, as well as quietly reflective and exuberantly playful. I even have room to keep aspects of myself private, that is to keep thoughts, feelings and reflections to myself, not to be confused with hiding a shameful secret.

The poet Rilke (1984/1929) spoke to this aspect of relationship when writing to a young poet about marriage:

*"The point of marriage is not to create a quick commonality by tearing down all boundaries; on the contrary, a good marriage is one in which each partner appoints the other to be the guardian of his solitude, and thus they show each other the greatest possible trust. A merging of two people is an impossibility, and where it seems to exist, it is a hemming-in, a mutual consent that robs one party or both parties of their fullest freedom and development. But once the realization is accepted that even between the closest people infinite distances exist, a marvelous living side-by-side can grow up for them, if they succeed in loving the expanse between them, which gives them the possibility of always seeing each other as a whole and before an immense sky."* (p.78, my emphasis).

Secure attachment (Main, 2000) and safe relating (Porges, 2011) are built upon a basic human drive, to connect. Further, "connecting" is evidenced throughout Nature, not only in mammals who bond with each other and stay close to their mate, offspring, and/or group, but even more basically when lichen attaches to rock, and water molecules coalesce. Thus, connection is observed at all levels of existence, from the atomic level where neutrons, protons and electrons "connect" to form atoms and then molecules, to millions of people organizing as nation states.

Likewise, disconnection or breaking apart one from another exists at all levels of existence, be it two people who part, in love or in hate, or a cell that divides and over time differentiates such that that one cell line develops into the lungs and another the brain.

“Connection” and “disconnection” are not life forces strictly opposed to the other, and in fact often live in complex relationship. The securely attached teen leaving home to attend college has both “disconnected” (physically left home), and remained “connected” to family (psychologically, financially, etc.). Likewise, disconnection can serve adaptive goals, as when healthy individuation enables the older teen to transition toward greater independence and interdependence in adulthood; and maladaptive goals, as when disconnection leads to extreme social isolation and psychological distress (DePrince et al., 2015; Dorahy, 2010). With respect to the latter, one can think of psychological “symptoms” as the mind/body’s way of signaling to the individual and the group that “too much disconnection has occurred”, activating once again the implicit drive to reconnect with one’s truer self as well as authentically with one’s tribe.

Some might argue that psychopathology is as much about “too much connection” as it is “too much disconnection”. The former is exemplified by family members inter-relating in enmeshed ways (Minuchin, 1974). In contrast, I believe so-called excessive “connecting” is, in fact, indicative of profound “disconnecting”, as there is clearly not enough psychological space to support healthy individuation (Bowen, 1978) and interdependence.

When it comes to pride and shame, an interesting combination of disconnecting and connecting forces or vectors are at play. Pride and shame disconnect the individual from other people or the group, making him “stand out” (pride) or “stand alone” (shame) in meaningful ways. Pride and shame also disconnect the individual from aspects of himself, such that a single characteristic (e.g. “aggression”) may be viewed by the person as valued (pride) or devalued (shame).

In both pride and shame, other personal qualities or attributes (e.g. “playfulness”) may be dismissed or not even recognized as true by or for that person. At the same time, pride and shame do not merely disconnect the person from others or aspects of himself; rather, in subtle, often underappreciated ways, powerfully connect the person to others.

For example, the adaptively proud, victorious athlete both stands out (disconnects from others by distinguishing himself via his exemplary performance) and remains very connected to his adoring fans. Similarly, the person gripped by a traumatic pride state looks down at others, thus disconnecting emotionally and even physically from his peers, as well as from his own more respectful and collaborative attributes, and at the same time remains deeply connected with his peers via their shared, implicit “agreement” that he remain “superior” in exchange for intermittently acknowledging his peers’ existence. Likewise, the person experiencing adaptive shame, “good enough me shame” or “self-righting shame” (Benau,

2017, pp. 10-11), briefly disconnects from his values but then pauses to adjust his behavior and in so doing re-connect with his truer self. The person held by a chronic shame state is also profoundly disconnected from his positive, life enhancing qualities, and in turn remains implicitly albeit painfully connected with his shaming caregiver— alive or deceased— who judged him harshly and/or treated him as though he wasn't there.

From the perspective of connection and disconnection, dissociation can be understood as an extreme form of disconnection. The word “dissociation” is rooted in “dis”, a Latin prefix meaning “*apart*,” “*asunder*,” and “*away...*” (<https://www.dictionary.com/browse/dis->), and “association”, meaning “... the fact of being *involved with* or *connected to* someone or something” (my emphasis) (<https://dictionary.cambridge.org/us/dictionary/english/association>). Thus, dissociation or disassociation refers to a person psychologically and sometimes physically “disconnecting from connection”. As observed, this disconnection occurs at all levels of experience, including inter-personally (e.g. from other individuals and the group) and intra-personally (e.g. from aspects of self-other experience; from thoughts, meanings, feelings, embodiment, etc.).

As observed in traumatic shame and pride states, dissociation remains, paradoxically, about connection as well. Dissociation as psychological process leaves the mind/body in order to preserve other aspects of the mind/body. For example, when a survivor of sexual abuse dissociates when confronted with sexual feelings in himself or his partner, he also unconsciously preserves and thus remains in connection with other attributes he deems more acceptable. This is the psychological equivalent of “cutting off one’s nose *to save* (rather than *to spite*) one’s face.” This same survivor of sexual trauma is also trying to remain connected with his partner, as on some level he knows that to consciously feel his sexual feelings or behave sexually would result in his feeling humiliated and becoming enraged, neither of which supports a loving relationship.

Structural dissociation (SD) also retains elements of disconnection and connection. The qualities of disconnection are more obvious. Intra-personally, SD renders separate or outside of one’s awareness whole swaths of experience, including thoughts, feelings, memories, images of all sensory stimuli, physical sensations, actions, patterns of interaction and meanings. Inter-personally, the person living with SD is in certain ways disconnected from others, for example not realizing he has the desire to connect (attach part) when in the grips of his rage (fight part). As noted above, research further supports this idea that SD contributes to alienation, that is disconnection, from self and others (DePrince et al., 2015; Dorahy, 2010; Dorahy et al., 2013; 2017a; Dyer et al., 2017).

Connection or the drive “to associate” is less apparent in SD, but remains active implicitly or outside the patient’s conscious awareness. Intra-personally, if the physically abused child learns to attach with the abusive parent by submitting to her will, his tendency to comply (submit part) and think of himself as always kind and never angry (fight part, dissociated) allows him to maintain some semblance of psychological and emotional equilibrium, however unstable this may be. Inter-personally, SD allows certain aspects of self to enter the relational field and even consciousness, in order to find ways of maintaining some form of contact with abusive or neglectful others and the world. Thus, the survivor of physical violence may interact in an angry, verbally and even physically aggressive way with others who get “too close”, in an effort to establish safe enough boundaries and emotional and physical distance so as not to be hurt and hurt others, again.

#### **4.3.2 On the preservation of being in “shards of light”, also known as mind/body states**

Schimmenti (2018a) wrote this about dissociation:

“... I also believe that dissociation, as a general function of the mind, protects from attachment disorganization, by compartmentalizing internal states and mental/bodily representations linked to traumatic attachment.” (Personal communication, DISSOC, September 8, 2018; Schimmenti, 2018b, 2018c).

Schimmenti’s remarks speak to a profound truth about how dissociation, specifically extreme forms of SD, reflect the mind/body’s valiant attempt to remain connected with essential aspects of being and relationship. This notion that dissociation compartmentalizes (separates, disconnects) in order to avoid even greater disruption and destructive disorganization (further disconnection) suggests, to me, that SD holds onto separate “shards of being” in order not to lose even more of one’s mind, through madness, or lose one’s body, by dying. The idea that one’s “being” can be thought of as a “shard of light” comes from a creation myth written in the Kabbalah, a book of Jewish mysticism. In this story, the concept of “tikkun olam”, or repairing the world, is explained as follows:

“In reference to individual acts of repair, the phrase “tikkun olam” figures prominently in the Lurianic account of creation and its implications: God contracted the divine self to make room for creation. Divine light became contained in special vessels, or kelim, some of which shattered and scattered. While most of the light returned to its divine source, some light attached itself to the broken shards.”

[see: <https://www.myjewishlearning.com/article/tikkun-olam-repairing-the-world/>; accessed February 10, 2019].

If we think of each “shard of light” as comparable to a “mind/body state” or “self-state”, then Schimmenti’s (2018a) understanding of “dissociation... [that] protects from attachment disorganization...” is quite apt. Thus, we can conceptualize structural dissociation (SD) as creating separate self-states or “shards of light”. The self-states or “shards” each hold an aspect or aspects of a person's thoughts, feelings, sensations, memories and/or meanings that could not otherwise be held “together” or perhaps ever “coalesce” in the first place, given traumatic overwhelm as a consequence of profound abuse and neglect in early development. These “shards” also hold an aspect of the person’s whole self or being that is but at the same time has never been. Further, these “shards as self-states” are retained “separately” for safekeeping until the intra- and inter-relational conditions make it possible for these “shards” (previously dissociated self-states, feelings, sensations, memories, meanings, etc.) to come together, now held in a much larger and welcoming “vessel”. Here, the vessel refers both to the inner world of the trauma survivor, and the outer world of new, safer and more welcoming relationships.

My conceptualization is consistent with a view presented many years ago at a workshop with David Scharff, MD, an object relation psychoanalyst specializing in couple and family therapy. Scharff described how some internalized objects (aspects of self) remain hidden for years as a form of self-protection until the relational environment is safe enough to enter into awareness. I presume he meant, primarily, the relational environment of the therapist-patient dyad, as well as healthier couple or family contexts. I believe the same applies to the patient’s intra-relational environment.

Said another way, SD represents a form of profound disconnection or breaking apart, both internally and relationally, in order to preserve *some* psychological organization, however primitive and unstable. The organization of SD serves intra-personal needs, for example in order for the trauma survivor to one day be re-united, re-connected and re-integrated with those previously dissociated aspects of his being. SD also serves inter-personal needs, by unconsciously or consciously seeking out and hopefully later discovering people and relationships, with a psychotherapist and/or significant other, that offer more hospitable relational conditions for formerly dissociated aspects of self to re-appear. From a Kabbalistic perspective, these shards of light support the preservation of being and being with. Thus, “being” hides out in dissociated shards (mind/body states) until they can be re-united and even more fully realized in pro-being pride, that is “delighting in being myself delighting in you delighting in being yourself, with me” (Benau, 2018, p. 135).

This brings to a close Part 1 of Shame, Pride and Dissociation: Estranged Bedfellows, Close Cousins and Some Implications for Psychotherapy with Relational Trauma. Whereas Part 1 focuses on qualities of attention, gazing, and organization of mind/body as seen in shame and pride, on the one hand, and dissociation, on the other, with some applications to psychotherapy, Part 2 discusses several additional implications of these observations for psychotherapy with survivors of relational trauma.

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**DOI:** 10.6092/2282-1619/mjcp-2154