

Volume 8, n 1, 2020

Psychotherapy

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

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Abstract

In Part 1 of this two-part article, I explored the phenomenology of pride and shame, on the one hand, and dissociation, on the other, in survivors of relational trauma. Specifically, I discussed the direction and quality of attention in self and other, and the mind/body's organization in pride, shame, and dissociation. While in Part 1 I offer some treatment applications, in this, Part 2, I extend my observations to consider further psychotherapeutic implications with survivors of relational trauma. Specifically, I discuss the therapeutic implications of directionality, focus of attention, quality of gazing, and connecting or coalescing versus disconnecting or breaking apart. Clinical and personal vignettes are sprinkled throughout this paper, with both specific and more generalized understandings and applications clarified.

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Keywords:

Shame; Pride; Dissociation; Structural Dissociation; Phenomenology; Trauma; Relational Trauma; Attention, Gazing; Self States; Psychotherapy.

Received: 24 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 II: Psychotherapeutic Applications. *Mediterranean Journal of Clinical Psychology*, 8(1). Doi: <https://doi.org/10.6092/2282-1619/mjcp-2155>

1. Introduction

Some clinical implications of the phenomenology of shame states, pride states, and dissociation

I previously described (Part 1) various qualities of shame, pride and dissociation in order to offer additional reasons why shame and pride, particularly as traumatic states of mind/body, and dissociation as process and structure, tend to be both distinct and closely related, that is “estranged bedfellows and close cousins”. Part 2 fleshes out several therapeutic implications of this perspective.

I begin by discussing the direction and then focus of attention (i.e. wide versus narrow lens), and quality of gazing, and close with matters of connecting and disconnecting, all as pertains to psychotherapy with survivors of relational trauma. The clinical vignettes culled from my psychotherapy practice describe patients in a highly disguised way, all of whom have graciously given me permission to describe our work. While the therapeutic applications I offer below are mine, the approaches that might be inspired by the discussion in Part 1 are limited only by the training and creativity of the therapist, and the particular needs of the therapist-patient dyad.

1.1 Guiding principles of shame/pride states and dissociation dynamic; and functional coherence, that serve as guides in psychotherapy with relational trauma

In Part 1 of this two-part article, I wrote the following: "I believe shame and dissociation co-occur, in part, because shame 'solves' the problem of dissociation, that is by bringing the person back into his body, when non-feeling becomes unbearable; and dissociation 'solves' the problem of shame when 'too much feeling', that is the pain and anguish of traumatic shame, becomes unbearable, and thus leaving the body offers welcome 'relief', of sorts" (p. 6).

By that I meant that there is an underlying dynamic between traumatic shame states, and also pride states, on the one hand, and dissociation, on the other. When a person experiences overwhelming affect, in this instance unbearable shame and/or pride, dissociation takes the person out of his body and thus mitigates his pain.

With respect to functional coherence guiding the relational trauma therapist working with shame, pride and dissociation, she is reminded that all so-called symptoms, including those that cause great suffering to the patient, are meaningful within some domain of experience. In these instances, dissociation is a meaningful mind/body attempt to lessen the pain of shame/pride states, just as shame/pride states return to reduce painful social isolation and self-alienation dissociation fosters (DePrince et al, 2015), both dissociation as process and especially as structure.

1.2 Directionality

Therapists working with survivors of relational trauma must keep in mind that no matter how isolated or disconnected a patient's inner or outer life may appear, a more complex intra- and often inter-relationship always lurks in the shadows. If you accept the premises of attachment theory, as do I, then no man nor woman, and likewise no part of any man nor part of any woman, is ever an island. For example, if a patient presents in the grips of pathogenic shame such that all he can see is how detestable he is, or in contrast is captured by hubristic pride

such that his scathing remarks repeatedly expose others' (including the therapist's) incompetence, then the therapist must remember several things, including:

1) There is always at least one inter-relational and intra-relational "other" contributing (past and/or present) to a presenting shame or pride state. With respect to shame, this other typically includes the internalization of an overtly dismissive, shaming, and/or abusive parent, and/or a covertly neglectful and non-responsive, frequently absent and non-protective parent.

Overt shaming may result in "bad me shame" (Benau, 2017), a person's conscious feelings of inadequacy or worthlessness.

More severe relational abuse or neglect can result in "not me shame" or "no me shame" (Benau, 2017). In "not me shame", some aspect of the child's self (e.g. dependency needs) is not attended to by the caregiver/parent. The child and later adult, in turn, internalizes this parent and dissociates from this aspect of self (e.g. dependency needs), resulting in their treating those needs or qualities as shameful when activated in relationship.

The child who is treated by the parent/caregiver as though he doesn't exist is more likely to experience "no me shame" (Benau, 2017). Once internalized, this becomes the most anguishing of shame states even if shame feelings remain largely unconscious and dissociated, as the child and later adult experience themselves as having no self and no worth at all. Said another way, the child develops a dissociated part of self that repeatedly erases or ignores his own, unique thoughts/beliefs, feelings, and somatic experience.

There are three forms of maladaptive pride, one conscious, "better me pride" [also known as hubristic pride (Tracy, 2016)], and two that are less conscious, more chronic mind/body states, "not me pride" and "no me pride" (Benau, 2018). "Better me pride" is consistent with hubristic pride (Tracy, 2016), where the individual treats others as inferior or deserving of contempt. The development of "better me pride" is one consequence of being treated as very special at the expense of others, or being neglected emotionally by a parent/caregiver. As regards parental neglect, the child and later adult may both internalize that emotionally absent parent, and defend against the attendant pain by treating others with contempt, particularly when attachment needs go unmet.

"Not me pride" and "no me pride" are more complex, as they are the consequence of relational trauma, including abuse and neglect, and involve some dissociation of aspects of self. In "not me pride", an aspect of the child's self is treated as "special" in order to gratify the caregiver/parent rather than the child. One example is a child whose parents need them to be more beautiful than all others, while at the same time their positive interpersonal traits,

such as kindness, are ignored or treated as unimportant. Once internalized, this child may take pride in only that positive quality (e.g. beauty), and otherwise not see or value their other positive traits.

In “no me pride”, the parent/caregiver treats the child as if he doesn’t exist, or at minimum doesn’t exist as a separate person with his own very real capacities and vulnerabilities. As a result, the person develops little to no awareness of their authentic self, and experiences either no adaptive, “good enough me pride” or, in contrast, displays delusional or psychotic grandiosity, for example believing he is Jesus. To internalize a parent’s profound absence is almost impossible to imagine for most of us. Internalizing “non-being” leads to a person who has little to no sense of who he is, including having “no self” to consciously hold feelings of shame or pride.

With respect to psychotherapy with “not me shame”, “no me shame” (Benau, 2017) and “not me pride” and “no me pride” (Benau, 2018), the therapist needs to be aware that the internalization of the absent parent, and the caregiving that needed to happen but didn’t, is always harder to detect by therapist and patient alike. For the patient, it is harder to remember, that is re-experience in an embodied way, what didn’t happen, such as the absence of nurturance, than the abuse that did happen. It should be noted, however, that neglect (pathogenic absence) and abuse (pathogenic presence) often co-occur, which is why the same person can experience “not me shame” and “no me shame”, as well as “not me pride” and “no me pride”.

2) There may be current, inter-relational others, for example either the original abusers/neglecters with whom the patient remains in contact, or other individuals behaving in ways reminiscent of the patient’s original relational trauma, either by deflating (shaming) and/or over-inflating (priding) the patient.

3) The therapist may be caught in an enactment (Bromberg, 2011a, 2011b), such that the therapist unconsciously plays a complementary role to the patient’s problematic shame or pride state. I previously described (Benau, 2017, pp. 13-14) one such enactment with a former patient, “Harold”, who presented as arrogant and shaming and hit upon my vulnerability to be shamed. Only by shifting my own intra-relational landscape (“rescuing” a younger me who was caught in the line of fire) was I able to challenge Harold to look at how his attack of me was misguided (me in lieu of a neglectful parent) and non-protective (of a more vulnerable part of him that felt shamed and alone, and needed his and my benevolent care).

4) The patient may assume the therapist who listens quietly is viewing him with critical judgement or disinterest, leaving the patient feeling alone with his shame or pride state, when

in fact the therapist is feeling quiet acceptance. In such instances of self → other → self transference, it helps if the therapist becomes more active, for example encouraging the patient to hear the actual tone of her voice, see her present moment body postures and facial expressions, and/or be told the therapist's actual thoughts and feelings toward the patient, so that the patient can have a compelling, updated, corrective emotional-relational experience of self → other → self, in-session, and to metaprocess her new, relational experience (Fosha, 2000, pp. 161-165). Another approach would be for the therapist to acknowledge it is possible a therapist could see the patient in a "one down" or "one up" way, and to wonder aloud what it would be like for the patient to consider the therapist has another view of him. Without saying what that "new view" would be, the therapist implicitly invites the patient to consider there may be more than one way of being seen by her. For example, the therapist might remark: "I know you're convinced I think you're a good for nothing for again coming late to therapy. What would it be like for you to consider I thought there could be more than one reason you arrived late, and actually believed you when you shared that with me?"

1.3 Focus of attention: Wide versus narrow lens

As observed in Part 1, shame and pride states invite the patient into a narrow vision of self, other, and self-with-other. This can be quite disconcerting for the therapist as well, as she may feel compelled to point out the opposite, crudely in the form of "You're not that bad" (when maladaptive shame predominates), or "I'm not that bad, the other person's not that bad, and you're being too harsh" (when maladaptive pride predominates).

In my clinical experience, these therapist "moves" invariably fail, as they precipitate too abrupt a shift from narrow to wide lens viewing, and then evoke patient intra-relational and/or inter-relational resistance. The following offer several ways of facilitating gentler transitions from narrow to wide lens attention with survivors of relational trauma:

- 1) Begin with the patient's narrow lens view, and join them there not by agreeing with the voice of pathogenic shame nor hubristic pride, but rather by understanding the patient's point of view from a functional coherence perspective (Part 1, Ecker et al., 2012). For example, "I can see why you would be convinced you have no worth. As we learned, any time you took even the slightest pleasure in your accomplishments you were met with your father's cold, stony silence." Then invite the patient to bring to consciousness his deeper, more complex understanding of the shame or pride states in light of his present and past relational reality, such that "exceptions to the rule" naturally emerge.

2) Notice in the moment when an exception to the implicit shaming or priding rule appears, and invite the patient to give meaning to this exception. This is consistent with a narrative therapy approach (White & Epston, 1990).

3) Consistent with #2, help the patient create an experiential juxtaposition between his previously dominant shamed-self or shamed-other stance, and one that spontaneously emerges and is experienced as also true but incompatible with the original, pathogenic belief, but never before held in consciousness at the same time as the shaming or priding view. I typically do this by having the patient “see and feel” an evocative image of the old view of self-other to one side of the room (e.g. right), and an equally compelling image of the new, incompatible view of self-other to the other side of the room (e.g. left), and then instruct the patient to slowly pendulate between the two realities. After the patient moves in his imagination from one side to the other, he returns to center, looking straight ahead or toward the therapist to describe what is typically a new, more integrated experience and understanding. When effective, this triptych method, named after three-panel paintings, facilitates emotional updating via memory reconsolidation (Ecker et al., 2012).

4) Gently introduce new physical, imagistic, and/or cognitive “experiential data” to hold alongside the problematic, shame or pride state. For example, the patient may be asked “to go inside” and mindfully observe his breathing, body posture, energy level and movement, in lieu of his hyper-focus on shaming or priding beliefs, and introduce very gradual shifts, mindfully observed, in any of those somatic qualities (Ogden et al, 2006). What can be achieved somatically (including juxtaposed muscle tensions or energetic experience) can also be accomplished at the level of images of all sense modalities, emotions, and implicit to explicit beliefs.

5) Identify the physical, imagistic and/or cognitive elements of the shame or pride state, and slowly introduce one new feature. For example, notice where maladaptive shame or pride is held in the body and invite the patient to move his attention “one inch” above, below, to the right or left of that sensation. Likewise, notice the image that holds the problematic shame or pride and view it at a distance, or shrink it down to size (Schmidt, 2009, pp. 62-69 and her discussion of “switching the dominance”). Or introduce one new thought that invites the patient to view himself slightly differently, as in “How do you make sense of the fact that telling yourself to stop being so lazy never helps motivate you?” (maladaptive shame-shifting), or “How do you understand that you keep coming to see me when you also regularly remind me of my incompetence? Are there parts of you that remain in the background of the denigrating part of you who speaks up, here?” (maladaptive pride-shifting).

6) In structural dissociation (SD), a) speak to more than the one part (shame or pride bound) that shows up in the room; b) invite the patient to be curious about the part that agrees with the self- or other-shamer, and why agreeing now feels/historically felt so necessary for his survival; and/or c) invite the patient to be curious about who and what was internalized, that is the internal working model (Bowlby, 1973) that made the shaming or priding voice so dominant and necessary to avoid feeling utterly alone and abandoned.

There are of course many other ways to move from a “narrow to wide lens” perspective. In some ways, therapy at its best is always helping to widen the patient’s attentional range. As long as the therapist working with shame, pride and dissociation keeps the narrow to wide lens principal in mind, and in particular the importance of moving flexibly between narrow to wide lens perspectives and back again, she will find many other ways of facilitating meaningful, experiential shifts.

1.4 Quality of Gazing

1.4.1 Quality of Gazing: “Heart” and “slant” versus “eyeing” and “goal-oriented” gazing

I often look intently at people’s eyes. I don't try to do this, I simply do. For some patients, this is experienced as my being very interested and emotionally present. For those patients, the feeling is I am accompanying them every step of the way, thus reducing their isolation and tendency to resort to shame states, pride states and/or dissociate. For other patients, my intense gaze may be experienced as “eyeing” them in ways that are piercing, or at minimum seeking specific answers. Once I realize the latter is happening, there are several things I have found helpful, including: 1) Looking from my heart rather than my eyes; 2) Alternating looking at the patient directly to looking out my office window behind them, where there is a tree that reliably settles my nervous system and allows me to be more gently present in a “slant” manner; and 3) Looking out of the corner of my eyes, or looking at the patient’s mouth, forehead, or around the periphery of the patient’s body. This “slant” type of gazing is often experienced as present without being invasive or evaluative. Looking out of the corner of my eyes also gives me freedom to go inside myself and reflect, and I assume invites my patients to do the same. I was taught the method of looking at the patient’s mouth by a Navajo elder who explained to me that in his culture direct eye contact was deemed disrespectful. Looking at a patient’s forehead or “third eye” has been helpful for some of my patients on the Autism spectrum, who have difficulty giving and receiving direct eye contact. With those patients and others similarly threatened by direct eye contact, active yet even toned verbal contact also helps to convey, implicitly, “I am with you, and I come in peace.”

1.4.2 Quality of gazing: Mindful, celebratory, evaluative, disintegrative and destructive gazing

Therapists typically approach patients from a mindful, non-evaluative and certainly non-disintegrative and non-destructive stance much of the time. However, a patient's self-critical or self-destructive way of seeing himself and self-with-others may dominate his intrapersonal and interpersonal landscapes. This can shift over time and with many iterations of any of the following "ways of being":

1) The therapist simply does not adopt the patient's evaluative perspective, instead repeatedly surprising him with interest, curiosity, and functionally coherent meaning making (Ecker et al., 2012). Over time and as the patient gradually and usually unconsciously takes in those aspects of the therapist he finds helpful and healing, the patient learns to adopt similar ways of gazing upon himself and others.

2) The therapist teaches the patient how to begin to make sense of his experience from a parts perspective, such that the patient comes to know his current mind/body state does not represent all of him, and yet all parts of self are meaningful. This is particularly important when working with shame and pride states, as well as dissociation, as each is typically experienced as "all of me".

3) The therapist "catches the patient" viewing himself in new, non-judgmental ways, and invites him to observe the qualities of that more mindful or even celebratory way of being with himself, and to wonder what intra-relational and inter-relational conditions make that possible (White & Epston, 1990). Over time, these "exceptions to the rule" become less random and more reliably available to the patient, both to experience and for further "meta-therapeutic processing" (Fosha, 2000, p. 161).

4) The therapist invites the patient to notice, in-session, how he thinks, feels and behaves when he can take in his own, another person's, and/or the therapist's more mindful, non-evaluative or even celebratory perspective, and to reflect upon and meta-therapeutically process (Fosha, 2000, pp. 161-164) these positive, change moments.

5) Perhaps more importantly, the therapist can notice, take interest in and even enjoy the patient's pro-being pride. A clinical example follows.

1.4.2.1 Shame to pride: Desire, welcomed

My patient "Jacob" (Benau, 2018, pp. 138-139) is a survivor of relational trauma, growing up with a divorced mother and father who were each very narcissistically wounded. Jacob arrived to this session first discussing the app he had used to pay for this session. For different

reasons we may have both spent too much time talking money and its transfer— me because the money transfer app had recently intruded upon my privacy, and Jacob for reasons that had to do with what he both wanted and didn't want to talk about this session.

With a nervous laugh and taut smile, Jacob next shared he had recently received his new Tesla car. As soon as he mentioned getting his Tesla, Jacob sounded apologetic, dismissively remarking that buying a Tesla was “ostentatious” and “frivolous”. With my encouragement, Jacob was able to acknowledge he liked his new car's advanced technology, but that his anxiety about having revealed he bought a Tesla outweighed his pleasure, about 70-30 out of 100, total.

Having previously explored Jacob's difficulty celebrating himself and his pro-being pride (Benau, 2018, pp. 138-39), I quickly realized we may have entered similar terrain worthy of our attention. Jacob readily agreed he too wanted to work on better understanding his anxiety about purchasing and sharing news of his Tesla.

I next invited Jacob to stay with his interest and pleasure in having a Tesla for as long as he could— seconds, minutes, whatever he could handle— while noticing with me when his excitement was interrupted by other emotions or physical sensations. Jacob agreed to this experiment. My approach here was not intended to focus on Jacob's positive feelings about his car, but rather to help him observe how his mind/body inhibited his enjoyment, and to discover the implicit meanings that lay therein.

Jacob began by describing how he found the Tesla's sophisticated technology “cool”, and was excited the car's computer program would be automatically updated in the future. Jacob also found his “sleek black car” aesthetically pleasing. Soon thereafter, Jacob bumped into anxiety that had the quality of a shaming voice. He described the Tesla as “frivolous” and “ostentatious”, and this led us, following my persistent enquiry, to Jacob's view of his mother as “rich but selfish”. While his father was much less well off than his mother, Jacob also viewed his father as selfish in that he gave little of his time raising Jacob. Jacob's self-other judgment was also connected with his mother's prejudice against Jacob's poorer childhood friends who were African-American. Jacob is Caucasian. Jacob said his mother's behavior was not congruent with what he saw as the true values of his religion that included giving of time, not just money, to help those less fortunate.

When gripped by the dread of becoming selfish, Jacob's chest contracted, he felt he was shutting down emotionally, and he had an urge to look away. Shutting down and turning away are prototypical, biobehavioral markers of shame, and Jacob's dread can be thought of as the initial “shock” to the nervous system that commonly precedes plummeting into a shame

state (Benau, 2017, 2018). In contrast, when in touch with his “desire” (a word I offered that Jacob resonated with), Jacob noticed he had more room to breathe, resulting in the natural expansion of his chest and a smile that moved from tense to ease. Jacob observed that this shift, from “contraction” to “expansion” was a movement from “shame” to “pride” (those were Jacob’s terms, not ones I gave to his experience). Jacob went on to say that he “desired” rather than “needed” the Tesla, and this reminded him of what he had been feeling for some time with his wife, “Lynn”. Jacob realized his desire to be sexually intimate with Lynn (something that had not occurred, per her wishes, for quite some time), and to enjoy their life together in other non-sexual ways, was related to allowing himself to “desire” a Tesla.

Among many things, some of what is striking about this session is that Jacob went from anxious, constricted, inhibited, self-judging, shutdown shame for having a “desire”, and at a deeper level for “being” and “being with” his authentic pleasure and aliveness, to expansive, excited, good enough me and even pro-being pride (Benau, 2018). Pressing up against Jacob’s protective responding (e.g. his anxious self-judgment) and helping him co-regulate with my acceptance, curiosity, and most especially genuine delight, not in Teslas per se, but in Jacob’s delight in himself delighting in Teslas, with me, allowed Jacob to move— in his words— from shame to pride.

1.5 Connecting or coalescing versus disconnecting or breaking apart

1.5.1 From a shame state to a state of pro-being pride in one “session”

Chronic shame states, as with other traumatic mind/body states, can last a very long time— sometimes even a life time. Our goal as therapists working with relational trauma is to help alleviate the anguish of chronic shame, and optimally support our patient’s movement into pro-being pride (Benau, 2018). If you are a therapist who works with survivors of relational trauma (Schore, 2003), you know that quieting recurrent, punishing shame attacks typically takes time, often years.

Helping a person access his pro-being pride, his “delight in being himself delighting in others delighting in being themselves with him”, typically makes this process much harder, if it happens at all.

How does a person move from a traumatic mind/body state of disembodied self-loathing that can be thought of as “not me shame” (Benau, 2017), to embodied aliveness, in less than 24 hours? Given the challenge and complexity of working with shames states in survivors of relational trauma, is it possible for a person to “snap out of shame” in a single session, even in a single moment in time? Can we move from disconnection or breaking apart to connection or coalescing so quickly? The following vignettes, based upon two therapists’ personal

experience outside of therapy, suggests under the right conditions the answer is “Yes”. I will describe these events in some detail so that the reader can observe their movement and progress. These descriptions will be followed by an analysis of each session, in an effort to identify several factors that, I believe, contributed to these “single session transformations” from a shame state to pro-being pride. I offer two vignettes, because I want the reader to see that these apparently sudden transformations are neither flukes nor restricted to our two protagonists.

1.5.1.1 From shame to pro-being pride in a smash

The first person who experienced this sudden transformation from shame to pride is John Walker, a psychotherapist living in Edmonton, Alberta, Canada. John has graciously given me permission to include this vignette, first shared on the Dissociative Disorders Listserv (January 4, 2020). The quotations are from John’s own writing:

“When I was 10 I joined a Peewee league hockey team in Brockville, Ontario. The other boys on the team had been playing hockey for 3-4 years whereas I was a beginner. It did not go well. I could skate forward but I could not turn or stop. My puck handling and shooting skills were abysmal. I was relegated to the 4th line at best, and more often the bench. I was ridiculed even by my own teammates. Being a sensitive, introverted and socially insecure boy I experienced this as a deeply humiliating and shameful torture. Previously I had been extensively bullied in elementary school and so this added to the pain of it all. I wanted to quit but my mother who is a fighter (who at age 8 clubbed a 11-year old boy over the head with a shovel who was beating on her older brother) wouldn't hear of it and so the sad affair dragged out over 5 months.”

“I did not play organized hockey again. I did not speak of how painful this ongoing public shaming was... a private misery.”

“35 years later I live in an Edmonton, Alberta neighborhood with an outdoor ice rink. I would take my young daughters skating there and occasionally we would shoot a puck around. I have become a much better ice skater.”

“One night there is a pickup game at the rink with a bunch of 20-year-old guys. I decide to join in. Most of the guys are faster and more skilled than me, so I hang out on defense. They will have to get through me to get to the goalie! The action moves up and down the ice. And then it’s just me defending against an opposing player making for our net. Enthusiastically and recklessly I rush him and, still lacking in the braking department, I crash into him,

cracking heads together. We tumble to the ice. We are both bloodied, I have an open wound needing stitches on my brow.”

“I feel fantastic!! I pack up and walk home through that beautiful wintery night elated!! I feel so alive and free!! My wife, my daughters are upset about the blood down my face and I just feel so happy!!”

“For me this single event resolved those months of childhood misery.”

1.5.1.1.1 Discussion of John’s vignette

John, a self-described sensitive, introverted and, I would add, empathic boy, is prone to feeling shame. I say this because I, too, was a sensitive, introverted, empathic boy, and I believe shame comes with the territory. The reasons these boys (and girls, I presume) are prone to feeling shame are many, but the main ones include two factors: 1) They have tendency to experience social slights, and their own and others’ feelings, intensely. If a person ignores or more actively shames them, they feel it! These children have “thin skins”, in the best sense of those words. That is, their “stimulus barrier”, to paraphrase Freud, is highly porous or permeable. These children “feel the world”, good and bad, and given normal, developmental constraints, they are prone to feeling “too much” and even to getting overwhelmed, trying to process and integrate more than their developing nervous systems and minds/bodies can handle, alone. I add the word "alone", because the child experiences overwhelm because no one helps him process his unbearable shame experience; and 2) These children tend to internalize rather than externalize their own and others’ emotional experience. Rather than act out or fight back, these children are more likely to go inward to manage strong emotions. Introverts focus on their internal experience, and typically find comfort and solace “within” even more than from people, at least at first. It is no surprise, then, that when these children are shamed, they feel it intensely and are prone to believing that the shame says something painful about them, rather than about the other person, that is the shamer.

Now, back to our protagonist, John: In addition to John’s painful hockey experience, he was “extensively bullied” in elementary school prior to the traumatically shaming event. He was also told by his “fighter” mother that he, 10-year-old John, must stay with his hockey team, despite the fact that he is relegated to “4th line at best”, and ridiculed by his own teammates. Given his mother’s determination to have John fight through these painful and shameful experiences, but at the same time gives him little to no guidance nor emotional support as to how to do this, again leaving him utterly alone, this “drags on for five months” until John, finally, leaves the team and “[does] not play organized hockey again.” Nor does John “...speak of how painful this ongoing public shaming was... a private misery.”

We see here a classic example of shame layered upon shame upon shame in the mind/body of an introverted, sensitive boy who appears to have lacked a secure attachment figure to help him move through these shaming events with his dignity intact and his pride restored: The shame of being bullied, repeatedly; the shame of being alone with being bullied, repeatedly; the shame of being ridiculed and humiliated for at least five months by his hockey teammates; and the shame and pain of carrying the memory of all these experiences, likely recursively remembered (Scheff, In Press), alone, over many years.

Fast forward to the present, 35 years later. For reasons unstated, John finds the courage (although he would likely not have felt courageous) to join a pick-up game of hockey with “a bunch of 20-year-old guys”. John knows the other players “... are faster and more skilled than [him], so he “hang(s) out on defense.” John seeks to find the right balance between joining in while not being humiliated again, 35 years after the last time. John is next confronted with “an opposing player making for [his] net. Enthusiastically and recklessly [John] rush[es] him and, still lacking in the braking department [notice John’s self-deprecating humor], ... [he] crash[es] into him, cracking heads together.”

Does this humiliate John, once again? Is his shame state, one that kept him from playing organized hockey for 35 years, re-activated? Did John make one big, painfully re-traumatizing mistake by going out on the ice that fateful night? The answer you already know is, “Absolutely not”.

In fact, John wasn’t shamed by crashing into his opponent on the ice, and “cracking heads together”. Rather, John experienced what I have elsewhere called “pro-being pride” (Benau, 2018, p. 135), defined as “I delight in me being me delighting in you delighting in being you, with me”. John does not merely feel “proud” of himself, something I call “good enough me pride” (Benau, 2018, p. 134). Rather, John experiences “pro-being pride” or “pro-being” for short, as evidenced by John’s own words that, for the reader, leap exuberantly off the page:

“We [John and the younger player John thwarted by crashing into him] are both bloodied, [John has] an open wound needing stitches on [his] brow.”

And yet, John goes on:

“I feel fantastic!! I pack up and walk home through that beautiful wintery night elated!! I feel so alive and free!! My wife, my daughters are upset about the blood down my face and I just feel so happy!!” (my emphasis).

John doesn’t just feel good about himself, he feels “fantastic”, “elated”, “so alive and free”, and “so happy”. John’s inner and outer landscape is instantly transformed in one smashing

moment, one brilliant, glorious, triumphant, bloody crash. His inner and outer worlds are changed, forever. Even his external landscape, walking home, is transformed into a “beautiful wintery night...”

How is it that John went from a traumatic shame state to pro-being pride in one crashing, smashing moment? While we will never know for sure, here are some of my thoughts:

1. The moment when John smashes into his attacking opponent and not only survives, but thrives is, following Janet, an act of triumph (Janet, 1919, 1925; Ogden et al., 2006; Van der Hart et al., 1989). John faces and conquers his fears of being humiliated, once again, on the ice. John not only eliminates a chronic, traumatic, shame state (Benau, 2017) that prevented him from truly enjoying playing hockey (emphasis on playing, not winning) for over 35 years, but he skates into an instantaneous, enlivening state of pro-being pride, filled with the joy of being himself and with others, alive in a world that comes alive with him.

2. The transformation that both gives expression to and follows John’s moment of triumph, of conquering his fear of being shamed and humiliated once again lest he avoid his full aliveness on the ice, is indicative of the process of memory reconsolidation (Ecker et al., 2012). The deep transformation that memory reconsolidation augurs occurs, experientially, within the domains of meaning, emotion, and the body, that is in movement and sensation, both physical and energetic. It is important for the reader to understand that this transformation takes place without words, at least at first. It is only later that we can describe this profound change that, for John, our protagonist, simply happens in a moment in time and is known, implicitly, as powerfully “true” or “real”.

Within the domain of meaning, John’s beliefs about self, other and relationship embedded in his relationship to ice hockey and to himself, have been permanently altered or “updated” (Ecker et al., 2012, p. 33). While I cannot know for certain because I am not working with John as his therapist, John’s original, “pro-symptom position”, that is the schema that supported a shame state and withdrawal from playing hockey for so many years, if it could speak, might say, “Fighting for Mom meant I must endure unbearable pain, shame and humiliation.

I am banished forever, always remaining “outside” the welcoming circle of my peers, outside the circle of my mother’s love, and so I shall remain. When it comes to hockey, I will never fight again, as that pain is too unbearable.” During the memory reconsolidation process, post-smash John’s schema has been experientially juxtaposed with another, contrasting reality. The new belief, if it spoke, might say, “Fighting sometimes means fighting your way back, into the circle of life and love. When I allow myself to go for it on the rink, I not only come alive, I

am loving and being loved— ironically, by smashing into my opponent and as our shared blood proves. I will no longer be abandoned as I once was by my teammates (who mocked me), my hockey coach (who failed to protect me), my peers (who bullied me), my teachers and other parents (who failed to protect me from bullies and the like), and my mother, (who in telling me to fight on saw herself but failed to see me, the son she actually had). I now know that I can be me, fully engaged and alive, on the rink and off, and be met by people who affirm and even celebrate my aliveness, even when, out of their love for me, it pains them to see me bloodied and hurt.” Both “beliefs” about self, other and relationship, both emotional truths, are true but cannot be true at the same time, and that paradox heralds memory reconsolidation. This emotional updating means John can never go back to inhibiting himself on the ice rink and, for all we know, in other aspects of his life.

Within the domain of emotion, John moves dramatically from a crushing and deadening state of shame where he is small, constricted and excluded by his peers, mother and others, to an enlarging and enlivening state of pro-being pride, where rather than being “outside” and disconnected from his peers, blood is literally commingled and shared. There, John delights in being his true, embodied self, delighting in others being themselves with him (for example, the opponent he vigorously skated into), and delighting in feeling connected with the natural world. This is a joyous moment or series of connected and connecting moments, as John reclaims his rightful place in the world, both animate and inanimate.

Finally, as regards therapeutic memory reconsolidation (Ecker et al., 2012), John moves through a juxtaposition within the domain of his somatic experience. That is, John goes from the physiological hypoarousal and shutdown of shame, where he feels small, inhibited, disempowered, and perhaps, at times, invisible and dissociated, to a “smashing” and colliding with his opponent in an enlivening, physical and energetic state of elevated but well-regulated arousal, and finally to a larger, more upright body, and an energy that moves exuberantly throughout his body. Note that John’s new, somatic experience is not random. It must fit, like hand in glove, as a direct contrast with his earlier, crushed shame state. Said another way, he goes from impotence to agency, and immobilization to active, effective movement.

In sum, John, as the theory of memory reconsolidation predicts, is transformed mind, emotion, body and soul.

3. While John’s deep transformation appears to happen in one smashing moment, in fact there were likely many things that led up to that remarkable moment. I assume some of these include John’s experience as psychotherapy patient, as well as his experience as psychotherapist. John has learned a thing or two about life squelching shame and fear, and he

has developed ways to no longer let these things hold him back as they did when he was much younger.

After writing #3, above, John shared with me the following comment, which fleshes out some of what led up to his profound transformation:

“At this time several important developments were co-occurring: I was half way through an intensive 6-year training as a psychotherapist and, not unrelated, I was in a 15-year psychological struggle for identity and differentiation with my mother. We went at it hammer and tong for those long years, struggling over who had authorship of my experience as her son. Gradually she came to accept that our different versions of our relationship could co-exist. We went on to enjoy the best years of our relationship as she lived well into her 90s.”

4. Further, John has likely developed an earned, secure attachment with his wife and children, in contrast with the avoidant attachment style he appears to have developed as a child with his mother. The evidence for John’s earned, secure attachment is found in how he tells his story. John provides the reader a coherent narrative (Main, 1996) that shows, in very few words, a depth of understanding of his mother, of his younger self, and of who he is, now. He can see his own vulnerabilities, and those of his mother in particular, with greater acceptance and compassion than he could have when he was a boy.

5. John has had and still has in his life relationships that support the expression of his fuller self. John has also developed an accepting and, it seems apparent, sometimes even celebratory relationship with his inner life, his introversion, and his sensitivity, that allows him now, after all these years, not only to get back on the ice to play hockey with younger, more skilled players, but to confront his fear and shame as vigorously as he confronted his opponent on the ice rink. Eric Berne, the developer of Transactional Analysis, is purported to have said, “I can cure anyone in one session. It may, however, take me three years to get to that one session.” I believe John has had a lifetime of self-exploration and of different, more loving, respectful, and secure relationships, such that he was ready for his transformative “single session” on the ice that, in turn, paved the way for his profound reclamation of his dignity (Hicks, 2011) and humanity.

1.5.1.2 From shame to pro-being pride: A tale of woe and wonder

How does a person move from a traumatic mind/body state of disembodied self-loathing that I call “not me shame” (Benau, 2017, pp. 13-14), to embodied aliveness and “pro-being pride” (Benau, 2018, pp. 134-135), in less than 24 hours? A personal vignette, offering a second way this can occur, follows:

Recently I was the victim of identity theft. Or so I was convinced. As I write this now, I think, “You can’t take my identity. My soul. It is not for stealing nor selling.” At the time of this incident, that was not at all true.

Some of my patients paid me with an application that transfers money from their account directly into mine. Until this event, I never had a problem with this app. My patients clicked on the link I provided them, selected the method of payment, and pressed send. Et voila! Thanks to modern technology, my post-modern patients no longer had to bring me those archaic checks or green paper rectangles called “cash”.

It was the end of a long day and I felt tired but gratified about my work. When I arrived home, I received a text that my patient’s payment could not go through until I provided further information. I’d never seen this notice before. The link then requested, in relentless sequence, that I give first my social security number, then my personal photo, and finally a photo of my driver’s license. I dutifully provided all of these, albeit with some trepidation, thinking this was the only way I would get paid.

As soon as I gave the information, I was notified the transaction had been processed. Following a microsecond of relief, I felt certain I had done something terribly wrong. Give out my social security number? I never do that! And my driver’s license, too?

While at first flooded with sarcastic thoughts about myself, my deeper reaction was not funny. Not one bit. I felt overwhelmingly anxious and angry with myself all at once. So stupid! I banged the table in self-directed anger. What an idiot I am! Fairly soon, I called for my wife’s help and we went through the process of making a fraud alert with my bank, the credit agencies, and the police. Almost no relief. I still felt very ashamed and foolish. I couldn’t stop thinking— no, vividly imaging— that in the future, every time I was notified someone had used my personal information illegally, I would be reminded of MY humiliating crime. Not theirs, mind you, MINE! This was recursive, traumatic shaming in statu nascendi (Scheff, in press).

I spent a very restless night and awoke early to speak first thing with an agent of the company that performs these transactions. The kind agent told me she had been in a similar situation using the same app, and that this was the way the company ensures the recipient (in this case, me) was indeed the right person. I felt only a little relief, and still needed to hear from the official source who had my information and would respond later that day.

Feeling tired and near spent even before my day began, I got ready and drove to work. On my way I was listening to Steve Wonder. I love Stevie Wonder. He was singing “Golden

Lady” (YouTube: <https://www.youtube.com/watch?v=qS2yMn3JbQk>, accessed February 10, 2019). I began to move to the music. Since I was driving, this meant my hands, mostly, or one hand so I could still drive, and my head and torso moving subtly as I “dramatized” the song, both words and music. It’s a form of dancing, but closer to my idiosyncratic, improvisational musical sign language, something I discovered 40 years ago. I feel completely at one with the music. My hands spontaneously express the emotion and meaning the song stirs in me, and each movement flows into the next in delightfully unexpected ways. I love how my hands match the words and sounds, spontaneously, and how the music and lyrics feed back into my body the next fluid gesture. I feel it. I move it. It moves me.

As I move to and in conversation with the song, I start singing, very loudly, quite intentionally. I want to bust out of my entrapment: “Golden lady, oh golden lady, I’d like to go there!” I tear up. I feel a tingling sensation throughout my body, most especially in my arms and legs. [See Benau (2018, p. 127) for a discussion of this phenomena as “streaming” or “co-streaming”.] I am, to paraphrase Walt Whitman (1991, p. 12), “singing the [my] body electric” as energy moves through me and jumps off and out of my body.

I feel a physical release, my first in 12 hours. Joy returns first to my body, then into my mind. I think, “I’m coming back. This is pro-being pride. I am re-claiming myself.” I marvel that I have my mind, again, which delights me even more. I knew, immediately, I wanted to write about this transition from abject shame and humiliation to the restoration of pro-being pride (Benau, 2018). My urge to create, to give form to feeling, following the philosopher Suzanne Langer (1953), is one marker of pro-being pride in ascendance. Only when fully back to “me” and my pro-being pride did I realize I had descended into an altered state, a land where “not me shame” (Benau, 2017, pp. 12-14) prevailed and an aspect of self (“I too can be fooled”) became an object of narrow lens, hyper-focus and hyper-trophy, such that all I was and would ever be was a total fool who sold his soul to the app devil.

Returning to a more whole, more integrated me, I realized I had done nothing wrong other than get fooled. Being fooled and being a fool are a few letters and experientially miles apart. If in fact this was a scam then they “won”, but they, whomever and wherever they hide, are the crooks, “the bad guys.” Not me. So why should I feel shame for their misdeed? And if this corporate trolling was “legitimate” rather than “scam”, then I was angry with the financial transaction company for asking me for such personal information they neither needed nor had any right to. I knew I would tell “them” (the company representative) that, and ask that my personal information, given under duress, be destroyed. I can feel my anger as I re-read that last sentence. It is righteous indignation. I have nothing to be ashamed of, but you (crook or

crooked corporation) do. This is existential anger, anger in the face of perpetrated injustice, and anger that heralds the championing of self, of pro-being pride.

Why didn't being told by the friendly agent that I was likely not scammed make me feel better? In part because I needed to be sure she was correct (she was sales, not the fraud department), but there was much more to it. The shame had already invaded my body and mind. It had lodged, for several hours, taking hegemonic control. My identity HAD been stolen, even if it turned out it had not. I lost me. I was taken over by self-condemnation and terribly invisible, enemy-less dread, however primitive and "young" my mind/body state might have been. I was not in my right mind nor right body. Words were not going to give me back to me. What would? Well, this was by no means a planned therapeutic intervention, but music, movement and meaning. Not just any music, not just any lyrics, but Stevie Wonder's, "Golden Lady" (ah, such rising joy and hope in that song!), and me and Stevie moving in rhythmic, somatic dialogue. I was one with the Stevie and Golden Lady in me, I moved and was moved, I felt my tears of relief—I am not an idiot, I am me—and I felt joy, my pro-being aliveness, return again.

Several hours later, I learned the money transfer business has a policy that after a certain amount of money is transferred per month, they check your identity to make sure you're still you. This policy was news to me, and nowhere did they say at the time, "This is your company. We're making sure you are still you, so no need to be alarmed. If you have questions or concerns about this, feel free to call this number and a responsive human being will answer in a way that is honest, attuned and engenders trust in and with you, our valued customer." Okay, that's my sarcasm jumping in again, but this time on my behalf and not in the service of serving me up to more shame and humiliation. Pro-being pride was already restored by Stevie Wonder and my wonderful "Golden Lady". I was now embodied enough to work out what I needed to with this company from a well-regulated place.

1.5.1.2.1 Discussion of Ken's vignette

From a shame state to pro-being pride. It is worth reflecting upon the many layers of my shame, and why I dropped abruptly into the dark depths of self-blame, anger at myself, and dreading shame rather than anger with the apparent scam artist. Why do we call them artists? Because they can be quite creative too. A perverted form of their pro-being pride? No, this is "better me pride" (Benau, 2018, p. 134). While I am well aware of many life experiences that likely contributed to my becoming triggered, knowing the historical origins of my reaction would not have been much help at the time. Sometimes insight alone just won't cut it. Of greater interest, to me, is how music and my moving with and embodying "Golden Lady",

“my delight in being me delighting in Stevie Wonder being Stevie Wonder singing Golden Lady to and with me”, our respective, energetically commingling pro-being prides, fully reclaimed and restored my being me with myself and others. That, along with Stevie, is a truly wonderful gift!

To place my personal observations in a theoretical and research-informed context, the following quotes are culled from an article by a developmental researcher (Colwyn Trevarthen) and mental health counsellor and researcher (Stephen Malloch) (Malloch & Trevarthen, 2018). While referring to the embodiment of shared music and meanings between infant and parent, these remarks are consistent with my experience that embodied, communicative musicality and movement, as well as attendant, implicit meanings (see below) transformed my shame and transient dissociative state into pro-being pride, without my even “trying”. “Trying”, in fact, made things worse, as “trying” is fueled by shame and the drive to escape the me I don’t want to be:

“The central importance of our abilities for music as part of what sustains our well-being is supported by evidence that communicative musicality strengthens emotions of social resilience to aid recovery from mental stress and illness.... the strength of one person’s communicative musicality can support the vitality of another’s through the application of skillful techniques that encourage an intimate, supportive, therapeutic, spirited companionship”, (p. 1).

Clearly, my being musically accompanied by Stevie Wonder, and in turn my embodied, moved and moving accompaniment of my shamed self, helped me restore my “vitality”, my “pro-being pride”, with a “technique that encouraged an intimate, supportive, therapeutic, spirited companionship” (Malloch & Trevarthen, 2018, p.1) between me and myself, Stevie Wonder and our shared “Golden Lady”. One cannot live within “an intimate, supportive... companionship”, that is “loved” and “loving” and, at the same time, remained isolated and alienated from self and others, in a shame state.

And again:

“The compelling quality of music comes from the relationships of sounds, bodies and psyches. ‘Musicking’ points to our musical life in active ‘I-Thou’ relationships. Only in this intimacy of consciousness and its interests can we share ‘I-It’ identification and use of objects, giving things we use, including musical compositions, meaning” (Buber, 1923/1970; Malloch & Trevarthen, 2018, p. 2).

Only an I-thou relationship, both within (intra-relationally) and between (inter-relationally) can transform traumatic shame and dissociative states into pro-being pride. Said another way, only relating from a place of deep, mutual respect, valuing, and yes, loving, can transform

shame and dissociative states activated by evaluative, disintegrative, and/or destructive gazing (Benau, in press). My experience of Stevie Wonder's "Golden Lady" is that he is delighting both in his memory of his "golden lady", whomever she may be, in his own musicality and life force, and in sharing his joyous aliveness and spirit with fans like me, who delight in delighting in being themselves, with Stevie Wonder and his music. All these intra- and inter-relatings, that is Stevie with his lady, his music, his spirit, his fans, including me, my musicality, my meanings, my creative movement, my joy, all these I-thou-ings, are some of what makes great music so powerful. So powerful, indeed, that I was rapidly brought back from shame shutdown and a deadening, dissociative mind/body state to gratitude, delight and pro-being pride.

Some might argue that what I experienced, in moving from a traumatic, shame state to pro-being pride reflected, primarily, a mind/body state switch, as though I jumped a psyche-soma track commonly seen in structural dissociation. In contrast, I strongly believe I experienced memory reconsolidation (Ecker et al., 2012). It is true that I "switched" from a disembodied, dissociated, "not me shame" state (Benau, 2017, pp. 12-14) to an embodied and integrated state of pro-being pride. However, I was very aware of holding experientially two incompatible ways of being-in-relationship with myself and others at the same time, that included an archaic shame state juxtaposed with my pro-being pride.

To be more specific, sometime after the moment of transformation from a shame state to a pro-being pride state, I came to understand, with the help of my therapist who is an expert in memory reconsolidation, the following:

As discussed above in John's ice hockey vignette, memory reconsolidation, that is the updating of emotional schemas, occurs within the domains of meaning, emotion, and the body, including physical movement, sensation and energy.

The old, emotional truth or implicit belief I was living with, the one that generated my shame state, originated in relation to a relative who I looked up to and loved, and who in turn regularly hurt, shamed and humiliated me. It should be clear that I have empathy for that relative, as I know they too had been regularly hurt, shamed and humiliated by others bigger and more powerful than my relative. I learned with that relative that I must never be fooled ("suckered") by love again, and that if I am, I must punish myself mercilessly, that is shame myself, in order to prevent being hurt and shamed again.

Notice the tragic irony of that last statement: I internalize the shaming other because my relative and I are bonded, and I love them, and I learn to shame myself, in an unconscious and desperately and ineluctably failed attempt to remain connected with them while, at the same

time, protecting myself from further shaming and humiliation. With this relative, I learned, implicitly, emotionally and in my body, and without the words I now give the experience, “I am and will always remain outside the circle of love. I cannot truly give love— my love is not real— nor receive love. I simply lack what it takes. More to the point, I am lack. I know this to be true because my love is never received nor reciprocated. No matter how I try to avoid it, even as an adult I am still painfully able to be fooled and manipulated by someone bigger and stronger than me, because I look up to them, love them, and want desperately to be loved by them. But in the end, I remain outside the relational circle of loving and being loved.”

Within the domain of emotion, during the process of memory reconsolidation, I move dramatically from a shame state to a state of pro-being pride. From manipulated to agentic, from rejected to accepted, from hated or at minimum denigrated to loved and respected, from small or invisible to large and seen, and from excluded and unloved to included and welcomed into the wonderful, inter- and intra-subjective experience of loving and being loved.

Finally, as regards memory reconsolidation, I also experience a transformation within my body and between my body and others’ bodies. I move, literally, from deadened to alive, from agitated, shut down and dissociated to flowing, aroused while well-regulated (within the upper quadrant of the window of optimal arousal; Ogden et al., 2006; Siegel, 1999), from small to full-sized, and energetically from deadened to joyfully tingling or streaming (Ludwig, September 1, 2017, Personal communication) and literally dancing within as I dance outwardly, in my car. Exuberantly “dancing” in my car to the moving music of Steve Wonder allows me to re-connect, powerfully, with my enlivened, pro-being self. Furthermore, pro-being pride is by definition relational and intersubjective (“I delight in being me delighting in you delighting in being you, with me”). Thus, if I feel more “pro-being” within me, I am also being and becoming more physically alive in relation to others, and my somatic experience, in turn, allows me to feel more connected with others, Stevie Wonder and his visceral experience, the Golden Lady, and our shared humanity, *ad infinitum*.

I think the best symbolic representation of pro-being pride is, in fact, the infinity sign: ∞ .

Infinity captures both the timelessness of pro-being pride, and how a person in a state of pro-being pride is both delighting in being himself and delighting in being with another person delighting in being herself, with him. Pro-being pride is both individual/shared-collective, timeless/time-full, recursive/evolving and ultimately mine, yours and ours. Said another way, pro-being pride enables the person to experience his shared humanity and his sense of oneness with “all that is” in the universe. In contrast with recursive, self-shaming (Scheff, in press), this can be thought of as recursive and recurrent, pro-being “priding” (sic).

Stevie Wonder's "Golden Lady", and especially singing, dancing and becoming one with the music—song and lyrics— meant, instantaneously that I can love and be loved, and most importantly that my aliveness, my pro-being, is welcome and celebrated, just as Stevie Wonder celebrates his love for his "Golden Lady", his Golden Lady's love for him, Stevie Wonder's love of his fans and his being loved by his fans, including me. Me being me, my pro-being, is met by Stevie Wonder's joyful celebration of life. I can be myself and be welcomed inside the circle of life and love, that Stevie Wonder sings about.

I knew experientially, immediately and simultaneously, that both were true (i.e. "Me being me puts me outside the circle, excluded and rejected forever, doomed to remain banished to my shame state", and "Me being me can be celebrated by some. I can love and be loved, and there is nothing foolish about that!") and both couldn't be true, at the same time. Likewise, at the level of intra- and inter-relational meaning, I knew that a very young part of me believed, given aspects of my early history with a bigger, older and loved relative, that "Because I'm foolish enough to trust and love, I can be tricked and manipulated into giving away my identity and soul to someone more powerful than me" (old truth). At the same time, a lifetime of contacting, losing and re-connecting with my pro-being pride and with people who have met my love with love, acceptance and understanding, has taught me and continues to teach me that "I can never give up my identity and soul, as my joyful pro-being pride and yes, my fierce love, can never be destroyed" (past, present and future new truth). When my shame state and its attendant emotional truth met my pro-being pride and its truth I felt both, simultaneously. As pro-being pride took up residence in my mind and body again, the tears I cried were tears of both relief, gratitude and ultimately triumphant joy (Janet, 1919, 1925). I felt as though I had come home once again, and at the same time held the re-member-ing (i.e. re-embody-ing) of what I would have felt, if it were safe enough to feel when, at a young age, an older, loved other through their actions and non-actions, attempted to rob me of my dignity (Hicks, 2011) and soul. Finally, having worked with a master Coherence Therapy psychotherapist for many years, I was already quite familiar with the liminal state that memory reconsolidation activates. Therefore, I knew, experientially, deeply and immediately, what transitioning into memory reconsolidation feels like, that is to be both there (held in a traumatic past) and not there (living within an embodied, healing past, present and future of pro-being pride) at the same time. Is it any wonder Stevie is a Wonder after all?

To bring this section to a close, perhaps this quote from Malloch & Trevarthen (2018) states it most succinctly: "With music we create memorable poetic events in signs that express in sound *our experience of living together in the creating vitality of 'the present moment'* (Stern, 2004, 2010)" (p. 3, my emphasis).

I grant that the transformational process I depicted above occurred outside of psychotherapy, that most psychotherapists are neither music nor dance/movement therapists, and that many are not even formally trained in somatic psychotherapy. Having said that, the root principles delineated, including working from an embodied perspective, with intra- and inter-relational vitality affects and rhythmically-informed communication and movement, can be creatively applied by therapists of diverse persuasions.

1.5.2 From disconnection to connection in a single session: Shared, experiential features

From these two vignettes, I think we can discern a few shared, experiential features that contributed to what, at first glance, appears to be “a single-session transformation” from a traumatic shame state to a state of pro-being pride:

1. What appears to take place in a moment in time, as instantaneous memory reconsolidation is, in fact, invariably the last domino in a long line of dominoes. Think of the game you played as a child, lining up several dominoes and knocking one over as the line of dominoes topples, one after the other, with each domino representing a distinct, mind/body reality. Specifically, John and I have lots of experience in therapy, both as patients and therapists. We are also both sensitive, introverted and empathic people which makes us shame-prone. Likewise, we have worked intensively with our shame states in our respective therapies and lives. John makes that clear in his commentary (see above). I am making that explicit now: I am fascinated with all things shame and pride in therapy with relational trauma, in large part, because I too have had to wrestle with all of that in my life, and therefore for many years in therapy.

My understanding of the effort and work that goes into what appears to be a sudden, almost miraculous transformation is, in fact, consistent with Pierre Janet’s (1935) understanding of post-traumatic acts of triumph. As Barral & Meares (2019) observe, Janet’s understanding of post-trauma acts of triumph “...*have nothing to do with grandiosity; they are victories over obstacles... . It [an act of triumph] requires effort and results in a sense of pride that is a form of joy and heals shame* (Barral & Meares, 2019, p. 121, my emphasis; referencing the work of Janet, 1935, pp. 64-65). I believe this “pride that is a form of joy” is, in fact, what I call pro-being pride (Benau, 2018).

2. The so-called “single session transformation”, that is the process of memory reconsolidation that looks like a moment in time, has at least three phases, a “before”, “during” and “after”. “Before” involves what I described in #1, above. “Before” refers both to a strong desire and intention to work on one’s experience of shame as emotion and traumatic shame state (Benau, 2017), and a method for working on its transformation (e.g.

psychotherapy and self-exploration) over many years. Here we return to Eric Berne: Single session “cures” are preceded by often years of digging out of the hole of past and chronic, recursively and recurrently present (Scheff, in press) shaming memories and experiences.

“During” requires an experiential juxtaposition of the old schema and its compelling and convincing contrast within the domains of meaning, emotion and the body, in order to facilitate memory reconsolidation (Ecker et al., 2012). For both John and myself, and all other human beings, a chronic shame state means you are permanently outside and excluded from the circle of life and love. John confronted that truth not by using his capacity to “fight” by enduring relentless and unbearable shame and humiliation, banished from the welcoming circle of his peers and his mother, but rather by determinately confronting his fears and “fighting” his way back into that same circle of love and life, and joining his teammates, even his opponent, there, and similarly with his relentless and poignant journey of healing with his mother. For me, too, I came to learn in a wonderful moment in time, that I can love and be loved and there is nothing ever foolish about that, that I can delight in being me with others while they delight in being themselves with me, just as Stevie Wonder shone the light of his and now our, his fans, Golden Lady upon me, and delight in being themselves, with me. In short, both John and I moved from “outside” to “inside” life and love, and ultimately were exuberantly and joyfully welcomed back. When that occurred for John and myself, it was shame that was banished, and not either of us.

“After”, in our three-phase transformational process, requires that there be some ongoing support for memory reconsolidation (Ecker et al., 2012), lest the previously shamed person return to the status quo. Said another way, the person who has dwelled, for years, in the isolating cave of shame must experience a welcoming and ideally celebrating relationship, both within himself and in relationship with others. Kaufman (1992, 1989/1996) suggested that for true healing to occur, the shamed person needs to move out of self-imposed isolation and across an interpersonal bridge toward a loving, or at minimum accepting, secure other. I would add this “bridge” must be built within, intra-rationally, as well as with others, inter-rationally. For John, this included the support of his wife and kids as well as his ongoing self-understanding, self-acceptance and self-compassion, as he reflects upon his transformative experience. For myself, “after” included my immediate realization that I had moved from a shame state into one of pro-being pride, and my reflecting upon this experience in some depth, as evidenced by my discussing this event with my therapist, my wife and friends, and my writing this paper.

In conclusion, movement from relationally traumatic and chronic shame states toward and into enlivening states of pro-being pride can occur in a single “session” or moment in time and, at the same time, paraphrasing Eric Berne, it may take a lifetime to arrive at that moment in time. I hope these personal vignettes afford the reader some sense of how easy and hard is the transformation from chronic shame to recurrent, pro-being pride.

1.5.3 Shards of Light Finding Connection

My patient, “Kathy”, began our session mentioning boyfriend troubles, and then almost offhandedly her “fear of abandonment”. Kathy was placed in a foster home from birth until her adoption as a one-year-old. Her teen birth mother’s parents did not allow her to keep Kathy. For several reasons, Kathy was insecurely attached to both her adoptive parents. Kathy’s adoptive father was more overtly shaming and absent, whereas her adoptive mother was more physically present but was never a reassuring, emotional presence in Kathy’s life.

During this session, Kathy and I did some deep, intra-relational work using CRM- The Comprehensive Resource Model (Schwarz et al., 2017) and contacted a somatic memory of herself as “a baby”, presumably age 1 to 2 years-old. Kathy “remembered” being held by her adoptive mother but remarked, “I didn't feel safe.” This was the first time Kathy ever realized her mother was neither physically nor emotionally soothing.

I think of this previously dissociated, somatic-emotional-relational memory as a shard of light, an essential aspect of Kathy's way of “being” and “being with”. It contains both a traumatic, body/emotional memory (“Kathy held but not soothed by her mother”) as well as a previously unmet need (“Held in a way that feels safe”). This somatic-emotional-relational memory and its associated meanings appear to lie at the heart of Kathy’s feeling “abandoned” after fighting with her boyfriend. As Kathy's “adult self” felt sufficiently “held” (imaginatively and intra-relationally, by a powerful attachment figure accessed via the CRM process, and inter-relationally by me, both in this session and during the prior six months of our shared work), Kathy was likewise able to imagine her “adult self” holding her “baby self” until her “baby self” felt complete “calmness”. This, then, elicited Kathy’s embodied experience of new emotional-relational truths that she labeled “acceptance” and “strength”.

One could argue, as I am, that Kathy's capacity to experience “calmness, acceptance and strength” were “shards of light of her being” that had always been there but were dissociated, “held” outside her consciousness until new intra-relational and inter-relational realities made it safe enough to come forward. In contrast, others might contend this session reflected Kathy’s nascent relational capacities, borne out of her new intra-relational and inter-relational realities. Regardless of your perspective, we might agree with Schimmenti (Personal communication,

September 8, 2018) that “dissociation, as a general function of the mind, protects from attachment disorganization.” I would add that isolated self-states, our contemporary “shards of light”, retain for safekeeping the hope and possibility of the return, the reorganization, and/or the renewal of a more integrated self. Said another way, envisioned and embodied “connection”— intra- and inter-personal— repaired Kathy’s “disconnection and disintegration”, resulting in her more adaptive, complex, and vitally alive mind/body organization.

2. Closing Remarks

Research and clinical observation have previously shown that shame and pride, on the one hand, and dissociation, on the other, frequently co-occur and appear to exist in dynamic relationship with each other. In Part 1 of this two-part article, I explored several qualitative features of attending to, gazing at, disconnecting and coalescing in relation to shame, pride and dissociation, in order to discover how certain shared and distinctive features of these phenomena might further account for these “estranged bedfellows and close cousins”. Using these features of shame, pride and dissociation as my springboard, in Part 2 I offered several additional ways these observations might inform therapeutic interventions with survivors of relational trauma.

I hope by attending, gazing, disconnecting from familiar and connecting with new ways of understanding might enable you, too, to discover innovative ways of working psychotherapeutically with shame, pride and dissociation, particularly with your patients who have lived through so much and yet whose pro-being pride remarkably endures and, under optimal conditions, even thrives.

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DOI: 10.6092/2282-1619/mjcp-2155