The emotion of shame
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There is a Spanish proverb that says, “Better a quiet death than a public misfortune”. This sentiment expresses something universal, for here in the United States people report fearing public speaking more often than they report fearing death. Such is the nature of shame—it is an emotion that is excruciatingly painful.

What is shame? Sometimes when I use the word “shame” with my clients to give us a way of talking about how they are feeling they do not think that it is the right way of describing it. They know the feeling by other names, like humiliation, embarrassment, guilt, shyness, nervousness, fearfulness, “I don’t like myself” or “I feel like I’m unlovable”. All of these feelings are based on the affect of shame.

Shame has gotten a lot of attention over the last twenty years which is a good thing because shame is involved in a significant way in most of the psychological problems that therapists deal with. Most of the material that follows is drawn from the work of Silvan S. Tomkins, Ph.D. and Donald Nathanson, M.D. and is referred to as Affect Theory and Script Theory.

First, it might be helpful to define some terms. Affect refers to the strictly biological portion of emotion. Affects are genetically programmed to cause our body to react in certain ways and don’t have any “meanings” attached to them. For example, when the infant first cries or laughs they are not capable of having any thoughts about these expressions of affect. The affect of distress causes the body to cry, to arch the eyebrows and to pull the mouth down. The affect of enjoyment causes the body to smile with the lips widened and out. We are programmed at birth for the affects of “distress” and “enjoyment” and only over time do they acquire meanings. There are six primary affects (presented in pairs that represent both the milder and the more extreme forms of the affect):

Positive
1. Interest-Excitement
2. Enjoyment-Joy

Neutral
3. Surprise-Startle

Negative
4. Fear-Terror
5. Distress-Anguish
6. Anger-Rage

The term feeling is used when we become aware, or conscious, of the presence of an affect. It is quite possible for an affect to be present but for there to be no feeling. For example, the affect of anger could be evident in terms of a frown, clenched jaw and red face before the person “knows” that they are angry. When they “know” it then we can say that they have the feeling of anger.
An important thing to understand is that **affect is the primary source of motivation.** Humans, with our big brains and the ability to move around, have too much information coming at us to be able to sort it all out. There needs to be a way to assign importance to some information compared to other information so we don’t get overwhelmed and overloaded. Affect gets us to pay attention to some things more than others by making more intense or amplifying whatever it is associated with. It functions as nature’s highlighter by making good things better and bad things worse. The purpose of affect is not to render us a picture of reality but to get us to pay attention.

One of the interesting things about affect, and what makes it so important in understanding psychological problems, is that it can be associated with anything. Thoughts, feelings, memories, fantasies, body sensations, behaviors—they can all be colored by affect and motivate us because of this. As a consequence, our “emotional mind” can often push us around and make our “rational mind” take a back seat. We end up behaving in ways that we know do not make sense because of the compelling and motivating aspect of affect. It can take quite a bit of work to begin to be able to gain more mastery over our emotional life rather than to be reactive to it.

**The Unique Affect of Shame**

While there are six primary affects there are also three other auxiliary affects, only one of which is most central to our work together. This is the affect of **shame-humiliation** which has a unique role in the human mind as a way of “turning off” positive affect. Positive affect is inherently rewarding—it feels good and we want to continue feeling this way. However, realistically there are constant obstacles or impediments to feeling good. Shame evolved as a negative affect in order to get us to pay attention when there is something getting in the way of feeling good. It wouldn’t be very adaptive to continue to pursue things that aren’t working out. Physically, shame is often expressed by downcast eyes, blushing, a dropping of the head and the inability to think clearly.

As an affect shame has no meaning but over time it gets triggered mainly by our experiences in the following areas:

1. size and strength of our bodies
2. dexterity and physical skill
3. cognitive ability
4. dependence vs. independence
5. physical attractiveness
6. sexuality
7. interpersonal skills

When our experiences in these areas while growing up result in a sense of failure or of not living up to some idea of how we should be, then these experiences cause shame and form the basis for an image of the **inadequate self.** This image of self is shaped by negative beliefs about the self, e.g. “I am unlovable” or “I am uninteresting”.

Since shame is so painful, the mind searches for a solution to the experience of the inadequate self. One solution is the creation of a wished-for or ideal way of being (the **idealized self**) which if achieved would produce feelings of pride and enjoyment. When
you succeed in meeting the expectations of your idealized self image there are positive feelings that help to temporarily quiet the self-doubts that are generated by the inadequate self image. However, when you fall short of meeting the expectations of the idealized self then this obstacle to positive feeling activates shame and the inadequate self image once again rears its ugly head. This is a very painful state of affairs and, in many instances, the affect of fear gets to be associated with the expectation that one will fall short of the idealized self and that shame-humiliation will appear.

In order to defend and protect oneself from the experience of shame, there are four basic strategies, or scripts, one can follow. People can use Withdrawal, whereby they avoid the situation that is triggering, or threatens to trigger, the shame. One can also attempt to gain control over the anticipation of humiliation by Attacking the Self--rather than have their flaws pointed out by another they point them out to themselves. This strategy provides one with some sense of control over the anticipation of being shamed.

The two other strategies are the Attack Other and Disavowal strategies. The Attack Other strategy involves becoming attuned to, and pointing out, the flaws of others in an effort to distance oneself from the experience of being flawed. When one engages in “blaming” the Attack Other script is being used. Feelings of contempt or superiority are also indicators of this script in operation. With the Disavowal strategy, the shamed individual engages in behaviors that will allow them to disconnect and avoid feeling their shame. Examples of this are workaholics, drug and alcohol abuse, eating disorders, sexually compulsive people, gamblers, “shoppers”, exercise addicts, among others. Here, the person is trying to experience either pride or some form of excitement that will allow them to not be aware of their shame.

All these scripts are temporarily successful in making oneself feel less shame and fear however ultimately they make matters worse. Defensive behaviors involved in the above scripts usually interfere with successful relationships with others and generates additional experiences of shame as well. This leads to the creation of a self-reinforcing negative feedback loop.

The frustrating thing is that both the inadequate self and the idealized self are unrealistic. These images in no way reflect what the individual is really like. The inadequate self has the individual’s defects and shortcomings magnified out of proportion by the accumulation of memories colored by the affect of shame. The idealized self is unrealistic because even when one is able to achieve its expectations, the achievement is temporary. No one is without flaws.

The more adaptive solution to the problem of shame is the creation of a realistic image of the self based on acceptance--not based on unrealistic amplification of good or bad qualities. The resulting image is the real self and it includes both realistically positive and negative attributes of the person. One of the goals of therapy is to help you experience pride in who you are rather than repeating patterns of behavior that lead to the experience of shame and the other negative affects.

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