SHAME AND GUILT FROM A DEVELOPMENTAL NEUROSCIENCE PERSPECTIVE: IMPLICATIONS FOR TECHNIQUE IN INTENSIVE SHORT-TERM DYNAMIC PSYCHOTHERAPY

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Summary

The role of shame in patient pathology and ISTDP's metapsychology has been largely ignored. The author of the following article posits that understanding the role of shame, and differentiating it from guilt, is of critical importance in identifying and healing emotional trauma in highly resistant patients. The author discusses the neurobiological basis of shame, its psychological and social functions, and its course of development in the mother-child dyad. The author goes on the suggest that only when shame is recognized and effectively dealt with post-breakthrough can the therapist assume the affect-containment mirroring function that early caregivers failed at, and thus ensure a patient's freedom from symptoms.

Introduction

The therapeutic cornerstone of intensive short-term dynamic psychotherapy is the bringing of relationally based unconscious affect into consciousness. Following completion of that task, the patient and therapist collaborate to resolve the pathogenic power of the affects. Davanloo (1988, 89, 95) and others have written extensively about making anxiety conscious, along with sadness-grief, rage, and guilt. A review of the literature on intensive short-term dynamic psychotherapy shows remarkably little writing on shame and no mention of new findings from affective neuroscience. The metapsychology of intensive short-term dynamic psychotherapy, as described by Davanloo (1988a), is a guilt-based system of psychopathology, and there is no mention of the pathogenic nature of shame. In this article, I will address that omission.

Origins, Definitions, and Functions of Shame and Guilt

Etymologically, shame means, "to cover". This is an apt psychological definition as well. Child developmentalists (Broucek, 1982) ,(Stern, 1985), (Kaufman, 1989) view the affect of shame as an inhibitory affect that seems to become available to infants by around 18 months of life. By an inhibitory affect, they mean that shame changes infants from hyper-aroused states to hypo-aroused states. Neurobiological research reveals shame to originate from activation of the parasympathetic nervous system. Specifically, the shame system originates in the dorsal medial nucleus of the hypothalamus (Schore, 1998). Activation of this area causes changes in mood, endocrine function, and involuntary (smooth) muscle activity.

From infant observation, Tompkins (1962) sees shame originating in the mother-infant dyad as a self-protective reaction when attunement disruptions occur. Schore also points out that in mother-infant dysregulated dyads shame protects the infant from neurological trauma from over-excitation following attachment failure. We now know that in infancy until the third year of life, the right hemisphere is the dominant hemisphere. So, it seems likely that shame is a predominately right hemisphere emotion with little need for left hemisphere participation. As development proceeds, shame begins to differentiate itself away from dyadic origins as an arousal regulator, and eventually becomes part of a self-regulatory apparatus for social behavior.

The role of shame in psychological functioning is complex and multi-tiered. Eventually, it develops a signal role like fear. One role of shame is to give the self immediate assessment about actual or potential social boundary violations. Additionally, in a very simple way, shame gives feedback to the self as to perceived social rank as well as an ultimate measure of one's value or worth within a group. Each individual develops an unconscious "set point" by which they measure their actual self from their ideal self. This largely unconscious system determines whether the self is full of self-esteem or, conversely, shame.

Self-esteem correlates with pride. The pre-verbal roots of pride lie in attunement experiences wherein co-regulation of affect in the mother-infant dyad is successful and rather than a "covering" response the action tendency is to exhibit oneself as a source of joy and pleasure.

Once shame is established as a signal affect in the child's psyche, it may become a tool, which can be activated by parental disapproval --negative judgment-- and it can be activated by a word, a look, a tone of voice, or a sentence. Conversely, shame-states can be transmitted from child to parent when the child disapproves of the parental actions. The activation of signal shame frequently activates anger toward the shaming source when one's sense of self is threatened by the negative judgment. This transaction is seen frequently in narcissistic parents. This is a very intricate intrapsychic and interpersonal process which will be elaborated upon in future papers.

Since the time of Freud (1913, 1926), guilt has been seen as an inhibitory affect as well. The capacity for guilt is seen to come on later in child development than it does for shame. I believe guilt may actually evolve or differentiate itself from the same neuronal matrix of the shame system that is rapidly shaping itself based on earlier developmental interaction with caregivers. In Freudian models and child developmental observation, guilt appears between ages three to six, coincident with the neurological development and domination of the left hemisphere. So the fibers of the guilt system are more thoroughly distributed throughout the brain than the shame system and require transmission of information across the Corpus Callosum (Schore, personal communication). Shame, like attunement failure rage, is a largely right brain (Amygdala) phenomenon. So when the child develops the capacity for self-observation, and story making about oneself, as well as a concept of social norms, guilt emerges as an affect. Darwin (1814) and Bowlby (1980) both have emphasized the importance of identifying the action tendency to biologically programmed emotion. The action tendency of guilt is seeking punishment. Much like shame, guilt has social evolutionary value. Freud (1913) addressed this issue in Totem and Taboo. Guilt adaptively controls the upsurge of sexually driven aggression and competition between males for female sexual attention and satisfaction as well as protecting the species from genetic degradation by incest. Sons don't usually kill their fathers to consummate incest with mothers; fathers don't usually abandon their wives for their daughters; mothers don't usually consummate incest with their sons; nor do they usually kill their children when food supplies are scant. Historically, the punishment for the violation of these social barriers has been severe. When the French revolutionary council accused Marie Antoinette, the charge against her was incest with her six-year-old son as well as treason. Treason was the more difficult charge to prove so she was vigorously prosecuted for incest. Her son was separated from her and forced by the prosecutors to testify against her. She refused to defend herself against these charges, was found guilty, and with this pretext, beheaded.

There is a confluence of these two emotions--shame and guilt--and the same triggers that stimulate shame can trigger guilt and both action tendencies are set off "to cover" and to "seek punishment". This is frequently what we see in clinical practice. In prior writings I have described the "PASO" or primitive aggressive self organization (Neborsky, 2001). This is why I have placed shame and guilt on the same concentric circle, since they are both activated in complex transference feelings and at times are difficult to separate experientially. In 1987 Helen Bloch Lewis noted that shame is difficult to separate from guilt because one can trigger the other or both can be triggered by a single event. "They get into what I call a tangle. Shame gets into guilt and guilt gets into shame and whichever way, the person can't get out. In the forties when I was training, we called it a chronic state of guilt. It's guilt, too, but the role of shame in the whole mess has been underestimated."

Davanloo's Approach: Semantic and Developmental Confusion

Davanloo's theories were developed through careful clinical observation and systematic analysis of adult patients. So Davanloo's theories are a top down pragmatic approach, much like Freud's was with psychoanalysis. Even though this approach has its merits, it also has its limitations since it ignores research from other areas which may have different conclusions. The field of intensive short-term dynamic psychotherapy will only grow and prosper as a discipline if it is open ended, and welcomes research that can increase the power and effectiveness of an already potent treatment.

Studying Davanloo's (1989) ideas show that his system of pathology is primarily a guilt based system. He sees

that mental health is a function of sustained attachment bonds between caregiver and child across time. The longer these healthy bonds are sustained, the lower resistance these patient's will be (left side of the spectrum); the more disturbed these bonds are or the earlier in development they have been broken, then the more resistant and severe the psychopathology will be, all the way to fragile, narcissistic and borderline states (right side of spectrum).
Davanloo's scheme of psychopathology for moderate to high resistant cases sees the cascade of emotions being triggered by loss of the "good enough" (Winnicott, 1960) caregiver. Davanloo labels the first experience as pain of trauma that is converted into rage against the caregiver. The caregiver is "destroyed" by the child's rage and the corpse of the caregiver is internalized as guilt and symptom. The unconscious rage and other feelings are defended against (repressed) in childhood and lie dormant to be re-activated in adult life. Patient after patient (thousands by now) validate his observations when they look into the eyes of the murdered body of the therapist and see the eyes of the offending caregiver and feel grief and guilt and then their unconscious tells us the story of their developmental trauma.

If we analyze the breakthrough carefully, we can observe the following hypothesized neurobiological phenomena. Asking the patient to look (most likely) activates the right hemisphere occipital cortex and associated hippocampal memory tracts. The patient looks at the corpse of someone they were attached to and once loved. This stimulates guilt --the left hemisphere emotion-- in non-psychopathic people. Guilt is about transgression and wrongful acts, but what has created the unconscious murderous rage? The rage was created by broken or lost attachment bond. Davanloo's research shows that patients on the left (healthy side) of the spectrum have had the attachment bonds broken later in their development--frequently post six years of age.

The clinical genius of Davanloo is confirmed by the fact that he recognized this intuitively and called it "pain of trauma". At a conference hosted by the now defunct San Diego Institute (Neborsky, 1984), Davanloo asked the rhetorical question: "in the structural model where is pain?" It has taken me literally 26 years to understand the answer to that question.

Reformulation of Psychopathology and Intensive Short-Term Dynamic Psychotherapy Technique from Modern Neurobiology Research

The rage of covert attachment trauma before age 3 is a more complicated clinical problem. These patients, who frequently fit into the fragile category, are more difficult to treat. Their unconscious rage is more primitive, their symptoms more diffuse, and relationships more disturbed. They also have a higher incidence of psycho-physiologic disorders (parasympathetically mediated).

If what Schore reports is true, and the capacity to experience guilt is not neurologically available until around three, we are dealing with non-verbal dyadic attunement traumas in these patients. This disputes the Kleinian model of pre-Oedipal guilt which seems so seductive when looking at our clinical data (Klein, 1926). I believe what we frequently observe with this category of patient is the co-mingling of two affect regulating systems that activated by the process of intensive short-term dynamic psychotherapy. One is the rage-shame system and the other is the rage-guilt system.

What I believe we are actually seeing is the activation of two distinct brain systems which develop at different times. The attachment system, the most primitive system, is activated by the transference, and because it was historically disrupted, it carries with it severe anger, dysregulation, and shame interruption circuits as well as the rage-guilt (DNA based, i.e., genetic prohibition) over destruction of biologic relative system which came on line coincident with ages 3-6.

The transformative power of the breakthrough is that we actively separate these co-mingled systems and remove guilt from the attachment system, and thus make repair of the damaged attachment system possible. Frequently in my practice after the breakthrough of the rage, grief, and guilt has passed, a rising feeling emerges that is shut down, and this requires intervention. This I believe is emerging shame to shut off the traumatic feeling that the patient unconsciously anticipates will be rejected, ignored, or over-activated by the therapist (like it once was by

the caregiver). These traumatic feelings are the very ones in which failed attunement occurred in the non-verbal past. If the therapist intervenes successfully, the patient's memory system opens and repressed memories of relational failure-events emerge with sharp here-and-now flashback form. The therapeutic process moves forward and effects more and more separation and differentiation of these separate systems. The working through in intensive short-term dynamic psychotherapy eventually shifts to sadness and grief about the covert losses in the patient's life, and the rage-shame extinguishes. The therapist takes over the affect containment mirroring function for the patient that the offending caregiver was not able to supply. In so doing the patient becomes free of symptoms, more zestful and capable of joyful relational activity. Termination occurs when separation of these different systems is complete and normalized.

For those who are unfamiliar with the attachment system, it was first described by Bowlby (1969) in England. It is in all mammals and even present in some sub-mammals in one form or another. Basically, attachment is the biologically programmed relationship between mother infant pair bonds in which the infant specifically recognizes the mother separate from others and maintains proximity to her. On the next level, attachment is the specific behavior of the mother that creates comfort for the infant when the infant shows signs of distress. These interactions occur over time and create specific patterns of handling emotion in the mother-infant dyad. Specific types of reactions of mothers determine whether the child becomes secure or insecure in their attachment style. By far and away the greatest determinant of insecure attachment is unresolved trauma in the life history of the infant's mother. This is greater than temperament or sensitivity by high degrees of statistical significance.

Therefore, I have come to believe that the therapist's capacity for attunement to genuine emotion is a critical factor for the success of intensive short-term dynamic psychotherapy. The therapist's ability to affectively contain, mirror, or empathically resonate to rage, sadness, and grief, and to undo the shame and/or guilt co-mingled with these emotions, maybe the single most important curative factor in the therapy. While the negative consequences of poor training are self-evident, I would like to add that unresolved trauma in the intensive short-term dynamic psychotherapist will almost certainly interfere with successful repair of the patient's attachment system, and thus may well result in the treatments.

Narcissism, Shame, Neglect and Abuse

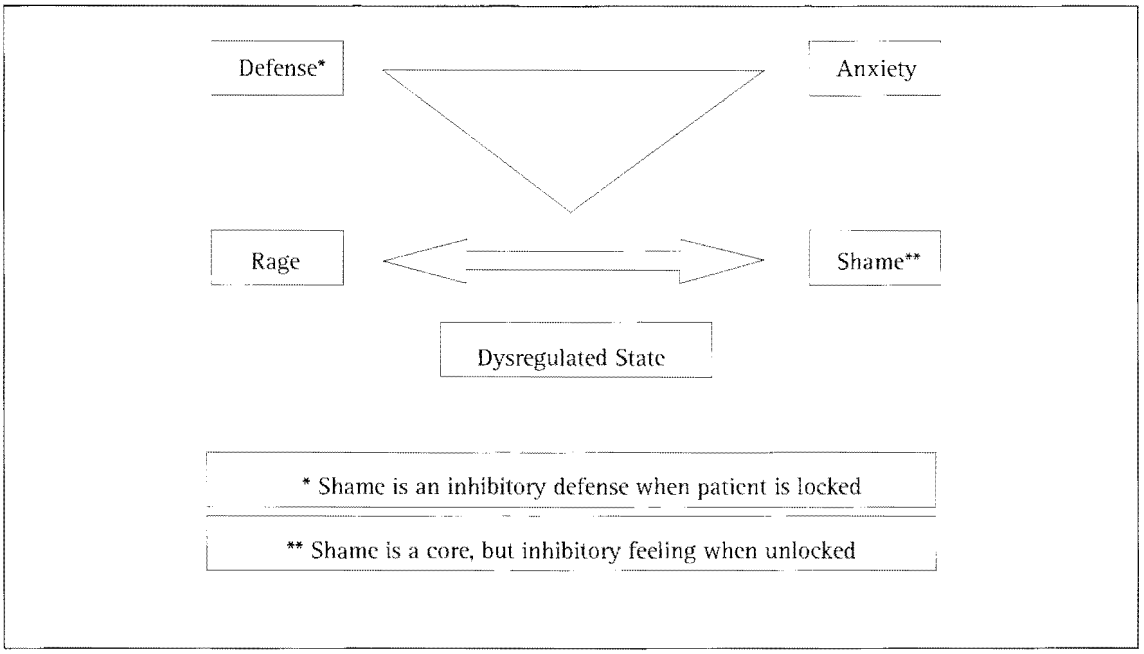
Many of our patients suffer from narcissism (empathic lack, self-aggrandizement) that is the result of the pain of trauma inflicted by narcissistic parents. Each of these parent-child dyads suffer from inter-generational transmission of trauma on the basis of attachment failure(Neborsky, 2002). Contrary to many theories of narcissism, it is my thesis that narcissistic patients do not suffer from excessive shame, but an inability to tolerate shame states at all. These people are exquisitively sensitive to loss of attunement in relationships and go into rage, dysregulation, shame cycles at the drop of a hat. They then develop complex compensatory strategies to protect themselves from relational trauma. They become excessively controlling, arrogant, powerful, dismissive, distant, and /or withholding to avoid the closeness and complex feelings of past trauma re-activated in intimate relationships. Part of their repertoire can be aggressive attacking sadism that reduces their partners to dysregulated buckets of rage-shame and rage-guilt (like they once were treated in relationships).

Children of parents with narcissistic difficulties become hyper-attuned to the psychological triggers of their caregivers and report "walking on egg shells" or exhibit role reversing comfort behaviors to attempt to stabilize the parent's volatile emotions. Other narcissistic parents turn cold when the child's emotional needs activate their trauma, and the rage-shame trauma is transmitted to the child in that way. These children frequently become dismissive bullies who control and push others away or masochistic doormats who are victims of their loved ones. Adults and parents who molest children frequently fall into one of the above categories. The adult cannot tolerate the complex feelings in adult intimate relationships because of the constant threat of activating trauma, so they act out the fantasy of trauma free love with a child over whom they have control. The sexual act becomes a role reversal wherein they (the caregiver) in fantasy give the child the loving experience they longed for as a child. Their psychotic fantasy is that of receiving from their parent complete attunement to their physical/emotional selves. In reality, the psychopathic transaction in fact recreates the trauma and dysregulates the child, creating a psychoncurosis.

Confusing ways shame presents in the clinical setting: defense and/or feeling

Figure 1. shows the traditional triangle of conflict modified to include the rage-shame cycle. Clinically, shame is frequently used defensively, before a patient is unlocked. It can be used tactically to cover deeper feelings; it can be used as a resistance against emotional closeness; or it can become part of the superego as a way of punishing the self.

Figure 1. Reconceived Triangle of Conflict Paradigm for Patient with Attunement Trauma



This is a diagram, which shows the tradition triangle of conflict modified to include the rage shame cycle that was heretofore called "pain of trauma." Clinicians are frequently confused by the defensive affect of shame before breakthrough, which becomes a core affect after the guilt is experienced and relieved.

In the cases I am describing, this phenomenon occurs after resistance and unconscious anxiety has been defeated by the therapeutic alliance and when the patient is fully in touch with their murderous feeling with clear visualization of their behavior, and they begin to "shut down". There is no noticeable anxiety about the impulse. There is simply a subtle shutting off of the feeling, which needs intervention or "re-ignition" (attunement to the shut down) by the therapist. I would be interested to hear if other colleagues have noticed this phenomenon as well. What follows is a clinical example of this phenomenon in the form of an edited transcript of a videotape presented at the Natura Artis Magistra Conference, Amsterdam, Netherlands September 2002.

Case Presentation: Primal Fear When a Parent turns Predator

This patient presented for intensive short-term dynamic psychotherapy following unsuccessful intensive short-term dynamic psychotherapy treatment with another practitioner also trained by Davanloo but without my focus on shame. She is a 32 year old healthcare practitioner, married, mother of one daughter age 3. Her difficulties were anger outbursts, anxiety, and depression along with unresolved relational issues with her parents and in-laws. She reported no parenting difficulties. As the interview unfolded she reported sexual molestation by her father during age 6-9 with concurrent untreated or noticed childhood depression. (The father later confirmed this history in a telephone conversation to me: He said he did molest her and now feels sorry. He declined the suggestion of therapy as he did not trust that a psychotherapist would help him figure out why he became a perpetrator.

Transcript and Comments

Initial Session, August, 2001

The therapist begins this initial session by asking the patient to describe her areas of disturbance.

Pt Mmm... well, a couple of things... I think a big thing for me is that I have a problem with... um... intimacy or with... developing closeness with people. I've always had that problem and... that's something I would like to address.

Th Uh huh.

Pt And I um... have a problem with... just emotion in general. I think I'm, I'm, um... unable to feel many emotions and, and then at times things seem to come to a head for me and I'll explode with anger, um... and the other emotion that I, that I experience a lot is um... sadness. But I have a really hard time... you know, expressing or knowing what I'm feeling. I'm not able to really... I don't feel a thing, I know there's something going on but I don't know what it is a lot of times.

Th Uh huh. Uh huh.

Pt Um... so I have...

Th So it's kind of a wall between you and the feeling. You know the feeling's there but it's hard to put your finger on it.

Pt Uh huh. Exactly. Unless it's anger, and that can come out in pretty ugly ways and I guess that would be my main concern is, um... that sometimes it just comes out and I don't... I don't want to be that ugly, angry person.

Th Give me an example of what you mean.

Pt Um... yesterday speaking on the phone with the operator, I'm getting angry with her 'cause she can't find the number I need, and then having a verbal altercation with the operator.

Th Uh huh. And I'm not sure how that's not under control. That's the point I'm trying to understand.

Pt Uh... it just seems like... I think it's not under my control because I wouldn't choose to act that way towards someone, if I could, you know, choose how I wanted to behave... I wouldn't behave in that way. And it just seems like... something is triggered in me, it's like a little button is pushed or knob is turned and... it's almost like another person.

Th Well, what happened, exactly, I mean, what was the... Did you notice inside, in this process of change from, you know, the way you are perhaps now to the way you were then. What did you note inside? What was your awareness?

Pt Um... I feel like, kind of like pressure inside...

Th Uh huh.

Pt And... like something wants to explode.

Th Uh huh. And does it happen just like that, or is there a good, you know, I mean, is there a slope to it? Does the anger gradually build?

Pt I think it's more... it's more, um... just very fast and immediate.

Th More of a strike.

Pt Yeah.

Th Up, and huge pressure.

Pt I... I believe so. It's hard... like I said... I feel that I'm kind of out of touch with how I feel.

Th Wow.

Pt And so I can't...

Th Well, what do you make of that? I mean...

Pt I'm just disconnecting from my feelings.

Th Yeah.

Pt They're dangerous. But, you know, in my subconscious, I've prevented myself from feeling ever since I was a little kid because... it was too dangerous to deal with all of those feelings and um... I had to prevent myself from feeling them because they were just too dangerous. I was a little kid and I couldn't have the anger to a point where I was feeling it. It was self-preservation basically. You know, that was my way of coping with it. It's what everyone does.

Th Well... that makes a lot of sense to me.

Pt Uh huh.

Th You know... I mean...

Pt Yeah. It worked then, but it's not... it's not functioning now.

Th Uh huh. Uh huh. Now, it was so noticeable that you said it was "dangerous". That those words came out of you, you know. Was there any emotion consistent with danger? 'Cause there obviously was that thought, I mean, "It's dangerous".

Pt I just said it now?

Th Uh huh.

Pt I don't know. I feel very sad.

Th Yeah, you do. Yeah. No question about that.

Pt Hmmm... well, I'm not sure.

Th Well, let's talk about sadness for a moment.

Pt Okay.

Th What comes into your mind about your sadness?

Pt I just have a lot of pain and... and... feeling of um... loss... and feeling of... just greatly missed um... potential, um... missed opportunities... and greatly missed um... relationships, and... it's just a big

Th And, the cause of that, you follow me? The cause of that loss is what? What was the...?

Pt Um... I was abandoned, basically, by my parents. I knew they were there, but you know, they were not there for me. Um... my parents were... just both... abusive, and I think I had to um... just take care of myself. Not physically, but emotionally, and I've been alone since I was a little kid.

Th That's a lot to be sad about.

Pt Hmm.

Th Tremendous amount to be sad about, isn't it?

Pt Yeah.

Th Hmm huh. Now, I would also say that, you know, our ability to do much about those losses... it's fairly limited, I mean...

Pt Uh, huh.

Th That in the past that has been... been lost, truly can't be recovered, I mean it's....

Pt That's true.

Th So, our focus really ought to be on prevention of any future losses... any future...

Pt Right.

Th ...lost potential.

Pt Right.

Th Now, I'm just going to bring to your attention what I was kind of looking for and what was missing... what I was kind of like... searching for. And, what I was searching for was a sense of fear, you know, when you said, "it's dangerous." I was looking for the emotion of fear, and I couldn't perceive it. I didn't see it in you at all.

Pt Uh huh. Um... this is another issue for me... it's that I have a hard time distinguishing... because I... I have a hard time knowing what I'm feeling, then I have a hard time distinguishing what I'm actually feeling or what I've, you know, um... intellectualized that I should be feeling, or learned I should be feeling or experiencing.

Th Uh huh.

Pt And so it's hard for me to distinguish, if I'm actually um... you know, the danger of expressing anger is dangerous because it was... it was dangerous as a child to express anger, my parents were...

Th But please, please bear with me. I love what you said... okay?

Pt Uh huh.

Th Uh... that's fine, you know, you have trouble distinguishing this from that from this.

Pt Uh huh.

Th Fair game, I mean, that's something I can really help you with.

Pt Uh huh.

Th See, that's something we can really sink our teeth in...

Pt Uh huh.

Th That can be learned...

Pt Okay.

Th Right? I mean that's what we would hope that we could accomplish.

Pt Uh huh.

Th So I just want to make... idea. "It's dangerous" is an idea. It's a thought.

Pt Right.

Th It's not a feeling.

Pt Right.

Th Okay. Keep this on an intellectual level, right?

Pt Uh huh.

Th Then that kind of insures the outcome is going to be negative.

Pt Uh huh.

Th See? So again... fear, or danger, okay... worry... is there an emotional part there, is there a feeling component... uh... to that?

Pt I don't know how to get there... and how to...

Th So, the answer was: there isn't or there is? See, it's still...

Pt I don't know.

Th Well, I don't understand how you can say you don't know.

Pt I don't feel anything associated with it. But I'm thinking there should be!

Th Well, correct! Okay, see... the honest answer is obviously the best answer, isn't it? The answer is...

Pt No.

Th "No!"

Pt Yeah, "no".

Th Yeah. So, you see, we've got something here that's so valuable to be able to approach. We can approach the, uh... the idea that you have this barrier against fear, okay? You can feel sadness. I saw it, I witnessed it. You can feel anger. We know from yesterday that you can feel anger, perhaps you even feel extreme anger, okay? And, you can even explain how anger feels. But

when it comes to the emotion of fear, right? Then, for some reason, you've developed a way of extricating yourself from that part of feeling the experience.

Pt Uh huh.

Th Does that make sense?

Pt Yeah.

Th Okay. So, it would be a very significant accomplishment if we could work on fear. It... do you have any memory or any recollection, um... a time where you knew you were afraid that you felt that emotion?

Pt Um... I just remember standing in the hall... I don't know... I was a little kid and I had a nightmare and I wanted to go, you know, to my Mom... and I was afraid to go into my parents room and I was afraid to go back into my room. And I was, you know, standing afraid in the hall.

Th I see. And, what did you feel like? What do you remember?

Pt All paralyzed. Then I couldn't move. I couldn't go back or forward.

Th Uh huh. Which is... in your memory again. Which is, again, very good and very crisp and very clear for obviously a painful event. But, you actually remember behavior, don't you? You remember motor paralysis.

Pt Uh huh.

Th See, you're not remembering the experience of fear. Do you notice how that...?

Pt Yeah.

Th So, again I would say to you, or suggest to you that your defenses against the experience of fear are very, very strong! See. And one can appreciate that they perhaps had to be strong in order to maintain functioning.

Pt Uh huh.

Th But in our work together, if you keep yourself defended against the experience of fear, my ability to offer you a therapeutic outcome is diminished.

Pt Uh huh.

Th Until I know what it is that's frightening you, right?... we can't go into that process.

Pt Uh huh.

Th Let's go back to here, okay? Where we were exploring the emotion of anger.

Pt Uh huh.

Th Okay? And you suggested that it was "dangerous".

Pt Uh huh.

Th Anger itself was "dangerous". What did you have in mind?

Th Uh huh.

Pt Possibly. I feel like kind of... a little free from it... freed from it, from having to go down that route... and... I'm interested to see how I can experience the anger if I don't do that what will you experience, be like... I'm curious.

Th What's the anger itself like if you don't dissipate it?

Pt It's like pounding in my head?

Th Really?

Pt And... I just feel a lot of tension... tightening of the muscles, you know, my shoulders and my arms.

Th Uh huh. Which again is... again that conditioned fear... tensing up... response.

Pt Uh huh.

Th Right?

Pt Yeah.

Th And we know what the fear is already. The fear is of harm to other.

Pt Uh huh.

Th Hmm? What in your imagination, okay, does that anger, you know, lead you to want to do?

Pt I... I picture myself hitting her over the head with the phone.

Th Uh huh.

Pt Just taking the phone and just hitting her.

Th Uh huh. You have that visual image of being angry?

Pt Yeah. I had that before, a few moments ago.

Th It just popped into your mind?

Pt Yeah.

Th Uh huh. Uh huh.

Pt The phone breaking on her head.

Up to this point in the process I had recognized the patient was in a dissociated state from extreme fear. My interventions were focused on making her explosive discharge of affect defense ego-dystonic and put pressure to feel against her dissociation. A small but significant breakthrough resulted.

Th And what was that like... and what did that do for you?

Pt Made me sad.

Th Uh huh. And please, expand... don't shrink up. Sad because...

The first cycle of rage-shame occurred.

Pt Sad because I hurt her.

Th Uh huh. So there're two sides to the feeling.

Pt Yeah.

Th Sad, but before the sadness there was a feeling before that, wasn't there?

Pt Yeah, like, kind of relief.

Th Uh huh. Satisfaction.

Pt That I just got it out.

Th Sure. That you allowed yourself to afflict harm on other, right? I mean, anger as an emotion, as a rising emotion, just... by it's very nature... right?... is designed to mobilize you to create harm, right?

Pt Yeah, it seems...

Th That's its biological purpose: to defend territory, or to defend yourself against...

Pt Uh huh.

Th ...an invader.

Pt Uh huh.

Th Hmm?

Pt Yeah.

Th So, that powerful instinctual force within you wants to, you know, inflict physical harm. Yeah, what came into your...

Pt That's scary... that's the scary part.

Th Yeah, you're in touch see? There's no dissociation... you're in touch with the fear, right? Okay. And, there's another side of you too that's very strong inside of you. Hmm? Which is compassion... there's a very strong compassionate side in you who felt very sad for the person who, in the fantasy, you harmed, you injured.

Pt Uh huh, yeah. And I... I felt, when that happened, I felt like I... I did injure her. I don't know... she actually hung up on me and I just started to cry... it just came out like, just uncontrolled...

Th Yeah.

Pt And I felt like... I was feeling bad for hurting someone.

Th Uh huh, which I call compassion.

Pt Yeah.

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Pt Yeah.

Th Uh huh. Was there any element inside of guilt?

Pt Yeah.

Th How does that feel?

Pt Familiar. It feels... I don't know it feels sad... it's uncomfortable... it's something I want to run away from. It makes me feel that I need to harm myself, you know?

We identified the first rage-guilt cycle

Th Uh huh. Yeah. And, that will be sort of like, you know, obviously self-destructive, but how... how do you mean to harm yourself... in what way?

Pt I'm not sure. You know, somehow punish myself for having caused pain to someone else.

Th In what way? What would be your approach, your style of self-punishment?

Pt I think, not doing things that are healthy for myself that I need to do. Just simple things like taking care of myself... eating well...

Th I would think of not letting yourself, you know, be close to people. Hmm? Who are you going to be close to... pushing people who you're going to be close to...

Pt Uh huh.

Th ...away.

Pt Yeah.

Th Good, there's like something trying to break through.

Pt Uh huh.

Th A rising emotion. What do you notice inside... when you heard me say that, what was it?

Pt I'm tearful when... um... you know like I want to cry.

We return to the nightmare memory of approaching her parents bedroom, but being paralyzed to approach them.

Pt I was afraid of like... I was afraid of my father.

Th Uh huh.

Pt Um... he... he sexually abused me when I was a very little kid and it must have already occurred then, and I was afraid to go there at night in their... in their bedroom... there's... may be something sexual going on and I can't... and I can't go there... and I'm... and I'm left alone.

Th Hmm. I see.

Pt And um... and then that's it.

Th Well that's a lot.

Pt Yeah.

Th Uh huh. How are you feeling? Right this second?

Pt Heavy.

Th Uh huh. Talk about it.

Pt You know like um... I've a big weight on my... I feel like... weight over me.

Th Oh yeah.

Pt I feel like... I feel a fear right here. I feel like um... it's like... something... it's like impending doom, like something's going to happen.

Th Uh huh. Again, I want you to just notice something... that was... that was missing. Okay? Just like we did earlier when I noticed... showed you fear was missing. Okay? Anger was missing this time. Now, I can't prove this to you, okay? But, I would, you know, if I were... that the anger bypassed consciousness and moved right into that depressed, heavy place.

The second rage-shame, rage-guilt cycle occurred, but it was invisible, only presenting as a depressed mood. After some more pressure to feel, she makes contact with the unconscious anger which caused her depressed mood.

Pt It's like... burning pot of boiling, burning stuff... boiling up inside of me and... you know like you're boiling over and coming into steam and... and... and just a lot of... a lot of heat and...

Th And it's big.

Pt Yeah.

Th And this way you're describing it, it takes a lot of...

Pt It's my... it's my entire body, I feel it like going down into my legs... I feel it everywhere.

Th And would you just imagine that anger, okay, and imagine what that anger wants to do if it were just allowed, you know, just like you did with the operator, if you would allow yourself to imagine what would happen if that, say, you expressed it here. What would you...

Pt I haven't...

Th In the imagination.

Pt I... imagine just taking like a cord and putting it around his neck and squeezing it...

Th Uh huh.

Pt And... you know, him like not being able to breathe and his whole body squirming, squirming, um... until he, you know, passes out from not enough air.

Th And, would there be in your fantasy, a desire for him to think something as he's dying? Would you want him to have some consciousness, would there be a thought or sequence of thoughts you would like him to entertain?

Pt I think that... "Now she's getting me back", you know, "this is what I'm getting for what I did... my payback".

Th Huh. So you'd want him to link in his own consciousness your very slow murder of him with his wrongful act against your person.

Pt Uh huh.

Th Hmm huh. And do you feel satisfaction; do you feel relief when you see that?

Pt I don't know... I feel sad.

Th Hmm. And may I ask why you skip relief. I was trying...

The third rage-shame, rage-guilt cycle, demonstrated by the inhibition of relief. Notice the technique of re-ignition (attunement to the shut down).

Pt I don't know, I didn't experience it.

Th Uh huh. But, please take your time. These... these missing feelings are very important.

Pt Ahhh.

Th Is there something wrong with that?

Pt What? Feeling relief?

Th Satisfaction. Yeah.

Pt Yes, because it's not... okay to... cause something to... it's not okay to hurt someone because they hurt you. It's not...

Th That's a very strong voice in your mind?

Pt Yeah. I...

Th Whew.

Pt He doesn't really deserve to be hurt. And then I feel sad.

Th Oh wow. So, you're traumatizing yourself. And that makes me sad, that you would abandon yourself like that.

Pt Yeah.

Th And align your emotions with your father... with the perpetrator... 'cause there's part of you that wants to see him suffer... there's part of you that wants him to know why he's suffering... and there's part of you that wants, you know, him to die... to pay for what he did to you...

Pt Uh huh.

Th ... with his life. Okay? And those are valid emotions?

Pt Uh huh.

Th They're... they're equally valid... to the side of you that is merciful and compassionate.

Pt Uh huh. So, I think I need to... not spend more time, but feel that... kind of relief, uh... for... for retaliation or ...

Th To experience satisfaction.

Pt Yeah.

The therapeutic alliance is starting to take control of the process and the patient spontaneously reveals more murderous feeling.

Pt How about if I kill him in a different way? Could I do it?

Pt ... something more violent... that would be more... I would get more satisfaction out of... being able to swing, you know, like a crowbar... and just bash him in the head and... use the end that's pointy and just dig it into his skull and his shoulders... and then... and, and... just keep on doing it and keep on hitting over and over... and when he falls down I would just keep hitting him. I would probably just keep doing it... it wouldn't... it would never stop.

Th Uh huh.

Pt I would just fall down from exhaustion.

Th Yes. But you know what the key question is: would you allow yourself to experience relief or satisfaction at that point? When your body gave out and you could inflict no more damage, no more harm... and I imagine he would be in some way, you know... just kind of almost like... like hamburger meat or something.

Pt Yeah.

Th Just beaten to a pulp.

Pt Yep.

Th Would that be satisfying? Would you allow that?

Pt Yes, I would. I want to feel like the anger... kind of goes away with his body going away... his soul going away... his death... takes away all of the... just kind of like washes it away... the blood washes away all of the... ugliness.

Th Uh huh. And describe that to me in a little more detail, 'cause those are... those are two different things, as I understand the body and the soul.

Pt I think that it's kind of, you know, when he dies, like the moment that he dies, then the soul goes away and then all of the painful feelings, you know, that were there for him and for me... for me... can be lifted up and gone... and then... I could feel some relief for me... that that goes away.

Th Uh huh.

Pt And clean... and the blood, and clean me... of, you know, all of the shame and guilt and everything... and wash away... and it won't be a part of me anymore.

Th Hmm. That's obviously very moving... the imagery is so, so strong.

Pt Yeah.

Th Uh huh. So there has been some shame that you've carried inside?

Pt Oh yeah.

Th Can you tell me that? How so... I mean, shame implies that there was something...

Pt I felt that I was bad... that what happened... that what he did to me made me bad...

Th Hmm.

Pt ...made me a bad person... made me unacceptable, made me not worthy of... of anyone caring for me or loving me.

Th That is awful.

Pt I know... and that's why I always have to not let anyone get close to me so they don't see what I really am... you know? Damaged.

Th Hmm. And, you've carried this, you know, kind of distorted sense of self with you... I think your entire life, hmm?

Pt Oh yeah.

Th It's so interesting and informative to see that with his death and with his soul leaving his body and going away... the shame that you've carried inside of you... is pulling away from you... and you know what that implies, don't you?

Pt What?

Th That the shame was always his... it was never yours.

Pt Yeah. That's true.

Th I can understand how you, you know, in an immature mind, made it yours. But it wasn't yours, was it?

Pt No. It wasn't.

The session recommences after a ten-minute break and the therapist asks the patient how the break was for her. She demonstrates a re-vitalized self -freed of rage-shame, rage-guilt cycles and identification with the perpetrator.

Pt Yeah, it would. I felt um... I feel pretty excited, you know, that um... real, you know, change can happen for me.

Th Uh huh. Well, I'm happy to hear and to understand that we can get where we need to go and it's not probing and it's not rough, it's just very natural.

Pt Yeah, I think I expected it to be a lot more painful. Not that it's not painful to feel these things, but it feels good to feel them at the same time, I mean, it's like, you know, yeah, I should have felt this, this is good. It's not like a negative thing. So... um...

Th Uh huh.

Pt ...and I think previous experiences... it's... it's been very painful to be kind of like, half way go there and you don't really get underneath, you had a feeling, and like you said, I was feeling things that were... I was feeling that it was myself that was bad and I was just kind of reliving that in therapy... um... so, that's a relief to not... to get over that... past that.

Termination Session, April, 2002

Eight months later, in the 8th block therapy session (hours 24-27), the patient reports feeling continued anger at her parents. She says, once again, that she would like to destroy them and get them to realize all the people they have hurt. The therapist asks how her desire to destroy them feels physically. As she describes this, it becomes obvious that this breakthrough is qualitatively different from others.

Pt It's... it's uncomfortable... it feels like... scary, but it's also very... compelling, like... that's drawing me towards that, like... like it's almost like it has to happen, like it's inevitable. It's... I feel like my hands are sweating, feel scared, um... but I feel like I really want to do it. And it feels like... that calm, or relief at the same time, like... it's just like, get it done... that it would be, you know, like movement in the right direction. That it would be... a good thing. But I mean like, the right thing. So, like... it would be like taking really wide swings at their head like when you see someone get hit really hard in the movie and it makes their head turn around, like I would be hitting them like that, like over and over again, just hitting them... and... just banging on... banging on their chest, hitting them really hard with fists... I know over and over... and... when they would fall down then I would just be kicking them all over very hard, their bodies would be getting kicked from around, getting thrown around by the force of my kicking. They would be like dolls... and I... and, and... their life would be gone. I wouldn't even realize that they had died. I would just be beating up on them so much and... they would already be dead. And then... I just see them like, heaped over each other... and I feel... I feel a little sad, but I don't really feel that sad. Feel like... victorious. I want to stand on their bodies and claim victory over them. And, I see them like lying in their caskets. I see them like looking peaceful finally, like, just looking, like... I feel like I took them out of their misery...

Th And how does that feel?

Pt Feels like...

Th When you see them in the casket.

Pt Feels like closure. Feels like the end of the... story. It's over. That's it.

Th So, it feels good.

Pt And it's like, like them in their casket, it's like, on display for everyone to see right there... that they're gone, that their... I have this sense that they're at peace finally. I don't think they've known peace at all until they're dead... that I really did them a favor by killing them.

Th And how does that feel for you? That's the central area of exploration, is...

Pt Feels awesome. Feels like calm. You know, just the end of suffering for all of us. And, it feels like I'm happy that I could help them.

Th And in so doing, help yourself too. It's not pure altruism.

Pt Yeah... no.

Th You're smiling at that. Tell me about the thoughts.

Pt Just, you know, that I'm really, you know, just taking care of myself, and just as a side effect, you know, realized them, but, you know, it feels good that I, you know, just considered myself and not considered them, not considered how, you know, it would hurt them or anything, but only how I was able to take care of myself.

Th Oh, absolutely.

Pt Yeah. It feels good...

Th Yeah.

Pt To be able to experience the feelings without having the shadow of them, you know, over me to consider or to...

Th At that moment in time, since the first time I've been working with you, you're free of shame and you're free of guilt. Tell me more about how that feels to have achieved that?

Pt I feel like, really light... and kind of like, I feel like a little, I don't know, anxiety maybe, like fear of the freedom... it's a little scary, like, even though it was something bad that I was so used to having that cloak on and now it's like feeling a little bit naked, you know, not to have it. It's a, you know, I feel light and excited and a little nervous, and... I feel hopeful that it will, you know, generalize to, you know, to all the parts of my life that are affected. I feel challenged to, you know, carry it over, and like you said, not allow myself to go back to that. I feel like that's... obviously it's a big challenge for me 'cause that's what's been happening to me all along. I feel, you know, like being aware of it will help.

Th Sure.

Pt Just the, you know, having to have now the understanding of the process. And it seems, you know, now it's very clear and very straightforward. It almost seems like it should be easy now that I have that feeling.

In the therapy sessions not reported the patient relived the actual molestations, and reported the experience of fear-terror and then dissociation. When she thawed from the dissociation she felt rage at the violation, alternating with shame. She remembers knowing that what father was doing to her was wrong, and confusion as to why he was doing it. The memories and the feelings became clearer and differentiated with rage at her father for his transgression, culminating in the final murder without the contamination of the guilt system. In the first breakthrough she has the experience of her father's blood washing away, not her guilt over the murder or incest, but her shame! In my opinion this supports my hypothesis about the importance of working with shame as a core affect in intensive short-term dynamic psychotherapy. This was not a defense against experiencing guilt, but a powerful transformation of self from unworthy to worthy. It was her father who carried the shame with him to heaven. Clearly a deep process of forgiveness was taking place along with differentiation of her self from him. His emotional and sexual use of her as a self-object blurred her personal boundaries between her and him. As therapy progressed, more and more anger became conscious toward mother who was oblivious to the three years of molestation. This also culminated in the termination session of murder of mother. Note that the parting with each parent is tender and sad, without rancor or lasting hatred. The patient feels her trauma is resolved. Toward the end of therapy she delivered her second child, a son. Her depressions, temper outbursts and anxiety are gone. She decided not to have a relationship with her parents in the foreseeable future.

I want to express my thanks to this courageous woman for allowing me the privilege of publishing our work. We hope it will be of help to other victims of sexual abuse who pursue intensive short-term dynamic psychotherapy for their healing.

About the author

Robert J. Neborsky, MD, is a psychiatrist in private practice in Del Mar, California, and a Clinical Professor of Psychiatry at UCSD School of Medicine. He is the Medical Director of Lifespan Learning Institute, a non-profit organization specializing in continuing education seminars for mental health professionals, the Medical Director of Lifespan Foundation for Research and Training in Psychotherapy, and a member of the Board of Directors of the International Experiential Short-Term Dynamic Psychotherapy Association. He was an associate editor of the International Journal of Short-Term Dynamic Psychotherapy.
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