



Excitement in Shame: The Price We Pay

Stewart L. Aledort

To cite this article: Stewart L. Aledort (2014) Excitement in Shame: The Price We Pay, International Journal of Group Psychotherapy, 64:1, 90-103, DOI: [10.1521/ijgp.2014.64.1.90](https://doi.org/10.1521/ijgp.2014.64.1.90)

To link to this article: <https://doi.org/10.1521/ijgp.2014.64.1.90>



Published online: 24 Aug 2015.



Submit your article to this journal [↗](#)



Article views: 91



View related articles [↗](#)



View Crossmark data [↗](#)

CE Information for Participants

Please see front matter for Continuing Education Credit Details and Requirements.

***Excitement in Shame: The Price We Pay*, by Stewart L. Aledort, M.D., CGP, FAGPA**

Estimated Time to Complete this Activity: 90 minutes

Learning Objectives:

The reader will be able to:

1. Describe how the therapist works with desire in the group.
2. Identify the hidden passion in shame.
3. Identify the omnipresent shame in both the therapist and the group members.
4. Describe how the hidden shame gets noticed and how it gets worked with.

Author Disclosures:

Stewart L. Aledort, Nothing to Disclose

Excitement in Shame: The Price We Pay

STEWART L. ALEDORT, M.D., CGP, FAGPA

ABSTRACT

This paper explores the role of excitement in shame, extending the theoretical underpinnings of my work (Aledort, 2002, 2003, 2008, 2009) on narcissism and the omnipotent child syndrome. Shame, excitement, and early narcissistic self-states are complexly intermingled, each influencing the other. Empathy alone is insufficient; the passion connected to shame can be easily hidden. Detailed case studies describe a model for working with the excitement in shame, how it functions, and how it gets resolved.

Shame is one of the most powerful affects in our system. However, because of the excitement in shame, it tends to be hidden. Excitement is a high intensity somatic affect that is not always pleasurable. Sometimes anxiety, indecisiveness, procrastination, or somatic complaints can be signs of hidden excitement, for it is not just the nature of shame that keeps it hidden. Shame springs from failures in intimate relationships where one's desire and longing for others is frustrated. As these regressive desires fail to

Dr. Stewart L. Aledort is affiliated with the National Group Psychotherapy Institute of the Washington School of Psychiatry, the Washington Psychoanalytic Society, and is Clinical Associate Professor at George Washington University Medical Center. He is also in private practice in Washington, DC.

Dr. Aledort wants to thank Dr. Sheila Rogovin for all her help in preparing this manuscript and all his groups, especially his training groups.

be satisfied, the earliest ego, the body ego, and the archaic ego-ideal are filled with shame. Such painful experiences are intense. Alonso and Rutan (1988) describe shame as a primary affect arising from the earliest autistic position. This corresponds to the earliest preverbal relationship that is the nucleus of the omnipotent child syndrome, or OCS (Aledort, 2002).

Shame as both an intrapsychic failure to live up to the ego-ideal (narcissistic self-state) and an interpersonal failure in relationships is explored in detail by Morrison (1989); he focuses on the underside of narcissism and its intertwining with shame. The vulnerability inherent in a narcissistic self-state can lead to its rupture, with concomitant shame. This applies to a cross-section of patients who do not fit the diagnostic category of narcissistic personality disorder. Shame, since it is such a primary affect, can fix and maintain this troubled identity. These early origins are in the infant-mother dyad. If the dyad does not allow sufficient holding and good enough fits, passionate bad fits arise, and within these there is somatic excitement. The body's experience of shame is filled with excitement; shame and excitement, I hypothesize, become one affect. This excitement carries with it the bad fits in the infant's life.

Kohut (1978) believes that an infant deals with present and eventual losses and trauma through fantasies of archaic grandiosity and bliss. When there is corruption of this special fantasized state, shame floods this system. Since these disruptions, I argue, are accompanied by somatic passionate bad fits, the shame in the split-off grandiose fantasies is somatically exciting. This archaic construct will become part of the body ego and increase the shameful affect.

Almost all shameful reactions have a somatic component, like blushing, avoiding eye contact, sweating, and jitteriness. These intensify the power of the passionate bad fit, stabilizing bad fits that carry shame and excited feeling states. These self-states then influence the level of intimacy that the individual feels able to reach. In group therapy, the physical makeup of the group itself can create a chain of excitement, anxiety, defenses, and shame (Nitsun, 2006). It is crucial that the therapist not be intimidated by personal or the members' shame. Livingston (2006), Gans and Weber (2000), and Morrison (1990) highlight the problem of the

therapist denying shame or projecting it outward. I think therapists retreat from this topic because of its intensity as well as patients' fragility.

Morrison, self-psychologists, and relational and intersubjective theorists such as Stolorow and Atwood (1992) stress empathic immersion in the shameful state by the therapist. But this is not enough. Therapist and group should acknowledge their mutual influence in anticipatory excitement of shameful moments. For example, I had to acknowledge my shame in looking forward to Jane attacking my mistakes, and she needed to acknowledge her shameful pleasure in finding them and then berating me. I had to acknowledge my shameful feelings about not protecting Larry from marrying a borderline personality. We then could look together at how I was excited by the anticipation of horror stories about his wife. He then noticed his excitement in setting up himself to be the object of the group's scorn. Working through this intrapsychic conflict depends on a group culture where the excitement in shame is understood.

Shame may present itself in a number of life difficulties. For instance, patients may have been unable to attain the success they want. They may feel unable to be the wife, husband, or family person they would prefer to be. They may feel like an imposter waiting to be found out, and this may be accompanied by anxiety and depression. This shame fits the passionate failure of the patient not living up to his ego-ideal. Another form may come from post-traumatic experiences felt in the body and/or in the psyche. Shame may accompany hopelessness and helplessness. Another form is somatic shame. If the body was invaded and abused, the person may distrust the body or mind. Examples are seen in disorders like ADHD, anorexia or bulimia (eating disorders), dysmorphic body disorders, transgender disorders, chronic obesity, chronic migraine headaches, panic attacks, and numerous sleep disorders. Heroic shame is a form that some wear as a badge of honor. Their identity is built on this false pride in their shame. They deny the painful aspects of their shame through grandiosity. Self-righteous indignation is another hallmark of hidden shame and excitement.

What keeps shame alive is the passion entwined in the shameful experiences. This makes it more tenacious than most accounts

in the literature allow. Gans and Weber (2000) discuss defenses against shame in the group. For example, the group can focus on safe issues like loss or failure, thereby avoiding deeper issues like envy, competition, and dependency longings, which carry shame. They also mention disdain, guilt, and group members' collusive behavior. When the group feels powerless, its members feel shame.

The earliest preverbal experiences that people suffer are usually dealt with by primitive defenses such as denial, repression, projection, and somatization, filled with powerful somatic excitement. If the body ego is threatened, the earliest sense of self is threatened as well. Consequently, when worked through, shame is usually replaced by a feeling of emptiness and loss of self, along with anxiety at lacking an identity. Patients report dreams of losing their passports, their cars, or falling into a deep hole. There is profound regret at old decisions driven by the passionate bad fits. The therapist must support them in the effort to live in a passionate good fit, without shame or humiliation. Their dilemma is that the passionate good fit rarely holds a candle to the passionate bad fit. Hopefully, the group will help them and hold them until they get to the other side. However, there is always the longing to return to the original states of shame. For example, after many years of trying to find the right guy and three failed marriages, Helen found one. As healthy intimacy increased, she experienced dread that he was unfaithful. In fact, this was a displacement of her own disloyalty to her old bad fits. She was attempting a new self-state where intimacy was not connected to shame or humiliation.

Group shame can be seen in subtle and obvious ways. In each case, the therapist needs to interpret it. A member may be scapegoated to carry the shame for the group. The group may continually come late and shame the leader for not getting them there on time. Members may refuse to talk of desires and their fantasies of each other. Group members may leave prematurely or act out with other members. Examples of group therapy patients who struggle with the excitement in their shame follow. These patients have worked together with me for at least two years. In my interpretations, I explain their hidden shame and excitement. For example, when Nina expresses her sexual attraction toward me,

she giggles and blushes like an adolescent girl. She feels shame about this, and I explain to the group that it is safer for Nina to live in this state than to be an adult who takes herself seriously. I find that educational concepts about how shame and excitement preserve an old way of being at such moments are helpful. They help set the culture for further exploration of shame and excitement within the relationships in the group. In another example, if Sam confesses that he returned to using alcohol and drugs and has been torturing himself, the group may express fury and disappointment. I point out that Sam is more excited living with the shameful secret than feeling loved by the group. I tell him that his terror is the hidden excitement in the shame. After further exploration, Sam's more profound shame surfaces. He is disappointed by his son's new diagnosis of severe dyslexia. He identifies with him as the imperfect little boy in a family of six sisters who never acknowledged his manhood. Sam's need for perfection in people has led to a life-long lack of intimate attachments. It takes many moments of here-and-now education by the therapist to develop a group culture of searching for the excitement in shame.

JUNE: SHAME AND NARCISSISM

June is ashamed of her narcissistic desire to be grandiose. She hides her desires by marrying narcissistic men through whom she can live vicariously. The shame is connected to her mother's desire to wipe out June's greatness. Her mother needed to be the only great woman in the house and community. A good example of June's conflict is seen when she does something outstanding. She will then sometimes trip and fall. This humiliates her, returning her to her powerful and organizing passionate bad fit of shame. In this self-state, her mother cannot annihilate her. June cannot be destroyed. The price, however, is giving up healthy grandiosity. At one point I asked her, "What is more exciting for you, doing well in a course or expecting to trip and fall and humiliate yourself?" June looked stunned. The excitement here is in the anticipation of failure, which mirrors the somatically exciting, but shaming wrath of her mother.

The group talks a great deal about June's and other people's excitement in anticipating the worst—how they will feel anxious,

how they will sabotage themselves, how they will fall. I would sometimes add, "Thank God for the failures." Who would we be if not for the anticipated and excited states of waiting for the falls? The excitement is usually hidden in the anticipatory moments before the actual shaming event. There are many moments of intense thinking and feeling when June wonders if she will fall.

As June begins to see her passion in the fallen, shameful position, June takes steps toward self-empowerment and begins to separate from the narcissistic men in her life. She becomes more connected to a man in the group who is mired in his own omnipotent child. His shame relates to his inability to rescue himself, his mother, or his sister from his toxic father. In the group, he sees June as his bright star, and now she has to deal with her shameful wishes to be outstanding. Yes, she can desire and find a man, while being the big one. She is now able to stand out in the group. She takes on a co-therapist role. She comes late to a few sessions and tolerates both the critical and admiring gazes of the group. She can be both the bad and the good little girl in safety, without shame or humiliation. One day, with great prompting, June was able to sing and play her guitar for the group; the group applauded, and members had tears in their eyes. She is now studying song writing.

CARLA: SHAME AND DESIRE

Carla struggled most of her life to bury her romantic and sexual fantasies about her narcissistic, adulterous father who was a seductive alcoholic and a powerful object in her life. In an attempt to hide her shameful feelings, she gained 200 pounds in adolescence. To further punish her body for its insistence on having these shameful, erotic feelings and fantasies, she refused to exercise. Not only did she attack her body, but she displaced her shameful yearning for her father's love onto her excitement in her ravenous eating. In this self-state, she was safe from her father, but she paid a high price. She gave up being able to have a healthy sexual relationship and regulated desires. She continued to struggle with her hidden and exciting shame. As an adult, she lost weight, began to exercise, but never resolved her shameful sexual feelings. She would run in dangerous neighborhoods at

odd hours with the fantasy of being raped or killed. She thwarted any attempts to love a man but allowed herself only sexual fantasies about men and their body parts. She could fill the room with adolescent squeals of excitement over an actor's rear end and how it turned her on. She remained a virgin until age 42.

In the group, her passionate, exciting feelings of never wanting to be seduced by a man became an integral part of her transference to me. I was the recipient of her exciting feelings. She expressed disgust and disdain for my comments. I was the jack-ass. There was always something exciting when she went after me, and we would try to talk about that with little result. Her complaints were provocative and filled with scorn and anger. She tried to turn me into her dirty old father.

It became clear that Carla was struggling. In the group, she was able to relate to Gail's anti-authority and risky sexual behavior. She was unable to express more intimacy with other group members. Through this coupling, she and Gail felt strong enough to notice their excitement in putting me down. I commented how scared they were to tell anyone in their families about how terrified they were of their fathers. I said what a relief it must be for them to put me in my place. "The more you can acknowledge the excitement in your own power, the less terror and shame you will feel in relationships. The excitement in putting me and all men in their place leads to not being able to allow someone to love you. I'd love to see that power move to one of healthy entitlement to being loved."

Carla continued to have difficulty being intimate with me and with the group. She began a relationship with her boss, an older man. She developed a titillating, albeit asexual, relationship with him. She would act the little girl and he would read her bedtime stories. They would travel on trips and play together like two adolescents. There was some exciting touching, but with clear boundaries. She felt ashamed of being with a married man, protesting she would never break up his family. This was a very meaningful relationship for her. I understood that and, while there were cautions expressed, I supported the relationship. She needed to let herself love a father figure who felt safe, but also yielded some sexual excitement. Simultaneously, she was able to express her outrage at me. During the course of this relationship, I told Carla

that I understood her continued terror of me as her father. I also told her I understood and was pleased for her that she was able to express her newfound desire toward a good, kind man. Her desire came from identification with Gail's unabashedly, shameless desires toward men and toward excitement. In addition, she was reassured that she could still live in the shamed state of terror and fear with me and the group. Since I supported the relationship with her boss, her shame-filled identity was not at risk yet.

Over time, Carla developed a sexual relationship with an appropriate man. She was disappointed that her first sexual experience was not as great as she expected. Her excitement was still caught up in the shame of being seduced by him and succumbing to her desires. She complained bitterly about his faults but was also attracted to him. The women in the group encouraged her to stay in the relationship. She disappeared for a while but returned to tell the group she had had a miscarriage. She became enraged at the group and me for making her become sexual and love a man. It brought her nothing but grief, she screamed. Through the group, she was able to touch her rage, her shame at being seduced by the group, her rage at her ineffectual mother who never protected her from her father, and her intense shame at being so needy and helpless now. At this point I added four individual sessions to help Carla feel safe with me. She began to see how her current situation was mirroring her mother's external and internal life. Once the excitement in the shame was worked out, she could appreciate the role of excitement in disarming the men, in being indifferent to me, and in the loneliness she felt. She began to identify with Doug in the group. She was finally appreciating the excitement in being her father, by coming in late and really not caring about her effect on the other group members. She talked about a new house she bought and how big and empty it was.

Carla began to appreciate that she had treated the group the same way her father had treated the family. She recognized how she had kept herself lonely, isolated, and angry. As she let herself become more connected to the group, we noticed a change in her affect. She connected. She movingly recalled how excited and pleased she was at rejecting all the men. She asked the group's forgiveness for coming so late and, more importantly, for enjoy-

ing it. She grudgingly began to accept that putting on weight in adolescence was a way to control her shameful desires to be closer and to feel sexual and adored by her charismatic, narcissistic, seductive father. She was, for the first time, allowing herself to desire real people.

FRANK: SHAME AND ANXIETY

Since early childhood, Frank had shameful and exciting sexual fantasies that at times controlled his life. They made him feel small, needy, and highly anxious. These feelings have been his passionate bad-fit organizers for most of his adult life. The first fifteen years of his marriage were asexual. This changed when he started treatment. Frank was stuck in an unresolved oedipal conflict and a failure to negotiate healthy desires, and I recommended that he come into one of my groups.

His shame was connected to sexual arousal. The shame about his arousal was heightened by his attractive mother and her two seductive sisters. His sexual fantasies had to be acted on outside the family with an unknown woman. Sex with his wife became too close to the aunts and mother. The shame in his sexual desires spread to any form of desire. He stayed asexual and tried to live without desire. His shame was also fostered by the perception of failure to have his father more active in his life. As he put it, "Who was going to stop me from acting out my fantasies with my aunts? No one, especially not my father."

Frank quickly noticed that I liked to work with the group's dreams. Each session he would bring one in. His shame was in the dreams, not in our relationship. I was interested in the material and the relationship it was helping to forge. I would comment how exciting it was to feel that we were both working together without shame corrupting it. This allowed Frank the freedom to experience desire without shame. He was able to relate to some of the women in the group. He spotted Jane, a sexy, demanding, narcissistic woman who loved to give me a hard time about mistakes. She didn't care if they were errors with her or anyone else. He was able to experience sexual feelings toward Jane and deal with the anxiety and excitement she aroused in him. He became fascinated with her shoes. We all struggled with Frank over

whether he would give in to the fantasies about Jane, or deny them. I pointed out the painful struggle he felt over his desire for her, his excitement that she could defeat me, and his dependent need to keep me strong enough to stop him from acting out.

This triangle, filled with excitement, shame, and unacceptable dependency yearnings, organized Frank's passionate bad fit. With the group's help, he was able to enjoy the excitement and the confusion in this sexy dilemma. The members of the group, through this experience, looked at their own exciting dilemmas and the role of excitement in keeping their shame alive.

Frank subsequently felt less shame about his desires and talked about a healthier sexual relationship with his wife. He was thrilled when she told him he was quite the man in bed. He would bring in dreams of sexual encounters with Jane and unknown women. He was pleased at being a more sexual member in the group. At the same time, he acknowledged his shame about his father being passive, without excitement. Frank's anger at, and contempt for, his father were directed at Dale, a passive, sad man. Dale handled Frank's aggressive assault by finally waking up and attacking back. Frank, for the first time, felt he could truly awaken his father. His oedipal shame was being resolved.

Frank started his own business, managed a difficult adoption of a handicapped, foreign child, and built a healthy relationship with his wife, while continuing his work in the group. He was horrified that he imagined his children naked and was able to understand that the shame he felt was a reaction to his unsatisfied, dependent longings for his mother and father. This was another example of an attempt to return to the older shameful self-state. To return would help ward off the feelings of loneliness and anxiety about a new identity. His excitement was in the anticipation of when he would have these dirty thoughts again, as well as in his desire to be the little boy in his wife's arms, sucking her breasts, and being inside of her. With work, he acknowledged these desires and the frightening fantasies disappeared.

This is a good example of how unresolved bad fits can continue to haunt. Frank's dreams evolved into ones of being a little boy scared of big animals and how he rendered the animals toothless and less frightening. He could enjoy that little boy without condemning him to shame and failure. He allowed the little boy in

both dreams and in the group to be big and at times grandiose. This allowed the grandiose excitement and shame to be lessened and to move to a healthier more regulated grandiose state of being.

CONCLUSION

This article describes a model to resolve shame. The model goes beyond the therapeutic necessity of empathetic, mutual attunements as well as intersubjective mutual co-creations in group therapy to help the group and the patients deal with the excitement in their shame. Mollon (2003) felt that empathy was the main tool in combating shame, but my focus is on how excitement fuses with shame and contributes to keeping it hidden. In the earliest dyad, the excitement starts as somatic, becoming a primary affect. It helps lay down neuronal structures that permanently shape identities and templates of intimacy. Shame, excitement, and early narcissistic self-states are complexly intermingled, each influencing the other. No matter how horrendous these experiences are, they will be repeated until the excitement in the shamed self-state is exposed and worked on in the group.

Before trying to eliminate shame, the therapist needs first to appreciate the powerful need to preserve it at any cost. As the excitement in the shameful position is explored in the group, patients feel a sense of relief. Understanding and experiencing the function of the excitement is a relief. They can then wonder how they will mess up their lives next, or how they will make themselves fail; they can step back and get some distance and humor about their shameful positions.

Focus is also on the need to experience a healthy, grandiose self-state. This tends to capture healthier states of excitement and power that, over time, diminish the power of shame. These can be interpreted as empathetic states, but they are more. I stress the need to be “big” by encouraging group members to be comfortable with their bodies and internal life. By asking them to take risks in and outside the group, I encourage them to use me as the transference object of last resort. I educate them to think, fantasize, and be curious about where their dream states are and experience good and bad fits in their attachments in the group.

The therapist must also acknowledge moments of shame and narcissism. How s/he manages to regulate and integrate these feelings is critical in how s/he deals with the patients' shame. Because shame is so powerful and hard to detect, one can appreciate the reluctance of therapists to go after shame and its hidden excitement. The group has to enjoy its own power without shaming or humiliating anyone. Members have to be comfortable being big and being seen that way. When shame recedes, it is replaced by a profound loss and emptiness that the group can hold. The hard work of helping patients hold onto passionate good fits without shame or humiliation in the group and in their lives continues until they leave.

REFERENCES

- Aledort, S. L. (2002). The omnipotent child syndrome: The role of passionately held bad fits in the formation of identity. *International Journal of Group Psychotherapy*, 52, 67-87.
- Aledort, S. L. (2003). Fleshing out the omnipotent child in group psychotherapy. *Group*, 27, 151-167.
- Aledort, S. L. (2008). A model for the development of an analytic culture in intensive multi-weekly group psychoanalysis. In G. M. Saiger, S. Rubinfeld, and M. D. Dluhy (Eds.), *Windows into today's group therapy: The National Group Psychotherapy Institute of the Washington School of Psychiatry* (pp. 177-189). New York: Routledge.
- Aledort, S. L. (2009). Excitement: A crucial marker for group psychotherapy. *Group*, 33, 45-63.
- Alonso, A., & Rutan, J. S. (1988). The experience of shame and the restoration of self-respect in group therapy. *International Journal of Group Psychotherapy*, 38, 3-14.
- Gans, J. S., & Weber, R. L. (2000). The detection of shame in group therapy: Uncovering the hidden emotion. *International Journal of Group Psychotherapy*, 50, 381-396.
- Kohut, H. (1978). Thoughts on narcissism and narcissistic rage. In P. H. Ornstein (Ed.), *The search for the self: Selected writings of Heinz Kohut, 1950-1978* (vol. 2, pp. 615-658). Madison, CT: International Universities Press.
- Livingston, L. R. P. (2006). No place to hide: The group leader's moments of shame. *International Journal of Group Psychotherapy*, 56(3), 307-324.

- Mollon, P. (2003). *Shame and jealousy*: London: Karnac.
- Morrison, A. (1990). Secrets: A self-psychological view of shame in group therapy. In W. N. Stone & H. Kibel (Eds.), *The difficult patient in group psychotherapy with borderline and narcissistic disorders*. New York: International University Press.
- Morrison, A. P. (1989). *Shame: The underside of narcissism*. Hillsdale, NJ: Analytic Press.
- Nitsun, M. (2006). *The group as an object of desire*. New York: Routledge.
- Stolorow, R. D., & Atwood, G. (1992). *Contexts of being*. Hillsdale, NJ: Analytic Press.

*1070 Thomas Jefferson St. NW
Washington, DC 20007
E-mail: saledort@gmail.com*