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Shame and Anxiety.



Introduction

May I first introduce myself. Over the past thirty years I've been working at Foundation Centrum '45, the national institute for war traumata in the Netherlands. I have been working there since 1981, primarily with concentration and internment camp survivors and people in resistance during World War II. Later on more developmental trauma of young, war traumatized children and those of war-traumatized parents were treated in our centre. Nowadays all kinds of victims of man-made violence find a safe haven here.

It took society thirty years before the conspiracy of silence about guilt and war could be broken. In 1973 our institute was founded following that breaking of silence. Key concepts then were concentration camp syndrome and survival guilt. Now again forty years further on, I think, we can't afford to communicate without acknowledging the role of shame in every effort to overcome man-made trauma.

Direct inducement for my poster today was this year's commemoration of World War II in Dutch society. Herman Vuijsje, a Dutch sociologist and journalist made the remark that society in general is leaving the shame about world war two behind. "Shame and silence could appear in almost all social relations between victims and survivors, in the outside world, but also between each other. People who ignored the issue and preferred to look the other way became embarrassed when dealing with camp survivors. Camp survivors felt shame about those who passed away or about those who did have a 'more difficult time'" (Vuijsje). (*Translation DW*)

The heart of this conspiracy of silence is from my point of view shame; the conspiracy is present in the in-group itself, but also between the in- and out-groups at large; and also in and between groups of victims, perpetrators, collaborators and bystanders. Together: in society at large. Vuijsje concluded in 2012 that the necessity to hold on to this famous and strong conspiracy of silence is in decline for the following generation. I think he is right. He said in other words what de Swaan, another Dutch sociologist, did say earlier: "In the war years the National Socialists and their auxiliaries in Netherlands could almost go without hindrance; they could deport virtually the entire Jewish population without meeting much

resistance. Outrageous is that maybe not, it is shameful though. There must be a hidden reproach in the relationship between the survivors of the German murder campaign and their remaining contemporary compatriots on the one hand and on the other hand a secret shame does enter: 'you don't have done a lot for us', opposite: 'we could, dared and wanted to do not much for you guys'. The discussion in this words is rarely conducted in public, such a collective working through has not taken place in this country. Yet it is as implicit structure present in the interaction between survivors and their fellow human beings" (de Swaan). (*Translation DW*). I can indeed only affirm this as a correct description of the deficiency in postwar dialogue. Reasons enough to deepen our understanding of the psychology of shame.

The structure of my poster session today will be as follows:

1. I will at first show you what PTSS is. What is the usual definition? I will reflect shortly on the proposal of the DSM 5 definition of PTSS of May 2012.
2. Then I would like to define existence related anxiety and shame and reflect on their role in PTSS and in developmental trauma.
3. Central will be the statement that anxiety, guilt and shame should be central in PTSS definition and trauma treatment. In a vignette I will show the enduring consequences of maladjustment, of persisting in focussing on the symptom level, and of consequences of not being in attunement to the emotions of shame and anxiety for a once young war traumatized child-now grown into an adult man.
4. In the short fourth part of my lecture I will mention how intersubjectivity has become of growing interest in psychotherapy and in trauma therapy.
5. I will conclude in stipulating how fruitful for dialogue sharing of shame of being a man can be.

1. Definition of PTSS.

So to begin with: PTSS in DSM 4 is headed under the anxiety disorders and has as you know three main clusters: re-experiencing or intrusion, avoidance and hyper arousal. In the avoidance you can see already the glimmering of shame.

In the proposal of the revision of PTSS in DSM 5 (<http://www.dsm5.com>), published on the internet in May 2012, these three clusters are refined but mainly recorded as the same. One new group however is implanted. It relates trauma and historical events, that main objective of my and our existentially orientated therapeutic work and accordingly related to my main statement today.

It is brought as cluster 4: Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred), as evidenced by two or more of the following:

1. inability to remember an important aspect of the traumatic event(s)
2. persistent and exaggerated negative beliefs or expectations about oneself, others, or the world

3. persistent, distorted blame of self or others about the cause or consequences of the traumatic event(s)
4. persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame)
5. markedly diminished interest or participation in significant activities
6. feelings of detachment or estrangement from others
7. persistent inability to experience positive emotions (e.g., unable to have loving feelings, psychic numbing)

This is an improvement from my point of view, because anxiety and shame are there under 4, but still at a symptom level and seen as a negative state and as a negative alteration, as a disorder; not judged as a natural existential and positive phenomena, not with signal value and essential for repair of contact as I would prefer. Existence and thinking in terms of disorders are still being seen as mutually exclusive. Why is that existential level so important in our thoughts about psychotrauma? I will explain.

The confrontation with death and extreme violence brings deep intrusive and decoding experiences, as we come to notice in our institute each and everyday. Basic assumptions about life appear to have been completely shattered. The world is benevolent; the world is meaningful, and the self is worthy. Those main assumptions are shattered. Sometimes symptoms, thinking now again in line of DSM 4, form themselves after the devastation; yes, that is often acknowledged. And common opinion in general text books, following DSM 4 line of thinking, indeed is also that ...”unaddressed symptoms of PTSD (and I think here they mainly imply shame, guilt and anxiety) can get worse over time and may in the long run even contribute to the development of other psychological disorders, such as major depression, substance use disorders, eating disorders, or anxiety disorders.....” That is the world turned upside down. No wonder, I would say, when one leaves the etiological so important emotions shame and guilt unaddressed, bypassed in PTSS definitions; they will continue to exist and come again and again in a different guise. Depression, substance disorder and so on. It’s a disorderly way of thinking, so to speak. As long as one bypasses the central emotions they keep undermining our health.

In the last decades in the early 70’s shame has been rediscovered and rehabilitated as most important in psychotherapy and nowadays in the aetiology of PTSS as well. Helen Block Lewis has given evidence based proof of stagnation in therapy when shame is bypassed. And after her, a growing stream of attention has been generated. I am a strong supporter nowadays of that group who want to define anxiety and shame as centrally present, as pillars of PTSD in DSM 5 and not only applaud the proposal done which is persisting in seeing shame and anxiety from the negative side.(see Budden) I will make clear why in the following.

2. Definition of anxiety and guilt, and shame and further reflection on their possible role in PTSS and developmental trauma.

2. a. What is anxiety and guilt?

Since Kierkegaard anxiety has primarily been seen from the perspective of the development of individuality in existence. To become an individual one has to endure one’s own anxiety,

Kierkegaard says. Kronfeld describes anxiety as Kierkegaard. Kronfeld says: "Anxiety is the psychological phenomenon of the existential removal of the unity of the person. Its archetypal image is the death anxiety, the anxiety that appears with vital destruction" (Glas). Anxiety is defined by him here in existential terms. Existential defined as guilt was defined by Yalom in his monumental *Existential Psychotherapy*. Guilt according to Yalom is defined there "as a dysphoric subjective state experienced as 'anxious badness.'" All forefathers of experiential psychotherapy pleaded to see anxiety as much broader than a symptom. According to May (1958b), everyone has ontological guilt. It is not a result of culture but rather of our self-awareness and it does not lead to symptom formation but has constructive effects on the personality. It can lead to humility, sharpened sensitivity in relationships, and increased creativity in the use of one's potentialities. Thus existential or ontological guilt is seen as a positive force. May characterizes it as "a positive constructive emotion...a perception of the difference between what a thing is and what it ought to be" (Yalom, 1980). Existential guilt is the mechanism by which one knows that one has lost one's way on their unique path to self-actualization. "Existential guilt is more than a dysphoric affect state, a symptom to be worked through and eliminated; [one] should regard it as a call from within which, if heeded, can function as a guide to personal fulfillment" (Yalom, 1980). And that call from within is caused by shame.

The existential orientated thinkers differed from the beginning of DSM line of thinking. They and I in their footsteps tried to relate anxiety to existential development and fulfillment, in other words to relate trauma and history. How then does shame fit in?

2.b. What is shame?

Shame

What is shame exactly?

Allow me to give you some most phenomenological descriptions on what shame is about. For reasons of time I will leave new neuropsychological definitions aside, in spite of Schore's most important contributions in this area. I will focus mainly on the nurture side of the spectrum.

"Shame is *social pain*" (Goudsblom), says Goudsblom, a Dutch sociologist. Scheff and Retzinger (2000), describe shame simply as "signal of trouble in the relationship." In their conceptualization, shame is even the "the master emotion of everyday life." It is the bond affect pur sang .

Shame is "this anger of love about individuality", as Hegel says (Binswanger). And the famous German poet Hölderlin relates shame and *mortality*: "it behooves us mortals to feel shame" (transl. F.C), he said in his poem *Germania*. Agamben, an Italian philosopher, described In *Stanzas* that "shame is the index of the shuddering proximity of man to himself" In *Remnants of Auschwitz* he even argues that the hidden structure of subjectivity is shame. Shame is the basic and essential emotion of love and individuality here; and subjectivity and mortality are connected to it.

Agamben adduces Robert Antelme's most exemplary story (Jean Amery) of a camp inmate who blushes when he realizes that he has been chosen and selected to die in order to argue

that it's as though people feel "ashamed *for having to die*" (my italics): "man, dying, cannot find any other sense in his death than this flush, this shame" (Agamben). Death is the road to awe, as Heidegger said and awe as that synonym of shame.

Existential shame after having met death and death anxiety make most of our traumatized clients in our institute feel as outsiders in society. They keep silent. The judgment about themselves or the fear of the judgment of others is most confusing and painful for them. They hesitate to bring their own shame to light. They are confused and they fear reproaches and they keep wondering about their "inner badness" and this in accordance to the story of the rabbi who answered the nine year old boy to his question: does the Self come from inside or from the outside? To which the rabbi said: Yes, ... if you put it that way.. yes.: The feeling of badness: does it come from within or from the outside?The rabbi was wise enough to affirm and not-affirm, to live with, as I came to see, his and all man's shame, at the same time. To have transcended this opposition of subjectivity and objectivity, and help to fulfill that main task of individual development and resist the tendency to assemble symptoms.

Essentially, shame is the most basic *physical* of all human emotions. As Levinas says: shame is disgust and it's sticky, like a fly you can't get rid of. (Levinas). Shame is defined by Tansey: "as an event of intentional consciousness, constitutive of human relation and fitting to the intersubjective space where shared consciousness dwells. Shame is an apprehension of the asymmetry that exists between the two who meet in dialogue, contrasted with empathy and its apprehension of dyadic symmetry. In human relation, shame and empathy maintain dialectical reciprocity" (Tansey), she says in line with Levinas.

My own definition of shame is transcending and fitting this together: shame is in our kinship in finitude. This implies that we mortals, could meet another, in the notion of our finitude, in our reciprocity in shame of being a man. Shame one feels at the bottom of death anxiety. This seems to be the experiential token of my career. As Kafka in his hyperbolic way is saying at the end of *The Trial* .. : "...as if the shame will survive him...".

2.c. What is the relation of anxiety and shame in PTSD and in developmental trauma?

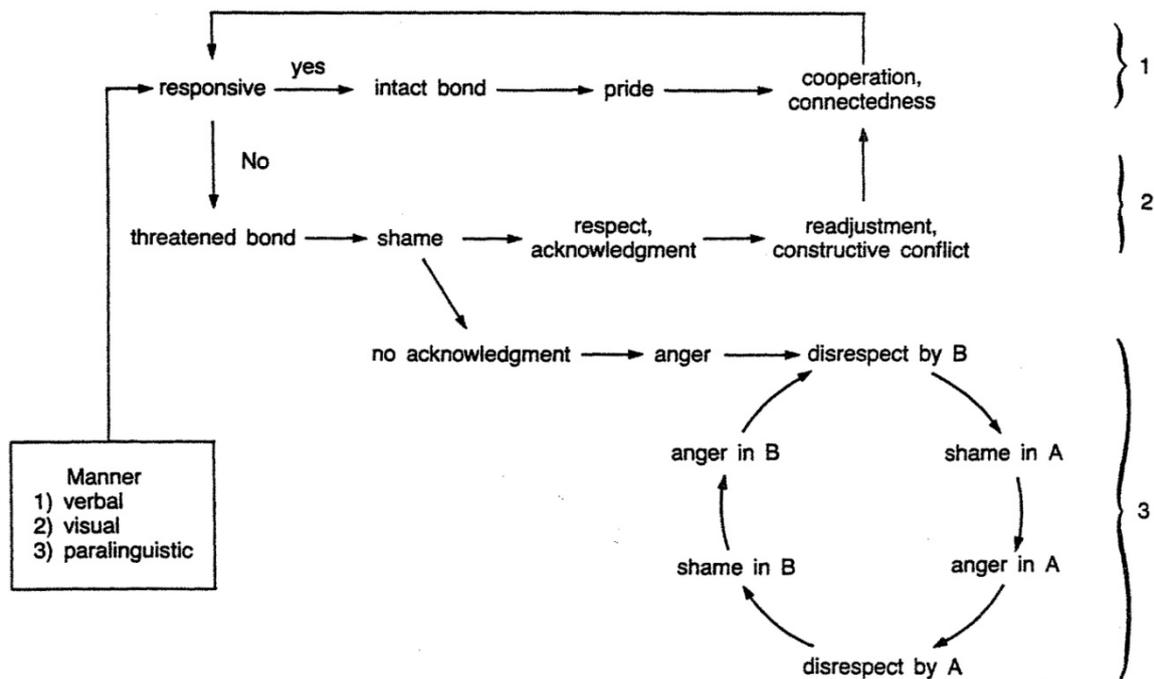
L. Wurmser bridged a gap between shame and anxiety for me in these matters.. He differentiated in his magnum opus *The Masks of shame* three major phenomenological types of shame. There is anxiety about something impending-*shame anxiety*; a reaction about something that has already occurred-*shame affect in the narrower sense*; and a character attitude that should prevent the other two-a *shame attitude*, shame as a reaction formation. I will comment on the types here:

Shame anxiety:

"Shame is", as Wurmser says, "a specific form of anxiety evoked by the imminent danger of unexpected exposure, humiliation, and rejection. Shame anxiety is twofold. Either it is a response to the overwhelming trauma of helplessness already experienced, like the trauma of massive exposure and rejection or humiliation. Or shame may function merely as a signal, triggered by a milder type of rejection and warning lest a more intense one reach traumatic proportions; the signal affect thus prevents regression to the traumatic state. That's most

important here for my statement because Wurmser said too: *“Shame anxiety is specifically self- potentiating and thus especially prone to traumatic mobilization and loss of control.”* Crucial here is the recognition of the signal value of shame as a trigger for traumatizing and retraumatizing experiences.

Here is briefly again the essence of Retzinger’s model of conflict on shame and respect on which I did reflect on in 2010 in Roma on the conference.:



I refer to my text to be found on the internet on this model and its background. The crux here is in the acknowledging of shame from both sides in a partnership and the danger of getting into the feeling trap (Lewis) of disrespect..

In my practice I asked my clients if they could substitute anxiety in the place of shame in this model. Surviving is anxiety, one said. Another said surviving is having anxiety. They and others affirmed my idea strongly that they knew that self-enforcing cycle with anxiety as well. So far Retzinger, back to Wurmser.

Shame Affect Proper

Wurmser again: “When the exposure and humiliation, the showing of weakness, have already occurred, whether mildly or traumatically, a much more complex affective and cognitive reaction pattern than mere shame anxiety usually ensues. It generally encompasses even deeper shame anxiety- as well as more profound anxieties. But it also entails self-condemnation and attempts somehow to expiate the disgrace incurred, both to wipe out the stain and to prevent further degradation. This complex affect is clearly the

center of the entire range of shame effects".(Wurmser) Here one can see the integration of the shame and anxiety feeling loops of Retzinger and Lewis a.o.. It is exemplary of what we see each and every day.

Shame attitude

"Shame", finally according to Wurmser, "may become a general *attitude* of bashfulness, of avoidance of situations and actions that would bring about humiliation..... That is when traumatized people avoid triggers that will bring humiliation, they become an attitude in the end". Shame as the core of the conspiracy of silence, I would say.

Shame is to conclude a basic phenomenon in trauma and therefore my central statement today is:

3. Central statement.

Every conversation about the influence of a traumatic event, every trauma treatment, can only be ended successfully, when specifically three kernel emotions of a trauma, shame, guilt and anxiety, receive their proper attention and sharing and receive comprehension in its working through, in their essential meaning in posttraumatic life.

And as we came to see comprehension in society at large did not always take place. Effects of malattunement and negligence of them even lead to the fore mentioned conspiracy and developmental trauma, to which I would like to turn our attention to now.

3.a. Anxiety is widely recognized, shame widely repressed. Effects of malattunement and negligence in developmental trauma.

I found out while working with second generation war traumatized a remarkable resemblance of my practice to Stolorow and Morrison's work. They came to write: "It must be remembered that caregivers who repeatedly deflate a child's expansiveness are unlikely to respond with attunement and understanding to the child's painful emotional reactions to these deflations. The child, therefore, is likely to perceive that his painful reactive affect states are unwelcome or damaging to the caregivers and therefore must be sacrificed in order to maintain the needed ties."(Stolorow).

While reading this I could see in my mind's eye lots of children of traumatized parents in their struggles with shame about their vulnerability and with their loyalty to spare their parents further pain even at the cost of their own development. An example follows:

3.b. Vignette.

My client, born in 1940 was sixty-five years old when I met him. He had a short beard and was quite nervous but very cooperative. He was in the habit of clearing his throat and he was a fast talker. He complained during the first meeting that he was too emotional and that being emotional was a bad thing. He suffered a lot from overwhelming anxiety since the war. He was accompanied by his wife to whom he had been married since he was 26 years of age, so they had been married for about forty years. They had two daughters together, he told me. After secondary school, which went well, people had advised him against joining the

military but he had been determined to prove himself to be a real man. He did not want to be called a softy. He was determined to show that he could face hardships but even so some of these proved too severe. During this time he had been seriously ill for seven weeks. Afterwards he followed a teacher study in mathematics. Panic attacks caused the loss of a girlfriend and the breaking off the study. However he did become a teacher in elementary school. At times he was overwhelmed by tension, he recalled. At a time he had 53 children in his class, but he would not give up. He had to go on, to prove himself worthy no matter how sick he was from anxiety. Situations in which he was the central figure were not his liking. He said in embarrassment the wrong things at the wrong time. He got disorientated at times, suffered from heavy headaches, ulcers, eczema. He felt at his best as a loner.

PTSS is described in three clusters: avoidance, intrusion and hyperarousal. My client did find a typical coping style. Whenever he suffered too much pressure, he would go for a bicycle ride for three hours or so in order to calm down or he'd go rowing for hours on end. He kept this all to himself and never talked about it. He became aware, he told me, that a leading position as a head teacher was above his abilities. Although his psychological difficulties did not go unnoticed, he was still encouraged to apply for a position as headmaster. Fear and panic attacks however were the reasons why he gave it up in retrospect.

His wife was taken aback during the intake and afterwards by what she heard about his long anxiety history. Finally it all fell into place. In the late eighties, after some twenty years of hard work, he was declared unfit to work for 50 % or more. At times he was very depressed and even had suicidal tendencies. In several psychotherapies the symptoms were treated and never, I repeat never, had the relationship with his anxieties during the war been explored or acknowledged.

How should we have to engage with anxiety and shame in the psychotherapy relationship of traumatized people?

Helen Block Lewis according to her daughter, Judith Herman, says, addressing shame *directly* and not bypassing it or ignore it. "Addressing shame *directly* facilitates therapeutic work, by normalizing shame reactions and by giving patients a relational framework for containing and understanding them". Simple just addressing it and ipso facto in my experience-addressing anxiety directly as well. Herman wrote in the line of her mother: 'Adopting the viewpoint that shame (and thus anxiety too, DW) is a normal state which accompanies the breaking of affectional bonds allows shame to take its place as a universal, normal human state of being. Analyzing shame reactions in an atmosphere in which their natural function is taken for granted makes analytic work considerably easier... Perhaps the greatest therapeutic advantage of viewing shame and guilt as affectional bond controls is the emphasis placed on the patients' efforts to restore their lost attachments.'"(Herman). One could see the affirmation of the signal value here.

How did I precisely accomplish that here with my client? By simply at first direct addressing the wrong core notions about himself in which posttraumatic shame and anxiety had been enveloped. He was flabbergasted first. During the first intensive period of weekly talks he asked permission to tape the sessions, because he was not able to integrate my comments right on the spot. This way of learning had its advantages. He came to copy my spelling on account of mistaken core notions about himself. He used me as a help ego. He felt

miserable, he said, I rephrased him in more accepting terms - that he had felt touched instead. That's a better way you pay respect to what is going on in yourself, I emphasized strongly. You do yourself more justice when you admit that all this still fills you with so much sadness. You often tell me that you were emotional and that you disapproved of that. You did not accept the fact that you were a human being with human emotions and feelings. This implies acceptance of your inner sadness. Instead you cut yourself off again and again from your self-awareness. You have built a false self that way. Quite successfully. Everybody thought you were quite alright. You behaved as expected. As not afraid, firm, going on, come on, you have no reason, there is nothing, what have I gone through, in comparison with what those others have lived through in that big war. You were used to make light of your own feelings : You did not accept it when you were in a state of anxiety. What you did not do was again in more acceptance regard it as follows: "my greatest fear was that I cannot face this when the feeling is this intense." I then insisted : You have quite a lot of capacities and will become a man who can realize what had been. You have that possibilities. A growing awareness of what happened, not only with yourself but to others as well. With strong affirmation I said: You are in that growing process, I don't have any doubts about that. After a time you don't use the tape recorder anymore, because you can listen and comprehend directly what I said. Accept your feelings of anxiety.

I am talking now about my attitude of almost unconditional positive regard in his early years of treatment in which I encouraged him strongly. I succeeded this way in direct attuning to his yearnings of being seen, which were repressed since he was a little boy. In an empathic understanding I could explain to him in which way he was deformed, and as a result of this, we could reconnect his feeling to his experiencing during the enfolding reframing in my interpretative work.

"Without interpretation, one's empathic receptivity is inarticulate, but without receptivity interpretation is empty." (Agosta). I would paraphrase it like this: Interpretation without attunement is empty, interpretation with attunement is empathy. I succeeded with empathy. How?

I used the context of traumatic events in doing his.

We discovered the importance of his family background *and* the importance of the context of his traumata:

He had been the second in his family with a three years older sister. After him a sister was born in 1942 and another one in 1946. Two brothers, born in 1947 en 1950 made this roman Catholic family complete. And if this was not enough, after 1956 an orphan and another girl were adopted by his parents in line with their almost natural altruism. The engagement to societal needs were home-made, so it seemed.

At their very home there had been a printing machine, which was used for resistance-papers as well. There was lots of hidden ammunition. Fugitives were hidden in their house and were then taken to safer places. Illegal radio receivers were in the house. Father had to flee several times into hiding. During the whole war their home was a center of resistance activity of the illegal press. The children were instructed to cry whenever there would be a visit by the German authorities, to hide and be silent. The constant factor in the upbringing of my client was fear and during the war a growing fear. It should be remarked here that only a very small

part of the Dutch population was involved in active resistance right from the start. The Catholic parents of my client were two of them. And the illegal press was regarded as the most important engine of the mentality of the resistance.

By the end of the war the Germans were quite irritated that the illegal press had gone on so steadily. They searched fanatically for the resistance. At the end of the war in 1945, a riot (a major family traumatic experience, because the assumption of invulnerability broke down) took place. A resistance friend was obliged to transfer some secret documents, and he asked the parents of my client to hide them. They, you should have guessed by now, said yes. The Germans stood nearby, only 50 meters from their house. Especially the panic in the eyes of his father made a terrible impression on the 5 year old boy. A reprisal followed the killing of a Dutch SS collaborator who came too close to the resistance group. 10 resistance fighters were selected for execution on the spot where the collaborator was killed. So there was really close intimidation. After the war the father did show signs of breaking down from stress, in 1953 he fully collapsed and never really got well again.

Once, and it proved to be one of the most intrusive traumatic experiences, a group of soldiers in full fighting gear, probably on a training trip, but with fixed bayonets and so on, came to hide in their backyard. The traumatizing moment of the blade of the bayonet right before his eyes made the young boy freeze. He did not scream, in his memory he hid inside, with a terrible fear. He met his own death-anxiety prematurely. And he internalized the event and formed an introject and never talked about it. It interfered with normal development as many, many more experiences did.

His father wrote diaries for each and every child – three during the war (translations are mine, DW). My client did take a long time of hesitation before he dared to read it. But it was rewarding. He did find in it the coincidence of the beginnings of panic attacks and the fact of the fatal crashing down of an allied airplane after a hit by German fire very close by.

I will show you how continuously the parents made the right interpretations and were aware of the causal relation in their child between event and the emotion of anxiety. And please hear this with a perspective of the necessity of precise attunement to anxiety. They knew what was going on, but could evidently not accurately attune to their little boy's inner world.

The diary on 3 May 1943: “..and above two weeks ago during a shopping trip with aunt Annie you have seen an airplane on fire coming down; you were so excited that you still start talking about it every moment. You won't go out; not even in the backyard. When you hear a sound you come inside and with loud screams you hide under the table.”

On July 1943: “Henneke is better for a long time, but he is afraid and nervous as ever, and this grew even worse when suddenly two fighter planes were coming out of the clouds and were firing at nearby gas storage tanks and so. To all it was frightening, but for you, so nervous already, it is worse, all day you were talking about and said “bang, bang” and were overexcited, hey little Keesje, don't stay so crazy and just go out playing as you did before.. you stay alone by yourself and however hard we try to encourage you, there is always an argument with which you try to prevent having to go out.”

How hard his parents tried, they were not able to contain and attune to his inner anxieties. They tried to stimulate him to bypass his feelings.

At one time he just went lame: From the diaries of his father again: April '44: " All specialists were consulted but nothing came out of it ' .. We have even suggested that the anxieties and the fright were the cause of that funny left leg, because at Easter you developed it, and the Saturday before you had been totally upset by dogfights in the air above our heads during which one airplane dropped his bombs which came whistling and screaming down on us, and you were with reason totally upset, and one person can better resist this than another, although it is nerve wrecking for all.."

They were not able to relate to his anxiety.

August '44: "Hen is still very anxious and nervous, I don't have to tell you that you are quite a burden to your ma, she can't get you outside because you are afraid of everything and inside you do the craziest things that are expressions of nerves. It can be hoped that the war is soon over so that there will be no reason for anxiety anymore. And you won't have lasting effects of it."

How different that would be.

He kept telling me his greatest fears were when during nightly air traffic above their heads right under the ceiling he lay afraid with eyes wide open.

And we came to read in the diary: "With eyes full of great anxiety you look to the air. Real nasty for you and for us, but hopefully we can get it out of your system again, for when you stay as you are now, you will be soon a little nervous patient, and that is not our intention little curly-head." They loved him, were full of compassion with him, but could not reach his inner world.

In therapy I came to reflect on this history with empathy and acknowledgement. I could help him in the containment of his emotions. He could endure his anxiety and even express it a creative therapy and felt relieved that Chris his creative therapist and I did not ignore his shame and anxiety about himself.

When he was around 67 years of age he summed it all up in a report to Dutch legislators: "I remember the constant dread, the tensions and the death anxiety in my elderly home". He declared that this troubled him all his life.

That he had a war history himself with long-lasting after effects, he was quite surprised to find out. That his history could be seen and evaluated, as I did, for its own sake, was unexpected. He broke down in tears when his warm-hearted wife put up a flag for his sake on a certain remembrance day. For the first time in his life, he felt that his personal sadness had found a place. A successful try to show empathy and acknowledgement from her side. Later his personal sadness could become part of the family history again. Before he had been sad too, but not with the inclusion and awareness of his own part. At last all impediments were breaking down. Finally those walls around the formed introjects were melting down. I myself came with him to reconstruct the history of his struggle with anxiety and shame about his anxiety. A history of, mind you, almost 65 years. A long history of maladjustment, of malattunement, of crippling inside, of feeling shameful about himself, of isolation, depression, panic attacks, of suicidal tendencies. He was nearly almost in despair at last. But we hold on and we struggled through his false ideas about himself.

In November 2011 he wrote to me:

As a child you are left to the gods. When you are this afraid, you invite teasing. I noticed that I did not dare to do a lot of things. I hide away and avoided contacts. "Because I was so fearful and dared so little, I was ashamed of myself. I was different from other children. I was vulnerable. Looking back, shame and anxiety were two sides of the same coin. They reinforced each other. When I grew older and was more aware of my being different, the effects of shame and anxiety only grew. A teacher in the fourth grade liked it to call me in front of the class in order to make fun of me. A doctor told me I had to become a man, who should behave differently." He was supposed to bypass his anxieties. And last January 2012 he wrote in looking back : "I was my anxiety... In difficult times even a social worker, especially for war trauma related situations did refuse to see me more often. His anxieties were not taken seriously. When I came to you I read a sentence by a professor van Boven. He said : "Acknowledgement is the beginning of healing." You gave me that right from the start and reached out. I needed that to go through the process. I was not a fool, not a softy. I was a child who was totally shattered by the constant death threat which governed our home life. What happened was quite normal, according to the circumstances." In retrospect he wrote : 'The wound of being alone, that total solitude has played a large role in my life, and it still does, although not so fundamentally as before. Being alone, left behind, still is a great anxiety which can be triggered easily. (especially right before falling asleep). Often I did myself harm with this. I had to be better than others, I was not a person who could accept failure, I had to do everything right. I was exhausting myself, almost consuming myself. (I discovered a short while ago, that I made enemies of others and so created a part of my anxieties.). Only if another person was cognizant and appreciative, was it ok. I did not value myself. My value was what others thought of me. It is a lifestyle, which is hard to overcome." My client said as a result of growing insights, and in contrast with the beginning of our therapy, some months ago: " Although it is difficult I try new ways. I show myself as vulnerable, weak, not being able to do everything. To be tired not out of exhaustion but just because I feel that way. My surroundings have to accommodate that... I was a child on the run, now I am an adult who is aware of his own self-esteem. Greet told me she could come nearer to me. That our relation is more intimate. Also my daughters do say: Dad, you are so much more reachable". I am worth loving now, not because of everything I can do, but more because I can't do everything and because I am just growing up to be a normal man".

My client said it this way: "The vicious cycle in which I was in shame and anxiety was only broken during our talks. You showed me that my traumatization and the anxieties which followed were just normal appearances for a child that had grown up under these circumstances. By admitting this notion, I learned to accept it. The shame lessened and the way to my liberation could begin."

We could let his long bypassed yearnings for recognition by others come into our contact. Trauma and experience came together. My client grew to be able to talk with others about the influence of the war and his struggle with shame and anxiety in daily life. We normalized that intersubjective exchange of reflections about the war. But now without hiding and crippling inside.

My client, to end my vignette, did talk in the early days of our contact about a friend. A German friend who had a war history himself. They could talk about the consequences of the war during their life-long friendship. They shared during holidays in nature their love for

nature as well. During my time with him the friend became ill, seriously ill. My client told me about his capability of facing this process. Until the end he could stay near him and face death right in the eyes. He and I both shared then that notion of kinship in finitude. I could enfold my definition of shame with him. In this kinship of finitude which is I came to conclude, the shame of being a man, we have common ground and possibilities to share. On the existential level he had been able to reflect on this during the passing away ceremony of his friend. He made a deep impression there and when handing me over the text which he came to speak out, I realized we were at the end of our therapy. A mature adult was with me and we shared emotions about his impressive life achievement. We shortly afterwards ended his therapy. It was an empowering experience for me too.

4. Shifts in the practice of psychotherapy; from object relation theory to intersubjectivity.

Before arriving at a conclusion of all this I would like to present you some new integration in the theoretical level. Stolorow and others integrate herein object relation theories of Kohut a.o. into an existential development; they brought together trauma and development, bridged the gap between symptom and anxiety and between shame and history. They transcend that curse of the Cartesian dualism and gave empathy and attunement an urge in developmental dialogue. Stolorow said:

..." A basic idea of intersubjective theory is that recurring patterns of intersubjective transactions within the developmental system results in the establishment of invariant principles that unconsciously organize the child's subsequent experiences" (Stolorow and Atwood, 1992). And

..." It is these unconscious ordering principles, forged within the crucible of the child-caregiver system, that form the basic building blocks of personality development. Increasingly, we have found that those principles which unconsciously organize the experience of affect are developmentally central in building and shaping the personality and are of greatest clinical import. From early recurring experiences of malattunement, the child acquires the unconscious conviction that unmet developmental yearnings and reactive feeling states are manifestations of a loathsome defect or of an inherent inner badness. A defensive self-ideal is established, representing a self-image purified of the offending affect states that were perceived to be intolerable to the early surround. Living up to this affectively purified ideal becomes a central requirement for maintaining harmonious ties to caregivers and for upholding self-esteem. Thereafter, the emergence of prohibited affect is experienced as a failure to embody the required ideal, an exposure of the underlying essential defectiveness or badness, and it's accompanied by feelings of isolation, shame, and self-loathing" (Stolorow).

I can't help thinking about my client again and others as well. But in our therapies we are on the right track.

5. Conclusion.

Here I would like to end my poster with broadening the in 2003 in Egmond at the WAPCEPS Congress pleaded hyperacusis with survival-guilt and -shame with a hyperacusis to

existential shame-anxiety in the tradition of intersubjective psychoanalysis, in which empathy and attunement are bridging the gaps between subjects. In the vignette we saw how the long-lasting malattunement to anxiety and shame grew to an attitude of non-attachment; we saw how a false self was the result of his personality development and how my client has fallen into feeling traps and self-enforcing self-loathing again and again. The struggle to get out of it after 60 years of inner isolation did succeed. By an almost unconditional positive regard to feelings of shame and anxiety, in directly addressing these valuable and positive emotions with signal value from my side, my client could get finally into congruence of experiencing and self-presentation. After long years of therapy in which only the symptom level of anxiety was comprehended, we could reconnect his life history to his inner feelings. We could break with that empirical way of thinking in symptoms of disorders and do justice to the deeper existential dimension of his life by connecting the diaries of his father and his fragmented anxiety filled life. We could reflect on his post traumatic life. Shame and death anxiety did as experiences appear as empowering our kinship in finitude... in trauma therapy and I think ipso facto in everyday dialogue as well. It should be taken into DSM 6 as central emotions with signal value. In therapies attention to both emotions is a must and they, together, will guarantee a kind of sufficient and necessary condition of personality growth a la Carl Rogers. Intersubjective psychoanalysis and experiential psychotherapy are getting close and are a good fit in experiential minded trauma therapy.

Thank you for your attention.

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