
An earlier version of this brief piece was published in The Alcoholism Treatment Quarterly vol. 4, no.2 (1987), 1-6, as “Shame in the Eighties,” where it served as an “Introduction” to a special issue on “Shame.” This revision dates from 1991, when I was invited to address a plenary session at the “First National Conference on Shame,” sponsored by John Bradshaw and held in Las Vegas, Nevada, from May 8th to 11th of that year, on which occasion this talk was presented to an increasingly restless audience.

SHAME IN THE NINETIES

A decade ago, in 1979, when I first suggested that distinguishing between shame and guilt and focusing attention upon shame seemed one of the contributions of Alcoholics Anonymous insight, most to whom I mentioned that idea expressed horror. “You can't talk about shame, Ernie,” they cautioned. “That word will turn everybody off, especially alcoholics.”

Well, we have come a long way. For the last decade, the surest way to make a buck has been to convict people of their shame and then to find a way of blaming someone else for it. As useful as extensions and applications of the core ideas concerning shame may be, a use of those ideas that denies or remains ignorant of their origins in the story of religious thought can become only twisted and dangerous. And so I wish to use my time today, in this plenary session, to explore that origin and those roots.

Let me state boldly what is both my initial insight and my main point. Alcoholics Anonymous works not because it is new but because it
makes available an ancient wisdom. For other peoples, in earlier times, that healing wisdom was made available by other vehicles. The religion of the churches, immersion in classic literature, a sense of belonging to a community that was greater than and had claims on the individual: each of these experiences, in general no longer available to most of us, afforded a healing that facilitated living with the imperfection of the human condition.

1. The Personal and the Professional

In an era when those involved in the healing of chronic disabilities recognize that technical competence in the modalities of therapy must be complemented by sensitivity to the specifically human dimension of hurt, distinguishing between shame and guilt and attending to shame's specific pain both serve that recognition and enhance healing abilities. If there be one over-riding albeit implicit theme in all the literature on shame, it is that one's personal experience of one's self cannot be separated from one's professional approach to the phenomenon of shame in the experience of others.

Guilt concerns doing, and what we do professionally and personally can be held separate. But shame has to do with being, and what we are personally and professionally necessarily touch. Here as rarely elsewhere in professional endeavor, only one who has experienced shame is capable of touching and healing shame. It seems, indeed, that only by understanding shame in one's own life does one become able accurately to identify its impact in another's. How to reconcile this awareness with the valid requirements of professionalism remains an ongoing challenge.

2. Sense of Failure, Lack, Flaw

The core of shame consists in the experience of failure – the sense that one is somehow flawed, defective, lacking. Ultimately, shame is an experience of nothingness – the experiencing, however veiled, of one's own non-being. One becomes more fully human by and in the processing of that experience. But that process does not necessarily occur. Shame is so painful, our defect of being can feel so hollow, that
one may become mired in its misery. There is no disablement more profound than the inability to be human – to be humanly – that afflicts a person locked in shame.

Because the demand for all-or-nothing signals the attempt to be other than human, the sufferer becomes locked in shame not by the acknowledgment of flaw but by its denial. An age addicted to “pride,” a context in which only “number one” matters, sets up its participants for disablement by shame.

3. Denial – Self-deception

For as commentators so regularly note, denial is the characteristic defense against shame.¹ Denial signifies not the dishonesty of lying but rather the self-deception that Sartre termed mauvaise foi – “the attempt to flee what one cannot flee, to flee what one is.”²

Individuals disabled by shame tell lies, but they are not liars. To be disabled by shame means to be unable to be honest with oneself. Shame blinds to shame itself – one reason why the terms and the concept, shame's naming and its experiencing, tend to fall apart, to be sundered by the very namelessness that springs from shame as an experience of nothingness. It is the abandonment of “simple truths” that entails the need for “vital lies.”³

4. The Interpersonal: Needing Others and Mutuality

Such an indescribable experience of nothingness, so well concealed even from self, of course cuts one off from others. The characteristic judgment associated with disablement by shame runs: “No one can possibly know how I feel, for no one has ever felt this way.” Uniqueness sets off. The resulting isolation is rarely splendid, but it may prove terminal. Those mired in shame suffer terminal uniqueness.

Paradoxically, however, the sense of isolated separateness can lay the foundation for the bridge across which shame may be healed. For such uniqueness becomes too painful to bear, and that very pain can open the sufferer's eyes not only to the reality of the human need for others but
also to its specification in the mode of mutuality. One reason why shame is good, one reason why “shameless” is an epithet, lies in that understanding. We attain full humanity only through those realities that we get only by giving, that we bestow only by being open to receive. The experience of shame thus teaches that and how human beings need each other in order to become whole.

5. Enough-ness

Both shame and its healing connect with sufficiency – with the sense of *enough*. Appropriately, then, shame seems specified most sharply in all forms of addiction. Addiction signals the failure of enough-ness.

Although the refusal of “enough” hallmarks modern identity, a fascination with *boundaries* has emerged as characteristic of our post-modern age. Parallel experience in the healing of shame seems to suggest that “only when however we are becomes good enough do we become free to be our very best.”

The deeper meanings of that truth apply to more than the experience of addiction, but it seems likely that those who work in the field of addiction treatment may be the first to discover them. And they may thus discover the responsibility of making what they learn available to others, to the larger culture.

6. Relationship to “The Spiritual” and Virtue –  
   **Light on Co-dependence**

For “being responsible” is not an evil concept, nor is needing others some kind of illness. Shame has to do with *being*, and therefore with those qualities the ancients termed *virtue*. Although this is but one source of shame’s claim to a profound relationship with “the spiritual,” it affords the title that merits direct attention here. The rediscovery of shame serves to offset the recent intrusion into even therapeutic understandings of the narcissistic, me-first fixations of the larger contemporary cultural context.

Those who love or live with someone afflicted by a malady such as alcoholism suffer very real pain and shame, and those who awaken sensitivity to that specific shame merit praise. But blithe inattention to
the spirit of the age that has spawned the concept of “co-dependency,”
combined with an inadequate understanding of shame, have together
issued in far too many treatments that serve mainly to view as “sick”
such qualities as loyalty and commitment. If the first spiritual insight
involves acceptance of one's own flawed reality, then the first spiritual
response involves meeting another's defect not with the labeling blame
that distances but with the compassionate pity that unites. vi

Proper attention to shame may lead to a rediscovery of virtue.
Meanwhile, sensitivity to the sources of disabling shame can free, if
itself freed from the blinding trammels of the narcissistic vocabulary of
this passing moment. “Feeling responsible” need not signify sickness.
By reminding of both-and-ness and recalling to its acceptance, shame’s
pointing to enough may help restore to sanity, sobriety, and even sanctity.
NOTES


