

The unbearable shame of the analyst's idealization

Reiterating the temporal

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Although it is common to discuss the dynamics of patients' shame, what is often not discussed in the literature is the analyst's shame: it remains secret and taboo. To discuss shame openly is to reveal vulnerability and psychological motives, and to risk judgement from others; yet, it is the very thing we encourage in the consulting room.

The relationship between the analyst's shame and the phenomena of temporality casts a particular light on the quality of the lived experience that occurs in treatment. As the relational encounter unfolds in the inter-subjective field, psychic reality traverses the whole gamut and continuum of time that springs from (a) the *archaic primacy* of the past, (b) the *immediational presence* of the current moment, and (c) the *projective teleology* of the future as dialectical mediation. Temporal mediacy informs the qualitative experience of lived time in its simultaneous reiteration of the past within the present and the future trajectory of consciousness, hence *re-presenting* mnemonic linkages to affect states and emotional schemata that are stimulated by the therapeutic environment. When the experience of shame is evoked in the analyst, it is linked to a reiteration of the temporal that stands in relation to the analyst's own developmental history within the current transference-countertransference dynamic. Shame may take on polarities in their manifestation, qualia and vectors, from the realm of pure negativity to that of ideality. Therapeutically, the clinician may be temporally surprised by the mobilization of shame to the point that it affects praxis and the treatment frame, hence altering the course and boundaries of the therapeutic process. What becomes more difficult to shoulder is an almost unbearable intensity of emotion that is usually

enacted in the countertransference because the therapist feels it would be inappropriate to share such emotions directly with the patient.

Shame is also structurally instituted by the very nature of the analytic milieu where formal parameters of professional space impose a certain constraint on what the clinician and the patient can do, despite the fact that analysis by definition imposes the ethic of honesty on the subject. Here, disclosure becomes asymmetrical from the beginning as does the seduction of the transference predicated on the therapeutic framework itself; the analysand is led to both idealize and devalue the analyst at different temporal intervals in the treatment. We may say that shame is always in the background as unconscious presence, but also in the foreground as the realization that we can never fulfil the patient's desires or expectations while at the same time holding back revelations that are deeply personal and confessional. These conditional dynamics maintain an artificial or constricted ambiance that at times can appear very unnatural, inauthentic and depriving to both parties involved. Therefore, shame is inscribed in the very onto-structural, socio-symbolic matrix that constitutes the analytic encounter.

In this chapter, I discuss the horrid conscription of shame after being idealized by two clients: one a child who was physically abused, the other an adult who revered me as Jesus. This mutual shame dynamic resonated both within the treatment and each patient's own experiential vulnerabilities due to their developmental traumas, as it did in me due to my own abuse history and professed atheism. My inner negotiation of shame led to two different forms of intervention in the transference, one interactive and paternal, the other containing and role responsive. Each treatment led to a creative transcendent function for all participants when I was able to transform historical shame by adopting the intentional stance of the other's idealization. In other words, by adopting the role each patient needed me to play in the idealized transference, shame was transmuted.

On shame

When psychoanalysts speak of shame, it is usually in the context of critical superego functions (Freud, 1917, 1923); group identifications, idealizations and idealized imagoes (Freud, 1921); mobilization of defence and rage, narcissistic vulnerabilities connected to fragile, grandiose, or incohesive self-states (Kohut, 1971); and hypocrisy, dissociation, inauthenticity,

and morally corrupt agency (Naso, 2010). It may also be based on insidious toxic introjects that hinder healthy personality structure, self-regulation, and disfigure attachment capacities due to developmental trauma (Mills, 2005). As the underside of narcissism (Morrison, 1989), shame has traditionally been viewed as a negative, emotional, qualitative form of psychic injury – what more contemporary discourse refers to as microtrauma (Crastopol, 2015).

In considering shame as painful affect states or introjects that assault the integrity of the self and one's self-representations, there are innumerable forms that shame can manifest with regard to content, form, scope, intensity, duration, and qualia. It is in fact the qualia of shame – those qualitative properties and emotional resonance contours – that often give lived phenomenal experience their harrowing character. One decisive experience of shame is psychological *exposure*, that is, how certain aspects of oneself are disclosed, unconcealed, and viewed, hence judged, by another. Such soul exposure, if we want to call it that, is coloured by a certain degree of vulnerability, fear, lack of safety, embarrassment, hurt pride, humiliation, and so forth, which evokes feelings of inferiority, abnegation, psychic castration, and self-defect that are elicited, unwelcomed, exploited, and foisted upon us and are outside of our control. I would refer to this as *imposed* shame, and there is almost always an element of surprise involved, for events sprung on us without anticipation, preparation, or warning are experienced as encroachments on our psychic integrity. While we also displace, externalize, and project disowned shame experiences on to others, as seen in childhood onward, shame is ultimately an intimate self-relation to one's interior mediated by many competing psychological dynamics, contexts, and contingencies. This makes the experience of shame a highly esoteric enterprise, despite the fact that it is a universal emotion derived from intrapsychic conditions that are interpersonally informed.

As Kohut (1985, p. 109) reminds us, shame arises when we can't live up to our own ideals. But shame is much more than that. Shame is the emotive corollary of self-consciousness as the *recognition* of one's failure to live up to one's own self-imposed ideals that brings about self-condemnation and narcissistic depletion. Despite the fact that ideals and values are based on the internalization of one's identifications with one's parents, community, society, culture, and so on, we develop a very intimate relationship with our values, as they form the qualitative

bedrock of our own self-relation to self-valuation vulnerable to judgement and criticism from others. Shame, I suggest, is ultimately based in negation, the compromise or devolution of self-value. When you betray your own self-professed values, you sully the self, and hence shame is a logical consequence of self-abnegation as recognition of lack, and in particular, a lack of courage to live up to ideality.

As an assault on self-consciousness, shame becomes amplified when one lacks cognizance or knowledge of themselves. I would refer to this as *epistemological* shame. One instance of this is bearing witness to the other's acute awareness and observation of some absence, failure, or deficit in oneself. Perhaps that is a more intense form of shame because others see your vulnerabilities or weakness, and you now are *forced* to become aware of the other's knowledge of how they see something in you that you did not notice before. Here shame is a lack of self-knowledge given over to us by the mirror image of the other's epistemology. In other words, when others see things we do not see in ourselves, shame is *a fortiori* inevitable, and, more ironically, the analytic arrangement is set up to be where the analyst is supposed to be the one who knows, hence a master discourse.

But looking at shame as an internal self-relation of failing to live up to ideals is a private inner experience clouded in negative feelings that affects the self-esteem of the subject. It is shrouded in avoidance, annulment, dissociation, and denial. I propose that the qualitative felt-injury of exposure is an important aspect affecting the degree and intensity of experiential shame, whether as self-exposure (i.e., as conscious awareness of one's personal limitations and ignorance), or more sinisterly, when others mock, ridicule, denounce, or reject you, especially when there are perceptual acts of humiliation cast upon the subject. Feeling out of control over the affair only accentuates emotive self-derision. Acts of aspersion that are public and witnessed by others are most poignant and emotionally agonizing to anyone. Yet shame is always an internal relation regardless of what others do or say. It is always *mine*: either you experience it or not. Here the quality of *mine-ness* is always an internal self-relation to one's interior.

Time, or to be more precise, temporality as *living* time, is also indispensable for shame to occur, even when it involves conjuring historical memory or its re-inscribed after-effects (*Nachträglichkeit* or *après-coup*), because it is temporally mediated in the present, hence confronting the residue or resurfacing of dishonour felt as tarnished desire and pride.

Despite the fact that shame is memorialized in the psyche, that is, engraved as a negative mnemonic leaving semiotic traces as reminders or recollections of the subject's vulnerability, which occurred in the past, it further elicits an impending realization that nothing can be done now nor in the future to remedy those adverse conditions or emotions tied to archaic events. It must merely be accepted and subsumed in history.

When we fail to live up to an ideal – what we utmost value and prize – we are forlorn and left in the ashes of disappointment, weakened, crushed, maimed. Here I am reminded of Hegel's (1807) beautiful soul as a divided self: spirit (*Geist*) is aware of what it wants and what is right, but it just can't live up to its own values. Instead, sadly, it is interned in 'unhappy consciousness'. In this sense, shame always remains a condemned relation toward the future, as it can never be overcome or surpassed, hence sublated (*aufgehoben*), only forgotten. Here shame is tied to some element of failed perfection – the notion that we can never be or become that ideal (whether in fantasy or reality), itself an artifice based in a fantasy principle. We remain exposed and exploited by our own limitations and must bear witness to our own imperfections, something that can only be mourned. The ego ideal is therefore an illusion.

The ontological conditions of shame apply to everyone, including the clinical practitioner. What I have in mind is to articulate some parameters of the analyst bearing witness to their own shame in professional space, namely, the consulting room, visited by the unwanted imposition of the alien Other, an unconscious remainder of the real. But before venturing into case material, it is important to say what we mean by the temporal.

On temporality

Time is a succession of phases experienced through our river of consciousness, a patterned fluidity of perishing awareness that contains the coming into being and passing away into nothing of previous series of moments, what we may call phenomenal diachronies of difference and change within a transmuting process of persistence. There are beginnings and endings, openings and closings, both ephemeral yet permanent. Time is pure flow and unrest, at once continuous yet spontaneous and fleeting, for as soon as you try to pin it down, it is already gone. Each moment is merely a transitory conduit to a new movement or mode of experience within an interconnected chain of moments containing past, present, and

future (not to mention their gradations of closest to farthest, undiscernible to palpable, in their sequence), all standing in dynamic relation to one another as a pressurized holistic systemic. Yet there is a universality to time that is ontologically invariant as sheer process.

Experience is imbued with diachronies that punctuate the pervasiveness of lived time, the essence of what precipitates shame.¹ The diachronic experience of time is that there is a sensation of interruption with ordinary sequential time: it could be that lived time is experienced as long when it is short, minimal when it is quantitatively enduring, fleeting when it is protracted, or unaccounted for, such as a depersonalized loss of time when one is in a state of psychogenic fugue, meditation, or mystical absorption. Here time is both instituted and constituted in the moment of our living experience as we live it, which may entail a (felt) adjournment of consciousness as withering streams of awareness, or conversely, an attunement and intensity of self-consciousness as heightened self-reflectivity that directs our focus of awareness to a particularized moment of lived experience.²

Time is not merely a theoretical abstraction, for we feel its presence, its coming and going, that which is momentarily here then gone, only to be cyclically present as a dialectic of passing-over into a ceasing-to-be only to enter into a new movement of becoming that is retained through enduring experience encountered as transient intervals of length and intensity. At the same time, we may view time as an incorporeal condition, an immateriality of pure event, namely, experience itself. Yet experience is a temporal embodiment. On the one hand, time is not an entity, literally no-thing, and in this sense immaterial; yet on the other, it exists as actuality governed by natural laws of patterned continuity, duration, perishing, and succession as a flux of appearing modes of becoming. Time is always coming, going, and is *here*, hence developing, transitioning, succumbing, and expiring yet never fully ceasing, as it is born anew as an eternal presence and recurrence within an ordered series of temporal modalities and periods.

Paradoxically, we may even say there is no such thing as pure time independent of mind, as it is merely a formal concept; rather time is constituted through embodied space, hence its appearance is always enmattered yet nowhere to be seen. To be more specific, because mind is embodied activity, temporal experience is only possible through cognition. Here the notion of time takes on its own phenomenological encounters. Time is neither static nor fixed, nor is it a tangible thing that can be appropriated,

for it is invisible and indivisible yet it transpires in a series of spacings each of us inhabit in our mental and material worlds; this is why it is more appropriate to think of our experiential relation to spacetime as a fused event. Here the essence of time is process.

Our relationship to presence and absence, finitude and eternity, flux and permanence, all presuppose our intimate dynamic relation to what I call *temporal mediacy* (Mills, 2010). Here time draws on (a) the *archaic primacy* of our past as the amalgamation of our historicities, ontological preconditions, and developmental trajectories, (b) the *immediational presence* of the phenomenology of our present (concrete and qualitatively) lived experience as mediated immediacy, and (c) the *projective teleology* of the imagined future as a valued ideal, goal, or purposive aim. These three simultaneous facets of temporal mediacy are operative at any given moment in psychic tandem where the past and future convene on the present, or immediate, subjective experience. The presentational encounters of past, present, and future we confront as immediacy become our metaphysical relation to time, phenomenologically realized in the here-and-now.

Psychic organization has a simultaneous temporal relation to the past, the present, and the future: (1) the past is subsumed and preserved within the psyche; (2) the present is immediate mediated experience; and (3) the future (in contemplation and fantasy) becomes a motivational, teleological impetus. Temporal experience is a mediational realization informed by this threefold relation of the dialectic;³ however, each domain may have competing and/or opposing pressures that affect the other modalities at any given moment. In other words, each locus may pressurize, extol, invade, usurp, coalesce, and/or symbiotically conjoin with others within their interdependent dynamic system. But each domain also has the potential to have a subjective surge, voice, or lived reality of its own, despite the force and presence of the other two realms. Yet such seemingly autonomous moments of individualized expression are relegated to the broader systemic processes that operate within the dialectical mind. In psychoanalytic language, we may refer to these differentiated experiences as a multiplicity of self-states that are operative on parallel or overdetermined levels of functioning within the ontologically monistic, supraordinate agency we call the self.

The past we may refer to as archaic primacy, thus emphasizing the primordial nature of our historicities, including a priori ontological conditions (e.g., constitutional, social, and cultural forces) as well as that which is subjectively (i.e., qualitatively) and developmentally experienced (both

consciously and unconsciously). Here we may say this is archetypal, for history always re-enters psychic structure. The present we may call immediational presence, thus stressing the phenomenology of the concretely lived experience presented as subjectively mediated immediacy. The future we describe in terms of projective teleology, which captures the future trajectory of the dialectic of desire, which stands in relation to a valued ideal, goal, purposeful action, or wish-fulfilment. These three simultaneous facets of temporal mediacy are the dialectic in action in the moment of bringing the past and future to bear upon its present, or immediate, experience.

Archaic primacy holds a privileged position in the psyche since the mind always presupposes and draws on the past in all its mental forms, derivatives, contents, and operations. For instance, cognition necessarily requires memory, which is the *re-presented* past, just as the mind itself requires certain ontic relations and neurobiological processes in order for there to be cognition at all. Similarly, the unconscious is lost presence, namely, that which had formerly presented itself (in its multiple derived forms) but had receded back into the abyss. Archaic primacy has a stipulated degree of causal influence over the driving force behind the dialectical psyche since the archaic is always brought to bear upon presentational encounters that the subject confronts as immediacy, which furthermore stimulates projections of a future. The way the present is incorporated into the past, however, may be highly conditional and idiosyncratic given the unique contingencies that comprise the nature of subjectivity, either individually or intersubjectively actualized. It is in this sense that the preservative aspect of mind may be very *selective* in what it retains. Although we may generally say that the past is preserved in some way as our personal thrownness or developmental historicity (and this is certainly true of world history), there are certain elements that are – or have the potential of becoming – omitted or negated and forgotten altogether, hence denied, dissociated, and/or repressed. That is, certain aspects of archaic primacy may not be operative, mobile, or causally expressive and, perhaps, may fizzle out entirely in the psyche, while other aspects are selected, secured, harboured, and sustained (especially as segregated schemata within unconscious life).

Immediational presence is the subject's experience in the here-and-now and how it engages what is presented before it (either as an internal event

or stimulus, or as an external imposition), thus affecting thought, feeling states, somatic schemata, and action, and their unconscious resonances. The immediacy of the lived encounter highlights the context and exigencies that influence the phenomenology of the emotional, cognitive, and unconscious aspects of personal experience. Although the present immediacy of the moment is largely a conscious phenomenon, immediate experience is already a mediated dynamic by virtue of the fact that archaic primacy already suffuses every lived encounter, which is superimposed as its facticity. This means that unconscious processes always saturate every conscious experience and become a mediatory screen, or template, in which the world is received and perceived, thus influencing the contingency and construction of experience.

Selective retention is particularly operative within immediational presence, as cognition executes certain determinate choices in its relation to mediated experience. In effect, the psyche seizes upon certain aspects of the environment and internally evoked stimuli from the press of archaic primacy while refuting, denying access to, or limiting the range of others that may exert certain degrees of determinate influence on immediate experience – the range and signification of each mediated choice having resonance in the mind's trajectory and orientation toward the future. In every immediate encounter, the past and future are summoned and converge on the present: the archaic superimposes past form and content; the future superimposes goal-directed intentionality in mediated thought and action.

Projective teleology is the future trajectory of a desired state of affairs (as fantasy, wish, intention, or purpose) that is stimulated by presentational processing or mediatory interventions, thus instigating the teleological projection of a goal-directed aim. Like archaic primacy and immediate experience, the projected future may entertain a certain selective aspect to the retention or locus of experience that takes place within the transformative, progressive dialectical processing governing each mediated dynamic. Mediation stands in relation to which the subjective mind experiences as desire. This is fertile ground for shame to materialize. In all three spheres, however, there exists the primacy of ambiguity, uncertainty, and context, for real and virtual time may be suspended within the mind and experienced as radically dissociative, incongruent, or atemporal, yet nevertheless wed to contingency.

At any given moment of experience, the past and future are ontologically operative on subjective immediacy, bringing to presence the vast configurations and pressures of unconscious affect, wish, and defence, and the corresponding conscious reality that is simultaneously evoked and represented, such as in the experience of trauma and shame. Archaic primacy, immediational presence, and projective teleology are functional aspects of orienting the psyche towards dialectical growth, even if regression and decay are activated consequences of the lived encounter. Here it becomes important to keep in mind that the psyche works radically to compress and transpose its multiple instantiations within its mediatory functions. There are multiple realities and self-states or microagents that coalesce, intermingle, compete, vying for attention and expression, and do battle for supremacy by forcing themselves on the pressure cooker we call mind. The teleological motives of the dialectic are therefore informed by the threefold presence of the past, the present immediate context, and the future trajectory to which it is oriented, each vector exerting its own source and constraint on the inner constitution of the subject.

The phenomena of awareness involves our immediate immersion in what we presently desire, feel, perceive, think, remember, emote, cognize, or otherwise experience as an internal temporal relation to intentional objects in reality or fantasy mediated by unconscious agency. Just as Freud (1933, p. 74) reminds us that the unconscious is ‘timeless’, the nature of consciousness as such is the outgrowth of an unconscious epigenetic instantiation and dialectical contrary that fractures its primordial cosmic eternity by introducing temporal enactments in and through qualitative experience, namely, that which we live. Like the nature of experience itself, it is vast and variegated, punctuated by instances of particularity and its concomitant qualia. Here enters shame.

A better father

Jimmy was 10 years old when he first came to see me. He had a history of violence, hearing voices, and had multiple suspensions from every school he had attended. He had been to several medical and mental health professionals, including his paediatrician, two psychologists and a child psychiatrist, who had diagnosed him with ADHD and a psychotic disorder, and he was prescribed Risperdal and Concerta. His parents were at their wits’ end, reporting a history of paranoia, delusions, and physical

aggression against themselves, peers, and adults, including being expelled from public and private schools for hitting other people. The day I met him he had just been kicked out of his fifth elementary school for putting his head through drywall because he was mad at a classmate, which escalated to assaulting a teacher when she attempted to intervene.

When he first entered my office, he plunged himself on to my sofa and started to maul the pillows while he avoided eye contact. Then he leaped across the room and did a cannon-ball on my analytic couch, an early 1900s, reupholstered Edwardian antique with original box-springs, and then bounced off on to the floor, where he promptly took his shoes and socks off, and then farted without excusing himself, oblivious to his social surroundings. After I asked his mother to wait in the sitting room, he spoke honestly, somewhat agitatedly, the whole time. Jimmy reported going into rages, feeling out of control over his 'brain and body', and heard both 'boys' and girls' voices' that would direct him to hurt others, especially when he felt teased or picked on, upon which he would feel 'sad' afterward. He said that 'Mother Mary and Jesus' sometimes speak to him and tell him good things, such as he is 'loved,' and that 'they are there to help.' When I asked him what some of his favourite things to do were, he got very excited talking about fishing and wanting to catch a big fish. As an avid bass angler myself, I told him of some of my fishing stories and the best strategies that work for me, and he started beaming, now making full eye contact.

Jimmy had a rather woeful look to him and was somewhat chubby, but his face lit up when talking about what interested him. We had a propitious connection in our initial session, and he enjoyed being listened to. Upon inviting his mother back into my office at the end of the hour, she commented on my authored books I have displayed in my waiting area. Jimmy wanted to see them and know what they were about. He was very much eager to see me again, which I arranged with his mother.

During our second session, he entered my office and immediately verbalized that he wanted to be an author like me. After encouraging him to tell me more about his newfound interest, I asked him to tell me a story he may wish to write about. Without being told to do so, he sat on the edge of my analytic couch and looked at me rather perplexedly, saying 'I don't know what to say.' 'Well, what comes to mind? Say anything that pops into your thoughts; that's a good place to start', I replied. Jimmy went on to talk about a boy who is sad because he is picked on and teased, but also

angry for being hit. After encouraging him to expand his narrative and talk about the feelings of the protagonist, I asked him if he could relate to his character in the story and if anything like that ever happened to him. Upon this query, he disclosed that his father sometimes hits him as a form of discipline, such as being slapped in the mouth or in the face when he talks back. He also reported being angry at his mother for not stopping it, but also expressed ambivalent feelings about his father because now he was getting 'special time' with him, unlike in the past. He was perspicacious enough to connect his anger at his parents for why he took his aggression out on other children and teachers at school as a form of displacement. Given that he had a history of violence since the age of 5, including beating up his older sister, initiating fury toward his parents, and needing to be restrained at home and school due to uncontrollable rages, I felt it was prudent for me to acquire more facts before making any decision regarding child protection matters under the law. Instead I empathized with Jimmy and asked him how I could help. I suggested that I meet with his mother to make sure that any physical discipline at home promptly stopped without making the matter worse with his father, and he was happy with that plan of action.

My concern about Jimmy having an underlying psychotic process was due to him reportedly hearing voices since kindergarten and unprecedented acts of violence in childhood, such as throwing chairs at students, beating up classmates, and attacking family members, but all of this would make sense due to his father's abuse as well as attachment pathology based in accruing developmental trauma. I decided the best course of action was to work with the family rather than involve the child protection agency governing my jurisdiction. This was because the physical discipline was not current or ongoing, there was no immediate or imminent threats to Jimmy's safety, and the so-called abuse took place during times when he was out of control and assaulting others, thereby necessitating restraint. Instead I coached the parents on the parameters of the law, my legal responsibility, and the need to stop any form of physical discipline, persuasively educating them on how to be sensitive to his emotional disruptions and on how not to exacerbate the situation when he appeared out of control. This seemed to work, and was also welcome news to Jimmy, who felt I had restored a balance in the family dynamic while protecting him at the same time.

The seeds for an idealized transference had already been incubating, but it had intensified after he told me about the sundry incidents of being bullied at school and in various settings away from his family without their awareness, many of which he did not disclose either because he did not trust them to protect him or remedy the situation, feared being blamed or ridiculed for causing the conflict, and felt they were impotent to do anything about the incidents. He had recounted many emotionally painful and shameful experiences he'd had, perpetrated by boys at school during team sports and while away at summer camp, but when he recalled being assaulted in the bathroom at school by older boys who ganged up on him at the urinal, this is when I was reacquainted with my own traumatized childhood under similar circumstances. Jimmy had his pants pulled down to his ankles while being choked around his neck from behind as he was urinating and then thrown on to the ground helplessly as the boys laughed and sadistically mocked him. He started weeping when recounting the event, reliving the humiliation he felt after 'pissing' on himself, and I felt my eyes starting to well up witnessing his vulnerability.

Like many victims of child abuse, he internalized his secrets while acting out as a form of defence and displaced emotional expression. I am no exception. I was bullied from my early elementary school years until early high school, living in a perpetual state of anxiety and helplessness with no faith whatsoever that my parents could do anything about it. I could neither confide in nor trust them, but when it got so bad I had nowhere to turn but to tell them the truth. To this day I still recall the feeling of being reproached and blamed by my parents, as if it was my fault that I was being physically abused and taunted by schoolmates, often older kids, sometimes several years older than me, and sometimes in swarms at a time. As I sat next to Jimmy as he was crying, I was specifically reminded of a similar incident I experienced in the locker room while feeling powerless and naked in the shower after gym class. Here the archaic primacy of my past revisited me in the immediational presence of relived shame, while simultaneously invoking the projective teleology for how I had wished things to be. Even now, after putting these words to paper, there persists the lingering aftermath of shame, both in what had happened to me as a child, as well as the contempt I experienced for my parents, including writing about it openly in professionally public space.

The identificatory mortification of such exposure to my little patient's helplessness, shame, and derision led to the reverberation of my own countertransference, yet one that led to a turn in the therapy. When appealing to my father's help or advice during times of desperation, he was often insipid and incompetent. Moreover, he was inept at dealing with my feelings and had a way of making me feel it was my fault for not fixing the matter on my own. My mother was equally invalidating and useless. Neither seemed adept at understanding my emotional vulnerability nor doing anything to protect me. I understood Jimmy's pain very intimately. The only thing my parents did of any value was to enrol me in karate classes at my insistence, hoping I would learn how to defend myself. When Jimmy was expressing his sense of anxiety, hopelessness, and fear of future abuse, I could not help but ask myself, *What did I wish my father would have done to help me?*

It was Lacan (1936) who introduced the notion of the mirror stage in the development of the ego, which he derived from Hegel's (1807) theory of recognition as the reappropriation of the other's desire. When I saw the desperation in Jimmy's eyes, I recognized my own as a mirror reflection, but rather than maintain a passive holding environment marked by empathic listening and validation, I decided he needed much more, and I was going to do something about it. I told him I understood how hard it was because I had also been bullied for years at school, and what really helped me was when I learned karate. So I offered to teach him some martial arts moves and self-defence strategies so he could protect himself if kids ever started to threaten him again, and he jumped at the chance.

I have a large playroom that is adjacent to my consulting room and waiting area, so I took Jimmy there to show him where we would begin our lessons next time I saw him. That room also contains a small store-room, which I had opened to show him where I store all my trophies I had won in martial arts tournaments when I was a national competitor as a younger man, having earned my black belt in Taekwondo. Amidst his excitement, as his mother was returning to pick him up at the end of the session, he said to me, 'I wish you were my father.'

This comment not only brought on an almost unbearable shame, it also conjured up my own conflicted dynamics in relation to my traumatic past as well as profound disappointments with my parents' failures as parents. But over the course of treatment, I had become more comfortable in adopting the role of being a better father to Jimmy, despite being uncomfortable with my heightened idealization.

It was Winnicott (1971, p. 47) who referred to therapy as play, which involves a certain degree of precariousness between two psychic realities that can at times appear quite magical in the development of mutual intimacy within a secure relationship. The playroom became a transformative space of becoming as Jimmy learned the basic stances, blocks, punches, and kicks, and, as he progressed, more advanced techniques at self-defence and in disabling one's opponent or foe. This process had a modifying effect on his self-esteem as he felt more capable of sticking up for himself and not feeling so intimidated. I encouraged his mother to enrol him in a formal club where he could build his confidence even further, learn self-discipline and restraint, and have a controlled (sublimated) outlet for his aggression. And she did just that.

As Jimmy became more involved in the sport formally, our karate lessons slowly began to dissipate; instead we focused on other matters, pursuing other interests. Convincing his parents to stop dispensing his anti-psychotic medication led to a complete remission of voices, which were likely more ego-syntonic in nature and connected to his fantasy life in reaction to internal conflict commensurate with his developmental age. He was getting along better with classmates, had less problems at school and home, and his grades were improving. He was also spending more quality time with his father, and they even went fishing together at my suggestion. I started to teach him the guitar, and he practised throughout the week eager to show me his progress. He also developed an interest in conducting magic tricks, would demonstrate his acts for me, and eventually started performing at his school's talent show and the local public library. As he gained new friends and excelled in his endeavours, after two years of therapy, it was inevitably time to end. And with a big hug. This process was also transformative for me, as I felt I could allow myself to indulge my own fantasy by being a better father with diminished shame, as well as welcome forgiveness for inadequacies any parent is condemned to make by virtue of our ontological imperfections. In the end, I believe we both benefited without shame.

Becoming Jesus

Rachel came to see me after a referral from her family doctor. She was 47 years old, married with no children, unable to have a baby after her hysterectomy, with a 20-year history of depression and anxiety primarily

treated with Effexor, Wellbutrin, and Xanax for panic. She grew up in a strictly observing Irish-Catholic home and suffered gross developmental traumas. Her father was described as a 'cruel man' who would 'terrorize' her and her siblings with threats of physical aggression, pound his fists on the table during dinner, and would punish her if she showed any display of emotion or anger. He was totalitarian, demanded unwavering conformity, and would discipline upon the slightest provocation or if his children did not do exactly what they were told. She recalls as a small child crying out at night from her room, only to be beaten for waking up the house. She never cried out again. She used to rub her ankles together until they bled because she could not express her feelings openly and had to internalize everything. Rachel characterized her childhood as constantly living in fear and feeling unsafe, and made to feel responsible and guilty if her parents were upset. When she was 6, she received a doll she wanted for her birthday and started to cry, not out of happiness for receiving the doll but because, she said, 'I didn't deserve it.'

Rachel's mother was described as cold, aloof, unavailable, and invalidating of her feelings and needs, such as when she told her mother she could not have children; her reply was 'You're free.' She 'hated' her mother growing up as she was un-nurturing and never gave her affection or hugs, and 'sicked my father on me' for upsetting her. In short, she never felt loved. Although her father did occasionally show her affection during 'happy times', this stopped after she defied him in her teens, only to be shunned by him ever since.

Rachel mentioned, almost in passing, that she and her husband 'never have sex', but reported that he was 'supportive'. She associated this with how her father would follow her on dates, spy on her, and once assaulted her boyfriend on the street, accusing them of wanting to fornicate. But when she entered the convent at the age of 20, her father wept and begged her to reconsider. She left shortly thereafter.

All three of her siblings were distant and had cut ties with the family, only occasionally speaking to her. She described the onset of her depression and anxiety as the culmination of abuse, relational trauma, and the gradual withdrawal and withholding of acceptance and love, which she feared was becoming 'severe'. At the end of the first session, she disclosed that I had instilled some hope as she found me 'kind'.

Rachel's father was raised in a strict religious home where weekly observance was mandatory for the family. During Rachel's upbringing,

her parents always had priests and clergy over for dinner or after church functions, two of whom were arrested for paedophilia, charges the parents dismissed, even though her father's 'best friend' was convicted for molesting boys. As the initial sessions progressed, Rachel described her father acting like a 'jealous lover' who controlled, dominated, and shamed her during her adolescence. She reported that all break-ups with boyfriends were due to her father, and that he would make uncomfortable comments about her body and sex, and even removed the mirror in the bathroom because he accused her of looking at herself naked. Constant references were made about her weight and 'getting fat,' and even her mother once accused her of seducing her father. She felt she was always the object of unjustified blame.

At the beginning of the fourth session, my patient stated that she had felt an almost immediate lifting of her depressive symptoms that had brought her immense relief. Upon my query of what she thought was the reason for her sudden change in mood, she attributed this to me. Although I had sensed the development of an idealized transference, I was not prepared for what I was about to hear. I have a home office separated from the other parts of the house with its own private entrance. As a matter of habit, I always greet my patients standing at my office door after hearing them enter the house and descend the stairs to my waiting area. This is when Rachel said that the first time she saw me she had a vision of me as Jesus waiting for her. She said that she had immediately felt safe and that there would be no judgement of her, only a loving and accepting presence, which I embodied as her 'Saviour'. She even asked if I had a beard when we first met or if I had grown one since our last session. I've worn a beard since high school.

Having been exalted to such a divine position, I immediately felt mortified and defensively wanted to laugh out loud. In fact, I recall blushing, hence feeling the blood rush to my face and having to keep it in, mindful not to appear shaming in any way despite my own feeling of embarrassment. The comical thought of me being deified was about as ludicrous as I could imagine, let alone me allowing the delusion to persist. The immediate sense of shame was particularly intensified because I have been an outspoken atheist most of my adult life, viewing the notion of God as no more than a supercilious idea (Mills, 2017), and to accept the transference projection would be a most profane form of inauthenticity and assault on the truth as well as my sense of personal identity. In fact, as a

general rule, I feel it is an ethical duty to challenge such social ideologies when confronted with the topic. But here I felt a curious impulse to remain silent and accept the idealization. Although adopting the posture that I thought the patient required was for technical reasons and was warranted, even now I feel like I betrayed a personal sense of authenticity. When cast in perfectionistic fashions by patients in the course of therapy, I typically defer to the reality principle and suggest it is due to the transference or their need to see me in such romanticized ways, whereas a dis-identification may be a more appropriate stance, or at the very least I would encourage a more holistic appraisal of integrating both good and less worthy aspects of my presence into some meaningful whole where fanciful, fetishized elements are subsumed into more objective dimensions, virtuous as they may appear to be. But here I felt paralysed by Rachel's need to see me otherwise, and indeed felt it would be counter-productive not to adopt the therapeutic role responsiveness she was craving. Was this my countertransference? I am still uncertain, but this question may itself be illegitimate given that we can never entirely separate our personal psyches from the therapeutic encounter. Rather than dissuade such thinking on her part, I merely accepted the protagonist she needed me to be by not challenging her projection. Instead I encouraged her to tell me more about her thoughts and feelings.

After an outpouring of emotions, including feelings of loneliness, emptiness, and loss, Rachel felt she was able to liberate her true inner experiences and talk about them for the first time, released from the childhood prison of her pathological accommodations. I made her feel safe and my office felt like 'home' where she was allowed to have emotions and express them openly. She gradually admitted that she was not so happy in her marriage after all, having come to realize that she picked a man who served as a compromise, resembling both her parents. As she opened herself up to her inner world that previously remained compartmentalized and unformulated, she naturally felt a mourning for living a life that was unconsciously chosen yet consciously denied.

After only ten sessions, her symptoms subsided and she went off all medication. This was also at the point her insurance benefits had been exhausted for the year, but she felt good enough that she did not need to return until the new year when her plan resumed again. The new year came and passed, but she did call to let me know that she was doing fine

and did not need to return. Approximately four years later she wrote me a letter to thank me for my help and to let me know that she was estranged from her parents, divorced, and was soon to remarry.

I consider this treatment to be a 'transference cure' where I offered very little in terms of being scarcely more than an idealized selfobject experience providing transitional space via attentive listening, empathic attunement, and validation within a role responsive-holding environment intended to provide a corrective emotional ambiance sensitive to her vulnerabilities and shame. Although there was some interpretive and integrative work that was accomplished, I am left with the humble conclusion that I was neither her saviour nor a successful analyst despite her suggestion otherwise. But I guess we all get lucky sometimes.

Concluding postscript

Psychoanalysts of all persuasions and schools of thought often do not talk about or write openly and honestly about what they truly think and feel, or admit their internal conflicts or complexes, let alone what they actually do and say in the analytic session. This scholarly observation, I suggest, is largely due to shame and fear of exposure, critique, and ridicule by colleagues. When analysts do write freely about what transpired in the session, their experiences become alienated from their personhood and judged by others, whether they like it or not, especially when technical principles, revealed content, and the specifics of interpretation and self-disclosure are ripe for intellectual rape. It is not uncommon to hear analysts from a particular psychoanalytic coterie or camp debasing or belittling analysts from different orientations when it comes to clinical praxis due to group identification, competition, and the narcissism of minor differences. It is largely seen as exhibitionist when therapists discuss their own personal traumas or tragedies in the professional literature, which is often invalidated, condemned, viewed as pathology or a counter-transference enactment, or seen as a narcissistic act of self-expression inappropriate for the profession. But it also takes courage to speak the truth even if we risk verdicts and deprecation from others, whether this be about our own personal lives or what really transpires in the consulting room – not some manufactured narrative, contrived scenario, or massaged vignette that customarily permeates psychoanalytic writings where the

sage master demonstrates the perfect interpretation or intervention that all others should aspire toward or emulate. In fact, this conventional practice is somewhat shameful, as it is disingenuous and inauthentic, for it never reveals the whole picture, as is typical of life. We need to be honest with ourselves and with others: if we cannot disclose our personal feelings and conflicts with our fellow colleagues, then how can we advance as a profession? More analysts should be encouraged to be open and genuine when writing or speaking in professional space because we may all learn from what they experience in their practices and struggle with internally. We need to be truthful and real if we are to progress as a discipline, and there is no shame in being human.

We usually do not consider shame to be a philosophical matter, but rather a psychological state of mind we desperately seek to avoid. But shame may very well be one of the most salient emotions that structure subjectivity ontologically and contribute to group identifications and inter-relations politicized within the social fabric of all cultures, hence informing the concrete universals reflective of collective humanity. Here we may say that shame is archetypal, a psychic dominant that is at once interiorized, externalized, and symbolic.

Whether standing in relation to a set of ideals or values, the internalization of one's family, being a member of a group or nation state, or revelling in one's penchant for a particular identification with a cherished object, the problematic of shame yields many philosophical representations. It further carries a modicum of humility amongst a backdrop of anxiety, for it is ubiquitous even when hidden. In fact, the ontic condition of hiddenness or concealment generates free-floating psychic unrest, as this reminds us of our intimate relation to time, which is ticking by-the-way, and freedom, that which is chosen, enacted, or denied. Here we generate time in every act of consciousness as the coming into being of our lived subjectivity, the coming to presence and instantiation of our being. Shame is always lived in time, in living the embodied temporal, whether historical, immediate, or looming. Absurdly, we have no say in the matter whatsoever. Let's simply call this existential inertia – the impotence of freedom, for we just can't will away our emotions, only transform them.

The temporal mediacy of our emotional lives is contingent upon the psychological realities that condition our experience of self, other, and world. As such, the past is unconsciously memorialized and becomes an eternal present from the standpoint of conscious reflection as recollection,

while the future is an eternal recurrence of what came before through modified form. Both realms of psychic reality are united when the unconscious artefacts of personal history, as well as history in general tarrying within cultural memory, merge with the 'new now', the presence of the present. Here the presence of the present can retroactively alter the past as re-inscription, which in turn can amend the contemporary, thus revealing the double character of their values, values that are internally divided. As in political economy, values vary over time. Nothing stays the same, although in their purest forms we have memorialization, presencing, and futurity, each supervening on one another as its own self-constituting form of emanationism. When futurity is realized, it becomes the actualization of the archaic, and when the past resurfaces in new patterns or appearances, it is the eternal recurrence of a new presence. There are no unchangeable states, only perspectival shifts when it comes to the temporal, except for the ontological merit that process is invariant and universal, itself an oxymoron but something that can always be counted on. Or perhaps a better word is paradox, the *aporia* of impassable time.

Does shame change or is it re-emblazoned in the 'new now' through temporal alterations and imprints on consciousness? I would surmise that the qualia, intensity, and valence of shame does not qualitatively disappear in memory when revisited, as it is a traumatic (though subdued) reiteration, but it can be mitigated with time. History is never erased. Futurity is uncertain. All we have is now. This ultimately implies that temporality is the emotional instantiation of value.

Notes

- 1 What I mean by diachrony is how perceived or experiential lived time is marked by constant changes that traverse the domain of the temporal and alter fixed and/or fixated value-relations, what Freud referred to as cathexes, or Jung as psychic energies, based on human development, maturity, and transmogrification of internalized past experiences regardless of their historical accuracy or factual basis. Here temporality makes interiorized values, schemata, and emotional introjects, which change over time.
- 2 While pondering the infinite, Husserl discovered the double continuity of time-consciousness that apprehends the presence of the past and the future in the immediate present moment of awareness as an intentional act of relating to meant objects (see Mills, 2015; Tougas, 2013, pp. 50–65, for a review). Husserl theorized that the origin of subjective experience sprang from an originating or generative centre in which all appearances arise, and that each moment is

its own centre responsible for engendering time. In *The Phenomenology of Internal Time-Consciousness*, Husserl (1905) referred to this centre as ‘a point of actuality, primal source-point’ in which time generates itself, ‘that from which springs the “now”’ (§ 36, p. 100). Each present moment is held together by its simultaneous relation to the past and the future as a doubly continuous instant preserved in dialectical continuity. The double continuity of new presence, of the bipolar reiteration of itself in every fresh moment of experience, ensures that the continuously new presence of the ‘now’ becomes the ground of all appearances. Our subjectivity of time always corresponds to a ‘new now’ whether one is reflecting on the past, the present, or an imagined or anticipated future state that has not actually occurred.

Our attunement to presence involves a lived sense of ‘passing’ and ‘enduring’ within our moment-to-moment awareness of meant objects, which is both an act of ‘transcendence’ and ‘immanence’. For Husserl, the ego or consciousness is a transcendental structure that generates forms of subjectivity in and through time where there is no formal division of subject from object. Here subject and object, self and world are conjoined as a whole or superordinate totality only separated by moments, hence abnegating the vicious bifurcation between nature and mind. It is in the bracketed act of *epoché* (ἐποχή) or reduction that reveals the world as a correlate of consciousness, which is performed by the pre-reflective transcendental ego. So when Husserl speaks of time as instantaneously transcendent and immanent, he is also speaking of the psyche in general. That which is given to consciousness is as much a transcendent objectivity as it is subjectively constituted. The feeling or thought of something beyond us or in abundance in us that is temporally present to our immediate lived experience is a form of transcendence, as is the notion of anticipating the coming to presence or innateness of that experience arising in us.

- 3 When I refer to the dialectic, I am specifically referring to Hegel’s (1812) *Logic*, which is often misunderstood and inaccurately captured by the pedestrian phrase ‘thesis-antithesis-synthesis’. For Hegel, the dialectic is much more complicated and involves a complex movement of mediating opposition while surpassing its immediate shape, which constitutes a simultaneous three-fold process as the act of negation or annulment, transcendence, or supersession, while at the same time subsuming or preserving opposition within a higher structural unity of mind (see Mills, 2002, for a review). Hegel’s philosophy of mind or spirit rests on a proper understanding of the ontology of the dialectic. Hegel refers to the unrest of *Aufhebung* – customarily translated as ‘sublation’ – a continuous dialectical process entering into opposition within its own determinations and thus raising this opposition to a higher unity, which remains at once annulled, preserved, and transmuted. Hegel’s use of *Aufhebung*, a term he borrowed from Schiller but also an ordinary German word, is to be distinguished from its purely negative function, whereby there is a complete cancelling or drowning of the lower relation in the higher, to also encompass a preservative aspect. Therefore, the term *aufheben* has a

threefold meaning: (1) to suspend or cancel, (2) to surpass or transcend, and (3) to preserve. In the *Encyclopaedia Logic*, Hegel (1817) makes this clear: ‘On the one hand, we understand it to mean “clear away” or “cancel”, and in that sense we say that a law or regulation is cancelled (*aufgehoben*). But the word also means “to preserve”’ (§ 96, *Zusatz*). What this implies is that with each shift of the rotary motions of the dialectic comes various revisitations and enunciations of shame due to mutating occurrences, reincorporations, and changing levels of truth and ignorance mediated by agency.

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