
This beautifully written book masterfully weaves a theoretical and clinical presentation of the recent literature on shame with case studies from the author's direct experience, illustrating various manifestations of shame and their consequences. The author's premise is that the wounded self which a patient brings to therapy is in itself a source of shame. In her case examples, she analyzes the role of shame in the development of the patient's wounds, oblique though the relationship may be between presenting symptoms and a history of shaming. The connection between shame and a sense of worthlessness is emphasized, as is the link between shame and the most vulnerable aspects of self. The author's focus on shame as a major ingredient in pathological development alerts the clinician to dynamics that are frequently hidden by defenses such as grandiosity, contempt, sadism, and masochism which can be off-putting and distracting if their depths are not probed.

Miller discusses the impact of shaming experiences on the inner life as well as on behavior. She refers to the self-stopping function of shame and states (p. 26) that "shame stops not just the behaviors of confident interaction but curtails as well the internal experience of confidence" (italics mine). Shame is both stopping of self and proprioceptor of that stopping. The author goes on to assert that the implications of shame for development are far greater than simply the discomfort of a series of painful experiences that are destructive to one's sense of self. They also inhibit aliveness, spontaneity, and effectiveness. The attention to the inhibition of spontaneity resulting from shame is linked to the deadness often reported by patients who are not necessarily clinically depressed. In others, shaming results in a series of missed opportunities for aliveness and creativity, the loss of which can be profound in later life.

The author offers chapters on each of the major diagnostic categories we most often encounter in today's therapy practice. Within these chapters she integrates her review and critique of the shame literature covering theories of Wurmser, Broucek, Morrison, Nathanson and Kinston, and others. For example, she details Wurmser's theory that the basic archaic fears of shame are the loss of the object (loss of love and protection) and the loss of self (he who is not loved stops loving himself). The "other" person turns away in contempt and one feels like a "nothing," frozen, empty, like stone. She quotes Wurmser, "The basic fear to be feared is this total object loss and self-loss" (p. 83). This concept is echoed by Broucek who emphasizes that the repeated experience of shame leads to alienation from the subjective self. This alienation produces a sense of an incompetent self and the conclusion that one is defective and unlovable. Such core
activities, such as looking and showing, which are designed to give power in relation to others, bring instead helplessness and rejection. It can be said that shame is about “being” and also about “not being.”

Miller illustrates the ways in which the shaming experiences inhibit affect as well as derail development. When parents actively use shaming to stop a child from being himself when his activities disquiet the adult, the shame leads to an inhibition of expression, then to feeling “wrong” and ultimately to an effort to “not be” (in order not to be wrong) (p. 24).

According to Broucek (p. 27), even without negative judgments from others, the recognition that I am an object, that I exist for others (italics mine), as an object exists, may constitute a shameful diminishing of self. Under such circumstances there is a primary dissociation from self as the child turns away from what he is, towards what he thinks he should be. Learning that we exist as objects for others is experienced as shameful because to repair the fault in others becomes a lifelong project that is doomed to failure.

The author outlines the ways in which shame dynamics impact the personalities of the disorders discussed in each chapter heading. For example, in the obsessive-compulsive context, the patient is convinced that a lively self can elicit depression and rejection from mother so the patient steers clear of spirited self-expression, denying natural needs and finding solace through self-control.

In the narcissistic patients, grandiosity is seen as a shame solution in which ordinary rules of reality do not apply. There is a great schism between the imagined self and the actual self, leaving the individual without a well-formed, realistic self-representation. While the grandiosity can be viewed as a healing effort (in relation to shame and other forms of helplessness), the fantasy gratifications are short-lived and cannot encompass the ordinary pleasures of the real world. In addition, the task of being special (and in this way, controlling others) is inconsistent with an intimate, interactive self. The emptiness which results from this isolation can lead to frustration, anger and ultimately, if the fantasy world cannot be maintained, to self-loathing, and depression.

In the treatment of narcissistic disturbances, Miller eschews the mirroring of the grandiose self per se but rather suggests the encouragement and acceptance of the self acting meaningfully in the world. The author stresses the therapist's role of responsiveness to the patient's pleasure in his active enthusiastic self, a response quite different from the shaming one of his childhood.

In her chapters on masochism Miller points out that the patient is likely to "wear shame on his sleeve," frequently focusing exclusively on early, traumatic shame without understanding the importance of the vulnerability at that time as compared to the strengths of the present. When the patient tenaciously clings to communications about their deficiencies and low self-esteem it is frequently a result of a powerful resistance to change. In considering treatment techniques when confronted with masochistic defenses, the author warns against mirroring only the patient's shame and misery, thus colluding with the patient's powerful sadomasochistic enactment. It is suggested that the therapist acknowledge such patient's suffering while at the same time (italics mine) continually focusing on the "other realities," the patient's strengths and anger. The defensive denial of strengths and attachment to new forms of old suffering should be identified as crucial impediments to achieving stated desired pleasures. In the eyes of masochistic patients, the world is overrun by oppression and abuse requiring that they give up the pleasures associated with ordinary competence, attractiveness, and vitality.

It is this kind of attention to the dynamic complexities of shaming experiences that contribute to the value of this book. In addition, the book offers in-