

Reading for subsection 2 (*Nine Basic Affects: Drive Auxiliaries and Shame*)

Subject: *Backed-up Humiliation*

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Reply-To: *Tomkins-Talk*

A few months ago I reread a large section of AIC-II in which Tomkins wrote about monopolistic humiliation theory. I found an insight in this section that I think can be easily overlooked but may be of some important practical use.

We all know that if you get mad at your boss at work and cannot express it, you may come home and get angry with someone at home or with the dog. This has long been called displaced aggression. But Tomkins shows a bigger picture with reference to the notion of backed-up affect. Backed-up affect seeks release.

ANY backed-up affect wants to be expressed. ANY affect, not just anger, pushes to not stay backed-up. So while at work one may back up one's affect to avoid getting angry at an abusive boss. But the anger can remain and seek expression even while not being expressed directly. And while the remaining anger is not expressed directly, the person wittingly or, perhaps more often, unwittingly continues to search for or even to create a situation in which s/he will be able to express anger. Not too interesting so far.

The story gets better. This same process would also occur with fear or terror. If one is terrified but unable to express the terror, then one would be moved to find or to create a situation in which one could express the affect of terror. One of the functions of horror films may be that of plunging backed-up fear-terror. When backing up distress from any source, one may end up working much too hard, for example as a workaholic, in order to be able to express distress as in, say, complaining about too much work. The same goes for ANY affect.

This whole story gets much more interesting if we think about humiliation. What if at one time we experience intense humiliation but cannot express it? How does one verbally express intense humiliation? Usually by saying things in great anguish about how worthless, stupid, and undeserving one feels. If dissmell occurs along with the humiliation, dissmell could also be backed up and unexpressed.

Although an expression of these affects usually means verbalizing beliefs about oneself as utterly worthless, idiotic, repulsive, and so on, expressing such highly negative self-regard is widely discouraged. And with some professionals it may be regarded as significantly pathological.

Worst of all, the very persons who humiliate/dissmell youngsters in the first place would also tend to demand that these very same youngsters not be permitted to express their self-dissmelling/humiliation: "Grow up!" "Stop whining!" "Big deal! Now you're going to feel sorry for yourself and carry on like a fool?" "Drop dead and see if I care." "You shut up, or I'm going to teach you a lesson you'll never forget!"

Expressions of humiliation thus may be backed up further with the contingent fortification of a contemptuous reception by others. It's a case of imposition of a second trauma used to contain the unwanted effects of a first trauma. The second trauma may be more severe than the first because of the toxicity of contempt. Contempt intends to hurt, to reject and to degrade a person. Contempt is "the least attractive of human responses and it is very dangerous." [Tomkins, in Demos, *Exploring Affect* p. 394]

It is important to note that if one receives some types of modern therapies, one often finds that expressing intense self-dissmell and self-directed humiliation excites the therapist to bring out sedatives too quickly or too soon initiate didactic dialogues for the sake of "cognitive restructuring." Such well-intentioned therapeutic remonstrance is, in effect, scolding—even if cushioned with circumspect jargon batting—for it expresses a burned reproof that the patient not feel so bad nor believe such terrible things about her/himself.

These days some therapeutic scoldings may be further promoted with a daub of fear by informing the patient that, for the sake of the health of one's immune system, one needs to learn optimism rather than put oneself down. These professional approaches are rhetorical pressure, especially when precipitate and didactic, and may amount to still more training to feel ashamed/dissmelling, if not also frightened, of one's self-directed shame and humiliation. Such precipitate and didactic pressuring suasions may also be seen as therapeutic false steps representing an instance of (a) favoring the Second Image (to minimize negative affect) by (b) impeding the Third Image (to minimize inhibition of any affect) and doing so (c) for the sake of the First Image (to maximize positive affect) because of (d) an insufficiently developed Fourth Image (power to skillfully coordinate and achieve the first three images.)

A patient may actually need, rather than remonstrance, reassurance that s/he is entitled to express how bad s/he feels, to learn why feeling so bad is understandable, and to experience, when it happens, one's own hope that feeling better is possible. And until the patient finds a measure of his/her own hope, the therapist may need to provide what hope can exist in the consulting room without having to pressure the patient to provide it.

So when do we get to express self-directed dissmell/humiliation? Tomkins suggests that the backed-up affect of humiliation is a reason folks abuse alcohol—so they can get themselves into a stupor wherein they verbalize their humiliation (or, perhaps, so they can consciously express their humiliation afterwards when they look back on how foolish they seem to themselves after they become sober.) Tomkins also supposed that some sexual behaviors in which one does things he or she would feel humiliated for doing is another way to create a situation in which one can be free to consciously express self-directed humiliation. Don similarly referred to a process of creating a sexualized scenario to manage/express shame-humiliation in his recommendation of the movie *The Full Monty*.

With these insights, I changed my approach to talking with guys in support groups at a men's center where I volunteer. Sometimes a guy will describe a situation in which he says he felt humiliated and in which it is apparent that he seems to have unwittingly but skillfully engineered the mess. What I now do, if I get a chance, when I hear a story like this, is tell the group member I am glad he feels safe enough to express how humiliated he felt and that I'll bet he must have felt humiliated at other times, too, while nobody recognized how bad he was feeling.

Typically the fellow may then describe situations in which he was enormously humiliated in his youth but in which he barely let out a whimper to express his humiliation to let anyone know (including himself) just how humiliated he felt. I emphasize how humiliating is/are the described scene(s) of yore. I wait to say anything reassuring, such as, for instance, that he was not deserving of humiliating treatment from others, until after he has expressed as much of the felt humiliation as he seems now moved to tell us. Then, still before providing any reassurances, I would encourage him to appreciate how hard it is for any of us to express these kinds of humiliating feelings.

When I or others respond in the way I just described, the guys seem to more easily accept themselves as entitled to BOTH: (1) feel humiliated when they are treated badly or when they otherwise regard something to be shameful to any degree and (2) realize, usually on their own, that they sometimes can, but often cannot, control situations in which humiliation is triggered, wrote about the importance of expressing humiliation until it is “spent.” If one expresses humiliation but not until it is “spent,” there apparently may remain a sizeable residue of humiliation leaving the person relatively unresponsive to more benevolent inclinations either from others or within oneself.

When some therapies recommend teaching people they are behaving in ways that need to be corrected when expressing strong self-directed humiliation, these therapies may be interfering with the inclination to “spend” backed-up humiliation. This may be another instance of how it happens that some therapies recommend techniques that inadvertently retraumatize patients while trying to help them. Theoretical improvements and refinements showing how iatrogenic retraumatization inadvertently occurs are necessary to prevent them. That is, although some therapists can ameliorate their methods with self-analysis, personal therapy, or supervision, there may remain an upper limit to how good therapy can ever be so long as there also exist huge theoretical gaps in our understanding the intricacies of the human affect system.

These days, if I now create a mess for myself about which I feel ashamed or humiliated, I check to see if I was experiencing backed-up shame or humiliation beforehand about some matter OTHER THAN the one about which I created a mess. The earlier matter can often be found and typically is one in which I was NOT feeling entitled to express shame or humiliation. Not feeling entitled, I thus went about unwittingly contriving a messy situation for myself to be able to express the prior backed-up shame or humiliation.