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Original Contribution

David O. Wilson, Ph. D.

Dissmell and Shame: Me Thinks... He Thinks... Me Stinks...

Dr. Williams scurried into the examination room with averted eyes fixed on my medical folder. He spoke hurriedly, peremptorily, too familiarly for an initial consultation: "David, what can I do for you?" Then his gaze left the medical record, quickly met mine, darted away, and fixed—only for an instant—on my neck. For one week I had worn a cervical collar prescribed by an orthopedic surgeon because of unremitting post-surgical pain. While fitting the collar he warned me that some people referred to them as "insurance collars." Never would I have dreamed that a foot or so of white foam rubber encircling my neck would provoke such a reaction, especially from a physician. After silently inspecting my collar, an instantaneous, almost undetectable sneer registered on Dr. Williams's face. His head tilted back, slightly raising his nose. His eyes peered down at me like pinpoints of revulsion. His nostrils flared while the right corner of his mouth curled upward in an evil-looking little snarl.

With a fixed smile he ordered me to move to the examination table from the chair where I had been sitting while grading papers. I left behind two folders of my students' examination papers. While answering his questions I turned toward him to make eye contact; he avoided eye contact and moved behind me for no reason that I could discern.

I hypothesized that he was in a huge rush, so I tried to respond as succinctly and as precisely as possible to allow this mad mechanic to whisk to his next human mishap. Even though I am a clinically trained psychologist with over two decades experience in psychotherapy, rehabilitation, and neuropsychology, neither my precise terms nor my brevity appeased him. Before I could finish answering a question he cut me off and directed me to breathe deeply as he listened to my chest. He enquired further, but before I could answer he interrupted again in mid-sentence with another question. When I responded to his question of where I hurt, he chided me: "Don't use those words! You've seen too many doctors! Just point!" When I pointed, he turned away and neither saw nor examined the spot. In turning away, he noticed my folders of students' papers and commented "Oh. So that isn't your medical record. Hmm."

In fewer than six minutes from entering the room, he exited and dismissed me summarily with orders that proved he had not heard a bit of what I had said, had not considered other physicians' findings that I had tried to summarize for him, and offered me neither rationale nor diagnosis. With hanging head and open mouth I stood there alone, holding his flimsy prescription slip for a medication that I had told him was ineffective. I felt like the victim of a hit and run incident. Unable to function at work, I had been referred to Dr. Williams by two medical professionals. I had called upon Dr. Williams hopeful of relief, expectant of a respectful audience, trusting of my friends' recommendation. I left feeling discouraged, deflated, muddled.

As I drove away from Dr. Williams's human repair bay, I found myself sniffing my underarms. "Do I stink?," I wondered. Unbidden, my mind began to play with the words "Me thinks. . . he thinks. . . me stinks." I laughed at the absurd rhyme. His actions toward me were what I would expect if he experienced me as having a horrifically rank odor. I doubt seriously that bad body odor was the "real" problem since I had showered, used deodorant, and splashed cologne shortly before seeing him. Nevertheless, it was indeed "bad odor" that characterized the negative valence between us. It was then that Tomkins's concept of dissmell occurred to me. Bingo! My doctor's response was classic dissmell. Straightaway I pulled out my 4-volume set of *Affect Imagery Consciousness,* read, and summarized Tomkins's comments on dissmell. Soon my understanding of this baffling interaction cleared and my appreciation for this curious affect grew.

Dissmell originated as a survival mechanism auxiliary to the hunger, thirst, and breathing drives. It assists human beings in detecting toxic foods, beverages, and gasses, and, thus, avoid potential poisons. When dissmell is activated, the response is marked by elevation of the upper lip and nose, with the head drawn back. This reaction initiates actions that literally put distance between one's self and the bad-smelling food, beverage, or gas, and serves as an innate signal of physiological rejection to keep us physically safe (Tomkins, 1991).

Dissmell operates not only as a physiological, but also as a psychological mechanism. Dissmell response to people, places, and things may be conditioned through direct or indirect experience. For example, we may come to believe that "niggers are animals," "only white trash live on the other side of the tracks," and that "oysters taste like snot." Such conditioning may be stored in memory. When we approach such people, places, or things, the dissmell affect is triggered as raised upper lip and nose, drawn back head, and psychological and bodily distancing. The psychological and physiological function of dissmell is to preserve affective and corporeal life through various defensive and protective measures.

As a child, I remember that the word "stink" was commonly used not only to describe an unpleasant odor, but also in squabbles as a kind of character assassination. One child might yell at the other "You stink!" to express repugnance and rejection of the other. "Dissmell. . . (is a response) to a bad other and the termination of intimacy with such a one is assumed to be permanent unless the other changes significantly" (Tomkins, 1991, p. 33). In the heat of battle, dissmell is felt with such intensity that reconciliation seems impossible, at least for the moment.

Even though my encounter with Dr. Williams was little more than a mildly unpleasant experience, dissmell can run rampant with far more calamitous results. "Dissmell is the cornerstone of prejudice." (Nathanson, 1992, p. 124). Like disgust, the affect Nathanson (1993) characterizes as "rejection after sampling," dissmell can be a component of banishment, separation, and hatred. Whenever as individuals, class, or nation, we wish to maintain the state of aloofness, we will resort to dissmell of the other; it is how we keep people in their place on the basis of race, gender, income, education, age, or any other attribute (Tomkins, 1991, p. 34).

Murder, because it establishes irrevocable distancing, may be considered an ultimate form of dissmell. Murderous dissmell may be an extreme message informing a "lower class"

about the need to stay strictly within racial boundaries, as when African Americans in the South are threatened with lynching.

Alternatively, murderous dissmell may be expressed as genocide, intended not to teach the "lower race" a lesson, but to rid the world of "pollution," as when Hitler murdered millions of Jews en masse (Tomkins, 1991). Surely the role of unbridled dissmell in prejudice, hierarchical class structure, racism, and even genocide makes clear why Tomkins considered it one of the three most toxic affects.

Within the context of this brief review of dissmell, my interaction with Dr. Williams becomes more understandable. I suspect that many or most of the patients who appeared for their first visit wearing cervical collars had been litigants attempting to win undeserved insurance settlements. His misinterpretation of my file folders of examination papers as my medical record may have been part of a prejudice that I was attempting to obtain further documentation for a bigger settlement. My "succinct and precise" terminology included some professional terms that may have suggested that I was not playing the patient role appropriately and inappropriately playing doctor. That my visit was on a Friday afternoon may have meant to him that I was seeking a "medication fix" for the weekend. All of these assumptions might lead him to a perception of me as a "litigious, settlement-seeking, pain-pill-abusing, medical-record-toting, manipulative, doctor-playing, hypochondriacal, Friday afternoon demanding patient." Given such assumptions his behavior is understandable although inexcusable. To him, I was an uppity patient who had to be put in his place.

What about my response? Me thinks. . . he thinks. . . me stinks. "Whenever someone treats us as if we smell bad we suffer a profound decrease in self-esteem; therefore, those who are treated with dissmell must experience *shame*" (Nathanson, 1992, p. 124; emphasis mine).

My response to Dr. Williams was textbook shame: eyes averted and downcast, neck and shoulders slumped, and sufficient confusion to make talking impossible. The course of my shame began in my heightened interest-excitement at relating to Dr. Williams my story of distress, pain, and sickness in hope of relief, understanding, and "good" treatment. His repeated interruptions, avoidance of eye contact, and rude directives suggested to me that my experience was neither valued nor appreciated. "I (felt) dirty, messy, . . . looked at with disdain and disgust" (Wurmser, 1981, pp. 27-8). One childhood memory registered boldly in my consciousness as response to Dr. Williams. As a boy living in Alabama of the 1950s, occasionally my playmates called me "nigger lips." I found that epithet severely shaming. I felt similarly in Dr. Williams's presence.

In essence, I had exposed my inner self; my nakedness had been greeted with disdain. As Tomkins said so often, "shame will occur whenever desire outruns fulfilment" (Nathanson, 1992, p. 138). For sure, my desire for respect, to say nothing about relief of my suffering, far exceeded the fulfillment available that day. When our choice to expose a secret, private, highly personal facet of our lives is met with any response other than unconditional acceptance, shame erupts. The innate affect of shame had fulfilled its mission. My interest-excitement toward Dr. Williams was definitely attenuated, sorely dashed. This affective mechanism facilitated my turning away from him as a source of healing or solace.

Conclusions

Dissmell and shame are strange bedfellows, but they have worked out a lasting marriage through the centuries, and recently have taught me some valuable lessons.

1. Dissmell is an innate affect that functions physiologically to keep us from ingesting harmful substances and psychologically from involving ourselves in dangerous relationships. It works to keep the offensive, "dissmelling other ... at a safe distance permanently" (Tomkins, 1991, p. 19). To the degree that dissmell blocks harmful emotional involvements and protects us from affective pain, it serves a positive, healthy function.

2. However, "dissmell is the cornerstone of prejudice" (Nathanson, 1992, p. 124). Prejudice is prejudgement in advance of the facts; it is impervious to change in the other that might be reason for reconsideration. Unbridled dissmell is negative and unhealthy because it encourages unfounded discrimination, prejudice, hierarchical class structure, racism, ageism, sexism, and genocide.

3. Shame has gotten excessively bad press. Shame ain't all bad. It may always be painful and provoke unrestrained recall of prior shame experiences, but it has a positive function in that it demonstrates that our desire will not be fulfilled. Shame literally averts our gaze and blocks further attachment. Shame sets a limit that needs to be heard. The "true message" is not that we are bad. Rather, the truth is this source ain't gonna deliver. We need to go elsewhere to get our needs met.

4. Self-dissmell *always* evokes shame: "Whenever someone treats us as if we smell bad, we suffer a profound decrease in self-esteem; therefore, those who are treated with dissmell must experience shame" (Nathanson, 1992, p. 125). Whenever the choice is made to expose a secret, whether it is the secret consumption of candy bars or molestation at age 4 by a neighbor, any response other than unconditional acceptance induces shame. Healers of all persuasions need to learn to respond to their patients in non-shaming ways. Otherwise, our well-intentioned techniques will have adverse effects. Remember, Doctor, above all, do no harm.

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