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THE BODY OF SHAME: CHARACTER AND PLAY

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The painter "takes his body with him," says Valery. Indeed we cannot imagine how a mind could paint. It is by lending his body to the world that the artist changes the world into paintings.

Maurice Merleau-Ponty

It seems remarkable that for all the literature published on shame, an affect that expresses itself psychologically and physiologically, an affect notable for physical manifestations such as blushing, sweating, increased heart rate and downcast eyes; that very little has been written on the body of shame. Shame strikes at the foundations of the embodied self: our grounding, our sense of boundary, our uninhibited breath, our access to a range of emotion and our intention to be present.

Silvan Tomkins (1962, 1963, 1987) established shame as one of nine innate affects, a biological response found in babies before cultural influences can shape them. At the same time, Tomkins allocated the representation of shame to the face, because of the intricate, responsive musculature available in facial expression. "I propose that affect is primarily facial behavior." (p. 138)

But those of us who have trained ourselves in the difficult traditions of Reichian based somatic psychotherapy as Bioenergetic Analysts, have, I think, a richer and more complex assessment of body language and of the impact of trauma, shame, and emotional loss on the entire bodily being. In this paper I will distinguish **recognition shame, disgrace shame, discretion shame** and **traumatic shame** in the clinical hour and link the experience of shame in early childhood to the development of character. Shame disrupts the formation of a primitive core self which is reflected in the body through a failure to ground, establish good boundaries, restricted breathing, a loss of emotional range and a weakening in our desire to be present. The spontaneous emergence of a core self in therapy is marked by the capacity for play.

Indeed, a clear understanding of shame has eluded the best psychological minds for years, an affect that gathers history and memories sufficiently painful to cause us to hide. Linguistically shame is connected to our hide, our skin through the Indo-European root "skam," "sken" (Nathanson, 1987, p. 8). Shame occurs whenever we feel "outside," when we are un-

comfortably separate. Thomas Scheff (1994) explains: "Shame seems to arise from our need to feel the right degree of connectedness with others. Shame is the emotion that occurs when we feel too close or too far from others. When too close, we feel exposed or violated; when too far we feel invincible or rejected." (p. 46)

Shame is the emotional experience of a break in our bond with others, We may, for instance, feel disgraced, humiliated, exposed or demeaned by what we have said or done, by what others say or observe about us or we may simply imagine their gaze upon us and suffer in isolation. Guilt is about mistakes in our behavior. We can even be proud of our moral sensibility that acknowledges such failing, but with shame, our whole being is deficient.

Shame extends beyond mere feeling. We can imagine a future disgrace and avoid it. We imagine our action ahead of time and act instead with discretion. **Disgrace shame** and **discretion shame** have been understood as working to preserve and repair bonds between ourselves and the community. Says Carl Schneider (1977), "If discretion shame sustains the personal and social ordering of the world, disgrace shame is a painful experience of the disintegration of one's world." (p. 22)

Since Shame has to do with the nature of our bond with others, shame has been associated with the earliest breaks of attention between mother and child. Broucek (1991) says that "Shame involves one's core sense of identity." (p. 20) He names three sources of shame: the infants earliest breaks in attention with the mother, self-objectification, and third, "episodic or chronic experience of being unloved, rejected, or scapegoated by important others." (p. 24)

Shame is not only understood as an interpersonal affect but it has been studied intrapsychically also. Heinz Kohut (1975, 1996) placed shame as central in his bipolar self system. And what I find particularly gratifying in this passage I will quote to you from his Chicago lectures (1975), is his body awareness, his description of the shamed child in contrast to the proud child.

> "Good narcissistic balance tends to be experienced as a glowing warmth, red cheeks, sparkling eyes, full lips, that type of thing—the scarcely noticed accompaniments of heightened self-esteem.
>
> And I would add another interesting accompaniment: a reinforcement of the erect posture. The back muscles become taut, the head is held high, the shoul-

> ders back; there is a sense of triumph, there is an elevating, upward movement that I do not believe is in most instances, primarily related to phallic exhibitionism...
>
> Shame, then follows from the failure of all those experiences out of which self-esteem, pridefulness, a responded-to exhibitionism normally emerge. Pride is all those experiences that nourish a sense of a securely positive sense of one's self. All these create the emotional background against which we experience the falling sensations, the inner experience of having a dropped self (very commonly experienced as the opposite of the grandiose flying fantasy) in which the collapse of pleasurable exhibitionism becomes dominant. Instead of feeling soothingly warm, our skin becomes chilly and coarsely irregular and bumpy, or there is an alternating flickering of cold pallor and of searing heat because something has gotten out of kilter." (pps. 245-6)

That "empathic accepting responsiveness" we seek from others as children and then as adults is our due like the oxygen we breathe, essential for the healthy development of a vital, cohesive self. Without writing extensively on shame, Kohut, nevertheless, places shame centrally in his therapeutic approach as the shadow of narcissistic self regard. "In particular" says Lewis (1987) "the use of empathetic mirroring to signify acceptance of the patient's self, can readily be understood as techniques that are needed to help patients cope with their shame experiences." (p. 94)

Andrew Morrison (1989) extended Kohut's study by showing "that shame is the central response to failure with respect to the (ego) ideal, to flaws in the experience of self." (p. 20)

I have provided a brief overview of shame. I would like to move on to discuss the more specific nature of **recognition** and **traumatic shame** and their application to Bioenergetics. Through **recognition shame**, we are awakened to our hidden and shadowy nature through the gaze of the Other, a friend or therapist perhaps, most often mediated by mutual trust, but sometimes we are uncomfortably seen by an enemy, an opponent. The taking in of the vision does not remain alien or destructive. Our objectification, even with the shock of an intrusive exposure, is transformative, integrating parts of our split off body-selves. In contrast, **Traumatic shame** experienced in abuse and disgrace destroys trust and disorganizes us to a state of arrest. The "taking in" of the abusive experience remains alien and destructive.

I have developed the term **Recognition shame** from Sartre's extensive discussion of shame in *Being and Nothingness*, which was brought to my attention by the writing of Carl Schneider (1977). Sartre (1956, 1992) says:

> "Shame therefore realizes an intimate relation of myself to myself. Through shame I have discovered an aspect of my being....By the appearance of the Other, I am put in the position of passing judgment on myself as on an object, for it is as an object that I appear to the Other...Shame is by nature recognition. I recognize that I am as the Other sees me...Thus shame is shame of oneself before the Other: these two structures are inseparable. But at the same time I need the Other in order to realize fully all the structures of my being." (pps. 301-303)

Let me repeat Sartre's brilliant observation: "Shame is by nature recognition. I recognize that I am as the Other sees me." There are people in our lives who can tell us about ourselves in such tolerable a manner that we can join with them for a moment and see ourselves as an object in a world of others. We move from a subjective inner world to an outside look at ourselves as an object. **Recognition shame** supports our awareness of being separate and differentiated from others, a natural outcome of the oedipal conflict when our exclusive merger with the mother is challenged by the presence of another. Holding an alternative perspective, we come to new understandings, demonstrated by internal and behavioral change.

As children there came a time, a developmental stage from 18 to 24 months, when we first recognized ourselves in a mirror and experienced ourselves as a felt body self and a visual body self. (Broucek 1991; Merleau-Ponty 1964)

Such a movement from inside to outside, subject to object, brought recognition of ourselves, a developmental leap of consciousness, and inescapably some moments of shame. And indeed we are called on, thereafter, to find a way to move readily from the felt body to the visual body, to bridge the discrepancy from the inside perceptual frame to the social network upon which our connectedness depends.

This movement back and forth may be facilitated with as simple an action as closing and opening our eyes and yet is immensely difficult. Merleau-Ponty (1960, 1994) says:

> "I leave the reality of my lived me in order to refer myself

> constantly to the ideal, fictitious, or imaginary me, of which the specular image is the first outline. In this sense, I am torn from myself, and the image in the mirror prepares me for another still more serious alienation, which will be the alienation by others." (p. 136)

Through the imagined gaze, we can become alienated from our body as Sartre describes:

> "..to 'see oneself blushing' and to 'feel oneself revealing,' etc., are inaccurate expressions which the shy person uses to describe his state; what he really means is that he is physically and constantly conscious of his body, not as it is for him but as it is for the other...I cannot be embarrassed by my own body as I exist in it. It is my body as it is for the Other which embarrasses me." (Quoted by Gilbert, 1992, p. 242)

I am not embarrassed by my felt body, but by my objectified body as I imagine it in the gaze of the other.

The mirror experience eventually drives us from Eden and we become aware of our separateness in a world of others. So central and traumatic is this shift that some people are locked inside themselves, isolated with their autonomy intact at the cost of relatedness. Others become locked outside themselves without access to a grounded, internal sense of self. They fit in much too well. The gaze of others is not easily distinguished from an imagined gaze, our interpretive transference. Out of this shame juncture arises a false self, a pretense to protect and cover our nakedness, to keep us hidden—what Reich calls "character." Our primitive shame originates in the breaks of attention between mother and infant, and character initially takes form from the defensive infant's somatic response of contraction, withdrawal, and rigidity. Upon these foundations character may later build its house, suffering under the imagined gaze of others. When we as therapists challenge the character of our clients, we are likely to encounter shame. Sartre (1964, 1981) describes in his autobiography how the gaze of his grandfather brought about the creation of a false self.

> "My truth, my character, and my name were in the hands of adults. I had learned to see myself through their eyes. I was a child, that monster which they fabricated with their regrets. When they were not present, they left their gaze behind, and it mingled with the light. I would run and jump across that gaze, which continued to give me

> my toys and the universe...I was an impostor. How can one put on an act without knowing that one is acting? The clear sunny semblances that constituted my role were exposed by a lack of being which I could neither quite understand nor cease to feel. I would turn to the grown-ups, I would ask them to guarantee my merits. In doing so, I sank deeper into the imposture. Condemned to please, I endowed myself with charms that withered on the spot...Play-acting robbed me of the world and of human beings." (pps. 83-4)

If we confront character by working with and through the transference, clients are more able to tolerate and integrate shame, the shame which accompanies recognition. **Recognition shame**, as an objectification, is the common experience of the therapeutic encounter.

Some years earlier, I lost a client through my ignorance of the issues of transference, character and shame. By lost I don't mean died the way doctors and surgeons get to lose a patient and I don't mean misplaced either. My patient told me early in the treatment that his mother was very critical, a humiliating presence, and I wrote it down in my notes. At the same time the client let me know how successful he was at his work and that he would like results on his personal issues as quickly as possible. He hadn't cried in years and was not in touch with his feelings, he explained. His girlfriend was rather annoyed with him. She had suggested that he try Bioenergetics and I had been selected for reasons that flattered and challenged my competence.

I explained that I wasn't in charge of the timetable for his therapy, but because of my own unacknowledged shame history, I was caught in the grip of a process where I was both competitive and frightened in response to his personality structure. Unconsciously I was anticipating shame.

A few months passed and not a great deal happened and discontent was in the air. He was about to leave on a vacation. Even though I could feel no solid bond between us, I thought his athletic good humor was sufficiently robust and cohesive to allow me to push him some, over a stool, through hitting, kicking and deep breath, in order to unlock the emotional experience that had eluded him in the past.

During the momentary breakthrough that was finally achieved, I felt charmed and opened by his emotional presence. His entire expression softened. I was celebratory. I chided him in what I thought was a good natured way about his weakness in punching which stood in contrast to the strength of his pounding and kicking. A few minutes later, I was to discover to my

dismay the difference between **recognition shame** and **traumatic shame.**

At the moment when my client had finally revealed himself to me by breaking through the character defense, I had responded, from his perspective, as his mother would have, with scathing ridicule at his efforts, while I had conveniently confused my shame-driven competitive victory, an unconscious motivation, with what I imagined to be a mutual success. I had entered a transference drama, an oedipal conflict, that inexorably demanded that if one of us was exalted, why then the Other must be cast down.

Now in itself, my empathic failure might have been turned to good account, as many failures in therapy are, but I had never secured the kind of bond that would bring him back. My efforts were premature. There was no return visit to discuss what happened, no mutual recognition event and no escape from my weeks of scalding self-recrimination.

Perhaps I was to experience the shame he had felt with his mother as my last therapeutic exercise, caught in the same powerlessness to respond, and with no way to make things right.

For good and ill, I experienced **recognition shame**. I was objectified under my own gaze, the imagined, horrified gaze of my peers, and the gaze of my client. Through this reenactment, the embittered mother-son conflict might have found some resolution for both of us had I understood the counter-transference, the anticipatory shame signal, and attended to the shaky bond between us. With more of a bond, I could have used my humiliation as a doorway into his painful past.

This experience awakened me to the centrality of shame in the clinical hour. My wife, who had been studying shame for some time, introduced me to the rich literature of shame. Helen Block Lewis (1971, 1987) studied shame as it occurred in 180 therapy transcripts and it was her "observation that failure to analyze the shame that is existential in the patient-therapist relationship is a frequent source of therapeutic impasse." (p. 102)

For myself shame has been a fundamental experience governing my childhood and my later attempts at an effective adulthood, as the best friend of my false self, my character defense. I know that passion carries in its shadow the darkest cloud of shame, as a dreadful memory, as a threat, yet it also carries the promise of self-disclosure, as a warning of appropriate boundaries, as the gift of being seen, as recognition. Shame holds all the positive and negative aspects of a powerful and vital shadow.

I have seen in my private practice how global the impact of shame can be, a key player in diverse situations. For instance, unacknowledged, unconscious shame, called "bypassed shame," (Lewis 1987) for instance, throws

a blanket over one's emotional life. Lifting the shame blanket allows a range of emotional responses to emerge.

One client recognized the pervasiveness of his bypassed shame in his family and juxtaposes thoughtfulness as an alternative.

> "With shame I can't feel what's happening. The shame diverts it, prevents me from having my experience. I'm not able to look deep to use the resources of my body and being. I'll feel ashamed and I shut down. When I can experience something, I can digest it. I can come to terms with it. My family's message was, If its too hard to deal with, forget about it. There was no attitude of thoughtfulness in my family."

Another client traced erectile difficulties to **traumatic shame** in the family.

> "Sexuality was a forbidden topic. When I was in the sixth grade, I heard that boys ran penises up girls backs. I asked my mother what this was about in the kitchen and she just froze. The telephone rang which shifted us away from the awkward experience. I was the center of my mother's life She would go into a jealous rage if I was with a girl. Both parents were shamed by sexuality. I just deadened myself."

A reclusive client described her anguished, shameful feelings of exposure and self-disgust in the experience of having her hair cut.

> "The ultimate shame is my face and my hair. Getting a haircut I have to deal with my face and I don't like my face. For one brief moment you stand there and say "Yuk, that's what I look like." I feel naked and exposed and violated no matter how I look. I make the appointment, cancel it and then go as a deranged person."

Another client describes the **traumatic shame** of a childhood where she was molested by a family member.

> "I saw this TV program about childhood abuse my sophomore year in college. I realized I wasn't all alone. Until then I was gripped by shame... I thought I was some kind of leper outside of society. It was a secret I couldn't tell anyone, because it was so shaming, like I was this freak, this loser. I felt humiliated by my abuser but confronting him was not an option. So forget it. I

> didn't think about it. It didn't happen. I would stay awake anguished at 9 or 11 at night with all the horrible things I had done. Oh my god, what if anyone found out. I was gripped by fear I would be found out. I don't know what I was so afraid of. I wet my pants and bed until I was ten. I wore dorky clothes."

With shame there is always difficulty around bonding and contact. Developing a strong bond, what has been called "a good working alliance," is essential for the therapeutic engagement of shame issues. Therapy has embedded within its form, a hierarchy, an inequity of roles, which is in itself a shame infused process. Although clients may be more vulnerable to the effects of shame because of the nature of power in our differing roles, the therapist too is vulnerable.

Schneider (1977) provides an aggressive definition of therapy reflecting the early years of classical analysis. "Psychoanalysis is a system of interpretation that endeavors to uncover more about the individual than the individual knowingly and willingly chooses to disclose." (p. 22)

An alternative definition of therapy, by Barbara Wharton, (1990) offers a shame sensitive perspective: "An essential function of psychotherapy is to provide an environment in which it is safe enough for the patient to experience his helplessness; only then can he begin to relinquish the omnipotent defenses which hold him back." (p. 282)

Shame is most virulent and destructive when we are unaware of it. The first step in therapy is to identify the role of shame in our lives in its shifting manifestations. We need to accept ourselves with our shadow nature to integrate shame rather than rid ourselves of it, and distinguish between healthy and destructive shame. In a general way, we can identify a shame character in its pre-oedipal and oedipal states. Kohut describes the erect posture of the proud child and we can observe the collapsed chest, the evasive and down-cast eyes, the tucked in pelvis or the inert pelvis held forward, all postures of the shamed child. We might also observe the counter-shame body, the body held rigidly erect, the locked pelvis in denial of shame. But shame is pervasive as a shadow aspect of the developmental stages, evident in all of Lowen's character structures.

Secondly, because shame disrupts the way in which we think of ourselves, destabilizing a sense of self, in therapy we work on five foundation areas of the self (Conger, 1994): grounding, boundaries, breath, emotional range and intention to be present. This work must underlie the work of releasing character structure systematically throughout the body.

As a third stage, therapy takes on the nature of an analytic and body free-association in which the client leads us. Free-associative regressive states have long been the staple of analysis, but little attention has been paid to a free-associative body states and body regression. The free-associative body's regression is not uncommon so much as unidentified, and perhaps suffers from inattention. We can allow the body at times to lead us in what may also be described as play.

When a client begins a more free-associative relationship to the body self, They step into what Winnicott (1971, 1996) called "play" which accesses the true self. Play is not possible in a collapsed or rigid shame state. Play seems to be the natural enemy of shame and the best friend of "genital character" which Reich describes as spontaneous, thoughtful, matter-of-fact and direct. Winnicott writes: "It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self." (p. 54) Winnicott contrasts creative play to compliance; "compliance carries with it a sense of futility for the individual and is associated with the idea that nothing matters and that life is not worth living." (p. 65)

Many clients initially are not able to play. They are in crisis, in pain, ashamed, frightened and enraged, and long after their therapeutic disposition has relaxed and improved, their bodies may still hold a rigid structure that is unable to "play." And of course there are therapists that can't play either, which, according to Winnicott, renders them unsuitable for the work. He says "psychotherapy is done in the overlap of the two play areas, that of the patient and that of the therapist." (p. 65)

Winnicott locates play as a healing force at the heart of relationship injury. Play spans the gulf between the felt body and the objectified body, disarming the shame associated with the imagined gaze of the other inherent in the recognition experience.

> "Play is always exciting. It is exciting not because of the background of instinct, but because of the precariousness that is inherent in it, since it always deals with the knife-edge between the subjective and that which is objectively perceived. (Playing and Culture, 1968, pps. 205-6)

Sometimes bodily regression occurs under the protection of the therapist as guardian who monitors their clients' breath and movement. But just as frequently clients take charge of their bodies; they claim the space to explore and to regress, using the equipment and techniques somewhat out-

side the prescriptions of the therapist. Sometimes they use the therapist as an imprisoning object. They wrest themselves from therapeutic control. They establish boundaries against intrusion and practice autonomy and relatedness on their own terms.

This free-associative body regression dissolves rigid childhood defenses developed in unrelenting, harsh family dramas, and somatically reconstructs the embodied self interpersonally according to present self function. The play expression is explorative, creative, absorbed and sometimes exuberant. Shadow elements may be encountered with immediate intensity contrasted to the present self moment, which furthers the integration of shame. Shame, after all, is not to be gotten rid of, but accepted as essential in our interpersonal and intrapsychic dynamics.

I would like to describe the case of Sarah as an illustration of traumatic shame resolving into recognition shame in the context of a regressive free associative somatic play.

After three years of therapy, a woman client, Sarah, rested her neck against the barrel for support. She rolled the barrel slightly and emitted low cooing sounds. She had entered a trance-like state and she stayed there exploring, with me on the periphery, giving her sufficient room and silence. The next session she told me how, unaccountably, she felt different. She felt supported all week. She had a dream.

> "I was seeing you for an appointment. The feeling around it felt really good. I fell asleep and you let me sleep during the appointment. When I woke up I wondered if we should make up the session. I was doubting you. Its a trust. It takes faith and trust on my part, instead of talking to you about something that applies to my life. Also in being open in front of you, but part of it was allowing myself just to do it, having faith that it makes any difference at all."

We might interpret the dream to mean that the exercise had been a waste of time, no more than a long sleep, and that aspect shows up as a part of her anxiety and concern. But I prefer to interpret differently. In our work, her body had led the regression. The dream illustrates the shift into a far more vulnerable child state, bringing up issues of trust in our relationship, trust in the therapy, trust to let go of her watchfulness, and the faith to regress and to reenact the comfort of the sleeping child with a protective parent, healing the shame of the injured bond with her mother. The support of her neck by the barrel related to the earliest months of life when the baby depends on the mother to support her head. She was taking in to

herself the good holding mother and no longer needed my direct support. She could comfortably do it herself. It was to that early, archaic level that she symbolically fell asleep.

The body is specific in its programing, even if consciously we can't take hold of words or visual images to explain what time and place we have visited. For Sarah her body reorganized around the felt image of the holding mother, and she felt "supported" all week.

At the next session, she wanted to do more bodywork. She stood as she had many times before with knees bent. She appeared to go inside and figuratively "close the door." She appeared grounded and quickly fell into a gentle vibration, an up/down motion as if riding a horse and she exhaled with a release that was both audible and natural, not forced, and the motion gradually released her shoulders, Yet it was not clear how her head and neck might relate to her body movement. Her pelvis was also held rigidly. I asked her what she was noticing. Her answer indicated that as she relaxed and felt pleasure in her body, she was confronted with a devastating shame, a **traumatic shame** that undermined her self confidence, her groundedness as a self and her right to exist in the world.

She said:

> "My thighs are burning, my throat is tight. I go off in my mind. Then I pull myself in and feel my pelvis. I notice how I'm holding my pelvis. It feels like I'm sitting down in my legs. I'm relaxing into my legs. I feel supported by my legs. I was thinking about my body as the creation of who I am in the world. And then what came up for me was a loathing for my body. I don't like my body very much. I don't like this or that about it. Its crazy that stuff and it is still there. I shouldn't have any skin on my bones. If I have a roll of flesh, its repulsive. I should never have flesh. My body should disappear."

I said, "I remember you went through a bulimic stage."

> "Yes, for a few years. I still have stuff about eating, like I shouldn't eat, like its disgusting I should have to eat, just being critical of myself and my body. Since I've done this body stuff (bioenergetics), I have so much more energy. I used to be so exhausted. My legs feel real good now. The burning went away."

Sarah was able to feel her pelvis and notice the holding. She relaxed her legs. She felt her body as a creation in the world of her self and she con-

cluded that the burning went away in her legs and "my legs feel real good now." The energetic approach brought up the deep loathing and she was able to work through it.

Pelvic experiences are laced with deep shame. Castration experiences, longing for the father and mother, the holding and expulsion of urine and faeces, seem like far away psychological myths to many people, the source of amusement and hidden embarrassment, but these secrets the pelvis holds and discloses in its own precious time. The Oedipal complex is indeed a long, complex drama with violent interruptions for many people.

A shame body integration was taking place for Sarah. Emerging from the shadows of the past, the intense felt image of her body loathing stood up against her present body pleasure. Her body loathing held on a primitive level the mother's disregard and inattention toward her. She held pleasure and loathing both in what might be understood as the somatic depressive position. Sarah, who suffered from a traumatic childhood, could make a transition to **recognition shame**. The traumatic aspect had dissolved before the energetic presence of pleasure. She was able to see hidden parts of herself and integrate them, using me to hold her with my gaze and presence.

Shame always leads us to the injured bond, the broken trust. For Sarah the broken trust with her parents and failures in relationship were being repaired slowly through attention to the transference and to the energetic process. I suspect shame accompanies all trauma. Trauma, loss and shame must all be addressed. The work is long and difficult, the trauma often too severe for more than supportive work with foundations. When the victory is achieved over such terrible injuries, as a therapist we can only look in wonder at the courage and resources of our clients, as I do with Sarah. With **traumatic shame**, as therapists we are particularly powerless to effect change, our persistence and patience our best tools.

Kohut established a basic contrast between pride and shame, between erect posture and collapsed posture. Recovery from shame means feeling pride in oneself and letting that pride express itself courageously. It is inevitable that we will suffer defeats and humiliations. For many of us, life is harder than we imagined. We are crushed or we are transformed. But even when we are crushed, there are ways to recover and Bioenergetics has provided one quite remarkable way.

In this paper, I have sought to explore **discretion shame, disgrace shame**, and the transition from **traumatic shame** to **recognition shame** through a somatic and analytic process in which the client utilized a regressive somatic play state. I feel fortunate to have clients who have trusted me to

witness to them and write about their deep anguish and shame.

The central question of bioenergetics may be, Can we live with our failure with the body we cannot change, with our body of shame, with our terrible regrets, with our unredeemed shadow. Can we live and work directly with this failed aspect, never mind our gifts. If we do not teach others to forgive themselves their bodies, we have not learned deeply enough about our own body of shame.

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