

Embodiment of shame and attachment theory contributions

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Abstract

This article, based on the concepts of Attachment Theory and psycho-corporeal vision, aims to broaden the understanding of shame emotion in the contemporary clinic. The present society has been called “society of the spectacle”, in which people have to stand out and appear to guarantee their existence, acceptance and inclusion. In clinical practice, one of the great obstacles and reason for extreme suffering of modern man has been to get in touch with the emotion of shame. It is a common sentiment to all mankind, its origin comes from the narcissistic experience, functioning as one of the main regulators of morality and social relations. That is, to understand shame is, in a sense, to understand human nature. After conceptualizing shame, let us dwell on its implications in relationships and immerse in its psychodynamics, as well as punctuate the differences between shame and guilt. On the theory of attachment, I will make a historical view, point out the main concepts and classify the types of attachment. In the end I will make the connection between body and shame from the point of view of Bioenergetic Analysis.

Keywords: shame, attachment theory, body, bioenergetic analysis.

Introduction

Considering the predominant phenomena and demands in the contemporary clinic, it is perceived that the shame is revealed from the feeling of incapacity, insufficiency and failure against the parameters demanded by the social group. It is configured as a form of suffering and deep pain insofar as the individual can not reach the ideals, from which he could feel recognized and included in his social group. Faced with this scenario, the psychoanalyst and psychiatrist Julio Vertzman stated that “shame is increasingly related to the image, and how that image distances itself from others.” The bombardment of reality shows incites the audience to expose the intimacy of the other. Success and self-image are measured by the

number of followers on social networks. Modern times stimulate the “society of the spectacle”, where there is an overvaluation of the image, success and finally narcissism.

From the origin of the word shame that refers to the shyness, shrinkage, humiliation, pain caused by the fear of judgment and the assumption that it is an emotion common to every human being, “to understand shame is, in sense, to understand human nature” (Lewis 1992).

Because shame is a regulating emotion of morality and socially accepted behavior patterns, it will have a great impact and influence on the way the individual perceives and establishes his relationships with the external world. The intense psychic suffering provoked by the sense of failure and exposure compromise empathy, binding relationships and the right to the pleasure of being and being with the other. The shamed person has a negative view of his self, there is a break in his own value, in the sense of identity. Within the psychodynamics of shame, I highlighted the fact that it is an emotion that has its origin in the narcissistic experience and that regulates the relationships. In the clinic, welcoming the ashamed person means standing against someone with a defeated self, in a state of vulnerability, with a peculiar way of being and living.

Due to the traumatic depth, it is a difficult wound to be treated and in the therapeutic process will be an extremely painful emotion when it is brought to the scenario, so “shame seeks to hide, for fear of making the self unacceptable.” In its pattern of behavior, it will tend to escape from its established relationships.

As shame and guilt coexist in most humans and often walk together, I considered it important to point out the difference between the two. The shame concerns a feeling of lack of moral and social standards, in the guilt the attitude adopted has hurt the moral standards. In guilt was committed a fault with the other, while in shame the fault lies in itself.

One of the theoretical pillars of this work originated in Bowlby’s Attachment Theory. For the author, babies are born with an innate propensity for contact with another human being, in other words, they are biologically generated to bond with others. He also advocates that an internalized model of reality is constructed from the first experiences of attachment, which will be transposed into other interpersonal relationships. It also presents the concept of Safe Base, represented by the caregiver figure able to provide, as far as possible, the protection and comfort necessary for the

child. Mary Ainsworth, through research has established three types of attachment: safe, unsafe-avoiding, insecure ambivalent.

Another discussed topic was the embodied shame, based theoretically on Lowen's look at Bioenergetic Analysis. The author considers that shame and humiliation coexist, both robbing the individual's dignity and self-respect. He adds that the self is corporeal and that, at first, its organization is a consequence of the registration that is established through the encounter of the body of the baby with the maternal body. In the course of the maturation process, the security arising from the maternal presence gives rise to security in the bodily self. The experience lived in this first relationship will influence the future relationships of the individual. From the assumptions mentioned, the aim of this study was to present the contribution of the Attachment Theory within the subject of shame and to favor a contact with the theme in question: origin, causes, relational / binding consequences, as well as body records. In addition, to reflect on the topic within the clinic in contemporary.

About shame. Some concepts

Origin of the word shame, from Latin *verencundia* ae. dishonor, humiliation, unseemly act. Shame, embarrassment, shrinkage, insecurity effected by fear of judgment. Pain caused by feelings of inferiority. Unpleasant feeling related to the fear of dishonor or ridicule. Sensation of loss of dignity or lack of personal value, relegation. Flushing of the cheeks caused by shyness. Feeling of modesty, decency, morality. Be the shame of someone. Despite the great relevance of the theme, shame emotion has been little studied, at least until the eighties; nonetheless, Aristotle, Descartes and Pascal, about fifteen years ago, took up the theme through some philosophical reflections.

Sartre (1943), stated that "shame is an inevitable feeling of being in the world"; The moralist Jankélevitch referred to "I am ashamed of myself, so I am" (1986: 450), and to reaffirm such positions contemporary psychologist Lewis postulated that "to understand shame is, in a sense, to understand human nature" (1992, p.2)

Shame is a universal feeling, it is part of the human life trajectory, being experienced in different moments. It will be present in several contexts, in which is considered an emotion regulating the social relations and moral behavior of the human being.

In social relations

It is known that the human being is essentially gregarious, thus seeking to interact, to approach the other, to be accepted and included by the environment, in order to guarantee its existence.

Looking for acceptance and inclusion, the behavior adopted by the individual will sometimes be approved, generating rewards and highlights by the group. However, at other times their attitudes may be rejected, generating a sense of shrinkage and shame. Schopenhauer (2011) described shame as a feeling that arises when the demands of society are not met, compromising the sense of belonging and being accepted. Therefore, such a feeling can be considered as a regulator of socially accepted behavior and will have a great impact and influence on the way the individual perceives and establishes his relationships with the external world. It is of the utmost importance to understand the influence of shame on the dynamics of emotions, cognitions and behaviors, from the moment these three aspects constitute the construction of one's personality, and consequently the way in which the individual will position and establish their relationships. It is known that emotions include the reaction of people to their behavior, are "self-relevant," in other words, important to oneself. Following this direction, can be highlighted the contribution of Tangney (2011), which includes the feeling of shame (along with guilt, embarrassment and pride) to the group of "self-conscious" emotions, since they depend on reflections and self-evaluation.

It is worth emphasizing that the educational process, the culture and the environment in which the person lives will directly influence their behavior. It will be the social group that will establish the behavior patterns, rules and limits considered socially adequate. The human being, to feel included and accepted, needs his attitudes to be aligned to those demanded by the society in which he lives. The individual tends to compare one's behavior with others; the shame brings with it a sense of exposure, vulnerability, failure. In the desire to minimize shame, the individual tries to cover it up.

Although shame is considered an emotion regulating human behavior patterns and morality, it does not influence positively in social relationships; on the contrary, it compromises the building of healthy relationships. People who experience this emotion, do not feel accepted by others, or good enough, do not develop the sense of belonging and deserve to be loved the way it is. (Brown, 2010). The shamed person has a negative view of his self, where there is a break in his own value, in the sense of identity,

brought about by the intense emotional pain that is experienced. The feeling would be, “There is something wrong with me”, a sense of inferiority, not a certain behavior, which could be manifested like this, “I did something wrong.” It is a delicate and difficult process to be modified, which provokes defensive attitudes, generating a cycle of self-destructive behaviors, leading to social withdrawal and difficulties in the interpersonal tract, as well as a low tendency to resolve the conflicts arising from this emotion. The intense psychic suffering brought on by the feeling of failure and exposure compromises empathy, binding relationships and the right to the pleasure of being and being with the other.

Factors such as the denial of one’s own difficulties, lack of self-cohesion, self-acceptance, fear of judgment, and the aggressive burden of frustration all add to the feeling of helplessness and low esteem, significantly compromising one’s treatment with the other. Mader (2011) points out that anger is an emotion influenced by shame, as well as the way people react and the way they deal with such feeling.

According to Tangney (2011), research shows that issues arising from shame can trigger some disorders, such as: borderline, eating, depression, anxiety, social phobia and suicidal tendencies. It is believed that in these cases, the depth’s level of this emotion has been devastating, hence the effects are so compromising in emotional terms. It is also worth noting that shame when manifested on a more gentle level, will be the guardian of the individual’s dignity.

Shame differs from shyness and embarrassment because it is a deeper feeling and has more compromising consequences for social interaction, and can also bring, as already pointed out in the text, several problems for the well being of the whole self.

The psychodynamics of the shame

It is a feeling that is part of the human being constitution, has its origin in the narcissistic experience; therefore, is one of the main regulators in social relations, and it is also at the center of the process of construction of the subjectivity of human dignity.

Starting from this premise, it is important to note that in welcoming the ashamed person the therapist is facing someone with a narcissistic vulnerability, who has a peculiar way of being and living. Morrisson (1989) noted that in these individuals the sense of shame “is based on an intrapsychic view of the self as a fundamentally flawed, defective self”. In them,

“the essence of narcissistic concern is an eagerness to be absolutely unique, special, of paramount importance to a significant other.” He also added that in these individuals, the feeling of shame “reflects the subjective experience of frustrated grandeur ambitions, failed attempts to obtain compensation for ambitions or unfulfilled desires to achieve ideals; it is the hallmark of the defeated self in a state of extreme deprivation, the self has failed to achieve its goals. “

Due to the traumatic depth, it is a difficult wound to be treated and in the therapeutic process will be an extremely painful emotion when being brought so “shame seeks to hide, for fear of making the self unacceptable.” Some significant defenses are: anger, contempt, envy, mania, narcissism, as well as arrogance, superiority, and grandeur (Morrisson, 1989).

It is a painful feeling, coming from a lack of limits and values that causes in the person a feeling of not being whole in life. It is as if it is eternally being judged by the other’s gaze on its own. Feels observed and it does not legitimize your expectations and needs, leading you to the cover-up movement, to escape from this judgmental gaze. Moreover, frustration is always present because for it the “ideal self” is unattainable, and consequently does not feel accepted.

The emotion of shame usually comes accompanied by a sense of vulnerability, which is directly linked to a feeling of weakness, imperfection, failure. The individual lives in conflict between hiding the true feeling (vulnerability) and striving to reach the unreachable. The person demands a lot of himself, his personal standard of tolerance and with the other is very low; he experiences a deep sense of failure and frustration. In its pattern of behavior, it will tend to flee, dodge, withdraw from relationships. He believes that the other will not accept it with so many “failures”, it is a vicious and self-destructive circle, the suffering and the pain are immense. However, as already mentioned, it is a dynamic with severe defenses, therefore difficult to modify.

As reported by Tangney (2011), shame is part of the family of self-conscious emotions, where feelings of failure, transgression are involved; for the individual there is a public that reproves it (real or imaginary), the evaluating look refers to very painful sensations, he believes that he is shrunk, small, and feels a deep sense of uselessness and impotence. “Shame marks the confession of defeat, the revelation of a weakness, the loss of appearances and dignity, and the image of its inner world unmasked in the eyes of the other.” (Green, 2003, p.1657)

To end the psychodynamic issues of shame, I outline below some of the statements contained in Costa J.F.'s work (2012) on Narcissistic Sufferings:

Costa considers "the shame as paradigmatic of narcissistic suffering pointing out that the root of the embarrassment process would be in the maternal question without the intention of love. The subject of shame would be recognized as a single subject, but without qualities. The imaginary representation solidified around the vacuum of maternal ego ideals. Using the Winnicottian referential, it states that the mother environment existed, but there was no space for mother-object, thus forming an egoic inconsistency and a difficulty of the subject to perceive and feel as a support of positive narratives. In other words, there would be something of the order of a failure of the maternal function in the constitution of the ego in which the true aspects of the self gave way to responses oriented to the demands of the environment, creating a personality based on the false self. This response would be characteristic of borderline personalities, marked by the lability of defensive and symptomatic behaviors "(Costa 2012).

Shame and guilt

Shame and guilt coexist in most human beings and usually walk together, the two are of great intensity, so they are confused in most cases, they embrace feelings of responsibility (Tangney and Miller, 1996). However, they must be differentiated in the psychotherapeutic process, since they point to a different focus and psychic configurations. The shame is about the person, and it is narcissistic, in which there is a negative evaluation of the self, consequently a feeling of devaluation, impotence, desire to hide, to escape, to shrink. Shame says, "I'm bad," "I did that horrible thing, so I'm a horrible, incapable person." The guilt says, "I did something bad," "I did something horrible with that person". The shame involves the feeling of lack of moral and social standards, in the guilt the attitude adopted has hurt the moral standards. Therefore, guilt usually is a result of a harm caused to the other, and the other has been injured, imaginary or truly, it is objectionable, there is a negative evaluation directed towards a certain behavior, the feeling of remorse and repentance motivate for a repair, which can occur through such expressions as; "I'm sorry", "it was not my intention", "I'm sorry for what happened". However, when it comes to shame, the damage caused is against the person, the target is self-image. In guilt, there is the possibility of reparation, since it is related to a specific transgression; in shame, there is no way to restore the tainted image due to the

sensation that there has been “a failure in the making.” To summarize the understanding, follow the table below:

Chart 1. Differences between shame and guilt

SHAME	GUILT
Badly caused by on'sown person	Bablycausedtotheother
Yourimagehasbeen hit	Addressedtopersonwhowasinjured
Thereis no repair for theimage	Itispossibletorepair
The personisthetargetofthejudg- ment	Dictatedbythewill, it is a transgres- sion
Covers weakness	Limits force
Guardian ofinternal reality	Guardian ofobjectrelations
Narcissisticorder	Objectorder
Negative self evaluation	Negative behaviorassessment
Feeling ofimpotence/failure	Feeling regret/remorse
Lackof moral/social standards	The atitudehurthe moral/social standards

Contributions of the attachment theory

History

The United Nations (UN), after World War II, asked psychiatrist John Bowlby (1907-1990) to write an informational material that could guide people in supporting orphans and street children. Bowlby named the booklet “maternal deprivation.” From the issues raised in this work was that he deepened his research and created the Theory of Attachment. He mentioned that much of the behavioral and mental health issues could be attributed to early childhood.

Bowlby in his theory postulates that babies, to ensure their survival, are born with an innate propensity for contact with another human being, that is, they are biologically generated to bond with others. These behaviors were called by him social liberators who would ensure the contact of the baby with the mother or with another figure of attachment. The author also points to another important component to survival that is the fear that babies have in front of strangers. For all these aspects the Attachment Theory is considered a relational theory.

Bowlby in his studies was influenced by researchers in the field of Ethology, such as Konrad Lorenz. And in the course of his journey, he counted on other collaborators such as: Mary Ainsworth, Peter Fonagy and Mary Main.

Main concepts

A. The child has inner need to be united at a main figure of attachment

For Bowlby the primary and most important bond for the baby should be with the mother, although in some cases she has taken into account other significant attachment figures for the child. He postulates that this link differs qualitatively from all others. The absence or rupture of the mother-baby bond will have serious consequences for the child's emotional development, including psychopaths.

Babies instinctively adopt some behaviors of "social liberation" to bring about rapprochement. They may cry, smile, move, stimulate contact and interaction with their caregivers. It will be through this response to the stimuli issued to the caregiver that the baby will gradually integrate into their existence. It is worth noting that the determining factor in the process of development and maturation is not only the food, but the presence, the care, the resonance with the expressed need. In order to maintain affective attunement, this regulation is established through what Daniel Stern called "affections of vitality" - they are subtle, delicate affections that demonstrate the changes of the moment-by-moment attunement through the alteration of the voice, look, rhythm, touch - that will be the preponderant factors in the interpersonal relationships established throughout the life of the individual. It will be from these experiences that the person will integrate the sense of recognition, merit and inclusion in the world.

B. The child should receive the continuous care of the most important figure of during the first years of life

Bowlby emphasized the importance of maternal presence until the first three years of life. He further pointed out that the lack of a figure of attachment, the separation or rupture in the mother-baby relationship, which he called maternal deprivation; will have profound consequences for the child. The interruption in the continuity of the bond can cause cognitive impairments (intelligence deficits), social (antisocial behavior) and emotional (psychopathies).

C. The separation of an attachment figure leads to the anguish

Whereas attachment is a kind of bond in which a person's sense of security is closely linked to a particular person, called the attachment figure; this will become a regulator of the baby's emotions, including the experiences of affect and stress, as well as maintaining the bond connection. Taking the benchmark above, the three stages of distress experienced by the baby are as follows:

Protest: the child screams, cries, and tries to hold the attachment figure, expressing his anger at being left behind.

Despair: the child gradually gives up protesting, despite still showing irritability and total disinterest for any other stimulus.

Detachment: If the separation remains, as a survival, the child may begin to interact with other people. However, he will express his anger and rejection when his attachment figure returns.

D. The child's attachment relationship with their caregiver leads to the development of an internal work model

The internal work model that is internalized will enable a cognitive understanding of the world, of oneself and others. The entire process of future relationships will be driven from this model and mental representation that has been internally recorded. According to Bowlby, the primary caregiver and the internal work model will be the benchmarks used for relationships in adult life. Therefore, the social bond will be built from the relationship between the parents and the child.

The internal work model has three characteristics: a model of others as trustworthy, a model of self as valuable, and a model of self as effective in interacting with others.

As reported by Mary Ainsworth, when the caregiver is able to provide security for a baby with an immature and vulnerable body, it will act as a Safe Base, so that this baby grows and develops and can expand and

explore the environment around him. From the contact with the Safe Base the baby can “say” to his attachment figure: “take care of me”, “help me”, “play with me”, “I need you to help me explore the world” , “I need you to welcome my approach”, “protect me”, “console me”, “organize my feelings”.

As has been pointed out above, attachment theory postulates that the quality of bonding that the mother or other child caring person offers brings consequences throughout life. If in the first relationship the child is cared for in his affective and care needs, it is likely that in adulthood he developed an “affective competence”, because he learned to calm himself and the other. All experiences in primary attachment are essential elements for the individual to feel recognized, understood and included in the future. Within a fluid process of maturation, little by little, the person will solidify his true self, being able to recognize and contact with him and with the other. The ability to be identified with oneself allows the individual to deal with the relationships and challenges of the world. He will be able to smile, look, call, touch or cling, when he wishes and needs to be with someone.

On the other hand, it is observed in the dysfunctional families, a caregiver who is not able to accept the spontaneous expression of the child, on the contrary, its movement is of detachment and withdrawal from the environment; being able to react aggressively, humiliating, disqualifying, embarrassing, punishing or attacking the child. These behaviors from an attachment figure carry an intense emotional load, with strong feelings of fear, humiliation, helplessness, loneliness and confusion.

In this situation, the child lives an ambivalence: at the same time that he must escape the figure of hostile attachment, it is for her that she will run for protection. If you feel vulnerable and exposed to loss and fear of absolute solitude, you seek to protect yourself by withdrawing, avoiding relationships, using defense mechanisms (dissociation, confusion, paralysis) to ensure survival. What is at stake is the integrity of the self and the existence of the individual.

According to Bowlby (1989), attachment behavior is any behavior that aims to achieve and maintain closeness with another person, considered more apt to deal with the world. Any situation that causes fear, insecurity or jeopardizes the act of approaching or moving away from the other, also triggers such behavior.

Affective Neuroscience states that the right hemisphere predominates in the first years of life which signals the importance of emotions at this stage.

Therefore, the predominant communication is nonverbal manifested through facial expression, gaze, tone of voice, rhythm, body movements. Fosha, D. (2016), highlights “these emotional messages from the right hemisphere are therefore somatosensory, visual, imagistic. And these interactions when carried out through empathy, affective resonance, shared looks, chained vocal rhythms and shared pleasure, are associated with positive affective states. “

Types of attachment

Mary Ainsworth (1913-1999), was an American developmental psychologist and was known to have developed a laboratory process that she called a “strange situation.” The purpose of her work was to observe the kind of interaction that the mother or a (stranger) adult maintains with the child in an unfamiliar environment. From the results observed during this research, three patterns of attachment were established: safe, insecure-avoidant/insecure-ambivalent, and Disorganized/Disoriented Attachment (created by Mary).

A. Safe attachment

The child explores the environment in the absence of the mother but shows anguish when she is not present. But when the mother returns, she receives it with excitement. In this attachment pattern the child has the capacity to feel and deal with the carer’s affectivity. It is considered a more adaptive attachment style. Some researchers believe that the child becomes securely attached if the mother is present and able to meet her affection and emotional needs. Other studies, however, mention that the behavior of the mother may be influenced by the child’s behavior.

B. Insecure attachment

It is subdivided into Evitative and Ambivalent, in both the behavior is focused on the flaws presented by the environment.

Evitative: they show indifference to the figure of attachment and strange people. It shows no interest in exploring the environment, regardless of who is present. The emotional charge remains unchanged. In this pattern the child deals but does not feel, the defense to minimize the pain is the suppression of the feelings, therefore, it does not show distress when separating, nor joy for the return; it is as if he were indifferent to the figure of attachment. There is a tendency for isolation because the interaction with the other is restricted. It is believed that this form of attachment develops from a style of more detached care, where the needs of the child

will not always be met. It is as if, what the child communicates, it has no influence on who cares for it.

Ambivalent: This pattern of attachment is now known as ambivalent-resistant attachment in which the child denotes anxiety and restlessness. The central issue is affective self-regulation because the child feels but does not know how to deal with his affections. Her behavior is ambivalent: she cries as she separates from her mother and does not calm down with her presence, continues to cry and cling to her. To sustain the relationship with the attachment figure, the child becomes trapped and has his / her universe of limited environment exploration due to the high level of anxiety about separation. This pattern of attachment develops from a style of care where the mother is more geared to her own demands than those of the baby.

C. Disorganized/disoriented attachment (created by Mary Main)

Children who have this pattern of attachment sometimes cry, fall on the floor, or become paralyzed by being separated from the mother. The affective / emotional difficulty is significant. In this pattern the child does not feel safe in front of the mother, nor has the emotional resources to deal with the intensity of the affections that emerge. It is a pattern that usually develops when the child is exposed to feelings of abandonment, helplessness, anxiety, fear and confusion. Such experiences lead the child to a lack of security, disorganization, vulnerability and threat of disintegration. He uses decoupling and split-off to protect himself because needing someone who does not convey trust is a very painful experience.

Corporification of shame

Analysis through bioenergetic view

“Every person who lacks sense of dignity and who feels inadequate suffers from a sense of shame and humiliation, which may be conscious or unconscious” (Lowen).

Lowen in his book *Pleasure*, said that shame has its origin in the feeling of inferiority. According to the author, every situation that makes one feel inferior will embarrass her. Shame and humiliation go together. For him, both steal the dignity and self-respect of the individual, as well as the feeling that he is equal or as good as others.

According to Lowen in the therapeutic environment, it is common for people to say that they are ashamed of their feelings when they admit

fragility, cry with sadness, or acknowledge their fear and helplessness. Parents say to a child: “Stop being crying” is a repression of pain, the child lives as a humiliation.

Lowen writes in the *Fear of Life* about the “wisdom of failure,” which in essence is the feeling of shame, representing failure in the effort to live according to the goals, ambitions, and ideals it establishes for itself. The fear of modern man’s life is the fear of life in the body, fear of feeling. Vital energy is drained by guilt and fear of failure (shame), as well as frustration at not reaching the idealized ego.

The emotion of shame has been gaining ground in studies and literature, possibly due to the demands of contemporary times, where people need to appear, stand out, to secure their place in the world. The demands of the current Clinic, as a rule, focused on “the need to overcome difficulties of speaking, making friends, showing oneself, finally appearing.”

Bioenergetic Analysis offers the view of the embodied self, so whenever Lowen referred to the body he meant, whole body, from feet to head. It would be the person as a living expression of a consciousness and a spirit, emerging from the biological basis of being. The author emphasized that in order to see a person it would be necessary to see the contour, shape, configuration and all the muscular tensions in his body.

“Behind your thoughts and feelings, my brother, is a mighty commander, an unknown wise man - whose name is self. It resides in your body, it is your body. There is more reason in his body than in his better wisdom.” (Nietzsche).

For Lowen (1993) “the baby is born with a self, which is a biological, not a psychological phenomenon.” The author goes on to state that the ego is not the same as the self, although it is part of the self-perceiving personality. The ego is a mental organization, which develops in tandem with the growth of the individual. In reality, the ego represents self-consciousness or self-consciousness. In 1983, Lowen talks about fullness of the self, and from there the sense of self comes to be defined through self-consciousness, self-expression and self-control. Therefore, the self is a sensitive aspect of the body.

According to Guy Tonella, a bioenergetic analyst, the Self needs approximately two years to mature and integrate. It is only after this stage that the ego will develop as an extension of the self.

At first, the organization of the Self is a consequence of the record that is established through the encounter of the body of the baby with the maternal body. The experiences are organized in sensorial forms: of sounds, warmth, touch, rhythms and motility. The safety initially represented by the mother is replaced by a sense of security in one's own self and in one's body. For this, it is necessary that the child feels safe in its bond with the mother Lowen (1997). The pleasure experienced by the child with himself and with the caregivers will influence his ability to learn, in all areas including his future relationships.

For Winnicott (1994) the self is a psychic entity that is rooted in the body due to the quality of maternal care received. Lowen (1993) and Damasio (2000) have a view of biological self that although unconscious exists from birth. "Bioenergetic analysis postulates that the idealized image (false self) and grandeur that comes with the feeling of being special is the corollary of the lack of proper contact with the reality of the body, feelings and the ground, that is, lack of grounding "Weigard. O. (2006).

Within the body manifestations in front of the feeling of shame can appear: flushing in the face, cold hands, stuttering, tremor, in addition to the muscular contraction, that leads to the shrinkage, consequently the person has the desire to escape, "to run, to hide".

Concept of self-respect – Helfaer. P.M. (1998)

The bioenergetic analyst Helfaer P. M, through his article published in 1998, made a great contribution to the study of shame emotion, through the definition of corporal self-concept, "the meaning of the concept of self-control is apprehended taking into account guilt, shame, humiliation and self-depreciation. Authorship is the functional antithesis of these manifestations. "For the author, the self-respect favors good feelings and mutual respect, so it can be considered the healthy side to guilt, shame and depreciation.

The author's emphasis is on the corporeal rather than the psychological aspect of the self-respect. "It is based on the individual's ability to self-regulate according to their organic states, desires and feelings, not just good feelings in the body." He adds that in the self-respect there is a deep connection with the feelings and sensations of the body and a full surrender to this vital flow. However, it is also worth mentioning that the self-esteem can be contaminated by various manifestations of shame such as self depreciation, humiliation, failure, lack and lack of autonomy.

Considering that movement is life, when parents hinder the child's pleasure in jumping, smiling and having fun, they will be blocking spontaneity, the flow of life. The alternative found by the child to survive is shrinkage, contraction. Thus, the parental positioning done in a violent and humiliating way, favors the appearance of shame. On the other hand, when the child is valued, stimulated by the parents in his expression, he will become a freer and more confident adult in himself.

“The person who lacks a sure sense of Self as one who clings to his own idealized, grandiose image. This grandiosity can be negative, that is, grandiose bad or denigrated. As he loses his sense of his own body, he loses his sense of who he really is.” (Lowen).

Final considerations

It has long been known that the caregiver-child relationship has a strong influence on the human constitution. Studies prove that primary attachment records are coded in the right hemisphere and remain there not symbolized but accessible through communication with the body in a mutual relationship.

Therefore, it is believed that this work, in the light of the Theory of Attachment, can contribute to understanding the emotion shame, even subsidizing clinical management. At the present time, the complaints that lead us, directly or indirectly, to identify shame as the heart of the problem are poignant. Understanding how the relationship with your attachment figure has occurred, the implications on the self, as well as detecting manifested bodily records, can offer an expanded look about people who seek for psychotherapy.

The bioenergetic analyst focuses on the person as a whole, taking into account the body self and the mobility of the body. From this reading it is possible to understand how the person functions, considering the fact that mobility is always under the influence of and in a dialectical relationship with the ego organization of the individual, in the way he was formed by the family and his culture.

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