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Early Superego Development: The Emergence of Shame and Narcissistic Affect Regulation in the Practicing Period

Allan N. Schore, Ph.D.

This paper on developmental superego psychology traces the emergence and functional onset of shame, an inhibitor of hyper-aroused states, in the early separation—individuation phase, specifically from practicing through the beginning of rapprochement (12 to 18 months). A prototypical model of shame is proposed in which the emerging self, in a hyper stimulated, grandiose, narcissistically charged state of heightened arousal, exhibits itself during a reunion with the caregiver. Despite an excited anticipation of a shared affect state with the mother the infant unexpectedly experiences a misattunement, thereby triggering a sudden shock-induced

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Dr. Schore is engaged in the private practice of psychoanalytic psychotherapy.

deflation of narcissistic affect. The intense physiological state of shame distress is proposed to reflect a sudden shift from sympathetic dominant to parasympathetic dominant autonomic nervous system activity. The infant is thus propelled into a hypoaroused affect state which he cannot yet autoregulate, and the caregiver's response is critical to affect regulation and to the ultimate evolution of a structural mechanism to recover from shame. The importance of internalized shame affect regulation to the resolution of the rapprochement crisis and to the genesis of the ego ideal, as well as theoretical considerations regarding the etiology of narcissistic pathologies and the function of the superego in mood regulation are also discussed.

An understanding of superego processes and particularly the role of the malfunctioning superego in symptom formation is an essential part of the treatment process. Historically, the focus has been on the role of undischarged guilt in the etiology of neurotic disorders, with the role of shame, the "keystone affect" of narcissistic pathologies **(Broucek, 1982)** given much less attention and less clearly traced. Furthermore, the clinical and theoretical distinctions between shame and guilt are still not precisely characterized. One approach at attempting to elucidate the singular nature of each of these superego affects is to study their differential ontogeny in early development. Recent advances in clinical technique that focus on shame (**S. Miller, 1985**; **Nathanson, 1987**; **Basch, 1988**; **A. P. Morrison, 1989**) underscore the critical import of "returning internalized shame to its interpersonal origin" (G. Kaufman, **1985**, p. 159) in effective psychotherapeutic treatment. The specification and delineation of the genesis and functional role of shame in socioaffective development has direct clinical relevance to the understanding of normal and abnormal early superego development, and to the etiology of early forming self pathology **(Kohut, 1971)**.

A central tenet of the developmental approach of this paper is that critical early object relations involving attuned and misattuned affect transactions, reflected in the internalization

of early interactive representations, are required for the maturation of effective superego autoregulatory systems. Furthermore, it is postulated that two separate superego affect systems arise in different early stages. Miller **(1989)** points out that the exact ontogenetic course of shame is controversial and still uncharted, and Emde (**1988**, p. **34**) suggests that the "early moral emotion" of shame which appears in the second year is in need of systematic research. The major purpose of this work is to present a developmental object relations model of the emergence of shame during Mahler's practicing period of separation—individuation and to examine the critical functional role of shame in successive stages of socioemotional development. The shame regulatory system that has its onset during the practicing phase will be shown to be instrumental to the effective resolution of the later rapprochement crisis, specifically in terms of the modulation of narcissistic rage and the developmental progression of psychological and gender identification processes. Finally, the relevance of the model to the etiology of the fundamental pathology of narcissistic disorders and to the functional characterization of the ego ideal component of the superego as a mood regulator will be presented. The methodology of this theoretical research involves the integration of current observations from various fields that are studying the problem of socioemotional development—psychoanalysis, infant research, developmental psychology, and neurobiology. Thus, in the course of this pursuit, a sizable number of studies will be presented, not as a literature review, but as a multidisciplinary source pool of clinical observations, theoretical concepts, and experimental data from which to generate an overarching heuristic conceptual model that attempts to elucidate the common underlying functional mechanism of shame, "the primary social emotion" (Scheff, **1988**, p. 397).

A more general objective is an inquiry into the relationship between the dynamics of early interactional development and the ontogeny of the emergent function of self regulation, particularly the "process of self-regulation of affect" **(Krystal, 1988)**.

"Self-regulatory mechanisms are organized in relation both to endogenous activity and to the surrounding life support system" (Sander, **1977**, p. 29). Demos and Kaplan **(1986)** frame the central question as "how organized systems retain continuity while changing in response to developmental and environmental pressures" (p. 156). A guiding principle in this investigation is embodied in the assertion that "any comprehensive theory of affects needs to include the physiologic segment as well as the psychoanalytic" (Panel, **1974**, p. **612**). The present work is a companion piece to another paper which details a psychoneurobiological model of the emergence of brain structures during the practicing critical period which are responsible for emotional self regulation **(Schore, submitted)**. The focus of that paper is to demonstrate that the structural and functional development of affect regulatory structures are critically influenced by the earliest object relations involving shame. The goal of this work is to precisely characterize the common nature of these earliest prototypical shame transactions.

The investigation and characterization of a unique affect, emerging in a specific time, and with a particular developmental function thus utilizes various contributions of clinical and experimental work on the development of emotion from within and without psychoanalysis. Basch **(1976)** argues that the earliest forms of affective behavior are general physiologic reactions such as response to stimulation (autonomic reactivity) mediated by the autonomic nervous system; in

later development they provide the substrate for all emotional experience. Krystal **(1978)** proposes that all later developing affects evolve out of a neonatal state of contentment and a state of distress which differentiate into two developmental lines, an infantile nonverbal affect system, and an adult verbalized, desomatisized system. In his most recent thinking he asserts: "the development and maturation of affects is seen as the key event in infancy" (Krystal, **1988**, p. 211), and speaks of nodal points in affect development which allow for the maturation of particular affects. Spitz **(1965)** concludes that significant organizational

shifts occur regularly in development which are signaled by the emergence of new affective behaviors. Buechler and Izard **(1983)**, in a paper on the emergence and regulation of the expression of emotions in infancy, state "the age at which the infant is able to regulate expression may differ for each of the discrete emotions" (p. 301), whereas Pine **(1980)** emphasizes that the earliest expressions of affect are automatic responses described as varying along a singular pleasure—unpleasure continuum, but later this is followed by an "expansion in the affect array." As development proceeds: "Some affects represent alterations, transformations, specifications of earlier affect states, whereas others are first born at later stages in the developmental process when the psychological conditions for their emergence are met. These psychological conditions involve new learnings, new acquisition of mental life, that have consequences for affective experiences" (p. 232).

More specifically to the ontogenesis of the later appearing superego affects, a review of the clinical literature reveals a common observation that shame has an earlier developmental origin than guilt. This conceptualization was first proposed by Freud **(1923)**, who distinguished shame associated with early narcissistic conflicts from guilt associated with later moral conflicts. Erikson **(1950)** asserts the psychosocial stage of "autonomy versus shame and self doubt" takes place in the second year, while "initiative versus guilt" occurs at a later age. Lewis argues that shame is a more regressed and primitive mode of superego functioning than guilt, in agreement with Wallace **(1963)** and Jacobson **(1964)**. Levin **(1967)** and Anthony also conclude that shame is preoedipal and originates before guilt. In a more recent work, Miller **(1989)** now differentiates early appearing affects on a developmental line with shame from a later emerging affect developmental line which culminates in guilt.

Despite continuing controversy in the adult psychoanalytic literature **(Garza-Guerrero, 1981)**, developmental infant research has tended to support these clinical deductions; indeed

it pinpoints the specific period of the onset of the shame response. Darwin **(1873)** notes that early infants do not show the physiological hallmark of shame, blushing. Confirming this, Tomkins **(1963)** finds no facial expressions expressive of shame in earliest infancy and characterizes "shame-humiliation" as an auxiliary affect which appears later, and Field **(1982)** encounters no "ashamed" responses in four-month-old infants. Self-consciousness, a behavior reflecting embarrassment (a component of shame) was earliest observed at twelve months by Dixon **(1957)**. In the most extensive research on this topic, Amsterdam (**1972**; **Amsterdam and Levitt, 1980**) notes that embarrassment and affective self-consciousness first appear at fourteen months, coinciding with the acquisition of upright, free locomotion; these responses are completely absent before twelve months. In a more recent series of developmental studies, M. Lewis **(1982)** first observes the self-conscious emotion of shame in the period of twelve to eighteen months. Plutchik **(1983)**, citing the work of Piaget, concludes "in stage 5 (12/18 months) with the development of the cognitive ability to represent the self and external causation, affects such as shame, defiance, and negativism appear" (p.

243). There is thus consistent evidence for the onset of shame in the junior toddler, that is, Mahler's practicing subphase of the separation—individuation stage of development (10-12 to 16-18 months). It should be kept in mind that the effective vocabulary of the average twelve-month-old is three words; at fifteen months, nineteen words **(Mussen, Conger, and Kagan, 1969)**. Kaufman **(1974)**notes shame, "a total experience that forbids communication with words" (p. 565), arises prior to language development and is therefore preverbal. In contrast, Pine **(1980)** argues that guilt "comes into being somewhere from age 3 to 6" (p. 222); Izard **(1978)** and Sroufe **(1979)** also find guilt appearing at thirty-six months. Importantly, notice that the shame system emerges in the preverbal toddler, guilt in the neoverbal child. Their separate origins is one factor which indicates that these two superego affect systems are dissociable and independent.

The Psychophysiological Function of Shame

In preparation for the exploration of the ontogeny of shame, it is necessary to present a more detailed description of this unique affect, which perhaps more than any other emotion is so intimately tied to the physiological expression of a stress response. This hyperactive physiological state **(Darwin, 1873)** is associated with autonomic nervous system reactions like sweating, greater body awareness, intensification of perceptual functions, uncoordinated motor activity, cognitive impairment, and gaze aversion, thus implying "the more primitive, biologically based nature of shame" (Broucek, **1982**, p. **375**). The deep physiological substrate of shame is perhaps best reflected in blushing **(Wurmser, 1981)**, which represents the end result of a preceding intense "affective spell," that is, the end product of the physiological discharge of shame **(J. P. Miller, 1965)**. Sixty years ago MacCurdy **(1930)** proposed that the shocklike onset of blushing reflects a shift of balance from sympathetic to parasympathetic components of the autonomic nervous system, the system which determines the physiological expression of all emotions. Supporting this, Knapp **(1967)** explains that activity of the parasympathetic branch of the autonomic nervous system, which is an effector channel of the emotion-mediating limbic system, is the basis of the acute phenomenology of shame. In a heightened state of affect, one is overwhelmed by intense internal physiological sensations over which there is no conscious control; notice the similarity of this to a classic acute "stress state" **(Selye, 1956)**. Indeed in social—psychological experiments, shame, specifically used as a psychosocial stressor **(Buck, Parke, and Buck, 1970)**, induces a psychophysiologic stress reaction.

Furthermore, Freud's **(1905)** original conceptualization of shame was that it acted as a superego counterforce or reaction formation against exhibitionistic *excitement* and *overstimulation* which have potential ego-disruptive effects. This underscores

the requisite preexisting state of hyperarousal for shame induction, and the function of shame as an arousal blocker, a regulator of hyperstimulated (elated, excited, grandiose, manic, euphoric) states. Tomkins **(1963)**, who identifies the function of this "affect auxiliary" as a specific inhibitor of the activated, ongoing affects of interest—excitement and enjoyment—joy, points out that shame reduces self exposure or exploration powered by these positive affects. Shame signals the self system to terminate interest in whatever has come to its attention **(Nathanson, 1987)**. Thus the "superego-mediated flight from positively experienced exhibitionism to negatively experienced shame" **(S. Miller, 1985)** changes the affective valence and diminishes the arousal level of the organism, thereby blocking the further escalation and intensification of stimulation. The end result is a painfully stimulated state of shame. Kohut **(1971)** present a similar model: at a moment of exhibitionism of the

self, the sudden unexpected impact of shame is to ground the person who is overstimulated by omnipotent, grandiose affective states.

A model of shame is here proposed in which the neo-individuating self, in a hyperstimulated, elated, grandiose, narcissistically charged state of heightened arousal, exhibits itself during a reunion with the caregiver. Despite an excited anticipation of a shared affect state, the self unexpectedly experiences an affective misattunement, thereby triggering a sudden stress, shock-induced deflation. It is now proposed that this first occurs in the preverbal practicing subphase of the separation—individuation period, and that this specific object relation and its internalization is the prototype of the shame experience.

The Ascendancy of Narcissism, Elation, and Heightened Arousal During the Practicing Period

The onset of the practicing period is usually marked by rapid changes in motor behavior, that is, of upright posture and locomotion supporting the child's first independent steps,

but it is its *affective* characteristics which are unique and definitional. Bowlby **(1969)** points out important affective changes occur when locomotion emerges, Bertenthal, Campos, and Barrett **(1983)** find mobile infants show different types of emotional reactions than prelocomotor infants, and Fox and Davidson **(1984)** notice "tight linkages exist between the onset of locomotion and the occurrence of important changes in affective behavior" (p. 370). Mahler **(1980)** describes the practicing junior toddler as "intoxicated with his own faculties and with the greatness of his world…. He is exhilarated by his own capacities" (p. 7). She speaks of the stage-specific omnipotent exhilaration and elation of this period (high arousal affects), and notes that at this time, more than any other in development, "narcissism is at its peak" (Mahler, Pine, and Bergman, **1975**, p. 71), while Johnson **(1987)** affirms, "the practicing period offers a release into manic excitement and involvement in a world far more reinforcing than that of the unreliable nurturance offered earlier" (p. 26). The one-year-old's frequent mood of elation has also been observed by other psychoanalytic **(Emde, 1989)** and nonpsychoanalytic **(Sroufe, 1979)** observers. In a neuropsychological study of infant emotional expression, Rothbart, Taylor, and Tucker **(1989)** find a statistically significant increase in positive emotion and decrease in negative emotion over the developmental period of 10 to 13.5 months.

In an important paper tracing the development of narcissistic systems and their affects, Parkin **(1985)** refers to the omnipotence, grandiosity, and elation of the emergent "ideal ego," a precursor of the superego ego ideal component and the embodiment of the "narcissistic perfection of childhood." The illusion of omnipotencecentral to the ideal ego normally arises out of the experience of being merged with the attuned, powerful mother. During the practicing period, the child "has reached the highest point in the development of his primary narcissism and in the over-estimation of his powers. His ideal ego is at its full" (p. **146**). Parkin (in agreement with the developmental

studies reported earlier) notes that it is at this time when shame, self-consciousness, and embarrassment first appear and that the toddler first becomes aware of himself as an object for observation and evaluation by another. Broucek **(1982)**, also studying shame and its relationship to early narcissistic development, similarly concludes "significant shame experiences may occur in the first one and a half years of life …" (p. 372).

In addition to the developmental affective changes at practicing onset, major maturational behavioral **(Plooij and van de Plooij, 1989)** and cognitive **(Zelazo, 1982)** reorganizations are known to occur at twelve months. Lester **(1983)** points out that the practicing period represents Piaget's fifth stage of sensori-motor intelligence, a time of the first appearance of tertiary circular reactions which enable the toddler to actively and spontaneously explore for newness in the environment(curiosity onset?). By one year of age stimulation-seeking exploratory playtime may amount to as much as six hours of the child's day. Pine **(1980)** asserts that elated affect is "coupled with boundless energy in the constantly moving toddler…" (p. 229), and cites White's **(1963)** discussion of "pleasure in function" associated with the elation of the period. Indeed it could be speculated that White's concepts of competence and effectance have their roots in the practicing phase. He defines "effectance" as the infant's sense of what can and cannot be accomplished; it is an *emotional mood* that characterizes the infant's mastery experiences. Interestingly, White (1969) asserts that shame is always associated with incompetence; along the same lines, Broucek **(1982)** suggest inefficacy experiences may be the earliest re-leasers of shame.

Two important points should be made at this juncture. It is proposed that shame modulates high arousal affective states; these states first appear during the practicing period, a developmental period of hyperarousal, and the onset of shame at this time acts as a regulator of hyperstimulated states. Second, hyperaroused narcissistic states developmentally occur at this critical period only if the infant—caregiver dyad has successfully

negotiated the preceding stages, allowing the child to tolerate much higher arousal states than earlier. Under optimal conditions, thresholds of stimulation decrease and the ability to tolerate higher levels of stimulation increases during infancy **(Field, 1985a)**. Fogel **(1982)** refers to a major developmental task of the first year as the evolution of increasing affective tolerance for high arousal; this evolves as a result of early maternal sensitivity to and modulation of the infant's highly stimulated states. Krystal **(1978)** notes: "Possibly the most crucial and difficult aspect of mothering consists in permitting the child to bear increasingly intense affective tension, but stepping in and comforting the child before his emotions overwhelm him" (p. **96**). In addition, Parkin **(1985)** asserts that certain forms of inadequate mothering in the third quarter of the first year of life inhibit identification of the child with the fantasied omnipotence of the mother and lead to a hypocathected, dormant, and impoverished ideal ego. The ability to experience the practicing high arousal states of elation and interest—excitement depends upon precedent successful experiences of merger with the omnipotent mother. If this does not occur earlier in the symbiotic phase there will be a drastic reduction in primary narcissism. In support of this, the expression of interest, which Piaget **(1967)** points out underlies the process of assimilation and is essential for the development of sensorimotor intelligence, has been shown by Bell **(1970)** to be predicated upon a "harmonious relationship" between mother and infant.

Interestingly, it is known that the practicing characteristic hedonic tone of elation **(Lipsitt, 1976)**, high levels of arousal **(Field, 1985b)**, and elevated activity level (boundless energy) **(Breese, Smith, Mueller, Howard, Prange, Lipton, Young, McKinney, and Lewis, 1973)** are all associated with heightened activation of the sympathetic component of the autonomic nervous system. Furthermore, in various animal models, it has been found that young mammals typically pass through a hyperactive period of mid-infancy in which they display a state of organismic hyperarousal and increased energy metabolism

(Reite, Kaufman, Pauley, and Stynes, 1974), especially when apart from the mother, reflecting unmodulated excitatory activity of early maturing, reticular formation brain stem systems responsible for arousal (**Moorcroft, 1971**; **Campbell and Mabry, 1972**). In late infancy this activity is decreased due to the later onset of forebrain inhibitory systems. The high level of behavioral arousal which reflects unchecked subcortical reticular excitability is proposed to be identical to the excitement component of Tomkins' "interest—excitement," and to underly Kohut's **(1971)** "age-appropriate exhibitionism." Sympathetic and parasympathetic components are known to have different timetables of development, resulting in unique physiological organizations at different stages of postnatal life. Hofer **(1984b)** has consistently observed high levels of sympathetic activity and high resting heart rates in midinfancy, followed by a reduction in late infancy due to the neural maturation of parasympathetic (vagal) restraint. Over one hundred years ago, the British neurologist Hughlings Jackson **(1931)** postulated that the infant will pass through an excitable stage in ontogenesis which is diminished by the later functional onset of cortical inhibitory centers, reflecting the sequential caudal to rostral development of the brain. Furthermore, it is known that essential subcortical limbic system substrates involved in emotional and cognitive behavior postnatally mature earlier than corresponding systems in the cerebral cortex **(Meyersburg and Post, 1979)**. It could be speculated that the affective, behavioral, and cognitive aspects unique to the practicing period reflect a biologically timed period of sympathetic dominant limbic hyperarousal and behavioral overexcitation, and that the shame system which emerges in this period represents an evolving cortical inhibitory control mechanism of excessive, hyperstimulated states.

Shame Stress and the Neurophysiology of Arousal Dysregulation During Practicing Reunion Episodes

An even closer inspection of the practicing terrain reveals the unique and specific nature of "practicing" object relations

which engender shame and elucidates the more general process of the socialization of emotion during infancy. Parens **(1980)** describes the typical practicing behaviorin which the child brings the things he is exploring and attempting to master to the mother's vicinity. Mahler **(1979)** describes:

> The functions, during the practicing period, attract so much libido that the junior toddler is emotionally relatively independent of the love object and absorbed in his own narcissistic pleasures. Upon the attainment of mastery of some autonomous ego functions, however, he becomes increasingly aware of his separateness and *pan passu* very much aware of his need for his mother's acceptance and renewed participation [p. 63].

It is this moment of reunion of the "returning," highly aroused, elated, practicing toddler, in a state of excited expectation, reconnecting with the mother, which is the prototypical object relation in the emergence of shame. The "attachment emotion" of shame **(Lewis, 1980)** occurs at the point of reattachment; infant socioemotional research specifically reveals that separation does not activate shame **(Izard, Hembree, and Huebner, 1987)**. Notice the self-exhibiting nature of this practicing transaction, keeping in mind Freud's emphasis on exhibitionistic excitement and overstimulation in shame dynamics. Recent research utilizing a behavioral microanalysis of reunion episodes has produced rich material concerning stage-specific object relations. This methodology derives from Ainsworth's **(Ainsworth, Blehar, Waters, and Wall, 1978)** studies of infant attachment patterns after periods of separation, and the work of Mahler, Pine, and Bergman **(1975)** on "emotional refueling," which is conceptualized as an exchange of energy between the partners in the caregiver—infant dyad.

"Reunion between baby and mother serves to regulate either high or low levels of arousal, to a more organized affective and attentional state" (Brent and Resch, **1987**, p. 16). It is during these moments of

caregiver—infant interaction that the effective mother acts to maintain the child's arousal within a moderate range that is high enough to foster interactions yet not so intense as to cause distress and avoidance (Brazelton, Koslowski, and Main, **1974**; **Stern, 1977**).

Reunion microinteractions are therefore critical moments of early object relations involving emotional reconnection after separations, specifically reentering into patterned affective transactions with the object. This moment of initial interface in a dyadic affectively communicating system has been shown to be critical to the infant's modulation of arousal, affect, and attention. Optimal reunion experiences, lasting only thirty seconds to three minutes, have been shown not only to "enable the infant to differentiate internal needs but … allow for increasingly active regulation of both separation and individuation of the self" (Brent and Resch, **1987**, p. 25). Practicing reunions represent affectively significant "central moments" of the growing child's daily experience which are associated with high intensity object relations**(Pine, 1985)**. Germinative memories and percepts are organized around these moments of highly narcissistically charged affect transactions common in this developmental period; Stern **(1985)** notes "important experiences (and their memory and representation) are affect state-dependent … the affect state acts as the cardinal organizing element" (p. 245). Importantly, early reunion transactions act as a developmental matrix for the evolution of affects and affect tolerance.

> In the further course of development, repeated experiences of separation and reunion are remembered and anticipated, providing the structural basis for progressively more varied and modulated affective responses, whether basically painful or basically pleasurable [Pao, **1971**, p. **788**].

It is now proposed that reunion episodes can also be periods engendering arousal dysregulation and psychosocial stress.

Mahler specifically notes that the practicing infant's burgeoning narcissism is "particularly vulnerable to the danger of deflation" (Mahler et al., **1975**, p. 228). As stated earlier, in shame (i.e., in a highly aroused, narcissistically charged, grandiose state), the self is exhibited to another, but despite the expectation and prediction of a shared affect state, based on a memory of the last contact with the caregiver which was rewarding for the grandiose self, it suddenly encounters an affective mismatch. The neotoddler's first ambulatory, exploratory forays away from the mother and into the world represent critical initial attempts to separate himself from his mother**(Rheingold and Eckerman, 1970)** and define the onset of the separation-individuation period. Upon return from these brief separations, at reunion, the grandiose practicing toddler, in a stimulated state of "excited expectation," anticipates a matched state of affective attunement, of shared and refueled elation with the mother, but instead experiences a sudden stress, a shock-induced deflation. The returning toddler, eagerly looking forward to the maternal smile of recognition and the expected satisfaction of "the need of the budding self for the joyful response of the mirroring selfobject" (Kohut, **1977**, p. 788) (mutually attuned elation) is suddenly and unpreparedly confronted with the "unexpected noncooperation of the mirroring object" (Kohut, **1978a**, p. 655). This is specifically communicated visually not only in the "absence of the smile of contact" (Basch, **1976**, p. **765**), but in the presence of the mother's

"strange face," a physical expression denoting her negative emotional state. Basch states, "The shame—humiliation response … represents the failure or absence of the smile of contact, a reaction to the loss of feedback from others" (p. 765). Broucek **(1982)** notes that shame arises:

> [I]n the infant's contacts with mother at those moments when mother becomes a stranger to her infant. This happens when the infant is disappointed in his excited expectation that certain communicative and interactional

> behavior will be forthcoming in response to his communicative readiness … shame arises from a disturbance of recognition, producing familiar responses to an unfamiliar person, as long as we understand the "different" mother to be the unfamiliar person. That a mother (even a "good enough" mother) can be a stranger to her own infant at times is not really surprising since the mother's moods, preoccupations, conflicts and defences will disturb her physiognomy and at times alter her established communication patterns [p. **370**].

It is the sudden and rapid processing of this dissonant visuoaffective information which underlies the "unexpected" quality of shame **(Lynd, 1958)**. Research on face scanning indicates infants are most sensitive to affective expressions in which specifically the eyes vary the most **(Haith, Bergman, and Moore, 1979)**. The instant state of shame distress derives not so much from the perception of the mother's face or smile as much as from the infant's recognition of the mother's break in participation from anticipated communicative visuoaffective eye-to-eye contact. The induction of a stress state at this point is understandable in that "stress is defined as a change or a threat of change demanding adaptation by an organism" (Schneiderman and McCabe, **1985**, p. 13). The experience of shame has been associated with unfulfilled expectations **(Wurmser, 1981)**; the shock of shame results from the violation of the infant's expectation of affective attunement based on a memory of the last contact with the mother which was energizing, facilitating, and rewarding for the grandiose self.

McDevitt **(1975)** has argued that the practicing infant maintains an illusion (holds a memory) that the mother is "with him" whenever he chooses to move away from her. Sherwood **(1989)** furthers this idea in postulating a "practicing illusion" of maintaining oneness while at a distance from the mother, which reflects the grandiose cognition "that the mother is constantly available in her mirroring function" (p. **15**). Shame-stress

experiences puncture this illusion at reunion as the emerging self encounters a discrepancy between the memory of an ideal symbiotic attunement and the current perceptual input of dyadic affective misattunement. The mother's mirroring function suddenly vanishes, and there is a rapid deenergizing affective experience, a deactivation of the attachment system, a reduction of interest—excitement, a "sudden decrement in mounting pleasure" enjoyment joy) **(Tomkins, 1963)** in the precipitous fall from positively experienced pleasurable exhibitionism to negatively experienced painful shame; from an affectively elated externally focused state to an affectively deflated internally focused state in an instant. Active expressive affective communication is suddenly displaced by passive receptive emotional surveillance. Interest, curiosity, focused attention, and positive hedonic tone are instantly transformed into diffuse distress, unfocused attention, and negative hedonic tone.

This deflated, "toned down" state of low arousal, negative emotion, and unfocused attention has been described in practicing infants under ongoing separationstress. Mahler **(1979)** notes that, in opposition to periods of elation, when separated from mother for a period of time "they become low-

keyed.… At such times, their gestural and performance motility slowed down; their interest in their surroundings diminished; and they appeared to be preoccupied … with inwardly concentrated attention" (p. 127). The low-keyed state, here posited to be isomorphic to the shame state in which interest and attention to the external environment is suddenly terminated, is a defensive and adaptive phenomenon which comes to the foreground and is most visible under situations of extended separation stress. It has been suggested to represent a narcissistic regressive defense **(McDevitt, 1980)**; as such it reflects a passive rather than an active coping mechanism. Mahler likens this state to Kaufman and Rosenblum's **(1969)** separation state of "conservation—withdrawal," which occurs in "helpless" stressful situations where active coping responses are unavailable, and which

"may be adaptive for the 'exhausted' organism in replenishing energy stores and restoring physiological equilibrium" (Field, **1985b**, p. 215). Additionally, a similarity is here posited to Bowlby's **(1969)** "despair" phase of infant separations in which metabolic conservation and inhibition (e.g., heart rate deceleration) is maintained until reunion with the mother becomes possible (during the high arousal, agitated "protest" stage heart rate acceleration occurs.) It is important to note that the low-keyed condition is also present in nonstress situations as a quiet "background state" **(Pine, 1985)**. Also note that in the shame transaction the break in the attachment bond is not caused by the highly aroused child's movement away from the mother, or even the mother's movement away from the child, but by the active blockade of the child's return to and emotional reconnection with the mother; *a separation-induced stress response is triggered in the presence of and by the mother*.

The shame-induced failure in the modulation of affect, attention, cognition, and motor activity is produced by the sudden plummeting mood shift and propulsion of the toddler into a disorganized deflation state of sensory underload-induced low arousal. Since this low-keyed state is below the limits of the infant's "optimal activation band" **(Field, 1981)** or "optimal range of stimulation" **(Stern, 1985)**, it produces a shame state of "narcissistic distress" **(Miller, 1988)** which he cannot at this age actively self-regulate. It is known that moderate levels of arousal are associated with positive affect and focused attention, while extreme levels of arousal (high or low) are related to negative emotion and distracted attention **(Malmo, 1959)**; Brent and Resch **(1987)** have specifically observed this with practicing infants. Activation theorists have shown that extremely low levels of arousal, like high levels, are associated with uncomfortable negative emotional states and behavioral inefficiency **(Cofer and Appleby, 1964)**; both understimulation stress and overstimulation stress are known to be aversive **(Goldberger, 1982)**. Phenomenologically, the toddler experiences a hyperactive physiological state, as reflected in suddenly

increased parasympathetic autonomic nervous system activity, that is, a stress state. Interestingly, the heightened autonomic reactions in shame, blushing, sweating, and so on, have been likened to the infantile preverbal psychosomatic state **(Anthony, 1981)**; Broucek **(1982)** also equates an infant "distress state" with a primitive shame experience.

It is proposed that in the toddler as well as the adult the brake of incrementing arousal seen in shame (e.g., reflected in cardiac deceleration, switch in mood, gaze aversion, and blushing) reflects a sudden dynamic switch from sympathetic dominant to parasympathetic dominant autonomic nervous system activity (drivereduction). The diminution of sympathetic activity in shame underlies the hedonic mood change and the disruption of motor (behavioral) and cognitive activities, and the

replacement of parasympathetic passive for sympathetic active coping processes is reflected in the common shame experience of helplessness and passivityaccompanying the exquisitely painful sensitivity to critical reactions of others **(N. K. Morrison, 1985)**, that is, the loss of a mechanism to cope actively with narcissistic pain.

The two components of the centrally, brain-stem—regulated autonomic nervous system are known to be antagonistic, reciprocally integrated circuits **(Hess, 1954)**which control arousal, with the catabolic sympathetic branch responsible for energy-mobilizing excitatory activity and heart rate acceleration and the anabolic parasympathetic branch involved in energy-conserving inhibitory activity and heart rate deceleration **(Porges, 1976)**. "The sympathetic and parasympathtic autonomic nervous systems are frequently in competition and the final effect then depends upon the relationship between the momentary activity of the two systems" (Broverman, Klaiber, Kobayashi, and Vogel, **1968**, p. 29). It has long been acknowledged that "the physiological expression of emotion is dependent, in part, upon both sympathetic and parasympathetic components of the autonomic nervous system" (Truex and Carpenter, **1964**, p. 431).

It is posited that predominant sympathetic activity underlies high intensity, narcissistically cathected affect states, and dominant parasympathetic function is reflected in low-keyed emotional states. Hofer's work **(1983)** has indicated that attachment and separation responses reflect the activity of not a single but multiple emotional systems. Again, it should be remembered that the practicing period represents a developmental phase of imbalance, of unregulated sympathetic overexcitation.

Maternal Response and the Regulation of Shame-Deflated Narcissistic Affect

Shame induction triggers an assault on the burgeoning narcissism of the practicing infant, on the ideal ego (primary narcissism), and represents the first experience of narcissistic injury and narcissistic depletion associated with all later shame experiences. It is at the point of this painful type of rupture in the infant—mother bond that the neoevolving, emotionally fragile, differentiating nascent self collapses, triggering physiological upheaval (the infantile psychosomatic state). Schneider **(1977)**notes that in shame a break occurs in the selfs relationship to others and to itself; the self is no longer whole but divided. In Kohutian terminology, shame is related to an em-pathic break between the mirroring self object and the grandiose self **(Josephs, 1989)**, while Lewis **(1980)** notes that the "attachment emotion" of shame is an "implosion" or transient destruction of the self (while the self is intact in guilt). Broucek **(1982)** points out that early experiences of large toxic doses of shame may impair ongoing development by "undermining separation—individuation processes and promoting regressive efforts to reestablish a symbiotic type of relationship" (p. 37). As maturation proceeds, this object relations sequence and its associated shame affect is internalized; ultimately shame is associated with the self's vicarious experience of the other's negative

evaluation **(Lewis, 1979)**. What once took place within the care-giver—infant unit is subsequently performed intrapsychically. As Parkin **(1985)** notes, the "awareness of the discrepancy or conflict between the self-admiring ideal ego and the reality ego's perception of the absence or contradiction of the admiration in the outside world constitutes the experience of shame" (p. **150**). "Later in life this same reaction occurs under similar circumstances, i.e. when we think we have failed to achieve or have broken a desired bond with another. The exquisite painfulness of that reaction in

later life harks back to the earliest period when such a condition is not simply uncomfortable but threatens life itself" (Basch, **1976**, p. **767**).

In the shame transaction there is thus a state of dysyachrony, of a break of attachment, of "misattunement" between the toddler and caregiver, a "mismatch of need and anticipation in the caretaker—infant pairing" **(Lichtenberg, 1983)**. However, the object relation sequence within the dyad is not quite completed, the pair may attempt to resynchronize; an adaptation by the infant to the psychosocial stress can only be established with the mother's cooperation at reunion. Indeed, stress has been defined as the occurrence of an asynchrony in an interactional sequence; further, "a period of synchrony, following the period of stress, provides a 'recovery' period" (Chapple, **1970**, p. 631). The frustrative state in shame has been conceptualized as arising from "an inability to effectively arouse the other person's positive reactions to one's communication" (Basch, **1976**, p. **767**). The overt behavior of the toddler, his facial expression of shock, his motionless headhang and body posture due to a reduction in tonus of the neck, body, and facial muscles causing a loss of the social smile, his averting the eyes, and the hallmark of shame, blushing, act as a signal to the attuned mother of his internal state of distress. Indeed, the preverbal infant communicates to her the dysregulation of his autonomic nervous system, since, "The language of mother and infant consists of signals produced by the autonomic, involuntary nervous system in both parties" (Basch, **1976**, p. **766**), and because initially the

mother is *the* regulator of the infant's developing autonomic nervous system **(Hofer, 1984a)**.

The infant's averted gaze which reflects the attenuation of an object-relating interactional mode has been shown to be a potent elicitor of attention from mothers of securely attached, but not insecurely attached, infants **(Leavitt and Donovan, 1979)**. Darwin **(1873)** originally pointed out that the function of emotional facial gestures is to communicate the individual's internal state to another. Sroufe **(1979)** suggests that infant affects have three functions: the amplification and exaggeration of behavior, the communication of information about internal states, and the elicitation of helpful reactions from the mother. Stern **(1985)** emphasizes that the infant uses facial behaviors to invite higher levels of stimulation from the caregiver when the level of excitation has fallen too low. The child's red face thus powerfully signals the caregiver of his internal shame-dominated affective state, of his isolation, and of the child's experience that the object-relation link has been severed. Basch **(1976)**notes, "The shame—humiliation reaction in infancy of hanging the head and averting the eyes … indicates that affective contact with another person has been broken"(p. **765**). Yet there is a need to repair the sundered attachment bond. "In shame the individual wishes to resume his or her commerce with the exciting state of affairs, to reconnect with the other, to recapture the relationship that existed before the situation turned problematic" (Tomkins, **1987**, p. 144).

The nature of the caregiver's response (or lack of it) at this point is critical to the regulation of the shame affect, that is, shame recovery and the subsequent evolution of an internalized mechanism to regulate shame stress states. An important principle of attachment theory is that parental sensitivity and responsiveness to the child's affective communications is critical to the child's organization and regulation of his emotional experiences **(Sroufe and Waters, 1977)**; sensitive mothers offer stimulation contingent upon the infant's facial orientation. "At the most basic, "security of attachment' relates to a physiological

coding that the universe is benign and need-satisfying, that is, homeostatic disruptions will be set right" (Pipp and Harmon, **1987**, p. 650). Demos and Kaplan **(1986)**point out the care-giver's response to the infant's affective states is fundamental to the attachment phenomenon: "the baby will become attached to the caregiver who can help to modulate and to minimize the experience of negative affect and who maximizes and expands opportunities for positive affect…" (p. 169). Mothers of securely attached infants show a tendency to respond appropriately and promptly to their infant's emotional expressions **(Ainsworth et al., 1978)**, producing a system of reciprocal regulation, which fosters an expectation that during times of stress the attachment object will remain available and accessible, and engenders a precursor of self-confidence, a sense in the infant that his own activity can control the effect that his environment will have on him (Ainsworth and Bell, 1974). This sense of "control" could underly the emergence of "active" (as opposed to passive) coping responses to emotional stress, and the ontogeny of early intrapsychic psychological defenses, which have been characterized as a subset of coping mechanisms **(Rutter, 1987)**. Notice the critical role of early object relations in the ontogeny of stress coping systems; that is, mechanisms to cope with mismatches in the environment. Indeed, Levine **(1983)** argues the development of coping responses is dependent upon early experience.

The recent work of Tronick **(1989)** with two to nine-month-old infants has demonstrated that interactive stress is a ubiquitous component of maternal—infant transactions and that it is the caregiver who is responsible for the reparation of dyadic misattunements and the transformation of the infant's negative emotion to this stress into a positive emotion. Tronick argues that mismatches allow for the development of interactive, coping, and self-regulatory skills, and enable the child to maintain engagement with the social environment in the face of stress; he also notes that the capacity for interactive repair will later contribute to the security of attachment. Infants of mother's

who were responsive during early dyadic affect transfer interactions showed, at twelve months, persistent efforts to overcome an interactive stress. Furthermore, under the aegis of a sensitive and cooperative caregiver the infant develops an internal representation of himself as effective, of his interactions as positive and reparable, and of the caregiver as reliable. Although Tronick's studies include symbiotic and not practicing phase toddlers, he notes that the process of interactive repair is central to the regulation of later emerging affects, specifically mentioning shame and guilt.

It is important to distinguish between shame stress, the narcissistic affect shame, and the process which regulates this affect, shame regulation. As outlined earlier, practicing caregiver-induced shame stress produces a state of dyadic mismatch and misattunement, triggering rapid offset of narcissistic, positive hedonic affect, and onset of negative affective shame distress, propelling the previously hyperaroused child into an internally focused, passive, hypoaroused shame state. The maternal response to the reengaging toddler at reunion after an attachment break is critical to the reparative process of affect regulation. If she is responsive and approachable, the object-relations link is reconnected, the infant's attachment system is reactivated, the arousal deceleration is inhibited, and shame is metabolized. As a result, the child recovers from the injury to narcissism and recovers from shame. It is thus proposed that this active recovery mechanism develops in the context of effective early object relations in an "average, expectable environment" **(Plutchik, 1983)** in order to regulate affective perturbations associated with disruptions in self and objectrelationships. It is also asserted that the prototype for the evolution of this mechanism lies in the mother's response to the child's shame distress. Kaufman **(1985)** asserts that the shame state which "originates from an interpersonal severing process" may be ameliorated by the process of "restoring the interpersonal bridge" (p. 143).

This practicing onset shame modulation may be identical to the maternal response and regulation of the practicing child's

low-keyed states (earlier shown to be isomorphic to shame states) which represent a drop in the child's level or arousal and is reminiscent of a miniature anaclitic depression **(Mahler, 1979)**. Previously, a description was given of the practicing toddler's venturing away from the mother and becoming exhilarated during exploratory forays into the novel physical environment. At reunion, he may return in an excited state and attempt to emotionally share the elation resulting from his masteryexperiences with the caregiver, or in a depleted low-keyed state, triggered by inefficiency, in which he is less inclined to reengage the physical surroundings. Mahler notes this toned-down state is visibly terminated at reunion with the briefly absent mother. “The wilting and fatigued infant ‘perks up’ in the shortest time, following such contact, after which he quickly goes on with his explorations, once again absorbed in pleasures in his own functioning” (Mahler, **1980**, p. 6). Brent and Resch **(1987)** refer to a reunion pattern of “vitalizing reciprocity” which they equate with Mahler's emotional refueling. In this transaction the underaroused practicing baby is energized by the mother; consequently, unfocused attention and negative hedonic tone are transformed within ten seconds into focused attention and positive hedonic tone. Stern **(1985)** notes, “it is only stimuli provided by the unique social behavior of adults towards infants that can, so to speak, blast the infant into the next orbit of positive excitation” (p. 197).

The shame modulating caregiver may thus function to reignite sympathetic activity which supports higher levels of arousal, reducing parasympathetic-mediated low arousal, anhedonic depressive states, and thus producing a shift from passive to active coping, and negative—passive to positive—active mood (practicing elationand excitement). Indeed, elevated sympathetic arousal, within the child's optimal activation band and therefore within the practicing infant's control **(Gunnar-Vongnechten, 1978)**, has been identified as a positive hedonic response in infants **(Lipsitt, 1976)**. It should be pointed out that these shame transactions are carried out repeatedly throughout

the practicing period, and that a characteristic and prototypical pattern of dealing with misattuned states and distressing affects develops between the primaryattachment figure and the child; Waters **(1978)** finds stable reunion patterns of affect regulation at twelve and eighteen months (practicing and rapprochement).

It is the child's experiencing of an affect and the caregiver's response to this particular affect which is internalized as an affect regulating interactive representation during reunion episodes. The internalization of affective and cognitive components of relationships operationally defines the construction of internal working models **(Pipp and Harmon, 1987)** which organize the individual's construction of subsequent relationships. These practicing imprinted models are equated with Stern's **(1985)**“generalized episodes of interactions that are mentally represented,” and with Kernberg's **(1984)** internalized representations of the self affectively transacting with objects in the social environment. Bretherton **(1985)** stresses the involvement of internal working models in superego formation. According to Bowlby **(1973)** these models of attachment relationships contain internalized representations of early parental attributes, particularly conceptions of the caregiver's accessibility and responsiveness. Kobak and Sceery **(1988)** note that these internal models which define “styles of affect regulation” provide “rules for regulating distress-related affect… in the context of parental responsiveness to the child's signals of distress” (p. 142). This principle also refers to

distress which is maternally induced, that is, shame distress, and the caregiver's responsiveness to the infant's narcissistic stress *which she has triggered*. Importantly, practicing shame transactions and the maternal regulation of shame stress act as a developmental matrix for the evolution of the capacity to experience, tolerate, and regulate shame, and represent an interpersonal source of the emergence of adaptive coping strategies for dealing with subsequent narcissistic stress. It is proposed that these practicing internalized models involving the attachment emotion of shame are imprinted into the earliest episodic memory, which stores events that have meaning for

the concept of self **(Tulving, 1972)**, and are the source of early, preverbal (and therefore later unconscious) deep transference patterns. Bowlby **(1988)** now posits that the uncovering and reassessment of early internalized working models is the essential task of psychotherapy.

It is in this particular interpersonal context late in the practicing period that the developmental transition of external to internal regulation via increasing levels of internalization occurs **(McDevitt, 1980)**. Hofer **(1984a)** proposes that internal representations of human relationships serve as "biologic regulators"; the physiological regulatory function of the infant's autonomic nervous system is initially performed by the mother, and subsequently internalized by the infant. Greenspan **(1981)** argues that in the ontogeny of homeostatic regulation of the infant's arousal or excitation, the function is first performed by the responsive mother, and then gradually acquired by the infant. Thus, interactive regulation of the infant's external emotional expression which is observable and exogenous in the symbiotic phase (Tronick's interactive repair) is a precursor to self-regulation of internal emotional states which is unobservable, endogenous and subjective at the end of the practicing phase. Similarly, Kohut **(1971)** notes, "there may be some internalization of the actual functions carried out by the mother and the 'transmuting' into regulatory mental structures to deal with uncomfortable emotions, in much the same way as the mother provided relief" (p. **13**). It is posited that these maternal "self-object" functions are specifically affect regulatory functions, of both arousal reduction and arousal induction. Stolorow, Brand-chaft, and Atwood **(1987)** argue that the caregiver's attuned responsiveness to the child's intense, shifting affective states allows for the evolution of an internalized structure which can modulate and contain strong affect. These opportunities for internalization determine the structural development of an affect regulator allowing for later emotional self regulation which provides for constancy of internal affective states, that is, mood

autoregulation. A neurobiological characterization of the development of the brain structures in the prefrontal cortex which are responsible for this function is presented in a separate paper **(Schore, submitted)**. Furthermore, this affect regulator is posited to be critical to the maintenance of recurrent positive mood and the establishment of Emde's **(1983)** "affective core" which regulates the infant's interactive behavior. In securely attached infants, distress does not endure for long periods beyond the conditions that elicit them; rapid *recovery* to positively toned emotions is typical **(Gaensbauer and Mrazek, 1981)**. In contrast infants who are insecurely attached show "a greater tendency for negative emotional states to endure beyond the precipitating stimulus events" (Gaensbauer, **1982**, p. 169).

Shame and Affect Regulation Through the Rapprochement Crisis

Within the major developmental transition from practicing to rapprochement, important affective, cognitive, and behavioral changes occur. The emergence of new function and structure during this boundary period rests upon successful passage through preceding stages. Mahler, Pine, and Bergman **(1975)** assert: "Normal autismand normal symbiosis are prerequisite to the onset of the

normal separation and individuation process" (p. 47). To this should be added the tenet that adequate development in the practicing subphase is a prerequisite for rapprochement success. More specifically, it is required for successful passage from one stage into the next, that is, through the portal of the rapprochement crisis.

Mahler, Pine, and Bergman **(1975)** describe that at practicing offset—rapprochment onset "the toddler's elated preoccupation with locomotion and exploration per se [is] beginning to wane" (p. 90) Pine **(1980)** refers to the "rapprochement crisis" involving the collapse of the illusion of omnipotence: "Now he is small and alone in a big world, rather than sharing in the (imagined) omnipotence of the mother—child unit" (p. 226).

(This omnipotence, supported by the tolerance of high arousal affect, reflects a fairly successful transition through all stages up to and including the practicing phase; a poor symbiotic experience would obviate this). Parkin **(1985)** characterizes the transition from the exhilarated practicing state, which represents the highest point in the development of primary narcissism and in the overestimation of the child's powers, into rapprochement. He defines the "narcissistic crisis" (Mahler's rapprochement crisis) as "the necessity of yielding up to reality the child's illusory claims to omnipotence" (p. **146**). Freud **(1914)** speaks of the reluctant "departure from primarynarcissism" (p. **100**), and Fast **(1984)** points out that the child's emergence from this early state of infantile narcissism is marked by considerable resistance, evasion, and a sense of injury.

This critical developmental transition emotionally tests the mother—child dyad and their ability to remain connected during the stage-specific narcissistic distress which unfolds. The crucial import of the continued libidinal availability of the mother to a healthy resolution of the crisis has been stressed **(Settlage, 1977)**. More specifically, although during the crisis the ambitendent toddler moves away from the mother, he returns during periods of distress; the mother's "quiet availability" in these reunions for regulation of distressing affects (arousal modulation) is an essential caregiver function. During this period of developmental crises, separation anxietyis intensified due to fear of loss of the mother as a newly discovered separate object, and narcissistic rages and tantrums are used by the child to regain control. As mentioned earlier, the response of attachment figures to this behavior is critical. The markers of a successful developmental passage through the crisis are well known. Kohut **(1971)** underscores the principle that a true sense of self is a product of the accommodation or neutralization of the individual's grandiosity and idealization. Parkin **(1985)** emphasizes that "With this resolution there is a subsidence of the child's rages and of his external struggles with his mother for power" (p. **147**), and Settlage **(1977)** asserts that

one of the major developmental tasks of the rapprochement phase is the modulation of infantile rage.

What fundamental internal transformations are being reflected in these changes? Kagan **(1979)** finds the period of seventeen to twenty-one months, the practicing—rapprochement border, to be a critical developmental point, noting a shift from spatial—perceptual to a more symbolic—linguistic cognitive mode of problem solving. Lester **(1983)** notes that rapprochement onset parallels the transition from Piaget's fifth stage to the sixth and final stage of sensorimotor development, "invention of new means through mental combinations." Focusing on the emergent cognitive functions at this time he states: "the child can now perform true mental operations with ever-increasing speed, and he can deal with a large segment of reality at once. This level of maturation of the mental apparatus correlates with and possibly explains the phenomenon of the

rapprochement crisis" (p. **151**). It should be pointed out, however, that the child at this point in development is still essentially "preverbal." The effective vocabulary (words spoken or understood) of the average eighteen-month-old is only twenty-two words **(Mussen et al., 1969)**, and emotion-descriptive language does not first emerge until twenty months of age **(Bretherton, McNew, and Beeghy, 1981)**.

Notice the focus solely on the appearance of new cognitive abilities, presumably reflecting the ongoing postnatal maturation of the cerebral cortex **(Yakovlev and Lecours, 1967)**, especially the early maturing right cerebral hemisphere **(Geschwind and Galaburda, 1987)**. This could explain the more efficient ability to process and internally store symbolic representations of the external world, but, to my mind, does not reveal the essential transformation in affect and affect regulation which marks the rapprochement crisis—the *deflation* of practicing "elation" and "exhilaration" which supports the illusion of omnipotence. Mahler **(1980)** emphasizes that during the rapprochement crisis, which is essentially an *emotional* crisis, the toddler shows "an increasing differentiation of his emotional

life" (p. 9). Krystal **(1988)**, also stressing the importance of affect at this developmental phase, notes: "Separation—individuation is a process of growth and development regulated by the intensity of the feelings that can be tolerated during … separation. This process provides an opportunity to develop the affect and increase this tolerance" (p. 35).

It is here posited that the shame system, the regulator of hyperstimulated (excited, elated, grandiose, manic) states, critical to the modulation of high arousal narcissistic affects characteristic of the practicing period, is required for deflation of omnipotence and resolution of the rapprochement (narcissistic) crisis. McDevitt **(1980)** asserts that the formation of superego structure is instrumental to the resolution of the rapprochement crisis. Johnson **(1987)** points out that from the practicing phase onward, the parents must supply *repeated but supportive and not humiliating frustration of the child's illusion of grandiosity*. In optimal situations this deflation should be gradual and not precipitous and overwhelming; the nascent self is plastic, yet fragile. These early frustrative socializing events may serve as stress immunization experiences which allow for tolerance, coping, and recovery from later attachment stresses; Greenspan **(1981)** points out that the ultimate indicator of attachment capacity is resilience in the face of stress. Hunt **(1965)** suggests that regularly sheltering children from stressors is counterproductive for optimal emotional development. Moreover, Kohut **(1971)** proposes that, "Small (subliminal) shame signals play a role in maintaining a homeostatic narcissistic equilibrium …" (p. **181**). These may represent the mechanism of modulated phase-appropriate empathic failures which allow for transmuting internalizations. "Tolerable disappointments in the pre-existing (and externally sustained) primary narcissistic equilibrium lead to the establishment of internal structures which provide the ability for self-soothing and the acquisition of basic tension tolerance in the narcissistic realm" (Kohut, **1971**, p. **64**).

Broucek **(1982)** asserts: "In small, unavoidable 'doses', shame may enhance self and object differentiation and assist

the individuation process because it involves acute awareness of one's separateness from the important other" (p. 37). Similarly, Nathanson **(1987)** points out that shame experiences producing lapses in the smooth physiological functioning of the organism act as a major force in shaping the infantile self. Basch **(1988)** now believes that shame acts to protect the self system by modifying

patterns of expectations in the interest of social maturation. The positive aspect of this unique affect "which in contrast to all other affects … is an experience of the self by the self" (Schneider, **1977**, p. 25), and which reflects "heightened self-consciousness" **(Tomkins, 1963)**, can be seen in its role in protecting individuation, the growth process of delimiting the boundaries and nature of the self. Spero **(1984)** argues that the constructive function of shame can be seen in the process of differentiation of the self in the presence of danger of self-other merger, and Severino, McNutt, and Feder **(1987)**, using clinical case material, conclude that the capacity to experience shame is crucial for the achievement of autonomy.

The importance of experienced, regulated (as opposed to bypassed, unregulated) shame to ongoing development (**Shane, 1980**; **Ward, 1972**) may lie in its role as a socializing agent; measured, repeated exposures to limitation may dilute primary infantile narcissism and neutralize primitive aggressive drives, especially during the narcissistic crisis. Mahler **(1979)** notes that a surplus of unneutralized aggression thwarts favorable development. Parens **(1980)** describes the upsurge in aggressive drive which occurs specifically in the practicing phase, and Kagan **(1976)** characterizes "separation protest" which peaks at twelve months and diminishes between fifteen to twenty-four months (rapprochement). In a recent study of thirteen-month-old infants, Izard **(Shiller, Izard, and Hembre, 1986)** finds that the dominant, typical negative emotional response to brief separation at this age is anger, not sadness, and not "separation anxiety." Bowlby observes a "bitter" separation protest as a response to a broken attachment tie; Lewis **(1985)** specifically equates this with "shame—rage" (humiliated fury). Willock

(1986) observes the phenomenon of narcissistic vulnerability in hyperaggressive children. It is here proposed that these phenomena commonly reflect "narcissistic rage," the unmodulated overexcited sympathetic arousal triggered by object loss which is characteristic of this period. The activation of high levels of sympathetic arousal is known to facilitate aggressive behavior **(Zillman and Bryant, 1974)**. At this age, the infant cannot yet autoregulate this state, as it propels him into extremely high levels of arousal in excess of his optimal activation band, and is therefore beyond his active coping capacities. It is known that "negative emotional responses occur in high-arousal situations in which active coping methods are not available" (Dienstbier, **1989**, p. 93). This unregulated hyperstimulated condition consequently precipitates an explosive (as opposed to shame-induced implosive) self fragmentation.

Fox and Davidson **(1984)** assert a major developmental milestone occurs in the middle of the second year (practicing offset—rapprochement onset) with the emergence of a system of affect regulation with the capacity for inhibition of distress and other negative affects. Pine **(1980)** suggests "control/delay/ inhibitionprocesses" (affect regulatory processes) are involved in the expansion of the affect array; this principle may be demonstrated in the transformation of diffuse, explosive rage of the infant into focused and *modulated* anger. In a classic study of the early expressions of aggression within the first two years of life, Goodenough **(1931)**recognized a developmental transition from frustration-induced anger manifested as tantrums, undirected energy, and outbursts of motor activity into directed motor and language responses. The initiation of the modulation of this negative/active affect during the late practicing/early rapprochement period **(Settlage, 1977)** reflects the onset of functional activity of the shame regulator's control of sympathetic hyperaroused limbic aggressive states and may underly "the transformation of narcissistic rage into mature aggression" (Kohut, **1978a**, p. 649). Furthermore, the emergence of evocative memory **(Fraiberg, 1969)** at the practicing rapprochement

border can only be maintained if preexisting forms of infantile rage can be regulated **(Adler and Buie, 1979)**. During this developmental period the child's anger: "interferes with the capability to maintain a sense of the good internal object image during the mother's absence, so that the serene state of mind implied in the capacity to be alone **(Winnicott, 1958)** is frequently not attainable. This ability to be alone includes the sense of being alone with an ego supportive other, and this image is not available at times of anger or frustration" (Wagner and Fine, **1981**, p. 11).

A further fundamental consequence of the importance of shame down-regulation of the practicing infant's hyperstimulated, high arousal states is found in its critical effect on ongoing internalization and subsequent identification processes. Wallace **(1963)** has noted in adults an association between shame predominance (unregulated shame) and a "deficiency of introjects," Morrison **(1989)** has highlighted the relationship of shame to "faulty identity-formation," and Spero **(1984)** has observed that shame prone personalities manifest "deficits in capacity for internalization." Freud postulated that anaclitic identification occurs when the mother, to whom the child has developed an attachment, frustrates the child by withholding rewards she had previously freely dispensed; this motivates the child to "introject" her. It can be deduced that the stress of frustration (as outlined earlier in shame) is requisite to the child's internalization of dyadic object-relations sequences, thereby constructing internalized working models in episodic memory. Unmodulated hyperaroused manic affect is known to interfere with learning and memory processes**(Johnson and Magaro, 1987)**, and to specifically interfere with longer-term memory processes, particularly retrieval **(Henry, Weingartner, and Murphy, 1971)**. Bandura and Walters' **(1963)** studies of social learning phenomena indicate that "imitation," which they equate with "identification," is facilitated by moderate arousal but becomes more and more limited and fragmentary as the level of arousal increases. It follows that the extremely high

arousal levels of unregulated, self-fragmenting narcissistic rage disrupt identification processes critical to the resolution of the rapprochement crisis. This phenomenon is reflected in McDevitt's **(1975)** demonstration of prolonged states of unmetabolized aggression producing "interferences with identification" in this critical period.

The critical import of shame regulation of hyperaroused, grandiose practicing affect to identification processes also applies to emerging gender identification which is actively occurring at eighteen months **(Money and Ehrhardt, 1968)**, rapprochement onset. Nathanson **(1987)** points out that "the earliest manifestations of genitalityand gender identity are exactly contemporaneous with the period during which shame takes on its deepest significance in terms of the self" (p. 39), and Amsterdam and Leavitt **(1980)** note that parental response to the rapprochement onset upsurge in genital sexuality is critical to developing shame affect. Fast **(1979)** asserts that early gender development in girls involves the transition from an early undifferentiated grandiose omnipotent narcissistic state to a more differentiated state of feminine identification in which earlier illusory claims of omnipotence are yielded up to reality. If this does not occur, an "incompletely differentiated feminine gender" results. Furthermore, the narcissistic mother either overstimulates or does not modulate her infant's high arousal grandiose affect. Mahler and Kaplan **(1977)** describe the developmental history of a very aggressive narcissistic girl who manifested a predominance of shame and a "poor feminine identification." In an unpublished study **(J. Schore, 1983)**, shame-prone women with inefficient shame regulatory systems were shown to have weak feminine identifications, presumably reflecting poor early maternal internalizations. It is posited that this occurred because the narcissistic mother did not downregulate the practicing toddler's hyperarousal, a state detrimental to the learning

and memory processes underlying identification. If the mother does not shame-regulate phase-typical hyperarousal, the maternal introjection and genderidentification

will be “weak.” Also, in psychotherapeutic work with adults, Kaufman **(1985)** notes a strong connection between “failures in identification” due to intense early shame histories and homosexual manifestations.

As pointed out earlier, in addition to the shame experience and its consequent affective misattunement, the caregiver's response of deactivating and subsequently reactivating sympathetic arousal is critical to the organization of a system to regulate the negative effect of shame, that is, the shame regulator. Thus, a favorable resolution of the narcissistic (rapprochement) crisis, that is, the emergence of a system to regulate narcissistic affects, at the critical period of the practicing—rapprochement boundary, depends on the emergence, by the end of the practicing phase, of an internalized efficient affect autoregulatory system which can bidirectionally modulate the high arousal affects intrinsic to the grandiose, narcissistically charged practicing stage, even in the caregiver's absence. It is proposed that this mechanism underlies Freud's **(1923)** observation that by both frustrating and satisfying the infant in the correct proportion, the mother facilitates the transformationof the pleasure into the reality principle.

Implications for the Etiology of Narcissistic Disorders

The developmentally impaired narcissistic disorders, which manifest shame-sensitivity (DSM-III-R; American Psychiatric Association, **1987**; **Kohut, 1971**; **Lewis, 1980**), defective superego formation, vulnerability to narcissistic injuries, low self-esteem, and unmodulated narcissistic rage do not effectively negotiate the rapprochement crisis. In support of this, Mahler and Kaplan **(1977)** speculate that the early etiology of the narcissistic disorder of a thirteen-year-old-girl involved the absence of practicing phase refueling and the irresolution of the rapprochement crisis. Masterson **(1981)** correctly points out: “The narcissistic personality disorder must be fixated or

arrested before the development of the rapprochement crisis, since one of the important tasks of that crisis is not performed, i.e. the deflation of infantile grandiosityand omnipotence” (p. 29). Spitz (1964) describes a type of “psychotoxic” maternal care, manifest in an overdose of affective stimulation, that is dispensed by the narcissistic mother who is concerned more with her own emotional needs than those of her infant. It is speculated that the mother is emotionally accessible when the child is in a grandiose state. However, because the infant's hyperaroused state mirrors the mother's heightened narcissism, the mother may do little to modulate it. On the other hand, when the infant is in a negative hyperaroused state, such as aggressive separation protest, she either fails to modulate it (in herself or in her child) or even hyperstimulates the infant into a state of dyscontrol. She also may be ineffective in regulating the infant up out of hypoaroused states which she herself triggers, such as occurs in maternal shame—stress depletion of narcissistic affect.
Kohut **(1977)** describes this inconsistent attunement of the mother as an important element in the etiology of narcissistic disorders:

> On innumerable occasions she appeared to have been totally absorbed in the child—overcaressing him, completely in tune with every nuance of his needs and wishes—only to withdraw from him suddenly, either by turning her attention totally to other interests or by grossly or grotesquely misunderstanding his needs and wishes [p. 52].

Thus, after a shame induced infant—caregiver misattunement, the infant encounters at reunion a narcissistically injured, aggressively teasing, and humiliating mother who rather than decreasing shame—distress hyperstimulates the child into an agitated state of narcissistic rage. The caregiver does not act to modulate shame and allow for the internalization and organization of a shame regulatory system in the child which can reduce hyperstimulated states and allow for recovery

from hypostimulated states. Repeated early failures of attunement create "a belief that one's affective needs generally are somehow unacceptable and shameful" (Basch, **1985**, p. **35**). The inner experience of the affect of shame therefore becomes associated with an expectation of a painful self disorganizing internal state which cannot be regulated, and therefore is consciously avoided or "bypassed" **(Lewis, 1971)**. The developmental arrest of narcissism regulation thus occurs specifically at rapprochement onset, and is due to the failure to evolve a practicing affect regulatory system which can neutralize grandiosity, regulate practicing excitement, or modulate narcissistic distress.

Kohut **(1971)** notes that the specific pathological affective experiences of narcissistic disorders "fall into a spectrum ranging from anxious grandiosity and excitement on the one hand to mild embarrassment and self consciousness or severe shame, hypochondria, and depression on the other" (p. **200**). Broucek **(1982)** notes:

> With the advent of objective self-awareness, the child becomes more acutely conscious of his comparative smallness, weakness and his relative incompetence in the larger scheme of things. The shame evoked by this self-consciousness is more intense and more threatening for the child with a grandiose self than for the child with a less fantastic, more "normal" ideal self, due to the greater discrepancy between objectively derived self-observation and the defensively exalted grandiose self [p. 375].

It is asserted that this phenomenon is due to a failure to down-regulate the high arousal affects which fuel the "fantastic" grandiose self. As a result, "the ideal egomay remain sequestered from the developing reality ego as a persisting structure ready for grandiose revival" (Parkin, **1985**, p. **146**). The hypercathected archaic ideal ego (Kohut's archaic grandiose self), as an

unintegrated persisting remnant, moves forward in development, and may be activated and expressed in "the appearance of affects similar to those associated with the earlier system such as grandiosity, omnipotence and euphoria or even elation" (Parkin, **1985**, p. **152**). Kohut **(1978b)** describes a personality structure "with a poorly integrated grandiose self concept and intense exhibitionistic—narcissistic tensions who is most prone to experience shame" (p. 441). Shame-prone narcissistic personalities **(Lewis, 1980)** defend "against feelings of unworthiness and self-contempt by assuming an attitude of grandiosity and entitlement, which is often accompanied by feelings of elation and contempt for others" (Hartocollis, **1980**, p. 137).

Dorpat **(1981)**, referring to self-object (preoedipal) transferences in narcissistic personality disorders points out that:

> The narcissistic transference object (or self-object) serves as a substitute for the patient's missing or defective psychic structures. In analysis and in their everyday life, such patients seek self-objects to carry out functions (guiding, controlling, comforting) that persons with more differentiated ego and superego structures are capable of doing for themselves [p. 162].

In early development preoedipal caregivers serve as self-objects, specifically to perform psychological functions "such as tension management and self-esteem regulation that the infant is unable to perform for himself" (Glassman, **1988**, p. **601**). This developmental principle underlies the clinical transferential phenomenon of the uneasy dependence of the narcissistic patient on the psychotherapist for self-esteem regulation and the stabilization of narcissistic equilibrium **(Bleiberg, 1987)**, thus promoting the clinician's critical role as an "auxiliary superego" **(Strachey, 1934)**. It is posited that self-object functions are specifically and exclusively unconscious, nonverbal affect regulatory functions which stabilize self structure against the

hyperstimulated-explosive fragmenting or hypostimulated-implosive depleting potential of stressful levels of stimulation and affect. An effective structural superegosystem to autoregulate mood and narcissistic affects, which is required for self-esteem homeostasis and for restoration and recovery of narcissistic equilibrium subsequent to affective stress and narcissistic injury, never ontogenetically evolves. Kernberg **(1984)** and Tyson and Tyson **(1984)** emphasize the clinical observation that superego pathology plays a central role in narcissistic disturbances.

The essential psychological lesion in these individuals (as well as borderline personalities who also manifest a heightened vulnerability to shame and a failure to self regulate emotional experience **[Grotstein, 1990]**) is that they do not have the capacity to tolerate or recover from narcissistic injuries which expose distressing negative affect, especially hyperaroused affects like narcissistic rage and hypoaroused shame, while maintaining constructive engagement with others. The coping ability to affectively reconnect with an emotionally significant other after a shame—stress separation, and indeed to use the other to recover from shame-associated narcissistic injury and object loss, has never effectively developed in this personality structure due to its early practicing experiences. Narcissistic disorders are thus disorders of the regulation of narcissistic affect, especially shame, the central affective experience of narcissism (**Broucek, 1982**; **Kinston, 1983**; **A. P. Morrison, 1989**), and their pathology is most observable during times of stress of narcissistic affect. Self regulatory failure has recently been proposed to be responsible for the "affectomotor lability" of narcissistic disorders **(Rinsley, 1989)**.

Despite this inefficient capacity to autoregulate distress, during periods of stress, when it may be more adaptive to communicate one's disorganized affective state to a significant other, they emotionally withdraw from object relations in order to protect against the unconsciously anticipated painful exposure of shame. Shame-prone narcissistic personalities are

known to suffer from narcissistic injury-triggered overwhelming internal self-shaming tendencies **(A. P. Morrison, 1984)** and repetitive oscillations of self-esteem, which necessitate "endless attempts at repair" **(Reich, 1960)**. Bursten **(1973)** notes "the task of the narcissistic repair mechanism is to be rid of shame" (p. 294), an affect state which "tends to linger for quite a long time until the subject recovers" (Nathanson, **1987**, p. 26), and which "spreads out from one specific content … to all of 'inner reality' and hence to the entire function of expressing oneself" (Wurmser, **1981**, p. 272). When a narcissistically undesirable trait is suddenly exposed (to the self and/or the other), an uncontrolled escalating shame reaction occurs, and there is no adequate affect regulating mechanism for the personality to use to modulate or recover from this painful affective state. Without a system to actively cope with and thereby tolerate this potent affect, the immature, undeveloped, archaic superegoavoids risk experiences which are potential points of shameful self exposure, thereby diminishing the expansion and the province of the ego ideal.

The Emergence of Ego Ideal Regulation of Narcissistic Affect

Under optimal growth conditions a developmental transformation of narcissism occurs; the omnipotence and grandiosity of the psychic system of primarynarcissism, the ideal ego, is diminished in the narcissistic crisis, giving way to the dominant emergence of the system of secondary narcissism, the nascent ego ideal. The ego ideal has been conceptualized to have its origins in the early introjection of the idealized loved and loving omnipotent mother (if the child has had such an experience). As a result of this internalization, "internal regulation of self-esteem becomes possible for the first time" (Parkin, **1985**, p. **147**). The function of the ego ideal, a system by which the self measures itself, is in general similar to other self regulatory

systems that modulate the internal milieu and stabilize the relationship between the organism and the internal environment. However, in particular it acts to autoregulate narcissistic affects that underly self-esteem, thereby sustaining autonomous emotional control, especially in response to social—environmental induced affective stress. Blos **(1974)** characterizes the ego ideal as a controlling agency which regulates maintenance of self-esteem, that is, narcissistic balance. "Fulfillment of the ideal results in an increase of self-esteem, while a failure to meet the standards of the ideal [shame] results in a decrease in self-esteem" (Turiell, **1967**, p. **124**). Self-esteem has been conceptualized as an "affective picture of the self," with high self-esteem connoting a predominance of positive affects and low self-esteem of negative ones **(Pulver, 1970)**. Stolorow and Lachmann **(1980)** have defined narcissism functionally: "Mental activity is narcissistic to the degree that its function is to maintain the structural cohesion, temporal stability and positive affective coloring of the self representation" (p. 10). The maintainence of narcissistic equilibrium, a functional role of the superego **(Tyson and Tyson, 1984)**, is manifest in the ego ideal regulation of narcissistic affect which underlies self-esteem. Self-esteem regulation has been identified as a function of the superego system (**Josephs, 1989**; **Kernberg, 1984**), and Nathanson **(1987)** describes the superego as functionally capable of processing "minute gradations of self esteem." Pulver **(1970)** notes that the maintainence of self-esteem is the personality's best protection against narcissistic vulnerability and shame propensity. It is speculated that the functioning of the ego ideal is intimately tied into the ego mechanism of episodic memory, which stores events that have meaning for the concept of self and are significant for the maintenance of self-esteem **(Tulving, 1972)**.

The ego ideal, here proposed to originate at the end of the practicing period, allows for a successful transition through the rapprochement crisis via its mediation of the efficient regulation of high and low arousal states. Brickman **(1983)** notes, "The evolution of a properly functioning superego system may

be seen to be contingent on the successful resolution of developmental … issues" (p. 90), and Grotstein **(1983)** refers to the critical importance of the establishment of a particular internal object to the function of the superego/ego—ideal. This paper specifically outlines the importance of shame stress, and the internalization of maternal shame affect regulation in the genesis of the evolving superego. Notice a psychological function (affect regulation) which is externally regulated in one phase is internalized and autoregulated in the succeeding phase. The ego ideal, a narcissistic component of the superego along with the conscience **(Hartmann and Lowenstein, 1962)**, contains grandiose fantasies and ideals and a "core of narcissistic omnipotence (which) … represents the sum of the positive identifications with the parental images" (Piers and Singer, **1953**, p. 14). These authors also theorize that it contains the goals of striving for mastery, or

“maturation drive,” which “would signify a psychic representation of all the growth, maturation, and individuation processes in the human being” (p. 15).

Shame, which is associated with a “narcissistic depletion within the self structure” (Spero, **1984**, p. **264**), and is an affective component of low self-esteem **(Josephs, 1989)**, has been commonly conceptualized in the psychoanalytic literature as the affect that arises when a self-monitoring and evaluating process concludes that there has been a failure to live up to ego-ideal images **(Piers and Singer, 1953)**. From a sociological viewpoint, Scheff **(1988)** points out that this affect, the primary social emotion, though it is usually almost invisible, is generated by the virtually constant monitoring of the self in relation to others. Shame is typically triggered by incompetence **(White, 1960)** and the concomitant threat of abandonment or rejection by the “significant object” **(Levin, 1967)**, and is thus the affective response to the self s failure to approximate its ideal state of maximized positive and minimized negative narcissistic affect when contrasted to the current level of the actual state. The ontogenetic origin of shame similarly involves an appraisal process in which a discrepancy exists between the memory of the

caregiver in an ideal, attuned, positive affective state and the perception of the reality of a misattuned mother in a negative affective state. Though the developmental origin of the negative evaluation of the self which produces shame arises from the interpersonal failure of expectation (excited anticipation), shame later occurs when certain intrapersonal self expectations (goals), the predominantly unconscious standards of the ego ideal, are not fulfilled. The central role of the self-monitoring ego ideal to the understanding of shame has recently been stressed by Morrison **(1989)**.

Broucek **(1982)** argues that shame is the basic affective experience of mental unpleasure and pain associated with disturbances of narcissism, and Amsterdam and Leavitt **(1980)** equate it with painful, heightened self-consciousness. Campos, Barrett, Lamb, Goldsmith, and Stenberg **(1983)** posit it results from injury to any salient aspect of one's self concept, Kohut **(1977)** speaks of “narcissistic injury,” and Lynd **(1958)** describes this affect as “a peculiarly painful feeling of being in a situation that incurs the scorn or contempt of others” (p. 24). Shame stress, a social “microstressor” of daily living, like physical injury and pain, activates a classical stress response; the physiological expression of physical and mental pain is thus identical. Recent work on brain opioids and social emotions suggests visceral pain and the affective response to social isolation share common evolutionary histories and neurochemical substrates **(Panksepp, Siviy, and Normansell, 1985)**. Affect tolerance, which allows for the conscious experience of emotions, has been proposed by Krystal **(1988)** to be analogous to the capacity to bear pain. Parkin **(1985)** equates the mental pain of disorders of narcissism with shame. Blos **(1974)** characterizes a major function of the ego ideal to be repair of narcissistic injuries produced by comparison with or slights by others, thus underscoring the recovery function of this autoregulatory agency.

Notice that the earliest evolving component of the internal monitoring superego system is the autoregulatory ego ideal. This dovetails nicely with Brickman's **(1983)** formulation that,

“The origins of the superego may be traced to the earliest attempts of the child to differentiate himself from his environment” (p. **83**). The earlier origin of the ego idealcomponent before the conscience component of the superego has been posited by others as well (**Anthony, 1981**; **Parkin, 1985**). Further support for this is seen in Kagan's **(1979)** developmental study of preverbal two-year-olds in which he concluded, “the appearance of internal standards is not a

late development that occurs after the child learns to fear adult punishment, but is present early in ontogeny. These first standards are concerned with task competence" (p. 1053). Note these internal standards are preverbal, supporting the concept that the preverbal ego ideal forms before the verbal conscience. Early superego function is first manifested at eighteen months (the practicing/rapprochement boundary) when toddlers begin to exhibit "moral" prosocial behavior in the form of approaching persons in distress and initiating positive, other-oriented, affective and instrumental activities in order to comfort the other **(Radke-Yar-row and Zahn-Waxler, 1984)**.

It is proposed that although the content of the ego ideal is modified throughout development (aspirations are altered and what triggers shame changes), its homeostatic function of narcissistic affect regulation in infancy, childhood, adolescence and adulthood is not. Related to this is the problem of the distinction between a system's functional onset as a "primitive ego ideal" and its attainment of a "definitive structure" as a "mature ego ideal" **(Bios, 1974)**. Although ego ideal content (i.e., self-representations and images in episodic memory) may not reflect complex identifications and "definitive organization" until adolescence **(Bios, 1974)**, the basic mechanism underlying its functional onset and therefore its origin traces directly back to the early separation-individuation period. Indeed Bios dates the origin of the infantile ego ideal at the age of attainment of object constancy, eighteen months; this coincides with the rapprochement crisis genesis outlined earlier. Spiegel **(1966)**points out that the function of the primordial ego ideal is the

"dampening of extreme affects" and is associated with "the early appearance of shame." The necessity for a structural system to autoregulate affect, shame, and self-esteem is required from toddlerhood through adulthood, and its existence and availability depends on early object-relations experiences in the practicing critical period.

The self regulatory ego ideal, a stress-sensitive coping system involved in the modulation of affects by "toning down" intense "all good" (positive hedonic tone) or "all bad" (negative hedonic tone) affective dispositions **(Garza-Guerrero, 1981)** (modulates "splitting defenses"), is here proposed to be an affect regulatory system which monitors, adjusts, and corrects emotional responses, thereby providing flexibility and unity in socioemotional function. The superego system here described is equivalent to Fox and Davidson's **(1984)** negative affect regulating system which first appears in the middle of the second year, and to Emde's **(1983)** affective core which functions to maintain positive mood and to regulate the infant's interactive behavior. The ego ideal shame regulator is composed of two components which control the biphasic process of narcissistic affect regulation. The functional operation of this structural system is relevant to the process by which shame plays a central role in maintaining narcissistic equilibrium **(Kohut, 1971)**. The shame stimulator component acutely reduces hyperaroused and hyperstimulated states, diminishes positive narcissistic affective coloring of self representations, contracts the self, lowers expectations, decreases self-esteem, active coping, interest, and curiosity, interferes with cognition and increases overt consciously experienced shame, parasympathetic supported passive coping, blushing, gaze aversion, and depressive affect-toned mood. The second component, the shame modulator, reduces consciously experienced shame (narcissistic pain), negative affective self representations, low-keyed depressive states and passive coping, and initiates recovery of sympathetic supported positive hedonic-toned mood and narcissistic affect, facilitation of the cathexis of the self representation, expansion

of the self, increased self esteem, and active stress coping capacities. This dual component, dual process system thus homeostatically reestablishes an optimal sympathetic—parasympathetic limbic balance of autonomic-affective functioning, (autonomic balance underlying an optimal level of emotionality) thereby adaptively maintaining self identity and self continuity in the face of continuously changing external environmental conditions.

The bulk of contemporary psychoanalytic developmental theory (**Loewald, 1978**; **Pine, 1985**; **Stern, 1985**; **Emde, 1989**) and research **(Lichtenberg, 1983)**strongly suggests that the infant's early object relations with the mother are indispensable to the development and organization of psychic structure responsible for self regulation and adaptation. Studies in developmental neuroscience now reveal that the stupendous accelerated growth of brain structure in infancy is critically influenced by "social forces" **(Lecours, 1982)**, and it has been suggested that the neurodevelopmental processes which are responsible for postnatal structural brain growth are influenced by events at the interpersonal and intrapersonal levels **(Scheflen, 1981)**. The critical nature of early socioemotional experiences may lie in their effects of enhancing or inhibiting the maturation of adaptive self regulating systems, especially limbic and cortical structures which anatomically and physiologically mature during particular periods of infancy, and the subsequent socioemotional functions that these structures will subserve. In a companion paper, evidence is presented to neurobiologically identify the ego ideal affect regulatory structure with the orbital prefrontal cortex, a cortical inhibitory system which is expanded in the right hemisphere and has extensive limbic connections, and which regulates emotion **(Jouandet and Gazzaniga, 1979)**, attachment behavior **(Steklis and Kling, 1985)**, and aggression **(DeBruin, Van Oyen, and VandePoll, 1983)**, and influences parasympathetic and sympathetic autonomic function **(Fuster, 1980)**. The rapid growth and development of this prefrontal system during the first eighteen months of life which

is critically influenced by early "social contact" **(Luria, 1980)** enables the self-modulation of arousal in late infancy **(Bowden, Goldman, Rosvold, and Greenstreet, 1971)**. It is argued that during the practicing critical period, shame experiences associated with the socialization process specifically influence the maturation of this superego affect regulatory system.

Superego Function in Mood Regulation and Further Theoretical Considerations

Pine **(1980)** states, "the awareness of separateness … culminates in the rapprochement stage, in sadness or depressive mood" (p. 227). McDevitt **(1975)**, noting the transition from the "good mood" of the practicing period to the lingering depressive mood of rapprochement asserts, "Thoughts and feelings persist beyond the situation in which they had their origin. Conflicts with the mother no longer simply flare up and disappear; they appear to continue in the child's mind for longer periods of time" (p. 728). Mahler **(1979)** asserts: "a basic mood is established during the separation—individuation process.… The characteristic baseline of the child's emotional responsiveness seems to derive from the preponderance and perpetuation of one or the other of the subphases of the separation—individuation process" (p. 156). The onset of superego (ego ideal) autoregulatory functions at the end of the practicing period, which enables the successful resolution of the rapprochement crisisin which there is a transformation of mood states, fits well with Edith Jacobson's **(1964)** conceptualization of the superego as an affect regulatory system, a mood (denned as a general enduring highly persistent state of affect) regulator.

> I have stated that the centralized, regulating power of the superego can modify the course of the self- and object-directed discharge processes in a generalized way. But generalized

> modifications of all discharge patterns lend our thoughts, actions, and above all our feelings a characteristic

> color which finds expression in what we call our mood. Thus the superego also becomes a governing force for our moods and keeps them at a comparatively even level. This is why any pathology and deficiency of the superego functions will manifest itself in conspicuous disturbances of the mood level [p. 133].

More recently, Kernberg **(1984)** has characterized the mature superego as exerting functional control by modulating mood swings. The function of the internal monitoring superego system, originally proposed by Freud to regulate drive (hyperstimulated aggression and sexuality), later described by Jacobson **(1964)** as an autonomous central system for the regulation of libidinal and aggressive cathexes of self representations, is here proposed to be an affect regulatory system.

It is posited that the hallmark of a developmentally and functionally evolved superego, *which is often too narrowly defined in terms of cognitive and verbal aspects of conscience,* is reflected in mood stability and a relatively rapid *recovery* from disruptive emotional distress states to positively toned emotional states. On the other hand, a developmentally and functionally immature superego, especially under narcissistic stress, would manifest a tendency to easily slip from a positive or neutral state into a negative emotional state, and for negative emotional states to endure well beyond the precipitating stimulus event as a lingering dysphoric mood. This conceptualization fits well with Wallace's **(1963)** clinical observation that shame-prone individuals have undeveloped or partially developed superegos, and Freud's concept, presented in "The Ego and the Id" **(1923)**, that psychiatric disturbances reflect a malfunctioning superego. Structural defects in the undeveloped superego are particularly exposed under high pressure; superego lacunae **(Aldrich, 1987)** and the failure of internal controls to regulate internal aggressive impulses will form in response to intense, unmodulated stress states. Superego dysfunction will thus be manifest in impaired affect modulation as found, for example, in affective

disturbances **(Giovacchini, 1979)**, mood disorders, and narcissistic pathologies, and in self-esteem pathology as found in borderline patients. Eisnitz **(1988)** notes "rapid shifts in self-esteem may be an indicator of superego function dominated by highly aggressivized and libidinized energy" (p. **156**). I would conceptualize this symptomatology as reflecting an unevolved, inefficient ego ideal shame regulator which is unable to modulate these hyperenergetic states. Furthermore, I agree with Kernberg's assertion that a lack of superego integration is diagnostic of narcissistic and borderline personality organizations, and with his clinical postulate that as a "criterion for the indication or contraindication of long-term, intensive psychotherapy … the quality of object relations and the quality of superego functioning are probably the two most important prognostic criteria…" (p. 21). However, the focus should be shifted from the later forming conscience component and guilt to the developmentally earlier ego ideal and its associated superego affect, shame.

It is posited that the essential psychological (and biochemical) lesions of disorders of affective functioning are found in structurally unevolved, physiologically altered, inefficient prefrontal regulatory systems which impair active recovery processes. Self-regulatory failure has recently been proposed to be responsible for the pathological "affectomotor lability" of narcissistic disorders **(Rinsley, 1989)**, and to be the proximal cause of depressive disorders (**Pyszcznski and**

Greenberg, 1987; Morris, 1989). Patients with cyclothymic and dysthymic affective pathology have been shown specifically to recover more slowly than normals from negative life events (Goplerud and Depue, 1985). Furthermore, it is posited that regulatory impairments will be manifest very early in specific vulnerable critical periods. For example, a generalized disturbance in affect regulation, as reflected in long enduring negative affective states, which is identifiable at twelve months and increases to prominence by eighteen months (the span of the practicing period),

has been found in infants of manic—depressive parents (Gaensbauer, Harmon, Cytryn, and McKnew, 1984).

With the practicing—rapprochement transition, a period in which attachment ties with the mother are loosened (Galenson and Roiphe, 1976) and a time when attachment intensity to the father is significantly increased (Abelin, 1971), the practicing subphase-specific, obligatory, and dominant mood of elation is supplanted by the subphase-specific mood of rapprochement, soberness, and even temporary depression. Notice the typical high arousal affect of the "elated" practicing subphaseversus the low arousal, "depressed" affect of the rapprochement phase. At reunion, the practicing caregiver is predominantly regulating an elated junior toddler; the rapprochement care-givers are generally regulating a senior toddler who is in a very different mood state (i.e., low energy and deflated). Again, it should be remembered that emotional distress can take the form of hyperaroused or hypoaroused affects. The "affective climate" of the two subphases is qualitatively very different, both in terms of the predominant affective valence and in terms of the tempo (arousal level) of the predominant emotional state. Practicing elation, characterized as positive—active, is supplanted by rapprochement depression, which is negative—passive.

"Nameless shame" (Kohut, 1977), which originates in the sensorimotor nonverbal practicing period, and the ego ideal component of the superego are both operative at this transitional point in development. However, guilt, which first emerges in the verbal child, and the conscience component, which relies on the internalization of verbal, moral values and parental standards, do not first appear until the end of rapprochement/beginning of the phallic stage (i.e., Mahler's fourth subphase and Piaget's first stage of preoperational representations) (Izard, 1978; Sroufe, 1979; Pine, 1980). This dual model of superego onset and function fits well with Miller's (1989) division of an early appearing developmental line associated with shame from a later emerging affect line associated with

guilt, and with Krystal's (1978) differentiation of two lines of emotional development, an infantile nonverbal affect system and a verbal adult system; he specifically cites guilt as an "adult type of affect." Similarly, Gazzaniga (1985) now postulates the existence of two affect mediating systems, a basic primitive system and a verbal—conceptual system, which are localized in separate hemispheres. Neuropsychological research with very young children has indicated early autonomous affective as well as cognitive functioning of the two hemispheres. It is proposed that the earlier development of nonverbal shame and the ego ideal before verbal guilt and conscience reflects the known biologically determined earlier differentiation and functional onset of the nonverbal visuospatial—holistic right hemisphere (Giannitrapani, 1967; Geschwind and Galaburda, 1987) and the later maturation of the linguistic—rational capacity of the verbal analytic left hemisphere (L. Miller, 1986; Taylor 1969). Indeed, a recent developmental neuropsychological study (Rothbart, Taylor, and Tucker, 1989) of practicing infants has revealed that right, but not left, hemispheric specialization for emotions begins at the end of the first year, with greater right hemispheric

cortical inhibition of subcortical emotional processes. In contrast, Thatcher, Walker, and Giudice **(1987)** show the left hemisphere growth spurt does not begin until age two.

In addition, an impressive volume of research on hemispheric lateralization of emotions reveals the existence of dual affective systems, a right hemisphere system dominant for nonverbal mood and affect, and a left hemisphere system involved in verbally mediated affective and mood states **(Silberman and Weingartner, 1986)**. The function of these two systems may be reflected in the processing of unconscious and conscious affective information, respectively. In adults, the right hemisphere is known to be "predominant in the experience, expression and discrimination of emotion and … differentially important for the regulation of arousal" (Levy, Heller, Banich, and Burton, **1983**, p. 322), to be preferentially activated under stress conditions **(Tucker, Roth, Arneson, and Buckingman, 1977)**,

to be responsible for maintaining import controls over autonomic activities **(Heilman, Schwartz, and Watson, 1977)**, and to be particularly well connected with subcortical processes **(Tucker, 1981)**. Joseph **(1982)** concludes, "right hemispheric involvement with emotional functioning is due to greater abundance of reciprocal interconnections with the limbic system" (p. 16). The emergent ego ideal is here conceptualized to be the right hemispheric, dual component, narcissistic affect—shame regulator which manifests structural organization and functional onset at the end of the practicing period. Ego ideal shame regulation may be pertinent to the dynamicmechanism by which the right hemisphere, which is responsible for primary process functions ascribed to the unconscious **(Galin, 1974)** and may underlie transferencephenomena **(Watt, 1986)**, regulates emotional information.
The superego components of ego ideal and conscience may thus respectively represent systems of right and left hemispheric affect regulation.

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