

## SHAME AND COVID-19 PANDEMIC

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### SUMMARY

*Optimal psychic response during the COVID-19 pandemic is the result of many different factors. One of the main factors is the psychodynamic understanding of essential emotions such as shame. Despite the immense effort by health workers to address stress- and trauma-related disorders in the course of the COVID-19 pandemic, a large proportion of the people affected by the disorder do not have information regarding the emotion of shame. Lack of mentalizing capacity implies disturbed shame dynamics. The therapeutic relationship and optimal alliance offer the frame for acceptance of shame as useful for psychological growth. Empathy should be a cure for dysfunctional shame, at the individual or social level. We believe that including a psychodynamic approach in the national public and mental health emergency system will empower national prevention strategies.*

**Key words:** shame - COVID-19 pandemic – psychodynamic - mentalization, narcissism

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### INTRODUCTION

The coronavirus (COVID-19) outbreak was labeled a global pandemic that not only affects physical health but also individual, family, and public mental health (Jakovljević et al. 2020). Understanding how crisis influences an individual's reactions to stressful events (and vice versa) is important to create meaningful and effective interventions (Marčinko et al. 2020a). New knowledge has led to more holistic treatment in psychiatry and psychological medicine (Jakovljević 2008, Jakovljević 2017). Our literature search of recent papers relating to shame and COVID has revealed a deficit in papers. Despite the immense effort by health workers to address stress- and trauma-related disorders in the course of the COVID-19 pandemic, a large proportion of the people affected by the disorder do not have access to important psychological or psychodynamic data such as shame dynamics. We believe that including a psychodynamic approach in the national public and mental health emergency system will empower prevention strategies during (and after) the COVID-19 pandemic crisis.

### SHAME, NARCISSISM, AND PANDEMIC

Psychic reactions should be the output of a process that emphasizes the “dark side” of virus pandemic, integrating the unconscious and fantasies with conscious contents (Marčinko et al. 2020a). A psychodynamic understanding of the impact of the crisis on the individual is necessary for tailoring meaningful treatment interventions. The foundation to resolving the crucial problems is to use empathy, restorative justice, and mentalization to understand the other parts what means that both or all sides have values, dignity, and respect

and their attitudes and actions have meaning (Jakovljević et al. 2020). Empathy should be a cure for dysfunctional shame, at the individual or social level. The role of early psychological development is important in the context of shame. According to a recent investigation, narcissistic vulnerability seems to be more strongly related to negative parenting and interpersonal forgiveness than narcissistic grandiosity, while it also represents one of the underlying mechanisms of the negative parenting – interpersonal forgiveness relationship (Marčinko et al. 2020b). The clinical implications of these findings are important concerning pathological narcissism and lack of forgiveness. Shame should be an important negative factor in the process of reparation during a crisis such as a pandemic because of excessive amounts of dysfunctional anxiety and narcissistic defense psychological mechanisms. In regular times, healthy people generally experience a fundamental sense of security and predictability. During the crisis, the sense of security is disturbed. This experience relates to external reality but is also vital for maintaining a stable sense of self. COVID-19 pandemic threatens the security and reliability of both outer and inner reality. It confronts us with uncertainties of our lives and with our vulnerability, endangering our very basic sense of security. Shame is essential emotion, important for both, outer and inner reality. The role of shame as a master emotion is underestimated in the context of the pandemic. Pathological shame should be dangerous and auto-aggressive during a time of crisis such as the COVID pandemic. An invisible virus can be anywhere and threatens everyone's safety. It is similar to invisible but powerful anxiety, a feeling that is not associated with a particular object but is everywhere. Almost any person and any mental system represent elements of potentially harmful effects directed by dysfunctional shame. Such real but

invisible and pervasive danger causes uncertainty and promotes fear and anxiety. Hidden but pervasive danger disrupts defenses and triggers unconscious primitive and collective fears. Some pandemic behaviors as social distancing should promote anxiety and depression associated with dysfunctional shame. A real threat that affects everyone also unites people into a large group that encompasses almost the whole of humanity. In such a large group, negative emotions are intensive and cognitive functioning becomes simplified. Primitive and powerful emotions emerge and there is a tendency to regression of mental functioning. During the COVID-19 pandemic, many usual behaviors that became risky regarding the virus's transmission are undesirable or shameful. However, epidemiological measures and recommendations, no matter how reasonable and scientifically validated, cannot automatically become universally accepted or integrate into social norms. Violation of those recommendations does not cause shame unless they are internalized as social norms. On the contrary, coupled with the devaluation of authorities and institutions, violation of epidemiological recommendations may be experienced as a courageous expression of freedom and lead to an inflated sense of importance. Public trust, both horizontally among people and vertically between people and their institutions is very important for overcoming the COVID-19 pandemic, syndemic, and infodemic triad (Jakovljević et al. 2020). Our previous research (Jakšić et al. 2017) investigated the relationships between pathological narcissism, the experience of shame, and suicidal ideation in a large sample of psychiatric outpatients. In accordance with our hypotheses, narcissistic vulnerability demonstrated stronger associations with the experience of shame and suicidal ideation than grandiosity. Characterological and bodily shame showed significant mediating roles in this relationship, whereas a mediating effect of behavioral shame was not observed. Results should be useful in the context of the pandemic because narcissistic defense mechanisms can be intensive during a time of world crisis. In a case of a sudden outbreak of the disease, and person may not have enough time to adapt to new life circumstances and the stress is more pronounced. A person suffering from COVID-19 disease suddenly becomes socially undesirable with the risk of shameful behavior. Social isolation is a challenging psychological situation, accompanied by psychological difficulties arising from a (potentially) serious illness. Some behaviors in the COVID-19 pandemic due to fear, anxiety, and general psychological regression largely deviate from the social norms and personal ideals that prevailed before the pandemic. Persons can react primarily to protect themselves while violating their moral standards. Persons may experience themselves as bad and unworthy and a sense of diminished self-esteem and shame may emerge (Tangney et al. 2007). Moreover, shame quickly spreads to the whole personality.

Although only one segment of the character or behaviour may be inconsistent with social or personal norms and devalued, the ashamed person and his social community are prone to depreciate the whole self and all segments of his life. A characteristic reaction to shame is to hide one's real or imaginary defects and transgressions from exposure, which may be not only unpleasant but also unbearable. While guilt motivates one to confess, shame is associated with the wish to remain hidden. One usually tries to avoid awareness of shame and remove it from conscious experience. However, although unconscious, shame can still affect the whole person. It often remains unrecognized in both life and psychotherapy. Therefore, it is often necessary to look for the hidden shame that underlies various behaviors, such as narcissistic anger and destructive behavior (Tangney & Dearing 2002). Shame may also motivate a person to retreat into solitude and isolate oneself from all contacts to protect one from further self-esteem injuries. The paradox of shame is that although it may serve as a signal affect and prompt one to cease unacceptable behaviors that disrupt the harmonious integration into the society, its immediate effect may be isolating one from the environment. This may also be the final effect in the case of pathological shame. A variety of unconscious defenses that the ego employs when dealing with shame protect a person against psychological injury but at the same time impoverish the self. Dissociation, for example, weakens the integration of different aspects of one's self into a coherent unity and depletes the self. If one does not deal with its causes, shame can ultimately alienate an individual from others and one's own authenticity. In our previous work (Marčinko et al. 2014), we have found that narcissistic vulnerability is more strongly related to depressive symptoms than narcissistic grandiosity, and dysfunctional perfectionism represents one of the underlying mechanisms of this relationship. It is important to break down these unhealthy mechanisms and bring insight to the underlying problem and recognition of shame is crucial in these dynamics.

## HIDDEN SHAME

The ongoing pandemic abounds in emotionally and morally distressing scenarios. Examples include being unable to provide support for the dying relative or transmitting the virus to a seriously ill person. All these scenarios can lead to global condemnation of the self and trigger a strong sense of shame. However, shame and shame-related emotions may not be easily addressed. The dynamics of shame incorporates much more than the phenomenology of the overt emotion that is readily available to consciousness. Shame that is obvious on the surface tends to get much more attention than repressed, latent, or hidden shame. Lansky (2005, p. 867) elaborated that "*what is hidden is not the affect*

itself, but what the psyche anticipates as its likely evocation and the consequences of the affect's rising into consciousness". In anticipation of the pain of shame, the picture that evokes it becomes repressed or distorted. As he emphasized, the idea of hidden shame can be traced back to Freud's early writings about the "incompatible idea" that is denied access to consciousness. Freud stated (Breuer & Freud 1895, pp. 268–269): "I recognized a universal characteristic of such ideas: they were all of a distressing nature, calculated to arouse the affects of shame, of self-reproach, and of psychical pain, and the feeling of being harmed; they were all of a kind that one would prefer not to have experienced, that one would rather forget." Later psychoanalytical models of conflict focused on defense against drive or impulse, not on defense against awareness; shame remained out of sight not only clinically, but also theoretically. However, as in the case of coronavirus, invisibility does not imply triviality. Shame not only remains hidden but also often causes one to hide, to protect the self from rejection and self-loathing. Anger or rage, contempt, envy, and depression often express some element of shame, but may also precipitate shame and serve as a defense against it (Morrison 1989). While dynamics of shame involve one's weakness, vulnerability, dependency, and powerlessness, guilt dynamics suggest power, action, and destruction. Guilt may thus be more bearable and can serve as a defense against shame (Lansky 2005). In the case of health care providers, feelings of helplessness of witnessing deaths of the others may be so devastating that one rather focuses on feelings of regret and (real or imaginary) responsibility for one's actions. Failure to recognize, accept, and address shame that underlies guilt may lead to treatment failures. Here, the therapist needs to be attentive to the patient's shame, but also one's own, since shame of the other may induce our own feelings of inferiority and helplessness with the consequent urge to turn away from it. Hultberg (1988) noted that the person can deal with the shame in the analysis only after a trusting transference relationship has been built. It takes time to reach deep psychic layers. Scheff (2012) proposed that shame, a signal of disconnect, could be one of the key emotions in modern societies, which tend toward alienation, individualism at the cost of relationships. Shame and its anticipations are virtually ubiquitous but there seems to be a strict taboo attached to it that leads us to behave as if shame does not exist (Kaufman 1989). The heavy burden of the cumulative COVID-19-related stressors may further impede the psychological processing of shame-inducing experiences. Unveiling shame may require intuitive processing of the subtle nuances of communication that are expressed and perceived unconsciously, similar to what Reik (1948) termed "listening with the third ear" in describing how the analyst comes to the understanding of his patients (Safran 2011).

## PRIMITIVE FORMS OF SHAME

Psychological positions or modes around which we structure our experiences - the way we experience our self and anxiety, defend, relate to internal and external objects, symbolize and give meaning to what we experience may be more or less (im)mature. Rather than representing developmental sequences, they coexist throughout life, "stand in a dialectical relationship to one another, each creating, preserving, and negating the others" (Ogden 2018, p. 10). To be able to reach and employ more mature modes of experience (i.e., to "progress" from *autistic-contagious to paranoid-schizoid and then to depressive mode*) the child has to be surrounded by a sufficiently good environment. Later, as with all developmental achievements, some degree of environmental stability is necessary for their continuation. Extreme and unanticipated negative changes of the environment in the terms of its safety and predictability, like those brought by the COVID-19 pandemic, may lead to a preponderance of immature (primitive) forms of psychological organization. Primitive forms of psychological organization are characteristic of what Klein (1952) termed the paranoid-schizoid position. She considered them to characterize the earliest months of life but also to continue to a greater or lesser degree into childhood and adulthood. The central anxiety in this position is paranoid anxiety of invasive malevolence, the fear that "the persecutory object or objects will get inside the ego and overwhelm and annihilate both the ideal object and the self" (Segal 1974, p. 26). Immature ego cannot bring together the good and bad aspects of self or object, hence they are vigilantly separated, and both defenses and ways of organizing experience are heavily reliant on splitting. Experiences of pain cannot be contained, and are evacuated through the defensive use of omnipotent thinking and denial (Klein 1946, Ogden 1992). In the time of the ongoing pandemic, the inability to contain psychic pain may reflect in pandemic denial, which may further manifest in many ways, with refusing to wear a mask and attending large gatherings being the most obvious. Primitive use of defensive denial and omnipotence may also underlie propensity toward conspiracy theories. The shame of the paranoid-schizoid position may particularly remain invisible since shame was overlooked by the Kleinians theoretical framework until relatively recently. Shame "strikes deepest into the heart of man" (Tomkins 1963, p. 351) and it may not only impact but also underlie key manifestations of this position. Moreover, shame and its manifestations in this position differ from shame in the depressive (i.e., more mature) position. Lansky (2005) noted that the paranoia of the Kleinian paranoid-schizoid position often includes the paranoid shame in a sense of the fear of deliberate humiliation, rather than being exclusively rooted in the fear of physical attack or

destruction. As Garfinkle (2012) elaborated, shame in the paranoid-schizoid position is primitive. It contains persecutory and punitive elements. Such shame is often intense, humiliating, overwhelming, and unbearable to the degree that it is hidden from the consciousness - denied. Subsequently, the subject may disconnect from his objects and use intellectualizations for the retreat. Such shame may account for some profound and long-lasting psychosocial effects of the pandemic. Denied shame may lead to actions that (on the surface) seem shameless. This resembles the one category of narcissism that O'Leary and Wright (1986) proposed in which "shame is repressed or dissociated, and a shameless grandiosity seems to occupy the center stage of the individual's conscious experience". It is important to differentiate between persecutory (belonging to paranoid-schizoid mode) and depressive (belonging to depressive mode) forms of shame. This relates Rizzuto's (1991) distinction between normal and pathological shame. Normal shame is a conscious experience elicited by small indiscretion and is not overwhelming. Similarly, Fenichel's (1945) signal shame serves an ego regulatory function by alerting the person that external occurrences or private mental activities may elicit a painful experience of shame. Signal shame can be tolerated enough and linked to modifiable actions, which then ensures the preservation of links to objects. A precondition for such shame is the ability to adequately connect to (whole object) others. This includes the capacity for concern and remorse, which are experienced in the depressive mode of psychological functioning. On the other hand, Rizzuto's "pathological" shame is a persistent predisposition to painful shame which is "linked to unconscious fantasies portraying the individual as the desiring and frustrated subject of an unresponded to affective message". Such primitive shame is often accompanied by aggressive, persecutory, and painful affects (Garfinkle 2012). Those affects are often more visible, but to address them, one first has to find a subtle (side)way to shame that is hidden somewhere underneath. Extraordinary circumstances of the ongoing pandemic may challenge our patience, but in-depth paths may be the way to more authentic surfaces and more breathable air.

## CONCLUSION

Despite the immense effort by health workers to address stress- and trauma-related disorders in the course of the COVID-19 pandemic, a large proportion of the people affected by the disorder do not have information regarding essential emotions such as shame. Psychic reactions should be the output of a process that emphasizes the "dark side" of virus pandemic, integrating the unconscious and fantasies with conscious contents (Marčinko et al. 2020a). We believe that including a psychodynamic approach in the national public and

mental health emergency system will empower national prevention strategies. Psychodynamic understanding of how crisis influence an individual's reactions to stressful events (and vice versa) is important to create meaningful and effective interventions. The foundation to resolving the crucial problems is to use empathy, restorative justice, and mentalization to understand the other parts what means that both or all sides have values, dignity, and respect and their attitudes and actions have meaning (Jakovljević et al. 2020). Empathy should be a cure for dysfunctional shame, at the individual or social level. Future studies are encouraged to use additional measures of shame dynamics, which would provide a more comprehensive assessment of this phenomenology.

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Darko Marčinko: idea, concept and design of the article, writing manuscript, approval of the final version.

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