Depression, Bipolarity and Aggression as Emotion Sequences

Thomas Scheff*
Department of Sociology, UCSB, University of California, 3009 Lomita Road, Santa Barbara, CA, USA

*Corresponding author: Thomas Scheff, Department of Sociology, UCSB, University of California, 3009 Lomita Road, Santa Barbara, CA, USA, Tel: (310) 513-2715; E-mail: xscheff@gmail.com

Received date: April 14, 2016; Accepted date: April 23, 2016; Published date: April 29, 2016

Abstract

This article proposes emotion models of three disorders built upon the sequencing of shame (depression) or anger and shame (aggression and bipolarity). The models are based largely upon a systematic study by Helen Block Lewis of 150 psychotherapy sessions word by word. First described is her use of the Gottschalk method that systematically located words that imply emotions, then three of her findings: the large number of shame episodes, the seeming unawareness of them by both client and therapist, and finally the way that shame events often sequence into either withdrawal or anger. Her emphasis on shame was and still is unusual, since modern societies try to hide shame. If the idea of sequences from shame is expanded to the point of cybernetic feedback loops, it may help explain the causal processes of depression, bipolar disorder and aggression. To the extent that this model is correct, it would suggest that therapy for all three disorders would be similar: helping the patient to locate, discuss and resolve his/her hidden shame.

Keywords: Gottschalk method; Lewis's conception; Overt, undifferentiated shame (OU)

Introduction

Many years ago the psychologist/psychoanalyst Helen B. Lewis [1] published a book reporting the results of her content analysis of transcripts of 150 psychotherapy sessions. She found that emotion episodes in sessions usually led either into talk about the episode, or, in many cases, into further emotion episodes that she called sequencing. In interpreting her findings, she proposed that depression could be based on emotion sequencing, but put less emphasis on the possibility of aggression and what she called manic-depressive disorder (nor referred to as bipolar). Her idea of emotion sequences will be used in this article in an attempt to describe the structure of all three disorders.

Here is an introduction to one of Lewis's sequence descriptions: the patient has a depressed feeling arising from shame, which leads into a wish to humiliate (Sequence 11, Patient FD3, pp. 320-322). Lewis's analysis of this part of a case recording implies a sequence from shame to depression (shame about shame) to anger (Another example, more descriptive than this one, is found on p. 6, below).

There were a hundred and fifty sessions recorded by ten different therapists (Lewis was not one of them). She used the Gottschalk [2] technique to locate words that imply emotions in the transcriptions, and then analyzed the reactions of both client and therapist to each episode. The Gottschalk method concerns words and phrases that are commonly understood to indicate emotions, such as "being pissed off" as a way of referring to anger, or "feeling rejected" to shame (The Gottschalk [3] device is now available as software, the Picard).

Lewis's analysis of the results led to two surprises. First, shame episodes were by far the most frequent, outnumbering all the other emotions combined. Secondly, unlike the other episodes, such as anger or grief, the shame episodes were not commented on. Neither therapist nor client seemed to notice them.

In the book, she referred to the seemingly unnoticed shame as unacknowledged, since she couldn't tell whether the therapists and clients were unaware of the emotions, or whether they were aware but not mentioning them. Since Lewis was a practicing psychoanalyst as well as a researcher, she later questioned her own clients when they used words that indicate shame. She found them to be unaware of the shame that their wording implied.

In the 1971 book, in connection with the sequences that occurred after the client's shame episodes, Lewis made two further discoveries. The most frequent sequence was what seemed to be varying degrees of withdrawal by the client. Lewis called this a sequence from shame to depression. The client would begin to speak less and more slowly with less clarity. There was also another response, a sequence from shame to anger, sometimes at the therapist. The anger reaction was much less frequent than withdrawal. These two sequences will be the basis for the theory of the types of "mental illness" described here.

As indicated, shame episodes did not lead into discussion of the episode by client and/or therapist. For example, if something the therapist had said embarrassed the client, he or she could have responded with "That remark you just made me feel ashamed," or the more indirect "You hurt my feelings." Such a statement might have then led the discussion toward working through the client's shame, a therapeutic sequence. Such a sequence did not occur in any of the many shame episodes in the 150 sessions.

Hiding Shame

Lewis proposed that shame is mostly hidden both from others and from self. She found that shame goes unacknowledged in two different ways. The first way she called "overt, undifferentiated shame" (OU). The client is in pain, but it is referred to indirectly, at best. As Gottschalk has shown, there are hundreds of words and phrases in English that can be used to refer to shame without naming it. For example, one can say "I fear rejection," or "This is an awkward moment for me," and so on. Many of these cognates have been listed by Retzinger [4].
OU shame is usually marked not only by pain, but often by confusion and bodily reactions: blushing, sweating, and/or rapid heartbeat. One may be at a loss for words, with fluster or disorganization of thought or behavior, as in states of embarrassment. Many of the common terms for painful feelings appear to refer to this type of shame, or combinations with anger: feeling hurt, peculiar, shy, bashful, awkward, funny, bothered, or miserable; in adolescent vernacular, being freaked, bummled, or weirded out. The phrases “I feel like a fool,” or “a perfect idiot” is prototypic.

Even indirect reference may be avoided when shame is labeled erroneously. One error is to misname the feeling as a physical symptom: “I must be tired” (or hungry or sleepy, or pregnant, etc.). Although Lewis found this kind of shame occurring with both women and men, it was predominantly used by women.

The usual style of men, she called “bypassed.” Bypassed shame is mostly manifested as a brief painful feeling, just a flicker, followed by obsessive and rapid thought or speech. A common example: one feels insulted or criticized. At that moment (or later in recalling it), one might experience a jab of painful feeling (even producing a groan or wince, although not necessarily), followed immediately by imagined replays of the offending scene.

Many of the replays are variations on a theme: how one might have behaved differently, avoiding the incident, or responding with better effect. The scene may be replayed involuntarily through meals and keep one awake at night. It may become an obsession.

However, there is also a form of bypassed shame in which the indications are weaker. Apparently it is possible to further hide bypassed shame to the point where it is noticeable only through extremely close examination. One may feel blank or empty in a context of humiliation, embarrassment or shame.

Two further steps beyond Lewis’s approach may be necessary. Lewis uses a simple dichotomy: shame is either acknowledged or unacknowledged. Since Elias [5] and others have suggested that virtually all shame in modern societies is secret, we probably need to envision various degrees of hiding in order to understand why secret shame sometimes causes symptoms of disorders, but sometimes not.

Suppose that hiding shame is usually not complete. When the shame is only partially hidden, at least some of it may be resolved, at least in part. It was James [6] who first suggested that emotions are at core internal bodily tensions that can be resolved through physical resolution. This idea was taken up by both Dewey and Mead, who called it “the attitude theory of emotions.” This theory was explained more completely by Nina Bull [7]. She proposed that grief, for example, is bodily preparation to cry that has been delayed. To the extent that emotions are bodily states of arousal, then limitless shame-based spirals occur only when shame is completely unresolved. For our purposes, therefore, we need at least a trichotomy: acknowledgement, partial hiding, and complete hiding.

Lewis’s finding regarding hidden shame collides with a taken-for-granted belief in modern societies, that all emotions are felt, confounding emotion, a bodily state, with awareness of that state. If questioned closely, most people will admit knowing of one emotion that might not be felt: anger. They can remember times when they themselves and/or other persons were obviously angry but were themselves unaware of it. Yet they draw the line with other emotions, particularly shame. In English, particularly, it is difficult to conceive of such a situation: when someone is ashamed, the word itself implies awareness, rather than the more unassuming phrase “being in a state of shame.”

Cultural Assumptions about Emotions

As indicated, Lewis’s [1] treatment of shame brings up a delicate issue, because it implies an utterly different conception of emotion than the one held in modern societies, especially English-speaking ones. Most people believe that emotions are feelings. That is, like feeling fatigue or affection, emotions are always felt. Lewis’s work on unacknowledged shame suggests, however, that the emotion of shame is not mainly a feeling, but a bodily state, one that usually is not felt.

In Lewis’s description of OU shame, it is clear that there is a feeling, but it is misnamed or misinterpreted. In the case of bypassed shame, there seems to be little or no feeling of any kind. This finding, since it runs against a central cultural assumption, is a hard sell. Although widely praised, this aspect of Lewis’s study has been little cited.

Another implication of Lewis’s approach is that it widens the definition of shame to include siblings, embarrassment and humiliation. Sedgwick and Frank [8] also make this point, even though their approach is based on the work of a different emotion pioneer, Sylvan Tomkins, who independently proposed that shame had these two siblings.

In English-speaking cultures, the conception of shame is extremely narrow: a crisis emotion involving disgrace. But in all other languages, there is also an everyday shame that is more or less present in ordinary social occasions, especially as an anticipation of the risk of shame. In French, for example, there is the idea of pudeur. In English, this kind of emotion would be called modesty or shyness, and not considered as a type of shame.

Another example is embarrassment, which in English seems to be a separate emotion because it is seen as inflicted by others and is brief and weaker than shame. But in other languages, embarrassment is considered to be a member of the shame family. For example, in Spanish, the same word, verguenza, can be used for both emotions.

In Lewis’s conception, guilt is also a member of the family, if only a cousin. That is, guilt is a shame-anger sequence, with the anger directed at self. Similarly, resentment is the opposite cousin, being a shame-anger sequence, but with the anger directed at other. That is, guilt is not a primary, mammalian emotion like shame and anger, but a sequence made up of the two primary emotions.

Lewis goes on to take up another problem, the meaning of the opposite of shame, the word pride. Without inflection (genuine, justified, authentic, etc.), pride is usually taken as negative: arrogant, self-centered, “pride goeth before the fall”. The Christian bible also states that pride is a deadly sin. I call this kind of “pride” false pride, because it can be seen as a defense against shame. People who say too much about how great they are might be hiding shame.

These difficulties with emotion arise in all modern languages because they have evolved in societies that are individualistic and oriented toward the visible outer world of material things, thought and behavior, and only recently shown any interest in the interior world of emotion. Since English was the language of the nation that modernized earliest, through industrialization and urbanization, the emotional/relational world in English speaking cultures has become the most hidden.
Emotion Spirals

Lewis’ idea of emotion sequences can be expanded to include unending spirals of emotion. She noted that when shame occurs but is not acknowledged, it can lead to an intense response, a “feeling trap”: one becomes ashamed of one’s feelings in such a way that leads to further emotion. Since normal emotions are extremely brief in duration, a few seconds, Lewis’s idea of a feeling trap opens up a whole new area of exploration. Emotions that persist over time have long been a puzzle for researchers, since normal emotions function only as brief signals.

The particular trap that Lewis described in detail involved shame/anger sequences. One can become instantly angry when insulted, and ashamed that one is angry. One trap, when the anger is directed out, she called “humiliated fury.” The other path she noted, when the anger is directed in, results in depression. This idea is hinted at in psychoanalytic approaches to depression. Busch et al. [9], for example, devote Chapter 7 to “Addressing Angry Reactions to Narcissistic Vulnerability.” As is usually the case in modern societies, they avoid using the s-word by encoding it: “narcissistic vulnerability.”

Lewis presented many word-by-word instances of episodes in which unacknowledged shame is followed by either hostility toward the therapist or withdrawal. In her examples of the latter, withdrawal seems to be path toward depression. She refers to the shame/anger/withdrawal sequence as shame and anger “short circuited into depression” (1971, p. 458-59 and passim):

[The patient] opened the hour by reproaching herself for being “too detached during intercourse.” She had had a satisfactory orgasm, as had her husband, but she noticed that she was not totally absorbed in the experience and then reproached herself for having been detached enough to make this observation. She now observed that she was scolding herself and immediately located a source of humiliated anger at her husband. He had criticized her that same day for having been so “drained” by caring for the children that she had no energy left for him when he came home, and she had at the time thoroughly agreed with him. She had also agreed with his criticism over irritable behavior with the children (She was normally in agreement with him about her faults).

A careful analysis of her experience at the time her husband reproached her unearthed the fact that she had had a fleeting feeling something like resentment accompanied by thoughts which ran approximately: “I wonder how he can be so ‘detached’ that he has no feeling for me. You’d think he was lecturing in class’ (Her husband is a teacher). That night she readily agreed to intercourse, partly to placate her husband. A short time afterward she was scolding herself for being “too detached,” and too observant.

Lewis’s idea of emotions short-circuited into depression might be used as a first step toward a theory of the emotional origins of all depression. Since none of the therapy sessions she studied involved depression to the point of complete silence, she didn’t consider that possibility. The aftermath of unacknowledged shame that she noted involved slight hostility toward the therapist or the kind of momentary withdrawal and/or self-blame that might sometimes be indicators of incipient depression.

The sequences Lewis referred to involve at most three steps, as in the case of the shame/anger sequence short-circuited into depression: shame-anger-withdrawal. A model of feeling traps that can go far beyond a few steps may be necessary. How could such a process lead to a doomsday machine of interpersonal and inter-group withdrawal?

Some emotion sequences may be recursive to the point that there is no natural limit to their length and intensity. People who blush easily become embarrassed when they know they are blushing, leading to more intense blushing, and so on. In a talk I heard in England before a performance, the actor Ian Holm reported that at one point during a live performance, he became embarrassed about forgetting his lines, then realized he was blushing, which embarrassed him further, ending up paralyzed in the fetal position. This feeling trap would not be a shame/anger sequence, but rather shame/shame: being ashamed that you are ashamed, etc. Lewis did not dwell on the possibility of shame/shame sequences.

Recursive shame-based sequences, whether shame about anger, shame about fear, or shame about shame, need not stop after a few steps. They can spiral out of control. Perhaps collective panics such as those that take place under the threat of fire or other emergencies are caused by shame/shame spirals: one’s own fear and shame is not acknowledged, the obvious fear of others cause still more fear in a recursive loop. Depression might be a result not only of a shame/anger spiral, but also shame/shame alone.

Judging from her transcriptions, withdrawal after unacknowledged shame seems to be much more frequent than hostility toward the therapist. A shame/shame spiral of unlimited duration would be a blockbuster of repression, covering over not only all shame and other emotions but also all of the evidence of its existence. This level might correspond to the blankness, emptiness and hollowness of complete depression or alexithymia (emotionlessness; Krystal 1988, Taylor et al.) [10,11].

Whether recursive shame-based loops lead to depression/withdrawal or to violent aggression seems to depend on whether the anger in the shame/anger sequences point inward (guilt) or outward (resentment). In intergroup process, a scapegoat group seems to provide a cognitive component that directs the anger outward into aggression. Scapegoating can occur at the interpersonal level also, in the case of rage directed toward a woman by a man or toward a black person by a white. If, as suggested here, the direction of anger in or out determines depressive or violent outcomes, it would be fair to say that aggression serves as a defense against depression.

Suppose that if the bodily tensions of shame are only partially hidden, they will be mostly resolved over time. But if they are completely hidden, the laminations of tension can build up to the point that they feel utterly unbearable, leading to aggression or actual depression, a chain reaction.

In a review of the research literature [12], Lewis cited studies by other authors using a variety of measures that showed strong correlations between shame and depression. This finding continues. Reporting on 25 years of quantitative research, Shohar [13] found strong links between shame and depression. Future research might determine that shame/shame spirals are the basis of the withdrawn type of depression, and that shame/anger spirals might lead to other types, such as agitated depression, or bipolarity.

The psychologist Gershen Kaufman [14] is one of several writers who have argued that shame is taboo in our society:

American society is a shame-based culture, but …shame remains hidden. Since there is shame about shame, it remains under taboo.
The taboo on shame is so strict ...that we behave as if shame does not exist.

The taboo is not on all uses of the word shame, since there are speakable usages, such as “What a shame” or the jokey “Shame on you.” What taboo is the central meaning of shame, the emotion of being excluded and perhaps worthless for that reason. The phrase “What a shame” does not refer to a specific feeling, since “What a pity” means exactly the same thing. Just as the f-word was once completely taboo before the 1960's, the s-word, when used to mean the emotion of shame, is still taboo, even to most researchers (Scheff) [15].

The last step in this analysis is to summarize the relationship between emotion sequences, on the one hand, and three disorders. First of all, as suggested by Lewis, unacknowledged shame may sequence first into shame about shame, then into what she called depression (meaning partial withdrawal and slowdown of speech). But as suggested earlier, if the sequence is envisioned as leading to feedback loops of emotion (shame about shame about shame without limit), the analysis suggests a model of actual depressive disorder.

Secondly, Lewis found that unacknowledged shame can sequence into anger, then back to shame (anger about shame, then shame about that anger). Although Lewis did not name this sequence as part of a disorder, the phrase manic depressive occurs frequently in the book. This diagnosis is now called bipolar disorder. Once again, if this sequence leads to a loop without limits, it would become an emotional model of bipolarity.

Finally, Lewis showed a third sequence, unacknowledged shame into anger. If this sequence leads to unlimited loops, it could lead to aggression and even violence. Since the idea of aggression being caused by hidden shame is relatively new, it will be discussed further.

The idea of looping sequences as a chain reaction may help to understand Gilligan's [16] otherwise puzzling theory of shame as the basic cause of aggression, based on his experiences with violent men as a prison psychiatrist. When he asked them why they killed, most of the answers took the form "because he disssed (disrespected) me."

"The emotion of shame is the primary or ultimate cause of all aggression..." (110)

Gilligan is referring not to shame in general, but to a specific kind: "Shame is probably the most carefully guarded secret held by violent men..." (112)

Gilligan states that secret shame is the cause of aggression. Secrecy implies the first sequence: one is ashamed of being ashamed. Gilligan goes on to describe how secret shame can cause pain of shame.

The degree of shame that a man needs to be experiencing in order to become homicidal is so intense and so painful that it threatens to overwhelm him and bring about the death of the self, cause him to lose his mind, his soul, or his sacred honor" (112).

The awesome destructive power of secret shame might be pictured as a feedback chain. Being ashamed of being ashamed is the first step. The discussion of blushing above suggest that such loops can go further, being ashamed, being ashamed of that, and ashamed of that, and so on. Or shame in a loop with anger: angry that one is ashamed, ashamed that one is angry, and round and round. The idea of an unending emotion loop seems to explain how shame, fear, or other emotions might become too powerful to bear and/or control.

There are several studies that suggest that shame/anger, even when the anger component is not obvious, can be as painful and controlling as to lead to murder and suicide. The clearest examples are Websdale's [17] cases of familicide (the killing of one's spouse and one or more of the children) in the US over the last 50 years. The study shows that most of the 211 killers seemed driven by secret shame.

Websdale's study is large, detailed, and systematic. He found evidence of intense shame in almost all 211 cases. This type of murder is a multiple killing, but usually enclosed within a single family (In a few of the cases, however, bystanders were also killed).

All of Websdale's cases except the few early ones contained many, many details about each case, obtained not only from media reports, but also police records and often actual interviews with persons who knew the family. Most of these sources were available to him through the Domestic Aggression Fatality Review movement, a sizable group judging from the many persons Websdale acknowledged.

Websdale's findings as a whole support Gilligan's idea that aggression can be caused by hidden shame. However, in addition, Websdale [17] discovered that most of the killings took two different forms: livid coercive hearts, and civil reputable hearts. The first type of aggression, a majority of the cases, is clearly parallel to the commonsense idea of aggression exploding out of rage.

The second type is quite different, involving killers with no history of aggression whatever, and quietly premeditated killing, sometimes during days or weeks. This type is particularly relevant to Gilligan's thesis, since the hidden shame is clearly implied by the behavior that precedes their aggression. A typical civil reputable case unfolds with the parent losing his or her job, but not telling anyone. This type pretends to be going to work, but actually plotting the killing.

Bipolarity, finally, seems to involve a switching back and forth between shame-shame sequences (depression), and shame-anger sequences. Shame-shame loops result in withdrawal or depression, shame-anger sequences, anger and/or aggression, the manic part. As will be suggested below, it may be unnecessary to separate the three disorders for the purpose of therapy, since they all might involve the same treatment directions.

Obviously, not all disorders can be explained solely in terms of emotion sequences. Schizophrenia, paranoia, or any other disorder involving delusions or hallucinations seems to have a cognitive factor added that either leads to and/or is produced by the emotion loops described here. There is no room in this article, but I will take it up in subsequent one (Scheff, unpublished). My analysis suggests that delusional disorders initially require a different kind of therapy than the one suggested below, at least initially.

**Suggestions for Treatment**

Even though most patients will probably avoid the use of the s-word, that doesn't mean that they cannot be helped to acknowledge their unresolved shame. They can be encouraged to talk about the incidents that the therapists realize gave rise to shame, even if the client doesn't. If Nina Bull's [7] attitude of theory of emotions is correct, then by visiting and revisiting incidents that gave rise to the client's shame, hidden pockets of unresolved shame can be resolved.

Although she did not discuss shame, her suggestions for the resolution of another emotion might help find the look of shame resolution. She stated that crying is the signal for the resolution of...
grief. This might be a good start, but it is probably too simple by itself. People who cry know that there are different kinds of cries, distinguishing between "good cries" and "bad cries."

The theory of drama that proposes "distancing of emotion" provides a cue [18]. This theory proposes three distances: over (no emotional response), under (merely reliving past emotional episodes) and what might be called "optimal distance," not too far and not too close. The actual phrase that is used in drama theory is "aesthetic distance." The English poet Wordsworth hinted at these ideas with his phrase "strong emotions recollected in tranquility."

Table 1: Emotion models.

<table>
<thead>
<tr>
<th>Name</th>
<th>Stimulus</th>
<th>Preparation</th>
<th>Visible Cues</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Grief</td>
<td>Loss</td>
<td>&quot;Good&quot; Cry: Sobbing and tears</td>
<td>(Recent work suggests</td>
</tr>
<tr>
<td>2. Fear</td>
<td>Physical danger</td>
<td>Shaking and sweating</td>
<td>That the first three have</td>
</tr>
<tr>
<td>3. Anger</td>
<td>Frustration</td>
<td>Body Heat</td>
<td>Universal bodily cues)</td>
</tr>
<tr>
<td>4. Pride</td>
<td>Feeling accepted</td>
<td>No preparation: the normal state.</td>
<td>Tranquility</td>
</tr>
<tr>
<td>6. No name</td>
<td>Physical stress and illness</td>
<td>Yawning with tears</td>
<td>(Little studied)</td>
</tr>
</tbody>
</table>

This table suggests that fear is a response to immediate physical danger, and that it involves bodily preparation to shake and sweat. Anger is a response to frustration, and that it involves bodily preparation for heating up the whole body (that instantly metabolizes the adrenalin brought on by anger). Authentic pride (as distinguished from the egotistical kind) seems to be the natural state of humans, so it needs no preparation.

The resolution of shame requires some discussion. Shame is a danger signal, like fear. But unlike fear, the danger is not immediate: it is the danger of being left out of acceptance of others, even just a single person, over a long period, a serious matter. The resolution is a response that signals that it is no longer taken seriously; it involves bodily preparation to have a good laugh. Finally, a little known response that I have included as an emotion: ordinary physical stress and illness can produce bodily preparation to yawn and tear. Most people assume that yawning is caused by boredom or sleepiness, but systematic studies have failed to support these ideas (Walusinski).

This whole approach requires differentiating what I am calling "good" laughs and cries from other kinds of responses. As indicated, I use drama theory that had been developed in the humanities to explain the effects of theatre on audiences. This theory suggested that responses could be at three "distances" from emotion: overdistanced is no emotional response, underdistanced involves a re-enactment of unresolved emotions. Successful theatre depends on what might be called "optimal distance," neither too far nor too close (The actual term used in drama theory is "aesthetic distance").

As dramatists will be glad to explain, producing theatre at optimal distance is not easy. Horror films may be so overdistanced as to preclude large audiences, and romantic films too overdistanced to be interesting. In real life it seems just as difficult. An effective psychotherapy for depression, bipolarity, and aggression would probably require many sessions with an encouraging and patient therapist. By telling the shame-inducing story over and over, the patient could begin to find humor, then laughter in it. Of course this whole theory needs to be tested, but in the meantime, it might be worth a try in actual therapy.

Summary

This article has proposed that three common disorders involve sequences from hidden shame: Depression may be caused by continuing loops of shame-shame sequences, aggression by continuing loops of shame anger sequences, and bipolar disorder by alternation between shame-shame and shame-anger loops. The crucial parts of the theory are the emphasis on the role of hidden shame, and on the possibility of cybernetic looping of emotions that give the disorders their surprising intensity.

References