



Available online at
ScienceDirect
www.sciencedirect.com

Elsevier Masson France
EM|consulte
www.em-consulte.com



Research Paper

Pride in the psychotherapy of relational trauma: Conceptualization and treatment considerations

K. Benau

Private practice, 376 Colusa Avenue, #2, 94160 Kensington, CA, USA

ARTICLE INFO

Article history:

Received 20 November 2017

Received in revised form 18 February 2018

Accepted 19 March 2018

Keywords:

Pride

Shame

Psychotherapy

Trauma

Relational trauma

Sexual trauma

Abuse and neglect

Dissociation

ABSTRACT

While shame has attracted renewed interest in both research and clinical practice, pride as emotion and as part of traumatic, mind/body states have been given scant attention in the psychotherapy literature. The following article is a step toward correcting that oversight. As with shame, pride lies at the heart of self, other, and relationship, and thus is central to our work as psychotherapists, and more specifically with survivors of relational trauma. I begin by outlining a common experiential pathway from aliveness and what I term “pro-being pride” to shame and dissociation. Next, I describe three pride subtypes as acute, emotional processes, one maladaptive (“better me pride”) and two adaptive (“good enough me pride” and “pro-being pride”), and then two maladaptive, chronic pride subtypes that are the consequence of relational trauma, and reflect different degrees of dissociation in relation to pride (“not me pride” and “no me pride”). For each pride subtype, I offer brief vignettes to show how these phenomena may show up in psychotherapy. To more fully flesh out these concepts, four clinical psychotherapy sessions with four different patients display for the reader a few of the many ways pride appears, disappears, reappears and, in turn, can be worked with in psychotherapy. The emphasis is on identifying and working with adaptive pride, particularly pro-being pride, when treating relational trauma survivors of abuse and/or neglect.

© 2018 Elsevier Masson SAS. All rights reserved.

Investigating shame and its relationship to trauma and healing in psychotherapy has had periods of greater and lesser prominence. For example, starting with Helen Block Lewis (1971; 1992), and later Nathanson (1992) and many notable others (Kaufman, 1989, 1996; Kaufman, 1992; Lewis, 1992a; Lewis H.B, 1992; Lewis M, 1992) in the 1980s to early 1990s in particular showed shame on the ascendance in clinical literature. Shame both as a subject of research (Benau, 2017a; Dorahy, 2010; Tangney & Fischer, 1995) and therapeutic interest (Benau, 2017b; Chefetz, 2015; 2017; Dearing & Tangney, 2011; DeYoung, 2015; Gilbert, 2010; and Kelly & Lamia, 2018), has enjoyed renewed activity in the literature in the last 5–10 years. Clearly, anyone who works intensively with survivors of complex, relational trauma, be it abuse or neglect, knows that shame is central to our psychotherapy patients' experience of self, other and relationship, and therefore an essential focus of treatment.

But what of pride, that some researchers suggest is the natural, emotional counterpoint to shame (Tangney & Fischer, 1995)? (For a differing viewpoint, where shame and dignity are contrasted,

and guilt and pride are contrasted, see Chefetz, 2017). Does pride get its fair share of attention in the professional literature? When it comes to research into pride, the answer is yes, somewhat (Tangney & Fischer, 1995; Tracy, 2016). However, with respect to the importance of adaptive pride in psychotherapy, much less so. Pride has not commonly been discussed in the psychotherapy literature (see Nathanson, 1992, for a notable early exception), and even when it has pride tends to be viewed as something a person can feel shame about, rather than as a powerful antidote to shame and its problematic psychological, interpersonal and behavioral sequelae. For example, in the co-edited volume *Shame in the Therapy Hour* (Dearing & Tangney, 2011), with over 400 pages and almost 20 clinicians describing their psychotherapeutic work with shame, pride was mentioned briefly on 15 pages, and then mostly in negative terms (e.g. excessive pride, p. 53; loss of pride, p. 198; addiction as a source of pride, p. 223; and deprived of pride, 265). Only one chapter by two emotion-focused therapists (Greenberg & Iwakabe, 2011) mentioned, albeit very briefly, how adaptive pride can serve as an antidote to shame in psychotherapy.

Why has pride, for the most part, been a neglected emotion when it comes to depth psychotherapy generally and specifically

E-mail address: kbenau@comcast.net

<https://doi.org/10.1016/j.ejtd.2018.03.002>

2468-7499/© 2018 Elsevier Masson SAS. All rights reserved.

with relational trauma survivors? Does it have a valued place in our work at all? I believe pride has been afforded scant attention for several reasons, including:

- positive emotions in psychotherapy are often ignored or associated with less depth-oriented psychotherapy;
- so-called negative emotions, particularly guilt, fear or anxiety and more recently shame, have historically received considerable attention, in part because psychopathology tends to garner more interest than psycho-social well-being (see Fosha, 2000 for one contemporary exception);
- many cultures view pride as either sinful or harmful to self, others and society, as pride is often associated with hubris, arrogance, pathological narcissism, and even antisocial personality disorder, and more generally with non-empathic, non-compassionate, and non-reciprocal relating.

As I describe below, three pride subtypes, i.e. “better me pride”, “not me pride”, and “no me pride” are indeed harmful to individuals and relationships. At the same time, there are two pride subtypes, “good enough me pride” and “pro-being pride”, that are adaptive and potentially transformative and healing, particularly in our work with survivors of relational trauma.

This article begins with conceptualizing pride as it pertains to psychotherapy and relational trauma, and then moves into clinical work with pride. First, I summarize my model of a common phenomenological pathway that shifts a person experientially from aliveness or pro-being pride to shame and dissociation. Next, I describe three pride subtypes as acute, emotional processes, one maladaptive (“better me pride”) and two adaptive (“good enough me pride” and “pro-being pride”), and then two maladaptive, chronic pride subtypes that are the consequence of relational trauma, and reflect different degrees of dissociation in relation to pride (“not me pride” and “no me pride”). For each pride subtype, I offer brief vignettes to show how these phenomena may show up in psychotherapy. The last section lies at the heart of this essay, and offers four clinical vignettes that share with the reader a few of the many ways adaptive pride appears and can be worked with in psychotherapy with relational trauma.

1. Five state shifts from aliveness to shame and dissociation

Shame interrupts a person’s aliveness and at its most painful crushes a person’s experience of “pro-being pride” that I define as “delight in being oneself delighting in the other delighting in being him or herself”. (For more about the five different pride subtypes, including pro-being pride, see below). The following provides the reader a brief summary of how people may shift from feeling alive and even proud, to states of shame and dissociation.

People who drop into shame typically experience an abrupt interruption that reflects another person’s or the environment’s active or passive shaming, with passive shaming corresponding to non-responding or non-recognition (Bromberg, 2011a, b) by the shaming other. This interruption is often experienced as hitting an interpersonal or environmental wall, abruptly halting the person’s experience of his aliveness, his “going on being” (Winnicott, 1960, p. 586). At its worst, this interruption precipitates an abrupt eviction out of healthy or adaptive pride followed by a collapse into shame as emotional process or traumatic shame state (Benau, 2017b).

What follows is a highly abbreviated description of a “five mind/body state sequence” that abruptly takes a person out of her “aliveness” into the “deadness” of shame and/or dissociation. [At different points in this essay, I employ either female or male pronouns. With the exception of select clinical vignettes, I am

using these interchangeably.] The reader of Benau (2017b) will notice, below, a few changes from my original formulation, that include:

- referring to these as “states of mind/body” rather than “steps”, to more accurately reflect the phenomena;
- identifying five rather than four shifts in state of mind/body, in order to emphasize that this process begins with aliveness or pro-being and its subsequent interruption;
- in State 4a, reactive or “protective” responses to dropping into shame, such as rage or terror, are made explicit.

I have observed this five mind/body state sequence many times by helping patients reconstruct, “frame by frame”, their shaming process. However, it must be appreciated that the five-mind/body states, outlined below, need *not* be experienced in a strict, linear fashion. For example, many people who frequent shame or shame states when faced with an internal or external trigger either spend very little time in or skip entirely State 2 (Shock) and State 3 (Drop) and go straight to State 4 (Shame Proper) or State 5 (Dissociation). These patients can even present in a chronic, traumatic shame state with its attendant dissociation. For some, where dissociation is most prominent, the patient is not aware of *feeling* shame at all. In addition, different states of mind/body can co-occur or rapidly switch in succession, as exemplified by a person in the grips of a traumatic shame state repeatedly alternating between felt shame and dissociation, including depersonalization. Finally, while I use the word “state”, it is important for the reader to understand that these “states” are dynamic and never truly “fixed” nor “static”, no matter how iterative they may appear. In this regard, Nijenhuis (2017, p. 71, Footnote 3) observed, “I prefer the term ‘mode’ of being or becoming, because it conveys more dynamism than the term ‘state of being’.” For my purposes here, I retain the term “state” because it is by now quite common in the literature (see Putnam, 2016), and I have no other word that captures the experience-near qualities of a dynamic and moving process.

1.1. State 1. “Going on being” and “prodesse pride”

(Prodesse or pro-being pride will be described at greater length, below. Here I am simply situating it, phenomenologically and neurophysiologically, in relation to shame.): “Going-on-being” (Winnicott, 1960, p. 586) refers to a person simply being herself, actively engaged in her interests and pursuits, with little to no self-consciousness nor interruption. “Prodesse” is a special way of experiencing “going-on-being”. Prodesse literally means “pro-being” or “for one’s essence”. Prodesse is derived from Latin and is the origin of the word “proud”. Prodesse or pro-being pride is exemplified by joy or delight in being one’s fuller or true self (Winnicott, 1965).

1.2. State 2. Shock

Shock represents an abrupt interruption of a person’s “aliveness” or “going-on-being” by an actively and/or passively shaming other, and at its worst is experienced as an abrupt “halt” to a person’s deep pride, “prodesse”, that is joy in being herself. Shock is the consequence of a perceived or implicitly neuroceived (Porges, 2011; 2017) danger or threat to a person’s feeling welcomed by and included with significant others, and even more so to his delighting in being herself or simply “being”.

Porges’s (2011; 2017) concept of neuroception can be thought of as the implicit, unconscious counterpart of conscious perception that has as its sole aim to determine whether the relational environment is safe or not. Porges (2011) emphasized the external, inter-relational environment, but the same principle can be

beneficially applied, I believe, to the person's intra-relational landscape as well. This implicit, automatic assay of the inter-relational or intra-relational environment results in an automatic, "yes, safe enough" or "no, not safe enough" response. It is important to remember that the person's implicit, inter-relational readings may or may not be accurate according to others' perception or neuroception of the same other. Neuroception represents, rather, the person's implicit sense of relational safety or threat with that specific other at that moment in time, and are based upon both history with similar others, as well as a host of other neurophysiological realities, such as age, health, power differentials, etc. If the person neuroceives safety, then she will likely remain within what Porges' (2011) calls the social engagement system (p. 16).

If "not safe" (danger or life threat) is neuroceived, then the person will automatically and without conscious intent engage in various survival strategies that include fight and/or flight, freeze and shut down. Following Porges' (2011) polyvagal theory, all of these hardwired, survival reactions are available for automatic activation in an effort to restore safe relating. Fight and/or flight reactions typically occur first, and represent the neuroception of danger and activation of the sympathetic nervous system when social engagement (e.g. "Can we talk about this?") is insufficient to restore a felt sense of safety. Sometimes fight/flight reactions occur in rapid succession. Further, when a threatening interpersonal experience has been habituated, the person's nervous system may skip "fight-flight" and go directly to a hyperaroused freeze state. "Shock" in my State 2 is equivalent to a freeze response in Porges' nomenclature. (Note that this freeze state is marked by hyperarousal rather than hypoarousal, and thus can also be called a high freeze state. This should be differentiated from a low freeze state where hypoarousal results in immobilization as well).

1.3. State 3. Drop

An abrupt drop in arousal occurs with the activation of the parasympathetic nervous system and ultimately what Porges (2011) described as the Dorsal Vagal Complex (DVC) producing neurophysiological shutdown and immobilization with fear (Porges, 2011). This rapid drop from normal to lowered arousal, or even from states of hyperarousal to hypoarousal, is what people commonly describe as a sinking feeling, falling into a dark pit of shame.

1.4. State 4. Shame proper

This is where the person experiences shame as an emotion (acute) or shame state (chronic and traumatic), depending upon whether the experience of interpersonal threat to the person's aliveness is of this moment or repeated and ongoing and whether, as in trauma, the triggered response overwhelms the person's nervous system.

1.5. State 4a. Protective (defensive) responses following shame "shutdown"

The protective rage reaction, or "fight others" activation, is one of several common reactions to shame's rapid down-regulation or shutting down of arousal and emotion. Shame is so powerfully deflating, debilitating and ultimately demoralizing that it is not uncommon the shamed person responds with rage and other powerful, up-regulating emotions (e.g. terror) and/or behavior (e.g. compulsive work, sexual activity, use of substances, etc.), consistent with automatic, neurophysiological and motoric mobilization (see Porges, 2011), in an unconscious attempt to

restore feeling alive and empowered, and from a psycho-spiritual perspective in an attempt to reclaim one's soul. Shame, in contrast, can be thought of as akin to a soul-ar eclipse, an occlusion of one's soul, self or being. It should be observed, here, that Nathanson's (1992) compass of shame describes four characteristic responses to experiencing shame, one of which is to attack others; the other three include attacking the self, withdrawing from the shaming other or situation, and avoiding the painful emotions associated with shame, for example by overworking, using drugs, or dissociating (see State 5, below).

1.6. State 5. Dissociation

One could argue shame as an emotion or traumatic state is, broadly speaking, a dissociative state, in that shame disconnects the person from some vital aspect of self, or from being itself. At the same, time, I add this fifth step so that the reader appreciates that recursive or recurrent shaming, intra-relationally and/or inter-relationally activated (see Scheff, 2007), can activate more dramatic dissociative states of mind/body, particularly when immobilization with danger or life threat occurs (see Porges, 2011, 2017). While the relationship between dissociation as process and structural dissociation is not yet fully understood, clearly recurring dissociative states of mind can have very serious, long-lasting, intra- and inter-relational consequences. Within State 5, we find the two traumatic shame states previously identified, that is "not me shame" and "no me shame" (Benau, 2017b).

2. The Five Prides: Better me (Hubristic), Good enough me (Authentic), Pro-being (Prodesse), Not me and No me pride

In an earlier article, I identified four shame subtypes (Benau, 2017b). Two shame subtypes – one adaptive, "good enough me shame", and one maladaptive, "bad me shame" – I described as consistent with "shame as an emotional process". Both of these acute shame subtypes are experienced as dynamic and changing (within the person, and between her and others), and within these subtypes, the shamed person retains adequate reflective capacity and co-consciousness as observer of feeling ashamed. The last two traumatic and chronic shame subtypes, "not me shame" and "no me shame", reside outside the individual's conscious awareness, are typically dissociated, and represent responses to complex, relational trauma. These two chronic "shame states" include "not me shame", consistent with Bromberg's (2011a, b) evocative depiction of non-recognition within interpersonal enactments, and "no me shame", that is shame as a response to the threat of annihilation or non-being.

Following my identification of these four shame subtypes, i.e. good enough me, bad me, not me and no me shame (Benau, 2017b), I investigated whether there might be four comparable pride subtypes, and identified better me, good enough me, not me and no me pride. I added a fifth pride subtype, "prodesse" or "pro-being

Table 1
Pride subtypes.

Pride as emotional process (acute)		Pride as traumatic state (chronic)	
Adaptive	Maladaptive	Adaptive	Maladaptive
	Better me pride (Hubristic pride)	None	Not me pride
			No me pride
Good enough me pride (Authentic pride)			
Pro-being pride (Prodesse pride)			

pride”, as it provides psychotherapists an even deeper, existential dimension to understand and work with pride (Table 1).

2.1. Pride as emotional process: acute pride subtypes

2.1.1. “Better me pride” or hubristic pride

This pride subtype would be best contrasted with “bad me shame” (Benau, 2017b), in that this pride is experienced as an emotional process rather than a traumatic state of mind/body, and as with “bad me shame”, is maladaptive.

Pride, to resurrect an expression from my youth in the 1960s, often gets a bad rap. As early as the New Testament Bible, pride was considered one of the seven deadly sins. The other six deadly sins – greed, lust, envy, glutton, wrath, and sloth – make intuitive sense. But why is pride deemed sinful?

Each of the deadly sins represented a natural faculty or passion brought to excess. For example, gluttony is eating to excess and wrath reflects anger in extremis. Likewise, the sinfully proud person is excessively self-focused to such a degree that narcissistic self-regard and arrogance dominate his interpersonal landscape. Thus, sinful pride, known today by some clinicians as maladaptive pride and researchers as hubristic pride (Tracy, 2016; Tangney & Fischer, 1995), and what I label “better me pride”, refer to excessive self-absorption such that relating to others is either impaired, as when a person isn’t aware of other’s needs, or worse destructive, as when the narcissist believes he is above reproach, treating others decently only when they promptly gratify his every wish and poorly when they do not. Other examples of “better me pride” include pathological narcissism, self-aggrandizement and, at an extreme, dominance and subjugation of others and a denial of one’s own dependency needs and vulnerabilities (Shaw, 2014).

Better me pride can and does harm others, but it also hurts the hubristic person as well. The Myth of Icarus provides a literary example of self-destructive conceit, as Icarus had been warned by his father, Daedalus, not to fly too close to the sun. Using the wings Daedalus, a master craftsman, had fashioned for his son, Icarus was giddy with the excitement of flight. Flying ever higher until the sun melted the wax that held his feathered-wings together, Icarus crashed to his death into the sea that bears his name today.

The Myth of Icarus reveals several aspects of the phenomenology of pride. First, pride is “up”, both an up-regulation of energy and arousal, and up as in above or superior to others. Pride is also about being “out” or “exposed”, be it showing off or more adaptively revealing and pleurably sharing one’s genuine capacities (see good enough me pride and pro-being pride, below). Following the Myth of Icarus, pride goes toward the light as in “the light of day”, as well as light and buoyant as contrasted with dark, heavy and burdened with shame. [Not surprisingly, pride’s phenomenology is in direct contrast with that of shame. Shame is typically depicted as “down”, as in down-regulating or putting the brakes on arousal (Tomkins, 1963); “in” or “hidden”, as in “hiding one’s head in shame”; and “dark” and “heavy”, as in falling into a dark hole of shame, and weighed down by the burden of shame.] Finally, using Porges (2011) as our guide, the better me proud person is likely to be mobilized to act from a place of implicitly neuroceived danger or life threat rather than relational safety.

2.1.2. “Good enough me” or authentic pride

This pride subtype would best be contrasted with “good enough me shame” (Benau, 2017b), in that this pride is experienced as an emotional process rather than a traumatic state of mind/body, and is adaptive as with “good enough me shame”.

If hubristic pride is about elevating oneself above others and beyond one’s own capacities to the point of self- and other-harm or destruction, can pride ever be adaptive? Extensive research

suggests yes (Tracy, 2016). Good enough me pride reflects a person’s positive feelings of self-regard in response to her own genuine achievement, accomplishment, mastery and/or triumph.

When an infant walks for the first time, she looks both elated and proud. “Look at me! I did it!” might be her exclamation if she could speak. The authentic pride that accompanies mastery and triumph appears to be genetically hardwired, as the stereotypical pride display (i.e. arms and fists extended up and over one’s head) is seen in congenitally blind Olympic athletes who never saw nor were taught how to perform this spontaneous display (Tracy, 2016).

The notion that pride is hardwired is further supported by the observations of Colwyn Trevarthen (2005), a developmental researcher who identified prototypical forms of pride and shame in the first year of life:

[Infants] “... may never be quite alone, may always be expecting to be active under real or imagined scrutiny by the attention of others, but should not wish to be dependent on their will. Infants are born with a bold self-consciousness of this kind; one that soon takes responsibility for independent acting and thinking, but that may also feel pleasure and pride in the approval of others, and shame at failure before them”, p. 56, (emphasis mine).

Good enough me pride refers to the emotion most people would agree is acceptable and socially adaptive, as evidenced by statements such as, “I am proud of myself” for working hard to achieve an important, personal goal and likewise when a parent says “I’m proud of you” to honor her child’s genuine accomplishment.

It must be added that pride, as with shame, is always relational. While pride and shame have been called self-conscious emotions (Tangney & Fischer, 1995), they are more accurately labeled self-other conscious emotions, as awareness of “self” is always in relationship to awareness of “other”, thus including the person’s view of self, other, and of the other’s viewing her. It is because pride and shame are fundamentally relational, and for that matter *intra*-relational, that both these emotions lie at the heart of relational trauma.

While the importance of authentic pride is typically underemphasized in or absent from the psychotherapy literature, we see clear signs of good enough me pride in our patients when they confront their trauma and, for example, over time and with considerable effort, successfully vanquish their inner and interpersonal demons. The pride that follows a patient’s mastery of inhibiting or debilitating psychological symptoms or behavior is important not merely because good enough me pride feels good, but rather because it strengthens the patient’s faith in herself and in turn her resolve to face and cope with future life challenges. Good enough me pride, then, further motivates the patient to work hard and persevere in order to achieve her psychotherapy goals.

2.1.3. “Prodesse” or “pro-being pride”

This pride subtype would best be compared with “good enough me shame” (Benau, 2017b), in that it too is adaptive and reflects an emotional process. While similar to “good enough me pride”, it speaks to an experiential depth and *intra*- and *inter*-personal power that extends beyond that subtype.

As mentioned above, “prodesse” is the Latinate origin of the word “proud”, with “prod” meaning “for” and “esse” meaning “being” or one’s essence. Unlike “good enough me pride” that refers to specific achievements or accomplishments, prodesse or pro-being pride is more existential and foundational to being human, as it is about the intrinsic delight in being alive. Pro-being

pride provides the most potent antidote to traumatic shame states born out of relational abuse and neglect. The patient in the grips of bad me, not me and no me shame lives with an implicit and oftentimes explicit belief that “I am bad”. “Bad”, here, serves as shorthand for defective, damaged, disgusting, discarded, unloved, unwanted, unseen, unknown, and ultimately unworthy of being welcomed into and held by the human fold. In contrast, the patient experiencing pro-being pride lives with an implicit and explicit belief that might say, “I am me, and I am worthy of being me with you as you are worthy of being you with me”. (See [Hicks, 2011](#) on dignity for a related concept).

Shame and particularly traumatic shame states are about dis-association, that is psychologically disconnecting from and disowning aspects of self (not me shame; see [Benau, 2017b](#)) or one’s entire being (no me shame; see [Benau, 2017b](#)). Good enough me pride and particularly pro-being pride are, in contrast, about association — “I am” and “I delight in me being me delighting in you delighting in being you”. In addition to “associating with one’s self”, that is accepting oneself as she is, the pro-being proud person moves naturally toward the other as a person of equal value and more, delighted interest, that is toward respectful and enlivened association. The essential feature of prodesse pride, that is “prod” or “for” being, means the person is neither more nor less delighted in being herself than delighting in others being themselves. Furthermore, living in a more expansive state of pro-being, it is not uncommon for the person to feel deeply connected and at one with not only their own aliveness, but with all that is, that is with the world and life itself. Thus, pro-being pride is both the ideal antidote to the three pathogenic shame subtypes (i.e. bad me, not me and no me shame), and in direct contrast with better me or hubristic pride. Said another way, one cannot be both “pro-being” and “anti” another’s being. A celebration of self is a celebration of aliveness and dignity for all ([Hicks, 2011](#)). The spirit of “pro-being” can never countenance one’s being over another.

While good enough me pride and pro-being pride are both adaptive pride subtypes, good enough me pride typically focuses on one or at most a few aspects of self, and specifically one’s genuine achievements or successes. Pro-being pride, in contrast, is consistent with [Bergson’s \(1911\)](#) “elan vital” and the concept of “joie de vivre”. [Carl Rogers’ \(1961\)](#) description of joie de vivre fits well with my understanding of prodesse pride: “. . . the quiet joy in being one’s self. . . a spontaneous relaxed enjoyment, a primitive *joie de vivre*”, (pp. 87–88, author’s emphasis). Thus, pro-being pride extends beyond what one has achieved and into the realm of being and aliveness.

While the pro-being proud person often experiences either a quiescent or, at times, more exuberant joy-in-being, pro-being pride is not strictly about feeling “happy”. Prodesse pride reflects not so much “happiness” as “shared aliveness valued or celebrated”. Thus, for example, a person may experience pro-being pride after having deeply grieved, and is now appreciating life in all its complexity and richness. Pro-being pride is also evidenced in spontaneity, improvisation, creativity, humor and free, non-organized play.

Relational trauma survivors, typically toward the end of their successful psychotherapy, sometimes remark that they “wouldn’t change a thing” about their lives. To the casual observer, that may sound odd or even disingenuous. How can a person who has endured crushing abuse and neglect not wish their lives had been different? However, when speaking with someone who has suffered so much but who is, now, not only surviving but thriving, that person may say that what they endured, and more importantly *how* they endured and grew as a person, speaks volumes about who they are, now. For that person, to imagine erasing their abuse and neglect would be equivalent to removing some vital aspect of who they are, including their now wiser and

stronger self. Thus, one may hear a not uncommon refrain from these remarkable souls who have lived through such great hardship: “I wouldn’t change a thing”. That, to my mind, is the voice of pro-being pride speaking. It is, of course, never about condoning abuse and neglect. Rather, it is a celebration of resilience and the triumph of the human spirit, of being and becoming that is life itself. From this perspective, pro-being pride may also be seen as reflecting an essential component of a spiritual core self ([Schmidt, 2009](#)).

While pro-being pride is about taking pleasure in being, on a more mundane but no less important level, it is also about experiencing agency and mastery in the world. While not referring to pride per se, the following from [Nijenhuis \(2017\)](#) speaks to a person’s sorrow when their “being” is thwarted internally or externally, as in relational trauma, and in contrast to a person’s joy, approaching my notion of pro-being pride, when she experiences herself as active and effective in the world:

“I propose and illustrate several principles for the progression from passions to actions. Individuals engage in passions and experience sorrow the more they are mostly acted on, that is, influenced by external causes. The more they are their own master, the more they act, and the more they act, the more they experience joy”, (p. 66).

2.2. *Pride as traumatic state: chronic pride subtypes: “Not me pride” and “No me pride”*

As I discussed in an earlier paper ([Benau, 2017b](#)), shame in general but most especially shame as a part of traumatic mind/body states is all about dis-association, that is psychologically disconnecting from aspects of self (“not me shame”), or internalizing the other’s negation of one’s entire being and right to exist (“no me shame”). Good enough me pride and pro-being pride are, in contrast, about association, that is connecting with and remaining in a dynamic, enlivening relationship with one’s sense of a fuller self, as well as with the same in others. However, as with traumatic shame states, I contend there are two maladaptive pride subtypes that are less conscious or not conscious, and reflect predictable responses to recurrent relational trauma. It must be emphasized that these two pride subtypes are not emotional processes in the sense of consciously felt emotions. Rather, they represent the relational trauma survivor’s dissociated, and unconscious *relationship* to pride. The way a therapist comes to discover a patient’s dissociated pride is always indirectly or, to paraphrase [Bromberg \(2011b\)](#), in the shadows. For example, dissociated pride may be evidenced in interpersonal enactments in psychotherapy with relational trauma survivors (see [Bromberg, 2011a, b](#), for a comparable discussion with respect to dissociated shame), and/or intra- relationally in dissociated pride self-states or parts that can be psychological or somatic in nature. Below, I offer some preliminary thoughts about these pride subtypes that are understandable responses to relational abuse and neglect, as when a person is repeatedly rejected or hated, or when faced with more subtle but no less pernicious, recurring experiences of not being seen, recognized, known or affirmed by a significant other.

2.2.1. *“Not me pride”*

“Not me pride” is disowned and dissociated pride. The not me proud person unconsciously locates in or projects onto others aspects of self that would otherwise, in safe intra- and inter-relational contexts, engender good enough me or even pro-being pride in themselves. Not me pride develops in relationships where a significant other, including but not limited to a caregiver, cannot

tolerate the proud person openly expressing much less taking pleasure in her specific capacities or qualities of aliveness. The other's intolerance may be expressed actively, as when they openly attack or dismiss the person's proud moments, or passively, by not noticing or failing to respond to moments of adaptive pride in the individual. Not me pride may or may not be accompanied by pathogenic shame (bad me, not me or no me shame), as unconsciously disowning one's capacities doesn't necessarily result in marked shame, felt or dissociated. One way we see not me pride showing up clinically is when our patient sees others as imbued with positive qualities she clearly demonstrates yet remains convinced she lacks. Not surprisingly, then, the patient living with not me pride may be conscious of feeling envious of others who, she insists, have what she lacks.

2.2.2. *Clinical vignette of not me pride: "I wish I had what he has"*

"Kara" frequently expressed her conviction that she was simply not creative while insisting that others, particularly different male artists she met, were. Kara researched the creative process in depth during her graduate studies, in a mostly unconscious attempt to understand and hopefully locate in herself creativity. Kara was a relational trauma survivor, having been bullied by an older sister (and this sister, in turn, having been maltreated by their mother) whenever Kara dared express overt pleasure in her own capacities. After several years of intensive psychotherapy, Kara gradually came to realize first in relationship with her trusted therapist, and later more independently, that she too was creative, albeit not in the same way a trained artist might be, but rather in how she playfully interacted with others, and also how she integrated various conceptual and technical approaches to her work. What Kara had previously located as residing elsewhere (e.g. in her friends, professors, and admired professionals in her chosen field), she gradually came to recognize were capacities she uniquely possessed and expressed, too. Owning her good enough me pride and, at times, pro-being pride when creatively engaged with others not only allowed Kara to feel proud of herself, but also lessened her envy and problematic idealization of others. This further enabled Kara to help those she worked with notice, develop and take pride in their unique talents as well.

2.2.3. *"No me pride"*

It is difficult even for me, someone who has studied shame and pride from the inside-out (personally) and outside-in (professionally) for several years, to imagine how a person who has been profoundly neglected, ignored, dismissed, absented, not seen, not felt, not held, not reciprocally responded to, and/or hated by a caregiver, experiences pride. If a person experiences herself as invisible, then there is no one to "hold" nor "feel" pride, much less at a more basic level, desire. This would be the person living "as if", dissociated, disembodied and often depersonalized, who may display a persona or apparently normal personality (Van der Hart et al., 2006) but who lacks a well-developed personhood. From this vantage point, pride, if it exists at all, certainly has no home within. No matter how socially or materially successful this person might appear to others, they would mostly experience themselves as lacking an embodied self, and therefore with regard to their so-called "self" in relation to others, there could never be any pride.

2.2.4. *Clinical vignette of no me pride: "I am not, and therefore I am not proud"*

In an earlier paper (Benau, 2017b), I described a former patient of mine, Laura, a survivor of relational and sexual trauma as well as profound non-attunement who experienced "no me shame". While Laura also experienced the other three shame subtypes ("good enough me", "bad me" and "not me" shame), her response to not being seen, held, felt, recognized and known to exist,

especially by her borderline psychotic and likely highly dissociative mother, was particularly damaging. What I did not mention in my earlier paper was that Laura was a very bright and capable woman who achieved considerable success in her chosen profession and who, despite her painful family history, had worked extremely hard in individual and couple therapy to develop a very trusting and happy marriage. However, whenever I praised or celebrated Laura's obvious accomplishments in work and love, to paraphrase Freud, she quickly deflected my appreciation by pointing out what others manifested socially that she lacked. Laura was a very introverted and socially anxious person who, while handling herself at a high level professionally, invariably felt awkward in less structured, group social situations. Similarly, Laura often idealized me and perceived me as the primary source of her remarkable gains in therapy, while underappreciating her own obvious contributions.

Although Laura made great gains over the course of our approximately 10-year psychotherapy, I cannot recall Laura ever celebrating her genuine accomplishments (good enough pride) much less taking delight in her being the remarkable woman she was (pro-being pride). I recall many times explicitly expressing my admiration of Laura's unrelenting determination and the ways she cared for herself outside of therapy, be it through her daily meditation practice or regular exercise. I also frequently marveled out loud how Laura inevitably discovered her own creative pathways out of chronic mental anguish, for example in how she dramatically ameliorated her terrifying panic attacks and crushing shame. Each time I articulated my genuine appreciation of Laura's stunning achievements, particularly in light of her adverse relational origins, she would invariably say, "I had to" (e.g. work so hard at self-care) or "I didn't do much – you did" (e.g. when finding her way out of painful, chronic emotional suffering).

While I had no doubt that I helped Laura considerably, in fact in ways that were life changing, I also knew where credit was due that she had nowhere to place, psychologically speaking. Said another way, I now believe that Laura was likely still being influenced, intra-rationally, by an internalized representation of her mother who failed profoundly to recognize her existence, that resulted in both no me shame and no me pride. Working to diminish the dominance of Laura's life-negating, internalized messages would be a central focus of our treatment were Laura to return to therapy, today (see Schmidt, 2009 for one way of accomplishing this).

This brief clinical vignette offers a good example of successful therapy with a relational and sexual trauma survivor in that we significantly reduced and transformed Laura's maladaptive shame ("bad me", "not me" and "no me" shame; see Benau, 2017b) that, in turn, significantly benefited her relationships at work, for which she sought therapy in the first place. While our work went a long way toward healing her wounded self-in-representation, in retrospect I believe Laura's therapy remained incomplete as she lacked, for the most part, the experience of good enough me or pro-being pride. From this perspective, therapy is not strictly about reducing suffering, but also about elevating and celebrating thriving (Fosha, 2000).

2.3. *The embodiment of better me (hubristic), good enough me (authentic) and pro-being (prodesse) pride, with the intentional omission of not me pride and no me pride*

As with all emotions, pride is both of the mind and the body. Within the mind, pride manifests as an implicit and explicit belief about the self in relation to others. If it were to speak, pride might say, "I am... in relation to you who are...". As noted above, the hubristically proud person touts their superiority and others' inferiority, the authentically proud person shares with pleasure her accomplishments with others and assumes they will likewise,

and the pro-being proud person delights in being herself delighting in others being themselves.

Somatically, hubristic pride tends to be energetically dysregulated and interpersonally dysregulating, although those people who experience hubris as ego syntonic feel quite at home feeling superior, and thus can be fairly well-regulated energetically. Within hubristic pride, arousal levels are generally elevated, edging toward hyperarousal within the window of optimal arousal (Siegel, 1999). Bodily tension in hubris is particularly evident in a somewhat forced or puffed out chest, at times crossed arms, elevated and jutting out jaw, and a tendency to cast one's eyes down upon others, possibly with a sneer or a look of mild disgust or dissmell (Tomkins, 1963) as evidenced by one flared nostril and/or an upturned lip. Mussolini standing at the balcony looking down at his Roman followers provides a dramatic example of the embodiment of hubristic pride (<http://www.budgetfilms.com/clip/18671/>, accessed February 17, 2018). Of course, we are not lacking in contemporary leaders who display visually similar signs of hubristic pride (see [https://www.google.com/search?biw=1440&bih=738&tbm=isch&sa=1&ei=rKYZWqyZGKKZ0gKB_b6gAQ&q=donald+trump+images+look+of+contempt&oq=donald+trump+images+look+of+contempt&gs_l=psy-ab.3\(189478.198977.0.200017.26.22.4.0.0.198.1929.15j6.21.0\(0\(1c.1.64.psy-ab.1.2.271\(0i8i30k1.0.i_xURSozDdl#imgsrc=0kIT7jdfvsGKM](https://www.google.com/search?biw=1440&bih=738&tbm=isch&sa=1&ei=rKYZWqyZGKKZ0gKB_b6gAQ&q=donald+trump+images+look+of+contempt&oq=donald+trump+images+look+of+contempt&gs_l=psy-ab.3(189478.198977.0.200017.26.22.4.0.0.198.1929.15j6.21.0(0(1c.1.64.psy-ab.1.2.271(0i8i30k1.0.i_xURSozDdl#imgsrc=0kIT7jdfvsGKM), accessed February 17, 2018).

Good enough me and pro being pride both show elevated but well-regulated arousal, remaining in the upper quadrant of the window of optimal arousal (Siegel, 1999). The joy in accomplishment (good enough me pride) or joy-in-being (pro-being pride) can be either relatively quiet or excited, but neither are overexcited such that reciprocal, I-thou (Buber, 1970) relating is diminished or lost. In contrast with hubristic pride's tense upper torso, arms and jaw, the good enough me or pro-being proud person is more relaxed and at ease in their body. The chest tends to expand naturally with ease of breath and movement, rather than become puffed or pushed out. The jaw is relaxed as well, and the eyes tend to sparkle with alertness, interest or excitement, gazing gently straight ahead toward making contact with others, or turned slightly upward.

Given that pro-being pride is embedded in a reciprocally relational matrix it follows, then, that when the therapist resonates with the patient's pro-being pride, both members of the therapy dyad experience a powerful associative attunement as contrasted with Hopenwasser's (2008) concept of "dissociative attunement" (p. 349). This attunement is psychologically, emotionally and physically known and experienced as a full, mind/body experience. Beginning with the work of Wilhelm Reich and somatic psychotherapists who followed his lead, I have observed that during relationally resonant pro-being pride experiences, a somatic-emotional-relational "streaming" or more accurately "co-streaming" may occur.

Streaming (Ludwig, 2017, personal communication) is a somatic therapy concept derived from Wilhelm Reich and later others. Streaming has been characterized as a distributed awareness of aliveness, a connection within oneself and between self and other. Streaming can be thought of as a somatic humming, occurring in the present moment, and reflecting the joy of physicality, psychology, and pleasurable emotional valence. Streaming can be conceived of as animal pride that all mammals, including humans, possess. Streaming may be experienced as a release of energy following the shedding of somatic armor, defense or inhibition, as well as a natural, somatic expression of aliveness. Thus, while streaming has often been conceptualized as a post-traumatic release of energy and chronic muscle tension, I am suggesting the streaming that accompanies pro-being pride can

occur both post-trauma, as an harbinger of healing, but also more broadly as a somatic marker of emerging or growing aliveness. In my experience, streaming can be felt as a mild tingling sensation in one part of the body. I typically feel it in my lower arms, particularly after a stuck period in therapy when my patient and I now find ourselves "onto something" that feels immediately true and enlivening. Others may experience streaming as an even stronger tingling throughout the body, or more powerfully as a pulsating sensation that can lead to a vibrating or even shaking throughout the body. The more the person can stay with rather than tense up and resist his streaming sensations, the more a new psycho-somatic-relational experience can be born.

Thus, while streaming may reflect a post-traumatic release of somatic armoring and an unleashing of previously bound energy and muscle tension, the type of pro-being pride streaming I am referring to here reflects the somatic expression of aliveness, be it post-traumatic or simply "being myself, now". In a state of therapeutic co-streaming, therapist and patient alike physically and energetically experience their own and the others' pro-being pride, each building upon and accentuating the other's somatic-emotional aliveness. One clinical vignette, below (#1), will illustrate further my notion of the co-streaming that accompanies pro-being pride. Co-streaming, as I conceptualize it, may be consistent with the findings of Iacoboni (2009) and others on mirror neurons, where the brain activity within mirror neurons is comparable in both observer and observed; in the case of co-streaming, a somatic-energetic sensory experience is experienced in both therapist and patient alike. It is likely no coincidence that mirror neurons are located near the motor strip in the brain, as these experiences are very much about movement, be that motoric (mirror neurons) or energetic (co-streaming) activity.

The reader will notice I do not describe the embodiment of not me pride and no me pride. That is because by definition the person is dissociated from that aspect of self that would hold the pride (not me pride) or from being itself (no me pride). Thus, one cannot embody that which is dissociated. The person who perceives someone else as holding something of value (not me pride) may experience the embodiment of envy, resentment and/or shame, but he will not embody pride in any way. Likewise, the person whose experience is dominated by disconnecting from being and aliveness would, at best, feel "nothing" or "numb" or "unreal" or "dead inside". Simply put, no body (nobody) is at home.

3. Four clinical vignettes: Discovering and engaging pro-being pride

Just as there is no singular way to be, there is not one way to discover and work experientially with pro-being pride in psychotherapy. Each patient experiences his or her aliveness differently, and each therapy dyad at any moment in time will likewise develop unique ways of celebrating the patient being himself or herself. The following four clinical vignettes speak to several different aspects of psychotherapy with pro-being pride: The first highlights the dyadic experience of co-streaming, where patient and therapist join experientially and somatically in celebrating the patient's life. The second vignette begins with improvisational, almost absurdist humor and play, yet flows naturally into a more serious conversation about the patient's growing relational capacities that transform his formerly debilitating anxiety and shame. The next vignette reveals some therapeutic boldness as I spontaneously describe a female patient as "perfect", striking at the heart of her lifelong selflessness that grew out of considerable early relational misattunement and abandonment. The final, longer vignette with a male survivor of sexual abuse and neglect shows how pro-being pride both

foreshadows and is an expression of integration by simultaneously holding contrasting ways of being in relation to self and others.

While the clinical vignettes in this article are based upon my work with actual psychotherapy patients, they are disguised to preserve patient confidentiality and privacy. I am grateful to all my patients, past and present, who have graciously given me permission to reference our work, and who have taught me so much about pride, shame, and psychotherapy.

3.1. Clinical vignette #1: Co-streaming, co-pro-being: Celebrating a life

“Jacob” and I had been meeting in weekly psychotherapy for approximately 16 months prior to the session I describe, below. Jacob came to therapy with me upon the recommendation of his couple therapist with whom he and his wife, Linda, had been meeting for one year prior to our initial meeting, and with whom he and his wife continued to meet weekly throughout our work. Jacob’s couple therapist initially described him as a “racehorse” who “ran around fast, burning off energy” in ways that benefited his successful business more than his marriage. Jacob was depicted as carrying a lot of stress, anxiety, as well as frustration and shame over the lack of sexual intimacy in his marriage.

Jacob is a very bright, measured, and meticulously articulate man as well as a very successful entrepreneur. At the time of this session, Jacob had been married for almost 20 years and, with his wife Linda, was raising a teenage son. Jacob’s father left his mother when Jacob was 18-months-old. Although during our first meeting Jacob said he “idolized” his father, growing up Jacob saw his father only one month each summer, and had almost no contact with him the rest of the year. Jacob’s father later remarried and had two children with his second wife, all of whom appeared, to Jacob, to enjoy a closer relationship with his father.

Jacob was raised by his single mother who met his basic needs. However, Jacob came to understand in couple therapy that his mother was quite self-absorbed and needed Jacob to appear happy even when he wasn’t, and to never question her parenting nor that of his father. Jacob’s father also spoke highly of his mother, leaving young Jacob with no adult to help him identify much less give voice to his emotional distress. Jacob’s distress included feeling shame about some early learning challenges and his father’s absence, as well as suppressed anger toward his mother for not recognizing his emotional needs, particularly for nurturance.

Jacob had canceled the meeting prior to this one in order to take vacation time with his family. Uncharacteristically, Jacob began our session with a faintly nervous laugh as he asked en route from the waiting room to my office, “Did you miss me?”. It was clear Jacob wanted me to have felt his absence the previous week, which I had, but what was more striking was that he implicitly *asked* for me to have missed him. I immediately replied, “Yes, welcome back”. Jacob then told me he had just had his 50th birthday that he decided to celebrate in a big way next year with close friends and family. At the same time, Jacob agreed to celebrate his birthday this year a little with his immediate family, which was unusual for him. In contrast, Jacob explained he enjoyed making a big deal about others’ birthdays, such as for his wife Linda or their son, Ed.

Jacob’s delighting in others more than himself suggested to me, upon reflection, that he likely experienced not me pride. As I took in that Jacob had agreed to quietly celebrate his birthday this year, I decided to make a big deal about his seemingly unremarkable decision. There was something about Jacob’s asking me, somewhat nervously and even before we sat down in my office, whether I had missed him, and his planning to *really* celebrate his birthday next year while reluctantly doing so this year, that left me intuiting there might be a vein of gold to mine here regarding his self-valuation in relation to me and, by extension, his loved ones.

I began by observing aloud that birthdays were joyous celebrations of life, and that I was struck by Jacob’s agreeing to celebrate himself “some” this year and “in a bigger way” next year. The more I focused on my celebrating his celebration of self (consistent with pro-being pride), the more Jacob found himself alternating between two ways of being, one new and expansive and the other more familiar and restrictive. Jacob’s expansive feeling manifested as a tingling sensation in his face, arms, and upper chest, all neurophysiological markers of his safe-in-relating, social engagement system coming onboard (Porges, 2017). In contrast, Jacob described his more anxious self-with-other experience as like a “dark cloud”, with his having “cloudy thoughts”, becoming sleepy in-session, and feeling a lot of guilt and shame, all suggestive of mild dissociation and consistent with Porges’ (2011; 2017) dorsal vagal shutdown. Although I did not mention this to Jacob at this early juncture in our session, I thought his “dark cloud” experience might be indicative of his having a body/emotional memory of when it was not safe to celebrate himself in relation to his mother and father returning now, with me.

Despite or perhaps because of his mild dissociation, I told Jacob I was intentionally “pushing him” toward celebrating his birth with me, while at the same time telling him I knew he and I were playing with his psychological edge. I intermittently reminded Jacob that while I anticipated this would cause him some discomfort, I would be with him each step of the way. Using psychoeducation and parts-work language to help Jacob remain sufficiently regulated within his window of optimal arousal (Siegel, 1999), I suggested his sleepiness might reflect the effects of a part of him that preferred being “self-less” as one way of managing considerable anxiety that arose when I affirmed his birth. Jacob and I also talked about how he learned from his mother as a young boy to be “responsible”, “good” and “humble”, and how that included giving to and celebrating others. Together, we also reviewed material we had previously discussed, for example when Jacob’s mother insisted he go to school when he was ill and keep his emotional distress, including his loneliness, to himself. Additionally, we recalled, together, that Jacob’s father had told him implicitly and explicitly that his mother was a good person never to be criticized, leaving Jacob with at times overwhelming emotions to manage alone.

As I intentionally interrupted Jacob’s self-interruptions, tingling sensations in his face, arms and chest intensified. I then shared with Jacob that I too was experiencing tingling sensations, mostly in my lower arms, something I now view as “co-streaming”, a somato-affective expression of our shared aliveness and pro-being pride. I offered Jacob an image of our taking a leap of faith together, jumping together into the sky and down to the water below. (I believe I was thinking about and may have mentioned a famous scene in the movie *Butch Cassidy and the Sundance Kid*, where the protagonists, as part of their escape, did just that.) At first Jacob resorted to self-criticism, commenting that he does not celebrate enough his son, Ed. I suggested Jacob’s self-criticism was another example of his “going dark cloud” with me, now. In order to shift his affective tone and relational experience with me, I wondered aloud if Jacob had times when he did allow himself to take a leap toward his less inhibited aliveness. Jacob mentioned roller-skating, playing soccer, hiking, and traveling, all of which I celebrated with gentle but unwavering delight.

With our now restored emotional/somatic co-regulation, Jacob’s creativity became more available to him, as he spontaneously imaged himself and me, standing on either side of his son Ed, holding hands and preparing to take a leap, together. I realize now that image may have reflected Jacob’s and my adult selves supporting the individuation of his teen to young adult self. As Jacob and I imagined holding Ed’s hands, Jacob’s tingling,

streaming sensations returned, as did mine, indicating that we had sufficiently coordinated and co-regulated Jacob's being with me in this new way. Jacob's reported his "cloud of despair" now turned into a small "cup of despair" as we sustained co-streaming during the remainder of our session.

None of what took place in this session with Jacob would have been possible without our having previously established considerable trust in each other and our way of working. Many times prior to this session, I had vigorously advocated for Jacob asserting his own needs in relationship to his self-absorbed mother, his emotionally detached father, his at times narcissistically vulnerable wife, and also with me, as when he disagreed with an idea or direction I suggested. Because Jacob knew I was fully on the side of his discovering what he truly wanted and did not want in his most important relationships, he could better tolerate my intentionally guiding him toward new, previously unsafe inter- and intra-relational terrain.

Starting at a very young age and into his adulthood, Jacob had learned to adapt by trying to be a good son or husband and meeting the other's needs, often at a great cost to his own spontaneous aliveness. In this session, I repeatedly told Jacob that together we were forging new ground, as his life was worthy of celebration. Together we co-regulated Jacob's fears, inhibitions and mild dissociation that pressed upon him to make relationships solely about self-sacrifice. In contrast, Jacob experienced with me body-to-body, mind-to-mind aliveness that neither he nor I had to give up in order to remain in connection, thus revealing one essential feature of pro-being pride.

3.2. Clinical vignette #2: "Is this therapy?": Improvisational humor and co-pro-being pride

In what follows, I am not suggesting anything that occurred between "Greg" and me is applicable to any other therapy pair other than Greg and Ken at the time we had the session (or sessions like it) described below. However, what may be applicable to other therapy dyads is a quality of being in relationship that might be described as joyful, intersubjective play as one way out of shame and into good enough me and pro-being pride.

I worked with Greg on and off (mostly on) for 10 years prior to this session. Greg was a very bright, thoughtful, self-reflective and funny young man in his mid-20s with a history of at times debilitating social anxiety and shame, and mild to moderate ADHD, Predominantly Inattentive type, all of which contributed to his marked inhibition when writing college essays.

Adding to and exacerbating his learning and social-emotional challenges, Greg was a complex, relational trauma survivor. Greg's family history was complicated, as he was raised by his mother and father but learned, when he was 17, that the man he was taken to visit regularly beginning when he was very young was actually his biological father with whom his mother had had an affair. Greg's birth father was quite narcissistic and manipulative and had tried, over several years, to get Greg to side against his father who raised him and whom Greg loved. As a sensitive, empathic child, Greg also carried several dissociated aspects of his mother's shame and anxiety, given her affair as well as her history of childhood trauma. Furthermore, Greg and I had worked for some time with a very deep layer of shame that was rooted in an implicit belief that his very existence painfully reminded his mother of her affair. Greg also wrestled with immobilizing fear that he would lose the love of his very kind, nurturing older brother who only as an adult was informed Greg had a different birth father. (Greg's brother remained his steadfast champion and advocate despite the initially shocking revelations of Greg's origins, when Greg was in his early 20s). While Greg and I had, by the time of the following session, disentangled many of these emotional layers so that he lived with

much less shame and anxiety, nonetheless they remained integral aspects of his attachment history and ways of relating.

Greg's self-deprecating and brilliant wit took many forms. As one of many examples, for quite some time in therapy Greg referred to himself – tongue placed firmly in cheek – as "Emperor of the Universe", and described all the nefarious ways he would ensure that his minions, that is everyone else, did his bidding, preferably without them ever knowing that Greg was controlling their every move. (Both Greg and I knew that when he spoke of his omnipotence we were, in fact, referring to how powerless he often felt in relation to his peers and, in retrospect, to his feeling manipulated and controlled by his birth father).

Greg and I shared and delighted in a fairly sarcastic and absurdist sense of humor that we each employed regularly in-session in order to accomplish two things simultaneously:

- speak about difficult, emotionally charged and typically shame-evoking topics as honestly and truthfully as we could;
- make the other laugh so hard tears rolled down his face. (Admittedly, my face. Greg never did the tear-rolling, as he was the master of the deadpan, straight man look).

In this session, as in many others, Greg and I began by playfully riffing much as two jazz musicians might start improvising. It must be said that to describe a session with Greg is virtually impossible as a lot of what happened was so spontaneous, unscripted and rapid-fired that unless I were to record our sessions, there would be no way I could adequately describe what really transpired between us much less within me. What follows, then, can be thought of as a Cliff Notes version of what took place.

As part of our opening riff, Greg and I found ourselves playing with the word "hypocrite". I believe it was in response to something Donald Trump, then candidate for President of the United States, had said that Greg and I viewed as hypocritical. "Hypocrite" somehow morphed into the name of a fictitious political party that I dubbed "the Hypocrats" (as contrasted with the Democrats, of course), that in turn led to another riff about "critics of Hippos", also known as "hippo-critics" who, Greg and I concurred, must be a dying breed as hippos are very dangerous animals that will charge people – especially if those foolish souls had the audacity to criticize hippos. This further led me to suggest, in hushed tones, that "hippocrits" worked out of military bungalows in the Nevada desert where they sent drones to criticize the hippos in Africa, and... you get the idea.

After 15 minutes of our free jazz-type riff, Greg spontaneously remarked, "Maybe I should talk about something pertaining to therapy". I faux-reluctantly acceded, as Greg went on to say he wondered whether or not he should resume dating. Greg had recently ended a romantic relationship with a young woman. He shared that dating was both fun but time and energy consuming, and he thought maybe he should focus instead on his college studies. It is noteworthy, here, that Greg had been doing very well in his studies of late whereas in the past he had struggled mightily, so much so that he took a year off from his studies to gather himself before concentrating on his new, better suited major at a preferred university close to home.

As Greg described his recent dating experiences, he rather off-handedly mentioned that he was good at flirting with girls. If my jaw could have dropped it would have as Greg who, a year before, had been so socially anxious and shame-bound he would not even approach girls he found attractive, was now finding ways to make flirting fun. (As I re-read this, I realize one could easily suggest Greg and I flirted with each other and with emotionally charged subjects all the time in playful rather than romantic ways). I pointed out how different this was from the Greg of yore, probably by speaking in exaggeratedly conspiratorial tones that I often invoked with

Greg, “We probably should keep our dirty little secret to ourselves”. We then talked some about what Greg was discovering he was good at socially, including quickly getting a feel for the woman and potential date he at first texted, responding in ways that put *her* at ease (!), and then using his facile intelligence and wit to get her interested in him.

It would be easy to say that Greg’s and my playful riffing were ways we explored his shame and social anxiety in very non-shaming ways. That would be both true and beside the point. While play can be thought of as “purposeful”, as soon as you make it so it ceases to be “play”, at least in the free-form, spontaneous, and moment-to-moment, highly relational way I’m depicting here. My riffing with Greg reflected our shared delight in our respective minds and in our relationship. Did our riffing help Greg learn “to riff” online and later in person with potential dates? I suppose so, but that was certainly not *why* we riffed. We riffed because Greg and I were meant to riff, it was our way of being with and *en-joying* each other, our relationship and, yes, our shared work addressing Greg’s social anxieties, shame and related matters. Said another way, our riffing was our way of celebrating our respective and shared pro-being pride.

I think it is fair to say that while I laughed more with Greg than with any other patient, at my best I am always riffing with patients, but of course never in the same way I do with Greg. To play spontaneously and thoughtfully in therapy (what I call “serious play”) is to delight in the other, and to delight in others is, by my definition, to co-share and co-create good enough me and pro-being pride – the best antidotes to pathogenic shame.

Why does play work? (Pun intended and not). Play embodies several other anti-shaming properties, including that play:

- up-regulates shame’s rapid down-regulation and rush toward hypo-arousal and dissociation;
- is always collaborative, co-operative and intersubjective, consistent with the “yes, and” instructions in improvisational theater, where the play partner adds to but never counters or one-ups his partner;
- provides an opening to creativity, curiosity, spontaneity and possibility, as contrasted with shame’s movement toward rigidity and restrictive modes of thinking, feeling and behaving.

If I delight in being me with you and you delight in being yourself with me, shame will have no harbor in the therapy room and, by extension, the patient’s internal landscape, and everything (including hippo-critics) and anything (including intimate relationships and dating) can be fruitfully explored.

3.3. *Clinical vignette #3: “You’re already perfect”: Pride as an antidote to shame-rage reactivity*

At the time of this session, “Louise” and I had been meeting in weekly psychotherapy for 5 months. Louise sought therapy because while a devoted and attuned mother, wife, and daughter to her elderly parents, she had been feeling unhappy for almost two years in ways she had tried to shake but could not.

Louise is very bright, funny, deft with metaphoric language, empathic and creative in how she cares for her special needs adopted daughter, (Louise discovered after two miscarriages that she was unable to give birth), husband and elderly mother. As of this session, Louise had been grieving the loss of her stepfather, a very talented and creative man himself who, she discovered after his sudden, unexpected death, had been living a double life, having had an emotionally intimate relationship with a woman other than Louise’s mother, with whom he had been married 30 years.

Louise and I worked very well together. I appreciated her intellect, imagination (of which she initially tried to convince me she had none), humor and emotional honesty and, I suppose, she appreciated my version of those same qualities.

Louise was raised by two narcissistically wounded parents, both of whom largely failed at tuning into and responding to her emotional needs. Louise’s mother left her, an older brother, and her father for the mother’s spiritual leader when Louise was 12. While this abandonment taught Louise to always be emotionally available to others and never behave like her mother in that way, Louise had experienced many less dramatic but no less consequential emotional abandonments both before and after the traumatic loss of her mother at age 12.

In some ways, therapy with Louise could be thought of as helping her find, to paraphrase Virginia Woolf (1929–1957), “a room of her own”. In fact, in this particular session I mentioned Woolf’s essay with which Louise was quite familiar. For both of us, “a room of her own” evoked associations of Louise’s wish to transform an attic room into her in-home creative space, and of Louise finding room within to care for herself as well as she cared for others.

Louise began this session apologizing for being a bit thrown by my picking up the phone when she called me on Sunday, two days before this our weekly appointment, to tell me she needed to reschedule. She had not expected me to pick up on the weekend. I normally did not, I told Louise, but I did this time because I could see (on the caller i.d.) that Louise was calling and I assumed either she wanted to reschedule or perhaps was in distress (given the recent loss of her step-father), although the latter was less likely as she had never before called between sessions for emotional support.

As I write this, I realize my picking up the phone when Louise called was more meaningful to her than I knew at the time. Louise began this session stating that her daughter, Tara, age 9, and her husband suddenly took notice when she called me, something we both attributed to her not being immediately available to them at that moment. Although our phone exchange lasted less than a minute, I responded to Louise’s expressed surprise that I picked up by jokingly apologizing for being a real person rather than an answering machine. Again, I recognize only now that my being available to Louise “in person” was likely meaningful to her, perhaps indicating implicitly that I was responsive to her needs as contrasted to her experience with both her parents.

As this session proceeded along the line of parental attunement or the lack thereof, Louise shared with me a few recent successes where she, in her words, “channeled” me. One such success was in response to Tara when, in the middle of a “fight in the making”, Louise recalled something I had shared with her about getting in sync with Tara’s vitality affects (Stern, 1985) and prosody even more than the content of her words. Louise was able to recall that I had modeled for her how to join empathically with the intensity and musicality of Tara’s distress while Louise remained sufficiently well-regulated. Louise shared with Tara that she knew both she and Tara were upset, and that she regretted yelling at her daughter, earlier! (this was said with some intensity, thus the exclamation point), but that she (softening) missed “Papa”, Louise’s stepfather and Tara’s grandfather, who had died recently. Louise spoke the latter part of her remarks to her daughter from a more subdued, forlorn place, and Tara responded by also becoming more emotionally regulated and giving her mom a comforting hug. As we both recognized, Louise and Tara were clearly attuned and connected, again.

A bit later in our session, Louise shared another success, this time following her feeling enraged with her mother who blamed Louise for “taking her place” at the memorial service for Louise’s stepfather and her mother’s husband. Louise’s mother had always

been narcissistically vulnerable, so it was not surprising that after losing her husband she would try to manage her overwhelming grief and feeling abandoned by blaming Louise for taking love and attention away from her.

Following her mother's unfair accusation, Louise left her mother's home where she had been visiting in order to gain some emotional distance. While on a short walk Louise started to feel enraged, something quite unusual for her as she feared, until that moment, that her anger would cause her to lose loved ones. At the same time, Louise was taken aback and confused not only by the intensity of her upset, but why she felt so enraged. I suggested to Louise that because her mother had profoundly failed to see her positive qualities at the moment of her accusation, particularly after Louise had done so many things to help her mother following the sudden, unexpected death of her husband, including organizing her husband's large memorial service, that her rage – as healthy protest – made perfect sense. Louise soon began to see how that made some sense to her, too.

Louise then shared with me some of her shy, good enough me pride. While away from her mother's home and fuming with anger, she quickly recalled several sessions where I invited Louise to imagine joining her, "... anyone past or present, real or imagined, known or not known to you, who could provide the kind of nurturance and protection you most need, now". [This is my adaptation of the work of Schmidt (2009) and her Developmental Needs Meeting Strategy]. At that time, Louise imagined being accompanied by two close girlfriends whose visualization helped her calm down and realize her mother's remarks said more about her mother than Louise. Clearly, Louise felt implicitly I was with her as well, as evidenced by her recalling our work with intra-relational resourcing.

As Louise began to more fully absorb that her rage reflected a healthy response toward something profoundly lacking in her mother and not in her, she found a wonderful metaphor to describe her core self: "A pillar in my basement". With growing awareness, Louise next understood that when she "lost it" (privately and at a safe distance away from her elderly and vulnerable mother) she had neither "failed" nor was she a shameful "failure" as she might have previously believed.

Toward the close of this session, I invited Louise to remember when she first saw her adopted infant daughter, Tara, and how I was certain she felt that Tara was "perfect". Louise readily agreed as I knew she would, given my sense of her as a very loving mother who, when Tara was born, had hungered to have a child after two miscarriages. I then told Louise, "Just as Tara was perfect as a baby, so were you. That is the pillar in your basement".

When I said this, Louise was clearly stunned and at the same time moved to tears, taking in the emotional truth of my remarks. It was soon afterward that our session came to a close.

For me to suggest to a patient that, at her core, she was and thus already is "perfect" has nothing to do with perfectionism. Nor does it reflect my idealizing Louise, although I very much respected her and enjoyed being with her. Furthermore, my telling Louise she was and is "perfect" was not something I had ever said to a patient before, and I would be very surprised if I ever said those exact words to another patient, again. I found myself saying this to Louise because our work led us there, and when I shared these thoughts with Louise I knew intuitively it would feel both true and powerful to her. Moreover, I was confident that our relationship could hold this existential and interpersonal truth without there being any doubt for either of us that I, too, remained Louise's very imperfect and thus entirely human therapist.

What I expressed in words to Louise captured what many loving parents feel when introduced to their newborn infant for the first time: The wonder that comes with discovering that your brand new baby, cradled in your love, can be nothing other than

"perfect". This feeling about one's newborn is a feeling those of us who are loved this way by our parents can return to, implicitly, when embodying good enough me pride and beyond to pro-being pride. If in contrast we are more like Louise, that is raised by two narcissistically wounded and self-absorbed parents who rarely tuned into her unique emotional reality, then "pride" in accomplishment (good enough me pride) as well as being (pro-being pride), as with secure attachment, would have to be earned and thus learned in new, adult relationships. This session showed Louise, who as a child had survived considerable emotional misattunement, neglect and abandonment rather than abuse, taking another crucial step toward discovering and embodying her own adaptive pride. This was possible, in part, because Louise was surrounded in imagination and actuality by select friends, myself and most importantly her implicitly loving, adult self, celebrating her own psycho-spiritual birth. Perhaps as Louise continues to re-discover the "pillar" that is her core self (Fosha, 2005), she will build a strong foundation for a home that holds many rooms of her own.

3.4. Clinical vignette #4: From shame-deflation and shame-rage to "It's fun to be, me"

"Isaac", at the time of this session, was a man just shy of 60 years old with whom I had been meeting in weekly psychotherapy for 14 months. This session, as had been the case for several months prior, lasted 80 minutes. These longer sessions allowed Isaac to do deep intra-relational work in a semi-hypnotic state that responded best to a non-rushed spaciousness within him and between us.

Isaac was a sexual and relational trauma survivor. When he was 6-years-old, Isaac was sexually molested once by a man in a nearby park where he frequently played unsupervised by his parents. Isaac further described his father as very narcissistic and shaming, as was his older brother. Isaac's mother was depicted as a psychologically fragile woman who implicitly pulled for Isaac to take care of her emotionally as a child and adult. Isaac's younger sister, whom he loved dearly, was developmentally delayed and died when she was 2 ½ and Isaac 8.

When Isaac began therapy for the first time with me his parents had been deceased for some time. Isaac is a recovering alcoholic who, at the start of therapy, had been sober for over 20 years. During the last five years Isaac maintained a daily meditation practice and attended silent meditation retreats twice annually.

While I always work integratively, typically drawing from attachment oriented, emotion-focused, psychodynamic, somatic, and Coherence Therapy (Ecker & Hulley, 1985, 2017; Ecker et al., 2012) approaches, with Isaac I relied most explicitly upon an adaptation of The Developmental Needs Meeting Strategy (DNMS; Schmidt, 2009), a method that allows for safe, effective intra-relational work with younger parts or self-states. [For this article, I use the terms "parts", "self-states" or "ways of being" (Chefetz, 2015), interchangeably.] These younger parts, as trauma-informed therapists are well aware, are commonly discovered in and worked with survivors of sexual and relational trauma.

At the start of each session, Isaac and I ensured he was well resourced intra- relationally (i.e. emotionally well-regulated, and able to access his present-day, "wise adult mind/body"), and felt safe-enough in relationship with me. Isaac typically achieved feeling resourced by my inviting him, following the DNMS protocol, to imagine nurturing and/or protective figures present with him in the consulting room, while also noticing how he somatically and emotionally experienced me seated across from him. With respect to a nurturing figure, Isaac invariably imagined his wife of many years, "Charlotte", seated diagonally to his right. It was clear Isaac had achieved an earned secure attachment

(Pearson et al., 1994) with Charlotte, as he consistently reported feeling loved and accepted by her, and somatically experienced her imagined presence as a warm, relaxing sensation in his heart region. I sat across from and slightly to the left of Isaac. Isaac typically experienced me as more protective than nurturing, seeing me as his trusted guide, and somatically located me as a calming presence on the left side of his head/brain and sometimes down the left side of his body. Starting with Isaac and moving counter-clockwise toward his wife and me, Isaac described a semi-circle of nurturance and protection. (Although not addressed explicitly in this session, Isaac's somatic experience of relational threat – be it from his father, mother, molester, or hostile introject – was always lodged as tension on the left side of his brain, and sometimes down the left side of his body. I realize, only now, that Isaac unconsciously placed me with threatening, internalized others, perhaps in part so that I could help him learn how to lessen their destructive power).

During each session, Isaac used a “TheraTapper” (Schmidt, 2009) that delivered alternate, bilateral stimulation as a slight buzzing sensation in each hand that he controlled for intensity, duration, and spacing between left-right vibrations. As needed and at different points in most sessions, I would explicitly instruct Isaac to attend to the buzzing sensations by saying, “Notice the buzzing in your hands, reminding your adult self that you are here in the room with me and your wife, now”. I did not need to make that explicit in the session I describe, below, as I was clear Isaac had not become “blended”, to borrow a concept from Internal Family System (Schwartz, 1995), with his younger self-states.

Having worked successfully this way many times, in most sessions Isaac and I followed an informal structure even though the particular process and content was discovered anew each session. The guiding structure and rhythm Isaac and I discovered and retained in many of our sessions, and outlined below, was never followed as a proscribed protocol. I rarely follow protocols in my work with patients, and have never done so with Isaac. Inter-relational aliveness and spontaneity, that naturally support adaptive pride and more broadly well-being, are best engaged with most patients by not following a strict protocol. This is particularly true with relational and sexual trauma survivors such as Isaac who are acutely aware of even the slightest indication of manipulation, coercion or more generally inauthenticity on the part of the therapist.

Our guiding structure typically began with me handing Isaac the TheraTapper (Schmidt, 2009) that he started using immediately. Isaac would then check-in, either telling me what he wanted to focus on that session or, with increasing regularity prior to the session below, allowing himself to begin sessions without an agenda, suggesting greater trust in himself, me and our process.

After listening to Isaac for about 15–20 minutes, I typically suggested a focus for our work derived from what he had already shared. After agreeing to our therapeutic focus and before inviting Isaac to go inside and imaginatively contact his younger parts, we would ensure he was sufficiently resourced by starting with deep, diaphragmatic breathing and simple somatic grounding exercises. I then asked Isaac whom he imagined was present with us today, and we would then begin our work with some younger self-state until there was about 10 minutes left in the session. If there were more than one younger part identified prior to beginning the intra-relational work, I usually suggested we start with his most angry or resistant self-states before contacting his more vulnerable parts.

During the intra-relational work, Isaac would typically remain in a mild to moderate trance for about 50 minutes of the session, keeping his eyes closed, remaining quiet for some time, and then later sharing with me what he “saw” and felt. Isaac was adept at describing in precise detail his visual, auditory, kinesthetic and emotional experience during the intra-relational work, a capacity

undoubtedly enhanced by his daily meditation practice and innate sensitivity.

With 10 minutes remaining in the session, I typically instructed Isaac to “tuck away in a safe place” the different self-states we had worked with during that session, as outlined by the DNMS (Schmidt, 2009). I then added something I found useful with Isaac as well other patients who work deeply and intra- relationally. First instructing him to take a few deep, cleansing breaths, I invited Isaac to “...allow your unconscious mind to bring forward a symbol that best represents our session, today, and that you would like to carry with you during the coming week. This symbol could be a word, a phrase, an image, a memory, a feeling, a sensation, anything that best represents our work, today”. Isaac usually chose a meaningful word, phrase and/or image derived from our work that session. I then helped Isaac re-orient to being in the room with me, counting down from 5 to 1 while describing his becoming more fully alert and present. Given how deep and emotional our work was for Isaac, we usually took a few minutes to process the session once more before stopping and saying goodbye.

The following session included several but not all aspects of the informal structure, above. The actual dialogue (or as close as I could get culled from my notes) between patient (Pt.) and therapist (Th.) is in quotations. My commentary about the session, reflecting my thoughts at the time or post facto, as well as clarifications about the patient–therapist exchange, are bracketed.

Beginning with his eyes open and using the TheraTappers (Schmidt, 2009), Isaac shared that during his previous week off from work he spent time at a river he loved. What follows are some quotes or near quotes from Isaac's opening remarks that drew my attention, and that made me think in terms of contrasts or polarities that I discuss more fully, below. I highlight the spoken words or implicit concepts that struck me as associated with contrasts:

Pt: “I'm safe when I'm powerless.”

[“Powerless”, in this instance, referred to Isaac's yielding to the greater force of the river, his legs and body pulled downstream while his upper body and arms kept him firmly and safely connected to the rock he held. Isaac mentioned that he felt “powerless” as the water pulled his legs out in front of him, but “strong” in his ability to “loosely hold” onto a rock with just the right amount of force to keep him from being swept downstream].

[Isaac also referred to various aspects of his experience remaining *steady* or *the same* (e.g. the din of the rushing water; the immovable rocks) and others dynamically *changing* (e.g. variations in the sound of the wind when listening intently; alterations in light on the wet rocks; and the ever-flowing river itself)].

Pt: “I'm strong and open to those powers greater than myself.”

[Here I wrote in my notes another contrast that I felt was implicit but not yet stated: “*Embodied or of the body—physical, corporeal, and spiritual or of the spirit, transcendent.*”].

Pt: “It [being in the river] feeds me.”

[I then wrote but did not say to Isaac, “The rivers feeds ‘both aspects of his being’, i.e. *physical* and *spiritual*.” As Isaac described the sensations of the cold water rushing over and past him, I then noted: “Whole body, cold over body, enjoyable”, to remember the intensity of Isaac's full-bodied and liberating experience.

[It seems worth mentioning that I do not like being in cold, rushing water, and would probably not have been happy doing

what Isaac was doing in the river. Thus, my written reflections speak to my right brain to right brain, body-to-body resonance with Isaac's vividly descriptive experience, rather than my imagining, "Yes, and me too!" In fact, I believe this session would not have unfolded as it did had I not asked Isaac to tell me more about what he liked about being in the river. This was in contrast with how Isaac began the session, as he was initially drawn to feeling deflated or mildly depressed as he anticipated returning to work after his vacation break. Intuitively, I was drawn to Isaac's aliveness rather than his deadness].

[My intuition is informed by many years of clinical experience and training that first draws my attention to what is working before focusing on what ails a patient. For some therapeutic approaches consistent with this way of working and thinking, see Narrative Therapy (White & Epston, 1990), Accelerated Experiential Dynamic Psychotherapy (Fosha, 2000); and originally Depth-Oriented Brief Therapy (Ecker & Hulley, 1995) later renamed Coherence Therapy (Ecker et al., 2012; Ecker & Hulley, 2017). My positive bias, as long as I remain respectful of the patient's suffering, is inherently hopeful and de-shaming, and serves as a counterforce to trauma's emotional valence].

Following Isaac's mentioning his "whole body...enjoyable" experience, he described in some detail his immediate, sensory experience:

Pt: "Eyes—allowance of eyes to take in the rocks, trees, water, light without filter. *Not looking, experiencing it all.*"

[Here, I was struck by an implicit contrast, between eyes that receive, or safe-in-relating eyes (Porges, 2017) and eyes, gripped by trauma, that look and latch on to what they see with fearful vigilance].

Pt: "Aloneness— one with the river."

Th: "Alone and connected. Safe, and on the edge of safety."

Isaac nodded in agreement, and remarked:

Pt: "Wholeness of experience. *Hot sun, cold river*, breeze when get out [of the river]."

[My personal notes, again not shared, added "deeply *physical and spiritual*". I did not think, at the time, about the added contrast of "hot sun" with "cold river".

As I mentioned at the start of this vignette, listening to him I kept noticing Isaac's contrasting experiences in relation to his natural environment. Having seen over the years the transformative power of working with contrasts or polarities in psychotherapy (Benau, 2009), I now felt it was time to bring these explicitly to Isaac's attention, as a way of jumpstarting his creative and integrative process. I mentioned several contrasts I had heard, including strong/powerless, alone/connected or at one with the river, stable/changing, and spiritual/physical.

I then invited Isaac to notice how he felt emotionally and in his body as he held his dual awareness of these contrasts. Not surprisingly, he said "Whole", suggesting an embodied integration was already beginning to occur.

I then realized that Isaac's experience of "wholeness" could be used to help him with the discouraged, deflated feeling that began our session. I asked Isaac to bring his full attention to his embodied experience of "wholeness", and then to imagine being this way at his work. I think of this as therapeutically "taking the show on the road", as the patient is encouraged to imagine, prospectively, bringing his best, integrated, embodied, well-regulated rather than dysregulated and dissociated self to those environments and

relationships where previously he had experienced a more compromised, reactive or traumatized self. Since for Isaac that meant work and his relationships with authorities at work, I encouraged him to imagine his "whole self" moving through a typical workday and week, and to imagine interacting with those people and in those situations he found particularly challenging.

Still with his eyes closed, Isaac took about two minutes to imagine interacting with others at work, and then shared the following:

Pt: "The way I've related to work, for so many years, was narrow, fearful, defensive, competitive, and loud."

While first acknowledging his problematic way of being at work, I brought Isaac's attention back to his experience of himself in the river (accessing another relational resource, that is "Isaac at one with the river"), and then invited him to say the following "emotional truth" that I sensed spoke to his experience now, in a forward-looking rather than backward-looking way. This technique is borrowed from Coherence Therapy, formerly Depth Oriented Brief Therapy (Ecker & Hulley, 1996; Ecker et al., 2012; and Ecker & Hulley, 2017). When I ask patients like Isaac to repeat something aloud, I am not trying to convince them of my understanding of their emotional reality, but rather to help them discover in an immediate, embodied way, whether my phrase or another feels most true for them, now.

Th: "I have the wisdom to know when to hold on, and when to let go. I know that at the river, and I am learning that at work."

Isaac repeated the above, aloud, and then recalled a recent work meeting where he was holding on to his anger, determined not to let others he disagreed with "win", and remarked how difficult it was for him to let go of his old, familiar way of being that we had previously identified as his 16-year-old part.

Th: "Yes, your anger at work is more about control. Your experience in the river, by contrast, has nothing to do with control. It is about your being both powerful and powerless, your holding on and your letting go."

Working directly with contrasts while moving toward integration, I next invited Isaac to imagine seeing and experiencing to one side his "being of the river, in nature", and to the other side "being of the river, in work". He placed in his mind's eye "nature" to his left and "work" to his right. Then, I instructed Isaac to visualize and bring to attention his experience of "the river in nature" (left side) and then slowly shift to his experience of "the river at work" (right side), moving back and forth between the two, at his pace, until he felt ready to share what he had discovered. This technique is a modification of Somatic Experiencing's pendulation (Levine, 2010), designed to help traumatized patients discover how their bodies hold both trauma and its resolution, and also to modulate dysregulated emotion. Here I used it imagistically, somatically and emotionally, to help Isaac move toward integrating his "river self-in-nature" and "river self-at-work". Further, I sought to help Isaac update old emotional and relational realities developed when he was a teenager "alone fighting against the world", with his newer, wise adult emotional reality of "holding on and letting go" in the river. The latter therapeutic goal is informed and guided by recent investigations into memory reconsolidation (Ecker et al., 2012).

Following this experiential pendulation between "Isaac on the river" and "Isaac at work imbued with the river", I invited him to say the following:

Th: “I’m discovering how to bring my whole self here”, referring to his “river self” brought to work. Isaac did so, smiled gently and spontaneously opened his eyes. I asked him what he had noticed during this pendulation exercise.

Pt: “I imagined myself in two places — the river and work, side by side, and the relaxation of the river came into work. At work I noticed a tightening, around my eyes. [Based upon my clinical observations, and following [Porges \(2017\)](#), a tightening around the eyes is often associated with a vigilant or even hyper-vigilant orienting response, commonly seen in trauma survivors who must never let their guard down for fear of being threatened or attacked.] A lack of control over other people. I went back to the river, and realized I can’t control the river, I can control the holding on [to the rock], that part is relaxed, steady, and strong to allow the powerlessness. I was able to contact a point of deeper freedom. A different kind of balance.”

Th: “Yes”, I replied simply, seeking to deepen and strengthen Isaac’s new awareness as part of our shared, emotional and relational reality — a new way of being, here with me.

Pt: “It doesn’t feel dangerous [to relax and let go in this new way, at work]. For so long, I was being that vigilant part [identified in previous sessions as his 16 year-old part]: “Nobody screw me over!” Now I can just be.”

[This 16-year-old part is consistent with [Nathanson’s \(1992\)](#) “compass of shame”, and specifically the “attack others” reaction to being or feeling shamed. In Isaac’s case, the 16-year-old typically followed and served as a fierce protector of a much younger, usually 4 to 6-year-old part, that first experienced an “attack self” reaction to feeling or being shamed, followed by a feeling of deflation or despair].

I suggested that Isaac’s 16 year-old part who often showed up at work was born out of a vigilance developed when “alone with your mother, father and older brother”, but that “now the 16-year old can be accompanied by you”, referring to his more mature, wiser, older, more integrated river-self. Isaac agreed, adding that he had already made a similar shift from his family of origin to life with his wife, Charlotte.

I next invited Isaac to imagine being with a difficult person at work. He thought immediately of “Jerri”, a woman he described as often “condescending” and “interrupting” in ways that reminded him of his father. Given my sense that Isaac was re-experiencing an internalized, shaming father whenever in Jerri’s presence, I reminded him that his father “. . . was a memory, and as a memory can be transformed to where his memory is no longer so powerful”.

This imaginative technique, called “switching the dominance” ([Schmidt, 2009](#)), allows the patient to shift from a child perspective to a more adult perspective in relation to a previously dominant, internalized parental figure. Isaac had done this with me several times before, and thus was able to quickly picture his “father as a postage stamp, down by the rocks”.

With his internalized, critical father no longer intruding, I re-directed Isaac’s attention back to his co-worker, Jerri, and to gently “. . . observe her rather than vigilantly watch her.” [I learned this way of seeing as contrasted with traumatic looking from Bill Bowen, a somatic psychotherapist and developer of Psycho-Physical Therapy, who taught his students how to see from the heart as contrasted with the head. My suggestion was also informed by how Isaac had described, earlier in the session, “allowing” his eyes to take in the river and its surround].

Isaac did so, and then remarked:

Pt: “I can just do my part. She tries to give her work to me, and I can do my part.”

Th: “How can you not take on her work?”, I wondered aloud.
Pt: “Tell her, ‘This is not my purview. I’ll let you handle that part’.”

[Isaac said this quite matter of factly, without any emotional charge, suggesting to me he was speaking from a less reactive, more integrated place].

Th: “What’s happening as you say that?”

Pt: “She’s falling away a little.”

[This visual “falling away” is a common phenomenon that suggests the grip of traumatic memory is literally and experientially fading away].

Th: “What do you notice next?”, I enquired further, simply inviting Isaac to follow his unfolding creative process, consistent with memory reconsolidation ([Ecker et al., 2012](#)).

Pt: “I see beautiful trees alongside of the river. The Siren of Jerri is falling away.”

[Note the mythic quality of Isaac referring to a Siren from the story of Odysseus. This speaks to the powerful pull of Isaac’s old, traumatic way of being-in-relationship slowly loosening its grip. Specifically, the Siren may reflect two, conflicting aspects of Isaac’s relational experience with Jerri: One, feeling shamed and having the urge to submit or fight back, as with his father and older brother, while also feeling the pull to take care of Jerri, as Isaac had often felt with his mother. Furthermore, this was the first I knew Isaac pictured himself with Jerri alongside the river, suggesting to me, now, that he was using the transformative power of the river to distance himself from a traumatic way of relating at work, and to further his memory reconsolidation. This enabled Isaac to see Jerri as Jerri rather than as a replica of his dismissive and shaming father and brother and perhaps an emotionally demanding, Siren-like mother, and to experience himself as he felt on the river, an adult both powerful and powerless, rather than as a 16 year-old going it alone in a harsh, threatening family milieu].

Pt: “I feel very positive, very pleased. It’s [the river experience] a strategy for dealing with something that I haven’t been able to, before.”

Th: “And how is the 16-year-old part feeling?”

[I enquired in order to assess whether Isaac’s aggressive, win at all costs 16-year-old was accepting these dramatic changes. Most “fight parts” like the 16-year-old do not lay down their arms readily, as anyone who works with complex, relational trauma survivors know well].

Pt: “The 16 year-old is observing what happened. More calm observation.”

Th: “You might tell your 16-year-old part that you [adult Isaac] now have a different way of being powerful.”

Pt: Isaac readily agreed, adding, “This is more satisfying. It’s different. It allows for more creativity.”

[It is common in transformations from shame-rage to pro-being pride that the person feels not only more whole, relaxed, free, and internally and interpersonally flexible, but more creative as well].

Th: “You might tell the 16-year-old you could use his help on creative projects”.

[I knew from previous sessions that Isaac's 16-year-old part was a very energetic and determined hard-worker. I also did not want his 16-year-old part to feel abandoned and completely out of a job that he had held for so long].

Speaking to his 16-year-old, Isaac said:

Pt: "I could work with you on stuff". [Spoken exactly how someone would talk to a teen!]

Isaac then turned to me, observing:

Pt: "I have ideas he could help me with. I've collected old yardsticks, and I want to make a sculpture, like a crucifix out of wood and hangers. I also want to make a halo out of old 45 records".

[This latter remark got my attention, as I sensed Isaac was beginning to reclaim his love for music at the age he would have been at war with the world. The crucifix and halo are also suggestive of a possible spiritual awakening, also consistent with pro-being pride phenomenology].

Th: "How does the 16-year-old feel about your creative projects?"

Th: "He likes old stuff", fitting with my conjecture, above.

Coming to the last 5 minutes of our session, I invited Isaac to:

Th: "Tuck in your 16-year-old in a safe place".

Isaac did so:

Pt: "In my heart... He's really excited to be there".

As we had done many times before, I then said to Isaac:

Th: "Let your unconscious mind bring forward a symbol, a word, phrase, image, memory, feeling, sensation, whatever best represents what you want to take forward with you from our work today".

Not surprisingly, Isaac chose:

Pt: "...[the] image of the river, sitting on a step, my legs in the water and upper body out of the water".

Th: "What does that image represent?"

Pt: "Wholeness, integration. Allowance for all kinds of things rather than rigidity. Allowance for change and constants, and the solidity of the river, fun in the sun".

[Close of session].

Our session can be thought of as Isaac moving from bad me and not me shame experiences (Benau, 2017b), that is the previously denigrated or disowned argumentative and aggressive aspects of Isaac's 16-year-old-self trapped in a recurrent shame-deflation and shame-rage cycle [see Nathanson's (1992) compass of shame, specifically the "attack self" and "attack others" reactions to shame], particularly at work, toward good enough me and pro-being pride, where pleasurable association rather than alienating dissociation rule the day. From a place of greater integration, Isaac was able to access directly his capacity for calm observation, collaboration and creativity, qualities Isaac would likely agree represent not only his preferred but also his truer, proud self.

4. Closing remarks

Pride, often considered the sole purview of hubris and pathological narcissism, has been afforded scant positive attention in the psychotherapy literature. This article seeks to redress that bias and to demonstrate that pride, as with shame, takes many forms, some of which are not only adaptive but life enhancing and deeply transformative. Good enough me and pro-being pride experiences are amongst the most powerful antidotes to the soul-crushing shame and alienating dissociation that invariably dominate the internal and interpersonal landscapes of complex, relational trauma survivors. As the four clinical vignettes display, there are many ways to engage a patient's adaptive pride therapeutically. Since a playful, creative aliveness lies at the heart of adaptive pride, I hope this article invites you, the reader, to discover and play with new ways of bringing good enough me pride and prodesse – pro-being pride – into your work with your patients.

Disclosure of interest

The author declares that he has no competing interest.

References

- Benau, K. (2017a). Review of Freed, S. & D'Andrea, W. (2015) Autonomic arousal and emotion in victims of interpersonal violence: shame proneness but not anxiety predicts vagal tone. *Journal of Trauma & Dissociation*, 16, 367–383 ISSTD News (May 22, 2017) [Dataset].
- Benau, K. (2017b). Shame, attachment, and psychotherapy: Phenomenology, neurophysiology, relational trauma, and harbingers of healing. *Attachment: New Directions in Psychotherapy and Relational Psychoanalysis*, 11(1), 1–27.
- Benau, K. S. (2009). Contrasts, symbol formation and creative transformation in art and life. *The Psychoanalytic Review*, 96(1), 83–112.
- Bergson, H. (1911). *Creative evolution: Humanity's natural creative impulse*. Mineola, New York: Dover (tr. Arthur Mitchell).
- Bromberg, P. M. (2011a). *Awakening the dreamer: Clinical journeys*. New York: Routledge.
- Bromberg, P. M. (2011b). *The shadow of the tsunami and the growth of the relational mind*. New York: Routledge.
- Buber, M. (1970). *I and Thou*. New York: Touchstone (tr. W. Kaufmann).
- Chefetz, R. A. (2017). Dignity is the opposite of shame and pride is the opposite of guilt. *Attachment: New Directions in Psychotherapy and Relational Psychoanalysis*, 11, 119–133.
- Chefetz, R. A. (2015). *Intensive psychotherapy for persistent dissociative processes: The fear of feeling real* (1st ed.). New York: Norton (Norton Series on Interpersonal Neurobiology).
- Dearing, R. L., & Tangney, J. P. (Eds.). (2011). *Shame in the therapy hour*. Washington, DC: American Psychological Association.
- DeYoung, P. (2015). *Understanding and treating chronic shame: A relational/neurobiological approach*. New York: Routledge.
- Dorahy, M. J. (2010). The impact of dissociation, shame, and guilt on interpersonal relationships in chronically traumatized individuals: A pilot study. *Journal of Traumatic Stress*, 23(5), 653–656.
- Ecker, B., & Hulley, L. (2017). *Coherence therapy: Practice manual & training guide*. Oakland, CA: Coherence Psychology Institute.
- Ecker, B., & Hulley, L. (1995). *Depth oriented brief therapy: How to be brief when you were trained to be deep and vice versa*. New York: Jossey-Bass.
- Ecker, B., Ticic, R., & Hulley, L. (2012). *Unlocking the emotional brain: Eliminating symptoms at their roots using memory reconsolidation*. New York: Routledge.
- Fosha, D. (2005). Emotion, true self, true other, core state: Toward a clinical theory of affective change process. *Psychoanalytic Review*, 92(4), 513–552.
- Fosha, D. (2000). *The transforming power of affect: A model for accelerated change*. New York: Basic Behavioral Science.
- Gilbert, P. (2010). *Compassion focused therapy: Distinctive features* (1st ed.). New York: Routledge.
- Greenberg, L. S., & Iwakabe, S. (2011). Emotion-focused therapy and shame. In R. L. Dearing & J. P. Tangney (Eds.), *Shame in the therapy hour* (pp. 69–90). Washington, DC: American Psychological Association.
- Hicks, D. (2011). *Dignity: It's essential role in resolving conflict*. New Haven: Yale University Press.
- Hopenwasser, K. (2008). Being in rhythm: Dissociative attunement in therapeutic process. *Journal of Trauma & Dissociation*, 9(3), 349–367.
- Iacoboni, M. (2009). Imitation, empathy, and mirror neurons. *Annual Review of Psychology*, 60, 653–670.
- Kaufman, G. (1992). *Shame: The power of caring* (3rd ed.). Rochester, VT: Schenkman Books.
- Kaufman, G. (1989–1996). *The psychology of shame: Theory and treatment of shame-based syndromes* (2nd ed.). New York: Springer Publishing Company.
- Kelly, V. C., Jr., & Lamia, M. C. (2018). *The upside of shame: Therapeutic interventions using the positive aspects of a "negative" emotion*. New York: Norton.

- Levine, P. A. (2010). *In an unspoken voice: How the body releases trauma and restores goodness*. Berkeley, CA: North Atlantic Books.
- Lewis, H. B. (1971). *Shame and guilt in neurosis*. New York: International Universities Press.
- Lewis, H. B. (1992a). *The role of shame in symptom formation*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Lewis, M. (1992b). *Shame: The exposed self*. New York: Free Press.
- Ludwig, M. (2017). *Streaming*. (Personal communication, September 1, 2017).
- Nathanson, D. L. (1992). *Shame and pride: Affect, sex and the birth of the self*. New York: Norton.
- Nijenhuis, E. R. S. (2017). From passion to action: a synopsis of the theory and practice of enactive trauma therapy. *Frontiers in the Psychotherapy of Trauma and Dissociation*, 1(1), 65–89.
- Pearson, J. L., Cohn, D. A., Cowan, P. A., & Cowan, C. P. (1994). Earned- and continuous-security in adult attachment: Relation to depressive symptomatology and parenting style. *Development & Psychopathology*, 6, 359–373.
- Porges, S. (2017). "Polyvagal Theory: Basic Principles, Experiential Learning and Clinical Applications" workshop.
- Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. New York: Norton.
- Putnam, F. (2016). *The way we are: How states of mind influence our identities, personality and potential for change*. New York: International Psychoanalytic Books.
- Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy*. Boston: Houghton Mifflin.
- Scheff, T. S. (2007). *A social-emotional theory of depression*. (accessed October 13, 2017) <http://www.soc.ucsb.edu/faculty/scheff/depththeory.pdf>
- Schmidt, S. J. (2009). *The developmental needs meeting strategy: An ego state therapy for healing adults with childhood trauma and attachment wounds*. San Antonio, TX: DNMS Institute.
- Schwartz, R. C. (1995). *Internal family systems therapy*. New York: Guilford Press.
- Shaw, D. (2014). *Traumatic narcissism: Relational systems of subjugation*. New York: Routledge.
- Siegel, D. J. (1999). *The developing mind: How relationships and the brain interact to shape who we are*. New York: Guilford Press.
- Stern, D. (1985). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology*. New York: Basic Books.
- Tangney, J. P., & Fischer, K. W. (Eds.). (1995). *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride*. New York: The Guilford Press.
- Tomkins, S. (1963). *Affect, imagery and consciousness: the negative affects* (Vol. 2). New York: Springer.
- Tracy, J. (2016). *Take pride: Why the deadliest sin holds the secret to human success*. New York: Houghton Mifflin Harcourt.
- Trevarthen, C. (2005). Stepping away from the mirror: Pride and shame in adventures in companionship— Reflections on the nature and emotional needs of infant intersubjectivity. In L. Carter, K. E. Ahnert, S. B. Grossman, M. E. Hrdy, S. W. Lamb, S. Porges, & N. Sachser (Eds.), *Attachment and bonding: A new synthesis* (pp. 55–84). Cambridge, MA: MIT Press.
- Van der Hart, O., Nijenhuis, E. R. S., & Steele, K. (2006). *The haunted self: Structural dissociation and the treatment of chronic traumatization*. New York: Norton.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.
- Winnicott, D. W. (1965). Ego distortion in terms of true and false self. In *The maturational processes and the facilitating environment: Studies in the theory of emotional development* (pp. 140–157). New York: International Universities Press.
- Winnicott, D. W. (1960). The theory of the parent-infant relationship. *International Journal of Psycho-Analysis*, 41, 585–595.
- Woolf, V. (1929–1957). *A room of one's own*. New York: Houghton Mifflin Harcourt.