Violence, shame and humiliation

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Abstract: The phenomenon of shame came into the focus of psychology and psychiatry only a few years ago. Psychopathology recognizes many shame related syndromes and disorders. Recognition of the scientific importance of shame is connected with the change in theoretical understanding of neuroses. Scientific evidence confirm the connection between violence and humiliation of human dignity. Humiliation seems to effect the individual through destruction of social competence and psychosocial identity. But, humiliation and exclusion of individuals and groups have also an important sociocultural effect. The author tries to describe the interaction between violence, shame, humiliation and related psychopathological disturbances in an attempt to contribute to a victim oriented mental health discourse.

Key words: trauma, shame, humiliation, culture, mental health

Nasilje, sram in ponižanost

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Povzetek: Sram je pritegnil znanstveno pozornost psihologije in psihiatrije šele pred nekaj leti. Zanimanje za fenomen ponižanja in sramu je nedvomno povezano s spremembami v razumevanju nevroz. Psihopatologija danes prepoznava kar nekaj psihopatoloških motenj, ki so jasno povezane z občutki sramu in poniženosti. Znanstveni dokazi potrjujejo jasno povezavo med nasiljem in poniževanjem človeškega dostojanstva. Zdi se, da poniževanje deluje na posameznika tako, da uniči njegovo socialno kompetentnost in posledično tudi njegovo psihosocialno identiteto. Poniženje in družbena izločenost ne prizadaneta le posameznika, ampak delujeta tudi na sociokulturno dimenzijo. Avtor opisuje povezave med nasiljem, poniževanjem, sramom in psihopatološkimi motnjami z namenom, da bi prispeval k razvoju diskurza „mentalnega zdravja", ki bi bilo (bolj) usmerjeno na žrtve nasilja.

Ključne besede: trauma, sram, poniževanje, kultura, mentalno zdravje

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The psychology of shame

The phenomenon of shame was the „property" of cultural anthropology for a long time (Heller, 1996).

Shame became a joint focus of psychology, psychiatry and philosophy only a few years ago. Kaufman (1989) wrote that recognition of the scientific importance of shame is connected with a change in the theoretical understanding of neuroses. The phenomenon of shame came into the spotlight through the appearance of newly invented psychopathological entities such as syndromes and disorders. The phenomenon of shame is connected to several psychopathological entities, named „shame based syndromes" (Kaufmann, 1989).

They are:

- Physical Abuse syndromes
- Eating Disorder Syndromes
- Sexual Abuse Syndromes
- Addictive Syndromes
- Phobic Syndromes
- Borderline Syndromes
- Sexual Dysfunction Syndromes
- Depressive, Paranoid, Schizoid Syndromes.

The above listed syndromes and disorders made possible scientific insight into the world of trauma- and violence-related psychopathological phenomena. The scientific discourse on shame suggests that contemporary psychological concepts focus on different aspects (or meanings) of shame than those in traditional use by ethnologists and anthropologists. It is possible that different scientific meanings are connected to different phenomenological aspects of shame.

Heller (1985/1996) pointed out the difference between „skin-related shame" (blush) and „deep shame" in primitive cultures, where the intensity of shame is determined by the character of the violated rule. In contemporary society, the intensity of this feeling is determined also by the individual relationship of the person who violates the rule. The plurality of rules (or moral norms) is the crucial element in understanding the difference in shame perception of primitive and contemporary cultures. That suggests that today shame manifests in different way than in primitive societies.

Wurmser (1981) pointed out three different psychological aspects of shame:

- Shame - a specific sort of anxiety in a situation of threatened exposure or humiliation.
- Shame – an emotion, or cognitive-emotional reaction.
- Shame – a reactive formation (characterological trait)
  It seems that contemporary manifestations of shame (in the sense of a psycho-

pathological entity) are almost always connected to an experience of violence, in the sense of physical, verbal and sexual abuse, neglect, torture, abandonment, embarrassment, humiliation, mortification etc.

The word "shame" originates from the Teutonic root word "*skem*" which means "to cover oneself" (Cloke, 1998). Therefore, shame is deeply connected to the practice of violent behavior appearing in some specific human relations. Schultz (1996) stated, that *„the parts of ourselves we wish to hide are the shameful parts, and we also wish to hide the fact that we are ashamed''* (pg. 24). Psychological and behavioral approaches to shame recognize it as a phenomenon of basic affect. But shame is also an emotion. Emotion in the sense of *„involvement into something''* (Heller, 1985/1996). Summarizing Heller's theoretical contributions, it should be pointed out, that the „involvement of a human" means emotion, and the arbitration, made by human authorities values the emotion, produced in the process of human involvement. According to the fact that authorities of human behavior are normative authorities, „involvement" in this sense is strongly connected with the sphere of morality. Shame is therefore connected to specific social situations, determined by the presence of an authority of human behavior. Kaufman (1989) described two activators of shame. The **innate activator** is the „*incomplete reduction of interest or joy*" (Kaufman, 1989). According to Tomkins (1963) Kaufman stated *„... shame is an affect auxiliary because it operates only after the positive affects, interest or enjoyment, have been activated. Shame functions as a specific inhibitor of continuing interest and enjoyment''* (page 30). Kaufman (1989) also declared that *„whenever an individual's fundamental expectations (imagined positive scenes or desired outcomes in relation to people, events, or accomplishment) are suddenly exposed as wrong, shame is activated. Whenever expectations thwarted or disappointed, shame is also activated. These are all instances of the innate activation of shame, triggered by the partial or incomplete reduction of positive affect or of the imagined scenes thereof''* (pg. 31).

According to Kaufmann (1989) the interpersonal activator of shame is *„breaking the interpersonal bridge''*. He gave an insight into the interpersonal genesis of shame through presentation of the bonding process between mother and infant. He emphasized the role of eye contact (gazing) between them. *„The eyes are indeed windows of soul''*. Identification is the central term in understanding the bonding process. And the benefit of bonding is *„the infant's feeling of oceanic oneness or union'' (with mother)*. That he recognized as „basic security".

Heller (1985) also pointed out the role of eyes, observed through the linguistic expression of shame-related events. She connected the role of gazing with the specific relation between an individual and the authorities of human behaviour. She stated that shame is connected to the presence of external authorities. According to M. Weber (1978), domination ("authority") should be understood to be "*the probability that specific commands (or all commands) will be obeyed by a given group of persons.*" From this follows that authority is a legitimate relation of domination (participants in the exercise of authority) and subjection (those excluded from the exercise of authority).

Shame production is one of the subordination - implementing mechanism. It seems that eye-control over the violation of the rules is necessary for the appearance of shame. Therefore, the role of external authority is associated with the role of "observer". The internalization of the external authorities is associated with the internalization of moral values. An individual values his own behaviour in accordance with the values represented by moral authorities. Violation of external or internalized values terminates in exclusion or alienation (of the individual or group). Association of authority with a violent style of implementation should be recognized by contemporary society as the appearance of a „perpetrator".

Heller's ethical–philosophical concepts (Heller,1985) point out the regulative (authoritarian) aspects of shame production and of the development of moral values. It seems that the basic social role of authority is reality-construction through a process of meaning-production and selection. External authority is only able to maintain control over human behavior if:

-       the norms of behavior are homogenous,
-       the community is small
-       the members of different generations living in the same community don't perceive social changes (Heller, 1985).

In other settings, implementation of an internal authority is needed. The role of external authority is to supervise the only acceptable reality.

Shame and violence

Evaluating the developmental dimensions of bonding, Kaufman stated: *„An interpersonal bridge forms out of reciprocal interest and shared experiences of trust. Trusting must be matched by the parent behaving in a trustworthy fashion"* (pg. 36). Kaufman (1989) identified also consistency and predictability as crucial factors in building an interpersonal bridge. The above described mechanism of interpersonal bridge building does not exist only on the level of individual, but also on the group and society level. The insufficiency of bonding and the broken interpersonal bridges are strongly connected to the dysfunctional authority relation, expressing in inconsistency and unpredictability.

Tracing possible shame-producing events, Kaufmann (1989) emphasized:

-       the role of early parental expression of anger,
-       the connection between shame and the fear of abandonment
-       the shame-producing mechanism of the utterance: „Shame on you".

The shame-productive effects of blame, contempt, and humiliation were also described. It seems that the last ones (blame, contempt and humiliation) are most connected

to interpersonal and social aspects of violence. Humiliation of human dignity necessarily presuppose the existence of an authority related relationship. Namely, humiliation is an verbal performative act, which works only in certain condition of subordination. For example, the expression, „*Shame on you!*" produces feelings of shame only in the case, if the „shamed" person recognizes and accepts the authority of the „shaming" person. From that reason, humiliation is perhaps one of the most efficient way to wound the self and destroy the identity. Breaking the will, defeating, violently and repeatedly beating, or sexually abusing an individual (especially an infant) causes severe feelings of shame, along with various ideas about oneself, like *„I don't belong, I don't deserve to be here, I am no good."*

Shultz (1996) explains the effect of humiliation, „ *…it so disrupts our function that the ego is temporarily dissolved and dead. Shame comes with consciousness, particularly self consciousness—self consciousness that is the awareness of our constitutional inadequacy, our essential inferiority, worthlessness and evil. It is the affect of knowing the shadow. It comes with dismemberment, in the sense of being cut off from an essential source of survival, be it mother, clan, community, self, God, or other, and it comes with dismemberment also in the sense of splitting off or repressing the shameful part."*

Cloke (1998) defined the shame caused by violent events: *„Shame can best be described as an emotional wound to the self for which one blames oneself as if one's person is the reason."* He stated also: *„Shame wounds that occur as a result of child abuse whether from neglect, violence, sexual abuse, humiliation, betrayal or abandonment are often subsumed into a child's self image. These experiences produce "bad self" feelings and are felt as self-loathing, inadequacy, powerlessness, weakness, and worthlessness."* It is very easy to imagine the overwhelming pain caused by abuse, neglect, or humiliation.

Humiliation seem to effects the individual through destruction of social competence. Violent implementation of social rules (by an external authority) causes feelings of impotence, suppression or numbing. But in clinical praxis, humiliation is not often observable as a unique phenomenon. Nathanson (1992) described four strategies to defend the self from shame- producing experience. These are: withdrawal, avoidance, attacking others, and attacking the self. The strategy of attacking others is strongly connected with rage, which often follows the shame–producing events of neglect, abuse or humiliation. Anger and rage are often described as secondary emotional responses to primary painful experiences (Cloke, 1998). That causes a circle of shame – envy – rage – guilt. This circle is very important to the understanding of the transformation of victims into perpetrators.

Denial seem to be the most insufficient defense, which is often connected to the above-described strategies of protection against shame. Elias (1978) understood the significance of the denial of shame: "*it goes underground, leading to behavior that is outside of awareness and compulsive."* A similar mechanism is described in trauma-related situations (Oravecz, 1999a). Therefore, shame plays a central role in the regulation of human behavior and consequently also in the development of individual

psychosocial identity.

Shame and identity

Contemporary theories of personal identity (Tajfel & Turner, 1986; Bruner, 1987; Barresi, 1997; Oravecz, 1999b) stress the interpersonal and narrative aspects of identity building processes. The "locus" of individual identity is in the "Persona". Although Locke (1694/1975) described the "Persona" in the sense of Self, contemporary science recognizes some important differences between the two terms. The key for understanding the difference is social experience (Cohen, 1994). Social experience might cause a certain tension between the definition of Self and the Persona, which should be defined as "social identity". This model presupposes a view of a sociocultural environment which just surrounds the individual, not influencing the integrity of the stable, long lasting autoreflexive matrix of the Self. Persona was perceived like a less valuable concept, which defines the individual in the mirror of the sociocultural environment. (Like a soldier, a mentally ill person, a victim, etc.) Individual identity is a product of an autoreflexive, and at the same time a time- related process. Namely, autoreflexion is possible only in the case of successful anticipation of the future. Barresi (1998) stated that one of the greater achievements of human consciousness is the ability to build a narrative connection between past, present and future, which means at the same time also the past, present and future of a certain individual.

Some authors stated that active story-telling shapes the individual into a Self. Narrative story-construction contributes to the rationalization of our meanings and is the way to define ourselves in terms of our long-range goals (Carr, 1986; Bruner, 1990; Barresi & Juckes, 1997; Oravecz 1999b). Narrative identities are possible only if they show congruence with the possible identities offered by the sociocultural environment. In the case of incongruence, the environment is not able to recognize the identity enacted by the individual. Sociocultural environment is the metaphor of the "life-theater". Narrative identity theories imply the existence of a stable self, which is from time to time reconstructed through narrative construction. Self–narratives are time dependent, however, and the position of the narrator also changes all the time. Therefore, the individual should build up many identities, which are often in opposition to each other (Barresi, 1998).

The process of identity building is inevitably connected with the dimension of time. This is because time (history) structures the individual and also the community. So the analysis (interpretation) of individual and community-based events depends on the same narrative rules. Therefore, personal narrative construction is possible only under the condition of a linguistic symbolical matrix, structured by the culture (László, 1999). The late-modern and post–modern identity concepts pointed out the importance of intersubjectivity. Intersubjectivity as a theoretical concept offers plasticity, very convenient to understand the dynamics of individual identity, anchored in the rules of narrative reality building.

Finally, semiotic theory, constructed by Geertz (1994) accentuates the situational power of social discourse, able to „impregnate" the individual with meanings, which construct a sociocultural reality, encompassing the individual.

Narratively constructed individual identity is extremely important for understanding the impact of violence and shame on the coherence of Self and functionality of the Person. Holocaust researchers such as Virág (1996) recognized the role of long - term denial of some traumatogenic and shameful events. The transgenerational transmission of Holocaust-related horrific experiences is significantly connected with feelings of shame. (On both the German and the Jewish sides.) The situation is very similar in the case of sexual abuse (Polcz, 1998). The terrible experiences of survivors (victims) are not only traumatogenic, but in some aspects also shame- producing. (This shame is connected with experiences such as humiliation, devaluation, social exclusion etc.)

In victim–related discourse, shame strongly influences the coherence of narrative life history. Schank and Abelson (1995) support the narrative nature of the human knowledge. They state that we interpret our new experience through previous stories. Shank and Abelson (1995) pointed out, that understanding is a mapping procedure in the sense of looking for accord between the stories of different people.

This accord among different stories is not only a horizontal issue between narratives, existing simultaneously, but also has vertical, (time related) dimension. That means that we have to find connection between our previous and recent stories and at the same time, we have to connect our narratives to the related stories of others(László, 1998). The shameful experiences which hide behind life histories tend to cause narrative incoherence. That means that shame-generation (such as shaming, humiliation, etc.) should be understood in the sense of an identity-destroying process which tends to lower the future perspective of individual identity regeneration. The psychological disturbance of identity "lesion" is reflected in the persistence of the victim–perpetrator relationship. Humiliation is therefore a process of generalization which transforms the individual into a person who has lost the main references of individual identity. (An example is the symbolic role of yellow star for the Jews in Nazi Germany.) Humiliation of human dignity is probably the process, which transforms the person, suffering traumatogenic events into the victim. Victimization is a sociocultural process, which „labels" the individual, and makes him „strange" and „rejectable". Therefore, humiliation is one of the factors, which are responsible for the preservation of victimhood (often for many generation).

Violence, shame, humiliation and mental health

Shame and humiliation of human dignity are very often interlacing with mental health issues, especially connected to prior abuse and violence. Abusive experiences profoundly affect the individual and should play an important role in development of diverse

psychopathological disorders and syndromes. Shame and humiliation seems to be very important factors in development and maintenance of this phenomena.

Therefore, shame and humiliation acts in two different ways:

- Where cultural tradition and shame impede discussions about sexual assault and physical violence, mental health providers do not inquire about past abuse in regard to diagnosis and/or treatment.
- In the light of socioculturally determined meanings, victims are also unable to verbalize the shame – producing and trauma related experiences.

Without this critically important information, mental health providers cannot possibly provide the type of care necessary for trauma – related healing.

The victims of violence, and also the mental health professionals are in a very delicate situation.

- Namely, the language of violence (and exclusionism) very often impregnates the discourse of mental health facilities, especially the psychiatric institutions.
- The lack of sensitivity of medical staff can make institutional life terrifying for victims of violence.
- Therapeutic treatments and certain physical restraint techniques, used in psychiatric institutions retraumatize persons who have experienced violence in the past.

In general, the psychiatric ideology points out the idea of „deviation" (per definitionem: „…person, who deviates especially from the principles of a social or political system"; Hornby, 1986). The term of „deviation" originates in the philosophy of „enlightenment", namely in connection with the idea of »possible human perfection« and the experience of »human incorrigibleness«. »Deviation« seems to be the key to the understanding of the relation among psychiatry and victims of violence. »Deviation« is a historical category, associated to the dynamics of social discourse. »Deviation« is needed all the time, to preserve the identity of the »healthy« majority. From this purpose, culture re-generate the discourse, which contributes to the development of criteria of rule-violation.

Therefore, the criteria of »deviation« are associated with the actual sociocultural reality. And they are also connected with the process of »labeling« and »excluding«.

The consequence of above described is, that psychiatry is impregnated with (and by) the sociocultural reality. More precisely, existence of psychiatry is conditioned by the sociocultural need for labeling, excluding and correcting individuals, who deviates from the majority. However, psychiatry is a public institution, protecting the interest of majority and therefore it can not be victim sensitive. For the psychiatric praxis, influenced by the sociocultural tradition, the phenomenon of victim is incomprehensible. The current psychotraumatological publications often describe the

psychiatric misrepresentations of trauma related psychopathological disturbances (Eisenbruch, 1991; Eisenbruch, 1992; Zalokar, 1994). These originate from the fact, that psychiatry is unable to percept and understand the victim as a person, who is seeking protection and support, but only as a person, causing or representing »deviation«. The phenomenon of "victim blaming", often present in the psychiatric and juridical praxis should be understood through the above described transformation of the victim into the »problem«.

For distinction from psychiatry, the modern, multi – and interdisciplinary based mental health paradigm originates in the idea of »human improvement«. The ideology of mental health seems to have the same roots, like the modern pragmatic philosophy (Rorty,1999) and it is absolutely oriented into the protection and improvement of mental health potentials and the individual human rights. Supported by the identification with the pain of individual the contemporary mental health ideology is definitely victim oriented.

Therefore, the tolerance of a mental health facility (community mental health centers, community centers, outpatient services, therapeutic communities etc.) is often connected with the coherence of social (socioculturally determined)discourse, relating to violence and humiliation. The only solution for solving the problems, originated in violence, shame and humiliation is systematic development of a sociocultural (especially professional) discourse on violence, which supports the expression (verbalization) of violent and shameful experiences by the victim. Namely, verbal expression of traumatic and humiliating experiences is a very important act of the implementation of truth.

Verbalization of the traumatic and shameful experiences by the victim has :

- Trauma-healing effect, by enabling the cognitive processing of visually stored imagery (Oravecz, 1999).
- Devictimizing effect, through articulation of hidden shameful experiences. (Expression of the shameful events causes cathartic feelings of liberation.)
- Identity-constructing (and reconstructing) effect, through construction (reconstruction) of personal narrative history.
- Social reality-building effect, namely, the verbalized contents influence actual social reality. The „truth", mixed up from the painful experiences of different people, groups and points of observation contributes to solidarity and empathy among individuals and groups.
- Social coherence-building effect, from the reason of inclusion of previously excluded community (family) members. Statements made by victims of humiliation contribute to decreasing of the tension in the community.

Therefore, through the healing the consequences of violence, mental health professionals contribute to the resolution of individual suffering and also to the transformation of the sociocultural tradition. Healing the individual is at the same time also healing the sociocultural roots of the whole society.

Opomba gl. urednika: eden od recenzentov je osnovno verzijo prispevka označil kot primerno za objavo, drugi pa primerno za objavo z večjimi, pomembnejšemi vsebinskimi popravki. Nekatere je avtor upošteval, z nekaterimi pa se ni strinjal in smatra, da pri njih ne gre za napačne prikaze ali interpretacije, temveč za razlike v legitimnih strokovnih pogledih na obravnavano temo. Zato smo se odločili delno popravljen članek vseeno objaviti, pri čemer računamo na morebitno nadaljno strokovno polemiko o predstavljeni tematiki.

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