

Social transition, exclusion, shame and humiliation

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Abstract

Although social exclusion is a permanently present phenomenon in human history, only the philosophical approach originating from the nineteenth century perceived it as an “anomaly”. Today, the phenomenon of social exclusion is an important element of contemporary intellectual discourse.

Shame and humiliation are closely connected to social exclusion, and the interdisciplinary concept of humiliation might contribute to the understanding of some socio-psychological aspects of social traumatisatisation.

The process of Central and Eastern European social transformation contributed to the realisation of some important aspects of social traumatisatisation. For the understanding of these aspects, the concepts of social exclusion, humiliation and mental pain are very important, as the history of humiliation radically influences the social competency of individuals and groups, the generation of mental pain and, consequently, the rise of destructive and self-destructive behaviour.

In this article, the authors wish to discuss not only the humiliation-based mechanisms that radically influence the relation between perpetrators and victims, but also the scientific discourse of social traumatisatisation and social exclusion.

Key words: trauma, PTSD, victim, violence, humiliation, social competence, mental pain

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Introduction

The last decade of the twentieth century was also a decade of extreme political and interethnic violence that occurred in widely different social circumstances and almost worldwide. The horrible events of massive political and interethnic terror before the global eyes of the news media networks on one hand, and, on the other hand, the humanitarian work provided for the survivors turned the attention of the professional community towards the question of the short- and long-term consequences of extreme violence, torture, neglect and exclusionism.¹

From the perspective of more than a decade's experience, it seems that the late modern times promoted the development of a broad, multi- and interdisciplinary psychotraumatological discourse that contributed to the recognition of the individual, social and even the cultural consequences of political, military and/or home-based violence.

Particularly, the “fall of the Iron Curtain” at the beginning of the nineties in Central and Eastern Europe turned the attention of scientists towards totalitarianism-related psychotraumatological phenomena.

According to these research findings and theoretical models, shame and humiliation are socio-cultural phenomena that emerge as consequences of violence, and are on the rise among individuals, groups, ethnicities and societies.

The authors are psychiatrists who are involved in the mental health and trauma-re-

lated issues of refugees, asylum seekers, former political prisoners and victims of sexual violence in Central Europe. During their conversations, they realised that many problems of the countries in which they live and work (Slovenia, Hungary, Vojvodina in Serbia, and Montenegro) are closely related to the traumatic experiences of the population during the totalitarian regimes of the last century.

It is possible that the short-term and, even more, the long-term consequences of political and interethnic violence may influence the quality of life and the cultural well-being of the entire population or some of its segments for a long time.

During more than a decade of therapeutic work with various populations of traumatised and victimised individuals and groups, the authors were often confronted with characteristic statements and behavioural patterns of trauma survivors, depending on how they perceived their trauma and victimhood.

It became evident to the authors that seriously wounded people often try to make themselves invisible or to hide behind various kinds of fronts.

A few years ago a television reporter asked the permission of a psychiatrist at a refugee camp to conduct interviews with raped women. The psychiatrist told her that she had been working in the camp for only half a year and had no information about raped women, and even if she had, she should not disclose such information. The reporter did not accept the psychiatrist's statement and still came to visit the camp, since she was certain to be able to find subjects for her interview. In the evening, the psychiatrist and the reporter met at the gate of the camp. After spending the day at the camp, the reporter was exhausted and disappointed, "They are hiding", she said and was very upset with the psychiatrist.

The psychiatrist explained to her that victims of extreme violence were often humiliated, and they suffered from feelings of deep shame. Usually a long therapeutic contact was needed to break their silence, a silence caused by feelings of shame. Half a year was not enough to break the silence. The psychiatrist and her team needed nearly a year of regular work at the acceptance station to build a really open therapeutic contact with the applicants. They had to put down the foundations of a newly built "basic trust" in order to open the box with the most humiliating secrets.

During the therapeutic process, victims of violence often describe themselves as feeling socially "unacceptable, filthy and stinky". They are also often unable to separate themselves from their perpetrators or to turn against them.

For survivors of violence, it is sometimes very difficult to recognise their legitimate social rights and/or values, especially rights arising from their status as victims.

It becomes evident from the personal narratives told by the survivors that the process of traumatising, victimisation, and the subsequent secondary identity construction, is significantly connected to the phenomena of shame and humiliation.

Theoretical background

The existing theoretical literature on shame and humiliation generally uses the two terms as synonyms, and most authors distinguish only quantitative differences between them.

Therefore, an almost constant semantic vagueness is present in the literature regarding the meanings of "shame" and "humiliation".

In the opinion of the authors, this above-mentioned indiscriminate originates from a theoretical tradition that does not aim to

clarify and/or separate these two terms. In approaching the recent outcomes of extreme violence, however, it seems very relevant to describe the effect of humiliation also by distinguishing it from the effect of shame.

A theoretical model that serves the clarification of this conceptual vagueness could meaningfully contribute to a better understanding of the psychosocial consequences of violence.

With this paper, which emphasises their experiences with refugees and survivors of torture and/or sexual violence, the authors intend to contribute to the development of a shame- and humiliation-related psychotraumatological discourse.

Cultural anthropology and shame

The phenomenon of shame was traditionally connected to the scientific discourse in the field of cultural anthropology. Pitt-Rivers² provided an early description when he analysed Mediterranean societies. He pointed out the connection between honour and shame. He mentioned the classical situation in which the incorrect behaviour of a woman reflects on the males (husbands, fathers and brothers) she belongs to. When the female's honour is compromised, the male(s) should bear the shame. Pastner³ also supports this description after conducting fieldwork in Pakistani Baluchistan.

Other anthropological categories (Benedict⁴, Lebra⁵, Fung⁶) divide cultures based on their application of shame and guilt. In monotheistic cultures, the basic phenomenon is guilt and its reciprocity. In the so-called socio-cultic cultures, e.g. in Japan or China, shame is a fundamental phenomenon. Shame is considered as the basic element in child rearing and socialisation by which adults demonstrate to the child his/her social incompetence. In the individualistic Judeo-Christian culture, however, guilt is the fundamental

element. In Japanese society, guilt is defined more by situational ethics⁷; therefore a social action may be either good or bad, depending on the situation. In traditional Japan, the boundaries of the "self" were considered as non-individual, since they also included the context of relevant social relationships. Keeler⁸ demonstrated the same for Javanese society, in which children from about the age of six should acquire the skill of talking at different hierarchic speech levels, otherwise they would meet parental disapproval and the expression of *isin* (a Javanese term for shaming). It is important to mention that many scholars criticised the original concept of Benedict for its possible ethnocentric interpretations and its irrelevance to contemporary Japanese society.

Psychology, philosophy and shame

The issue of shame became a key concept of psychological, psychiatric and philosophical discussion only a few years ago. Kaufman⁹ wrote that the recognition of the scientific importance of shame is connected to a shift in the theoretical understanding of neuroses. The phenomenon of shame came into the spotlight through the appearance of some newly introduced psychopathological entities, syndromes and disorders, and it is connected to several psychopathological phenomena, the so-called "shame-based syndromes".⁹

Otherwise, in contemporary philosophy, the issue of shame has been addressed by analysing its application and interpretation in Central and East European totalitarian systems.¹⁰

From this overview of the scientific discourse on shame, the authors suggest that contemporary psychological concepts of shame focus on different aspects (or meanings) than those traditionally used by ethnologists and anthropologists. It is plausible that the different scientific meanings of

shame are connected to different phenomenological aspects.

Heller¹⁰ points out the difference between the “physical manifestation of shame” (blushing) and “deep shame” in native cultures in which the intensity of shame depends on the nature of the violated rule. In contemporary societies, the intensity of this feeling is also determined by the individual relationships of the person who has violated the rule. The plurality of rules (or moral norms) and their appearance in specific situations in contemporary societies is probably the key element in distinguishing the shame perception of native and contemporary cultures.

This suggests that today shame manifests itself in different ways than it did in native or ancient societies.

Wurmser¹¹ points out three different psychological aspects of shame:

- Shame – as a particular type of anxiety in a situation of threatened exposure or humiliation.
- Shame – as an emotion or a cognitive/emotional reaction.
- Shame – as a reactive formation (characterological trait).

The word “shame” originates from the Teutonic root word “skem” and means “to cover oneself”.¹² Schultz¹³ states, “The parts of ourselves we wish to hide are the shameful parts, and we also wish to hide the fact that we are ashamed.”

Jamieson¹⁴ analyses the usage of the expression of shame in an East-Nicaraguan community. There, shame is primarily an intrapsychic emotion that, in a certain context, reflects a distinct inter-gender communicative interaction and is not connected to taboo values imposed on a person by other members of the community.

Psychological and behavioural approaches

to shame recognise it as a phenomenon of basic affect. But shame is also an emotion in the sense of “involvement with something”.¹⁰ Summarising Heller’s theoretical contributions, it should be pointed out that the “involvement of a human” means emotions, and the arbitrations made by human authorities value the emotion that is produced in the process of human involvement.

Based on the fact that authorities of human behaviour are normative authorities, “involvement” in this sense is strongly connected to the sphere of morality. Shame, on a behavioural level, is connected to particular social situations and determined by the presence of an authority of human behaviour.

Kaufman⁹ describes two activators as developmental sources of shame, from a psychological point of view.

First, the *innate activator* is the “incomplete reduction of interest or joy”.⁹

By referring to Tomkins¹⁵, Kaufman states, “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.”

Kaufman⁹ also states 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 are 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”.

Second, the *interpersonal activator* of shame, as Kaufman⁹ describes it, is “breaking the interpersonal bridge”. She provides an insight into the interpersonal genesis of shame through the presentation of the bonding process between a mother and an infant.

She emphasises the role of eye contact (gazing in their relationship): “The eyes are indeed windows of soul”.

Identification is the central term in understanding the bonding process. The merit of bonding is “the infant’s feeling of oceanic oneness or union” with the mother that he/she recognises as “basic security”.

Heller¹⁰ also points out the role of eyes which she observed while examining the linguistic expression of shame-related events. She related the role of gazing to the specific relations of the individual and the authorities of human behaviour. As she stated, shame is connected to the presence of external authorities.

M. Weber¹⁶ describes *domination* (“authority”) as “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 (those who exercise authority) and subjection (those who are excluded from the exercise of authority).

It seems that eye control over the violation of the rules is necessary for the activation of shame. Therefore, the role of an external authority is connected to the role of an observer. The internalisation of external authorities is connected to the internalisation of moral values. An individual evaluates his/her own behaviour based on the values represented by moral authorities. Violation of external or internalised values leads to exclusion or the alienation of the individual or group and/or to the experience of shame or humiliation.

Therapists working with victims of political violence often observe that tortured clients avoid eye contact at the beginning of the therapy. “I face the earth”, as one of our young clients said after suffering for four years in Chechnyan underground prison-like cells,

“not to be dominated by the enemy”. Eye contact is a very special form of human contact. Our environment can be controlled by identifying whether objects are friendly or hostile towards us. Children look down if they feel ashamed; parents can humiliate the disobedient child by looking at him/her with rage or anger. This means control over the child who tries to avoid the strict glance of the adult.

The young client’s only means of defence was to avoid eye contact with his torturers. He felt he could neither be influenced nor humiliated by them if he did not give them his eyes, the only part of his body that preserved his past identity. “They could beat me, they could keep me without light, food and water, but they could not get my eyes and my soul,” he said.

One of the results of the therapeutic process was that he looked into the eyes of the therapist, gaining back his trust in her and in the others around him.

Heller, in her ethical philosophical theory¹⁰, points out the regulative (authoritarian) aspects of shame production and their relation to the development of moral values. According to her theoretical approach, the basic social role of an external authority is a socio-cultural reality construction via the process of social meaning production and selection.

By her understanding, an external authority is able to maintain control over human behaviour if:

- The behavioural norms are homogenous.
- The community is small.
- The different generations living in the same community don’t experience social changes.¹⁰

In other settings, it is necessary to activate an internal authority. Therefore, shaming is

often connected to the process of authority internalisation.

In the surrealistic world of the torture chamber, the victim's only means of survival is to accept the rules and the roles offered by the perpetrator (the torturer). He/she identifies with the torturer by internalising him as an internal object. This is the only way to feel safe in a tormented world and to gain protection from further torture. Some torture victims are also inclined to become torturers themselves. They feel they "belong to the other party", to the "strong adults" who "teach the weak, the child, obedience". In Second World War concentration camps, some captives became the servants of the officers and treated their fellow captives even more cruelly than they did.

When 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." Kaufman⁹ identified *consistency* and *predictability* as decisive factors in building an interpersonal bridge.

The breaking of the interpersonal bridge happens either by an act of physical violence or by a language-based, performative act that will have an effect only under certain conditions in an authority relationship. For example, the expression "Shame on you!" produces feelings of shame only if the "shamed" person recognises and accepts the authority of the "shaming" person. The threat of rejection and possible abandonment seems to be the source of the behavioural change that is caused by shaming.

Therefore, the authority relationship is an important, but not the only, condition for shaming. In other words, an interpersonal

bridge has to exist first in order to be broken in the process of shaming.

Shame can be expressed by a serious paranoid attitude towards the therapist working with the refugees in a camp. As time passes and they realise that the therapist arrives reliably on the promised day and time, the fundamentals of trust and reliable relationships are rebuilt. After several therapeutic sessions, shame fades and disappears as a result of the reliable therapeutic attachment, and the clients are able to speak about their previous trauma.

The therapeutic team, led by one of the authors (Lilla Hárđi), wished to develop a new method of group therapy in a Hungarian refugee camp for male torture survivors from Iraq. The level of paranoia was so heightened that when the therapists showed a symbolic object and asked the clients for their associations with the object, nobody answered. The refugees mentioned spies in the refugee camp and talked about the presence of the Iraqi Secret Service. No one answered the therapist's questions. After several sessions, the group prepared a meal for the therapeutic team. They served fish for the therapists as a symbolic object! This was their gift for taking care of their problems. The paranoid attitude disappeared perfectly and, as an acceptance of the therapeutic situation, they themselves offered the meal as a sacral, symbolic object. After this session, there were no longer problems with their associations and their trust.

Tracing possible shame-producing events, Kaufman⁹ emphasised:

- The role of early parental expressions of anger.
- The connection between shame and the fear of abandonment.

- The shame-producing mechanism of the utterance “Shame on you”.

Cloke¹² states, “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.” Although Cloke here describes the phenomenon of shaming as it is caused by violent events, his description seems to be closer to the definition of humiliation. In the opinion of the authors, a general impact on the Self is the key notion that separates the phenomenon of shame from that of humiliation.

The overwhelming and devastating effect of abuse and neglect is easily imaginable.

A young refugee boy – 17 years old – asked for help from a therapist in a refugee camp.

The young client finished his schooling at the age of fourteen in Afghanistan. Then he was taken to the army, where he became his father’s assistant and carried the guns in the battles. After he witnessed his father being shot and killed, he himself was also maltreated by the Taliban. He was humiliated on a regular basis, beaten with a leash, he suffered from hunger, and could eat only once a day. He was also forced to bear arms and shoot at the enemy. Later he succeeded in escaping from Afghanistan, leaving his mother, brothers and sisters behind, in danger. After arriving in Hungary, he behaved “rather strangely”. He started to walk the streets, abused nicotine and alcohol, and even “didn’t tell the truth” to his uncle, who lived in Hungary at the time. His behavioural problems were also present at school and at work. He was “bad and aggressive”, identifying unconsciously with the enemy

that destroyed his family and home. He found an escape in daydreaming and tried to avoid reality by creating fantasies about “bad and aggressive people” who dominate the world. It became clear during the therapeutic process that this was the only way he could defeat his shameful feelings that originated from the regular humiliation and maltreatment he suffered during the war.

Shultz¹³ explains the effect of humiliation as “... 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.”

The violent implementation of social rules set by an external authority causes feelings of impotence, suppression and/or numbness. In clinical practice, however, humiliation is rarely observable as a separate phenomenon.

Shame and humiliation

Based on the modalities of shame production, observed in therapeutic and cultural anthropological work, the authors recognised that the mechanisms of shame production are heterogeneous and produce a wide spectrum of psychosocial consequences.

The main components of shame production could be described in a two-dimensional model (see Figure 1).

The first, vertical axis represents the social consequences of shame production, with social inclusion (assimilation, socialisation) on one side and social exclusion on the other.

The second, horizontal axis represents the implementation of social values versus the subordination of an individual to an authority.

The shame producing events and mechanisms can be represented according to these two axis.

Social values – inclusion

The traditional use of shaming, as described by anthropologists, might have a positive cultural role, since it serves the implementation of moral values during the process of individual psychosocial development. In such cases, the primary motive of shaming is not the implementation of an authority, rather the internalisation of certain community-based rules and values by an individual.

The fact that refugee children from Afghanistan become the best students at school in their host country may be interpreted as the result of overcompensation of their minority feelings on the one hand and, on the other hand, as a sign that they want to achieve a stable position as part of the process of their integration and assimilation.

A traditional way of working through shame may be the Italian *vendetta*, taking revenge for the shame one suffers after the murder of a family member. The respect of the community may be preserved by an aggressive action that is proof against the feeling of weakness and submissiveness.

The presence of an authority and the existence of an interpersonal bridge are just the necessary conditions for the implementation of moral values, and the effect of shaming is not the exclusion or the elimination of an individual from the social space; on the contrary, it is his/her assimilation into the community.

Social values – exclusion

In contrast to the culturally positive role of shame production, described above, it appears that shaming also has an important role to play in implementing subordinate relations in contemporary societies.

According to the observations of the authors during their therapeutic work, authorities may break interpersonal bridges in order

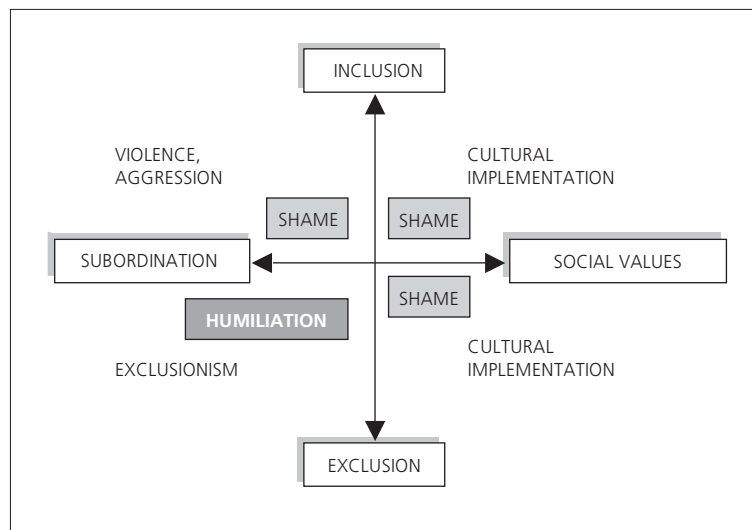


Figure 1. The main components of shame production.

to evoke culturally incoherent shame-based feelings in other individuals or just in order to subordinate them. This is also the aim of the perpetrators during interrogations.

Inclusion – subordination

It is well known in the field of addictology that individuals addicted to alcohol often apply shame-related techniques in order to subordinate their family members. They, as well as perpetrators, isolate their victim, inhibit their reality-constructing attempts that would be supported by the relatives and the outside world, with the intention of destroying their victim's will. In these cases, shaming routinely serves as a method to eliminate divergent voices from the social arena, but without the intention of excluding the carriers of these voices.

Shame-producing mechanisms are also very common in the process of transgenerational trauma transfer, when a traumatised individual (or a perpetrator) is in a role of authority and tries to implement values, rules and other elements of reality that were constructed under the influence of a different set of facts or events that existed in a former social reality. This kind of shaming may also result in the implementation of values, but sometimes subordination of an individual is the only reason for shaming.

A psychotherapeutic client of one of the authors is the daughter of a Holocaust survivor. The father was sent to the concentration camp in Dachau during the Second World War because of his "partisan activity".

When he returned from the camp, he became an armed officer of the communist regime. At home he tried to develop a special regime for his family, isolated the family members from the neighbourhood and forbade any social activity that was usual in the community. During the therapy, the client

often used the expression that she lived "behind the Iron Curtain". Periodically, the father woke up the family at night, forced them to form a line and give account of their work or present their homework.

Based on the stories presented by the client, the authors concluded that the father had constructed a "mini" concentration camp for his family. By this he intended to implement the "out-of-normal" norms and values of a concentration camp. The client completely internalised this reality created by the father. Even today, she is not able to take care of her own interests, represent her values or assume a role of authority.

Humiliation

Based on the two-dimensional model above, it was found that humiliation is a distinct phenomenon that significantly differs from the other modalities of shaming, and is instead related to subordination, violent reality construction and social exclusion.

Another client was a survivor of a concentration camp in the years of the Bosnian crisis. As he remembered, they were locked up in large buildings, such as barns, without any toilet facilities, and suffered from cold, hunger and thirst. "I felt like an animal when they – the soldiers – came for us and forced us to go in front of the barn and watch how they burned women and children. I saw babies burning on an open fire, I smelt the odour of their flesh, I saw women like my mother and sisters burning in the flames."

Leaving his country, he wasn't the same person as before. He became extremely hostile to the members of his family, regularly abused alcohol and showed symptoms of antisocial behaviour in the refugee camp. He beat his wife and children regularly, destroyed the furniture of their room and threw it out of the window. His family was

broken, and so were his social contacts. As the result of a long therapeutic process – both individual and group psychotherapy – he could work through his experience of humiliation. Today he is a valuable member of the community in another country to which he could emigrate in good health.

As the result of torture or humiliation, trauma-related reality is transformed into the surrealistic reality of the torture chamber, in which the subordinator/perpetrator is the absolute authority in implementing reality. This “irrational” reality causes the victim to become disoriented under “normal” circumstances and excludes him from social relationships.

An eligibility officer of the Hungarian Ministry of the Interior asked the therapist to submit the medical report of an applicant for refugee status, since he was convinced that “he was telling a lie because his story had contradictions”. The refugee came from a Middle Eastern country, where he was severely tortured in a prison for a year, nearly on a daily basis. He was isolated in a cell for months without any light. Then he was taken to the yard of the prison, forced to kneel and look into the strong sunlight until he felt he had lost his vision forever. He was hooded while interrogated and tortured. Palestinian hanging, falanga and electrical torture were also applied.

During the therapeutic sessions, the client wore a cap over his eyes. “The light disturbs me,” he stated. He was close to psychosis and suffered from permanent flashbacks and nightmares during his short and unrestful sleep at night. Due to his paranoid perception of reality, he was not able to talk about his traumatic experiences to the therapeutic team. He was convinced that should he begin any conversation, the Secret Service of

his home country would take him back to prison again.

This vignette represents well that breaking the will, by defeating, violent and repeated beating of, or sexual abuse of an individual (especially an infant), causes feelings of severe humiliation, along with thoughts like “I don’t belong, I don’t deserve to be here, I am no good”.

The same applies to raped women in a Muslim society in which they live lonely and invisible, even in big families, and express their gratefulness, “though I am so bad they accept me”.

Invisibility can preserve the painful impact of lowered self-esteem. Therefore, in such societies, as some experts suggest,¹⁷ the issue of violence should be addressed (e.g. by health care authorities) in order to raise awareness of public interest and turn it from a personal burden into a political issue.

Some authors¹² define the feelings caused by violent events as: “It can best be described as an emotional wound to the self for which one blames oneself as if one’s person is the reason”. They also state, “These experiences produce ‘bad self’ feelings and are felt as self-loathing, inadequacy, powerlessness, weakness, and worthlessness”.

According to the theoretical concepts presented above, humiliation shows some important differences in comparison to other shame-based phenomena:

- First, humiliation is usually not a result of a performative act that is intended to produce feelings of shame. Hence, the performative expression “Shame on you” usually is appropriate in order to evoke a feeling of shame. (Alternatively: First, humiliation is not the result of a performative act, as it is in the case of shame, where the performative expression “Shame on

you” is usually sufficient to evoke a feeling of shame.)

- Second, humiliation is not conditioned upon the existence of a previous positive relationship, or of an interpersonal bridge between the perpetrator and the victim, whereas these are necessary for the development of shame. The Hungarian expression: *megalázás* or the Slovenian *poniž anje* clearly reflect the event or process that violently subordinates an individual to an authority by ways of making him inadequate, incompetent or powerless. The direct, literal meaning of these expressions used for “humiliation” is “degradation” or “putting someone lower”.
- Therefore, humiliation is almost always a result of violent events, a demonstration of authority over an individual or a group, and governed by the intention to eliminate the individual or the group.

During their professional careers, the authors met several former political prisoners who maintained an unusual body posture (head down, hands behind, eyes down, gazing at the floor) in the presence of individuals whom they recognised as authorities.

This body posture expresses the acceptance of subordination, powerlessness and inadequacy. As they recalled, prison authorities forced prisoners to take on such a posture as the expression of their subordination. It seems that once imprinted, the posture becomes a life-long behavioural trait in front of anyone who is recognised as an authority.

A young Russian boy, mentioned previously, was kept in an underground prison by Chechnyan troops for four years, where he was seriously tortured and intimidated. During his therapy, he did not have eye contact with the therapist for a long time and maintained a peculiar body posture right un-

til the very end of the therapeutic process. He sat on his chair with his head bowed, not moving his hands and gazing at the floor, as if he were trying to hide under the earth, like a little bug, and remain invisible. His self-esteem was entirely lost, he wanted to present himself as an object, lying on the floor, submitting himself to anyone entering his personal space.

As the first result of the therapy, the therapist gained a glance from him; this was the symbol of trust in her, somebody who did not treat him as a subordinate but as a human partner. By the time he had finished psychotherapy, he could leave the consultation room walking straight, just as any other young boy of his age.

Facts, distinguishing shame and humiliation

- While shame is an emotion, humiliation is an inner psychosocial effect of violence.
- While shame affects an individual only partially, humiliation hits the entire psychosocial self of a person.
- Humiliation results in two permanent wounds on the human self. Self-destructiveness is one, and inability to take charge of one’s own life and destiny is the other.

Therefore, humiliation affects the individual through the destruction of his/her social competence.

- Humiliation, a result of psychophysical torture or abuse, gives a long-lasting advantage to the perpetrator/torturer.

The lack of the victim’s social competence, coupled with the negative feelings toward one’s self (caused by the humiliation of human dignity) and the mental pain from which the victim suffers, makes it easy for the perpetrator to implement or to maintain rule and

order, and to eliminate the divergent voices in the community/society.

During the application procedure, the eligibility officer at the Ministry of the Interior requested the psychiatrist's evaluation of whether the applicant had been tortured in his native country or not.

The client had been imprisoned for ten years, but after being released from prison, he did not leave his country immediately, but half a year later. What happened? Perhaps he was not telling the truth, he had not been tortured, and even the "prison story" was a fabrication?

During the therapeutic interview, he revealed his story: He tried to carry on his life in silence after the imprisonment and torture, but he was unable to rebuild even his basic contacts with his family members. His wife divorced him, and his relatives did not accept him as a member of the family. He suffered from total isolation, and so he decided to leave the country. In Hungary, during his interview with the officer, he told "his story" with some "contradictions", i.e. he was not able to speak about his traumatisation in a consistent way. This type of behaviour was only accepted in his psychotherapeutic relationship, where, in his relationship to the therapist, he was able to find the lost trust. As a result of the therapeutic process, his dissolved ego boundaries were solidified, and he was granted refugee status after being able to present his life history in a coherent way and showing "healthy emotions".

Effects of humiliation and social transition

At the end of the article, the authors wish to point out that the phenomenon of humiliation is of special interest during times of social transition and transformation.

The process of social transition and transformation that presently is taking place in Central and East Europe is an all-embracing and time-dimensioned process connecting the past, present and also the future.

One of the most important phenomena of the Central European transition is the destruction of totalitarian authority. The symbolical "loss of the father" could be interpreted as a loss of meaning-coherence, and, consequently, as damage caused by a diffuse reality. The process of transition implements many different or opposing values and ideologies, all competing to influence "mainstream" social discourse.

Thus, if the process of social transition contributes to a developing *incoherence* of social reality, then the outcome of this process is a decreasing relevance of meanings in their connection to socio-cultural and ideological issues.

This often contributes to the feeling of meaning uncertainty and/or meaning unpredictability.

Considering meaning uncertainty, the Central European transition process activates many shame- or humiliation-based feelings that are connected to the violent authority implementation of the past, the practice of the former totalitarian regime(s).

Of course, these feelings arise not only on the side of victims, but also on the side of former representatives of authority and their informers.

Meaning incoherence is increasing during this transition process. The fragmentation of ideology often changes the socio-historical position of the victims of (former, mainly political) humiliation, but the act of liberation generally is not sufficient to transform the belief systems of the victims.

On the one hand, despite the changing socio-cultural conditions, the effect of abuse and humiliation is often sustained by the

victims' inability to express the pain they have suffered during the process of humiliation.

The feeling of social incompetence and the subsequent psychological pain of the humiliated usually preserves the original relationship between victims and perpetrators, despite the transformation of the macro- and micro-social system.

The inability of the victim population to change the flow of social discourse often contributes to the preservation of a hidden reality which is conducive to the persistence of victim-blaming. This can be seen as evidence of the power which former perpetrators still have over the victims.

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