Shame, humiliation and psychiatric ill-health

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In most cultures there seems to exist an unwritten ethical code, which states that when we encounter another human being, we shall not deliberately act in a manner which will cause the other person to lose face. If it does happen anyway, we must make an effort to lessen or to hide the embarrassment. We should not embarrass or humiliate people, but show consideration and respect.[1] A lack of respect leads to humiliation and humiliation creates shame. Shame generates a need for vindication and acknowledgement. How central is this process to our well being? Could a deeper understanding of the private and the social sides of shame and humiliation contribute to an increased knowledge in the area of psychiatric ill health? These are some of the questions that this essay will look at.[2]

As far as I know, there are hardly any systematic studies that deal with the extent of shaming such as humiliation and insult, and why we put people to shame. It has been suggested that shame and humiliation, and its underlying reasons are some of the best kept secrets in Western organisations and society. The reason is that we are ashamed of feeling shame and we do not want to experience the humiliation of admitting our fear of humiliation.[3]

[1] Riezler, K (1943). Comment on the social psychology of shame. *American Journal of Sociology*, 1943, 48, 457-465. – Goffman, E. (1955). On Face-Work: An Analysis of Ritual Elements in Social Interaction. *Psychiatry: Journal of Interpersonal Relations*, 18, 3, 213-231.

[2] I would like to extend my thanks to Åsa wettergren who gave me her valuable opinion on an earlier version of this article.

[3] Scheff, T.J. (1990). *Microsociology. Discourse, Emotion, and Social Structure*. Chicago: The University of Chicago Press. – Smith, D. (2003). Kampen om positionerna – förnedring och skam i det sociala maktspelet. *Ledmotiv – idéskrift om ledarskap*, 1, 71-81.

Despite the fact that emotions like shame and humiliation were important to many of the classical sociologist in understanding and explaining society, they then came to play a minor part for many years. It is only in recent years that there has been a renewed interest.[4]

In my discussion on the link between shame, humiliation and psychiatric ill health , I have chosen to use the Icelandic fairytales as my starting point. These tales can perhaps teach us quite a bit about the link between emotional processes and psychiatric ill health. The Icelandic fairytales consist of stories about life in Iceland during the 10th and 11th century. The tales describe a social culture where there are strongly regulated rituals for how an honourable man can achieve and maintain dignity and honour. The Russian author Aron Gurevitj states that what the Icelandic fairy tales really deal with, are stories about gaining respect in the eyes of others and oneself. It is only possible to be happy with oneself after gaining respect in the eyes of others.[5] The equilibrium of existence is disturbed when somebody humiliates us. In order to restore honour it is, in most cases, absolutely necessary to first get revenge and after that, reconciliation can take place. Taking revenge is not considered to be a primitive action.

It is not only the person that takes revenge that gains honour, but also their family and relatives. In other words, the society illustrated in the Icelandic fairytales is a strongly patriarchal one which also has a strong collective orientation. The family is the smallest building block in society. The male head of the family is portrayed as an individual to a certain extent, but not as an individual that is limited by his own body or actions. Instead, the head of the family contains the entire family. The actions and slights of individual family members are also his. It is his responsibility to get redress. Self respect and family honour are very closely linked. The respect of others is achieved through following the rules about decency, honour, revenge and reconciliation. Any man that does not follow these rules is not a man. For example, it is considered a shame not to participate in a duel or combat[6] or to lack strength and courage [7]. The opposite is also true, i.e. that which has a purpose and raises status is considered honourable and is sometimes talked about as great achievements.

[4] Dahlgren, L & Starrin, B. (2004). *Emotioner, vardagsliv och samhälle*. Malmö: Liber.
[5] Gurevitj, A. *Den svårfångade individen*. Stockholm: Ordfront, 1997.
[6] See for example Gissli tale
[7] See for example Laxdalingar's tale

William Ian Miller writes about shame in the Icelandic fairy tales that it is important to differentiate between the experience of the humiliated and shamed person who sees it as part of an institutionalised system of norms, and the experience of shame as a consequence of other people's judgement, confirmed by the individual himself and which means that he cannot live up to what is expected of a fully moral and respectful individual.[8] The first type of shame, associated with anger and indignation, is the shame experienced by an honourable man who has been challenged and defeated. The other type of shame is associated with self contempt and self doubt and it is the shame experienced by a person who has not been able to get revenge, compensation or reconciliation. In the first type, there is also a sense of shame, but instead of self contempt, there is anger and indignation. The feeling of self contempt is dormant and could develop at full strength if the individual is proven incapable of getting revenge.

The person who has been subjected to humiliation by somebody else has to take action to prove to himself and to others that he is an honourable person. If he fails to do his, he will end up with the second type of shame. If there is no time for retribution, and no honourable reconciliation, time will run out. The person will then be dishonoured and looses his status. The story of Havard is an example of this. He is lying in his bed devoid of strength for an entire year. The reason for this is the sorrow he feels over his son who has been killed, and his failure to get compensation. Havard now thinks that luck has deserted him and he spends another three years in his bed. Then, as he finally gets an opportunity to take revenge, his family cannot believe their eyes. The broken individual is transformed into a powerful and youthful person.[9] Through this action, he has regained respect in his own eyes and in the eyes of others.

It is significant that Havard's depression seems to be primarily about his lost honour, and only secondarily about his dead son. In the Icelandic fairy tales, an individual's view of himself is entirely dependent on how other people see him. His feeling of self is more or less a reflection of how the group and the local community see him. The reason why humiliation is a frequent occurrence in the Icelandic tales is perhaps because it is through humiliation that a man is given the opportunity to show his dignity, his manly courage. It follows on from this that humiliation is not a secret. Shame is not a taboo. On the contrary, it is a

[8] Miller, WI (1993). *Humiliation: And Other Essays on Honor, Social Discomfort and Violence*. Itacha: Cornell University Press.

feeling that concerns those around him. The culture of honour revolves around compensation and/or revenge.

Stories containing shame and humiliation also exist in children's literature. They are found in the writings of Astrid Lindgren, not least in her books about Pippi Longstocking. The first book about Pippi Longstocking came out in November 1945 and was published by Raben & Sjögren. There are two themes relating to shame and humiliation. One occurs when the children are subjected to shaming by the adult world through blame and humiliation, as for example in the story that deals with when Miss Rosenblom visits the school in order to give the children a quiz.

The children who give the ”wrong” answer are sent to a shaming corner. The children who end up there they are very sad and upset. They display all signs of shame. The second theme deals with resistance against humiliation or other forms of shaming. Using modern terminology it could be said that Pippi ”takes no shit”.

Pippi is not only rich and strong, but also cocky and assertive and she challenges traditional beliefs. She does not bow down before the adult world when it tries to put her in her place through humiliation or shaming, or when they threaten her with punishments. Instead, she answers back and shows that you do not have to accept the blame from the adult world, but that it is perfectly possible to reject it with the help of a large portion of humour and irony.

Both the woman in the perfume shop, and the man who comes to buy Pippi´s house Villa Villekulla make negative comments about her looks.[10] The lady in the perfume shop is disgusted by Pippi's face, which is full of freckles. The posh older man says to Pippi that she is the ugliest child he has ever seen. These humiliations do not affect Pippi at all. To the older man she says: But it seems to me you are no oil painting yourself.

The concepts of shame and humiliation

In literature, there are different opinions as to whether shame and humiliation should be regarded as feelings that are part of different "families of emotions" or the same "emotion families". The Israeli philosopher Avishai Margalit sees shame and humiliation as so called red emotions, in the sense that other people's opin-

[9] Gurevitj op.cit.
[10] Lindgren, A. (2003). *The Best of Pippi Longstocking*. Oxford: Oxford University Press.

ions are involved.[11] Margalit says that the person who is humiliated also experiences shame, but not the other way around. In other words, a person feeling shame does not have to become humiliated. It is possible to feel shame over a bad performance, but that is not humiliation. Humiliation is not a concept of performance. The American philosopher Martha Nussbaum takes a similar view. She writes in her book *Hiding From Humanity* that humiliating somebody is to subject them to shame, and that to shame somebody is in most cases the same as humiliating them, at least when the shaming is serious enough.[12]

Some of the authors that put shame and humiliation together are Donald Nathanson[13], Helen Lewis[14], Thomas Scheff[15] and Suzanne Retzinger[16]. Nathanson states that even though it can be argued that emotional states such as shyness, embarrassment and humiliation have their own names and characteristics, the main feeling in these is still shame.[17] Turning the eyes away and lowering them and a sunken neck and shoulders are seen as typical expressions of shame/humiliation.

Sociologists such as Thomas Scheff[18] and Suzanne Retzinger[19] regard humiliation as a shame variant. They recommend a wide definition and are opposed to the idea that shame is only about a serious crisis, dishonour or the loss of honour. The majority of shame, according to Scheff and Retzinger, does not stem from crises and is not dishonouring but more of an "embarrassment type". The broad definition of shame, suggested by Scheff and Retzinger, contains a continuation between, on the one hand, the daily, less intensive, short lived feeling of shame such as for example, awkwardness At the other end of the spectrum is the type of shame that is painful and long lived. It usually gives rise to general indignation and constitutes a type that can be labelled dishonouring or humiliating shame. Scheff and Retzinger suggest that a first step towards a scientific definition of shame would be to use shame as a collective name for a large family of emotions *that appear when regarding oneself negatively, even if it is only slightly negatively, through the eyes of another, or even just the expectation of such a reaction.* Such a step would include less intense forms of shame, as well as more intense ones.[20]

In Scheff and Retzinger's presentation, shame has a dual aspect. One the one hand, it is a natural and normal feature of social life. It acts as a signal when there is a problem between people and it draws attention to the risk of social ties dissolving unless something is done to repair them. On the other hand, shame can be oppressive, destructive and excluding, and carry a lot of negative consequences. And it is the suppression of shame that creates harmful consequences. At the exact moment that an individual says to himself, and to people he can trust "I am ashamed", the shame is already subsiding. The paradox lies within the fact that while the individual's biggest fear is that his shame will become known, the solution is that the person who hears the confession is someone that he can trust. Studies also point to important biological changes taking place when an individual talks about traumatic emotional events. Talking about painful events leads to a substantial drop in blood pressure, and muscle tension decreases during, or immediately after talking about these events. These biological effects seem to be most pronounced among those who express emotions. There is also a lot to indicate that the long term effects are only visible in those who are encouraged to express emotions. Research also shows that the vast majority of people share their emotional experiences with other people. People talk about how different experiences affected their emotions, if it lead to anger, sadness or happiness etc. Some studies, however, indicate that this is not always true about shame. Shame seems to be an emotion that we would rather keep to ourselves.[21]

As previously touched upon, the different variations of shame have in common that they are social emotions. Through shame, other people's gaze is directed towards the self; it relates the self to other people, even if this only happens in the imagination. Experiencing shame therefore constitutes the core of being social and of the need to feel affinity to other people. As the feeling of shame is a complicated feeling as regards its consequences and as regards its relationship

[11] Margalit, A. (1996). *The Decent Society.* Cambridge: Harvard University Press.
[12] Nussbaum, M. (2004). *Hiding from Humanity – Disgust, Shame and the Law.* Princeton: Princeton University Press.
[13] Nathanson, D, L. (1992). *Shame and Pride.* New York, London. W.W: Norton & Company.
[14] Lewis, H B. (1987). Shame – the "sleeper" in psychopathology. In H. B. Lewis (Ed.), *The role of shame in symptom formation.* New Jersey: Erlbaum.
[15] Scheff op.cit..
[16] Retzinger, S M. (1991). *Violent Emotions. Shame and Rage in Marital Quarrels.* London: Sage Publications.
[17] Nathanson op. cit.
[18] Scheff op. cit.
[19] Retzinger op. cit.

[20] In daily language a number of related terms or substitute words are used to describe the feeling of shame i.e. feelings that occur when an individual looks at himself negatively through someone else's eyes. Examples would be "dismissed" "unworthy" "inadequate" "a failure" " lousy" " feeling left out".
[21] Se Pennebaker, J W. (2002). Emotion, disclosure and health: An overview. In J. Pennebaker (Ed.), *Emotion, Disclosure & Health.* Washington.American Psychological Association.

with others, there are in literature many attempts at conceptual distinctions, which I will not go into due to lack of space.[22]

The English term humiliation stems from humilis, which means standing low. To humiliate is to put down. The original meaning of shame is to cover oneself, to hide. Shame is considered a response to insecure and threatened social ties.[23] It is also a response to a loss of status or the risk of such loss.[24] It would also seem that shame appears more in the presence of people with a higher status that it does among people with a lower status.[25]

Shame as a regulator

Shame is seen as the far most dominating feeling as it fills more functions than other emotions. For example, shame plays an important part in regulating the expression and consciousness of all our other emotions such as anger, fear, guilt and love. To which extent these are allowed to be expressed, depends on the degree to which we are ashamed of them. Someone who is ashamed of showing anger will hold back that emotion. As pointed out by Thomas Scheff, a person can be so ashamed of their emotions that they become completely suppressed. [26]

The subject of shame as a regulator has been extensively dealt with by a number of writers, among them the German sociologist Norbert Elias, and the American historian Peter Stearns. The type of shame that Norbert Elias puts forward in his work about the civilisation process has both a social and a private side.[27] The connection between the two is described roughly as follows; The stronger the external force is transformed through the social structure into internal self punishment and self control, and the more wide spread the pressure to conform to conventions, the more we see the fear of breaking social norms or rules manifest itself as feelings of shame. Elias' theory is that the history of the civilisation process is a history containing increasing emotional self punishment and self control. The threshold for what was considered embarrassing or shameful was gradually lowered. One distinguishing feature was that there was an increasing tendency for self restraint, self control and self punishment. One of Elias' most important contributions in his studies of the civilisation process was that he discovered the social importance of shame, and the central part played by shame in understanding changes in people's behaviour.

[22] Exemples of such conceptual distinctions are: External shame – internal shame; Functional shame – dysfunctional shame; Acknowledge shame – non-acknowledge shame; Healthy shame – pathological shame.

[23] Scheff op. cit. – Retzinger, op. cit.

[24] Gilbert, P. (1998). What is shame? Some Core Issues and Controversies? In P. Gilbert & B. Andrews (eds.), *Interpersonal Behavior, Psychopathology and Culture*. Oxford. Oxford University Press.

[25] Keltner, D & Harker L A (1998). The forms and functions of the nonverbal signal of shame. In Gilbert, P & Andrews, B (Eds). *Interpersonal Behavior, Psychopathology and Culture*. Oxford: Oxford University Press. – See also Collins, R (2004). *Interaction Rituals Chains. Princeton*: Princeton University Press.

[26] Scheff, op. cit. – Scheff TJ. (2001). Shame and community: Social components in depression. *Psychiatry*, 64, 3, 212-224.

[27] See Elias, N. (1939/1991). *Civilisationsteori del 2. Från svärdet till plikten: samhällets förvandlingar*. Stockholm: Atlantis.

But the civilisation process has a paradoxical consequence in Elias' presentation. On the one hand, it increases the interconnection between people, which means that people become more dependent on each other. On the other hand, it increases people's feelings of being isolated from each other. The civilisation process does not only increase the demand for constraint and control of one's feelings but it also finds ways of doing this that lead to among other things, more artificial, uninvolved and indifferent ways of relating to other people.

American historian Peter Stearns has similar ideas in his book *American Cool*. The new emotional culture that emerged in modern society came to encourage a certain amount of emotional passivity as a result of the lowering of the embarrassment threshold for intense emotions. So called immature emotional expressions such as the display of anger and envy were to be held back and corrected with the help of embarrassment.

Embarrassment became the technique that was to help reason to replace emotional action without triggering defensive emotional expressions.[28]

It seems that in modern society, shame and shame variants such as humiliation have become invisible. Not because they are less frequent, but because it has become something of a taboo to display shame and humiliation in front of others.

Shame is seen as a concern for the individual, and a result of his personal shortcomings such as a lack of ability to be successful in life. Preliminary data from an ongoing study supports the statement that shame is an emotion that we prefer to keep to ourselves.[29] In the study, questions were asked about which feelings would definitely be kept private, which could possibly be shown to other people, and which could definitely be shown in front of others.[30] *Other people* was explained as meaning study colleagues and work colleagues who were not considered to be part of the closer circle of friends. The four emotions that the

[28] Stearns, P. N. (1994). *American Cool: Constructing a twentieth-century emotional style*. New York: New York University.

[29] The study is conducted at Karlstad University and is aimed at undergraduate students.

respondents definitely wanted to keep to themselves were jealousy, hatred, envy and shame. In relation to shame, 54 percent of women, and 53 percent of the men insisted that they would definitely keep it to themselves. The corresponding numbers for awkwardness were 35 percent and 45 percent respectively, and for embarrassment 30 percent and 43 percent. Shame seems to be a more "shameful" feeling than awkwardness and embarrassment, in particular as far as women are concerned. Participants also had to say how often they had experienced different feelings in the last seven days. Happiness, pride, anger and sorrow were the most frequent emotions. Hatred, envy and shame were the least frequent ones. In relation to shame, every third woman, or 33 percent, stated that they had experienced shame at some point in the last seven days. For men, the figure was 45 percent. The corresponding figures for awkwardness were 56 percent and 64 percent respectively, and for embarrassment they were 47 percent and 57 percent. It is more common for men to feel awkwardness and embarrassment but it is also more common for these men to keep it t themselves. Answering the question: How common is it to experience a certain feeling but to display another, 56 percent of women and 53 percent of men said that it is quite common.

How common is shaming?

There is limited knowledge about the extent to which people feel that they have been patronised, been humiliated, or in any other way subjected to shaming. In order to throw some light on this, we have processed some questions from the database Life & Health. It contains epidemiological data from a population study conducted in the Swedish midlands and covering over 40,000 people aged 18-84. We have combined two questions in order to get an idea of the occurrence of humiliations. The first question is: Have you been humiliated in front of others in the last three months? The second one is: Has somebody insulted your honour? I have also included a question dealing with patronising. In Figure 1 it is apparent that the proportion of people who have been insulted/ridiculed and been treated in a patronising manner, follow roughly the same pattern. It decreases with an increase in age. The connection is very clear. The figures can be interpreted in different ways. One interpretation might be that with

[30] The feelings that the participants had to comment on were jealousy, hatred, envy, shame, disgust, akwardness, embarassement, grief and joy.

increasing age, we are less sensitive and less likely to consider something insulting or patronising. Another might be that people learn the codes of tact through the years, their purpose being for us to act in a way that does not deliberately humiliate people.

A third interpretation could be that there is more of a taboo around admitting to such events when you are older

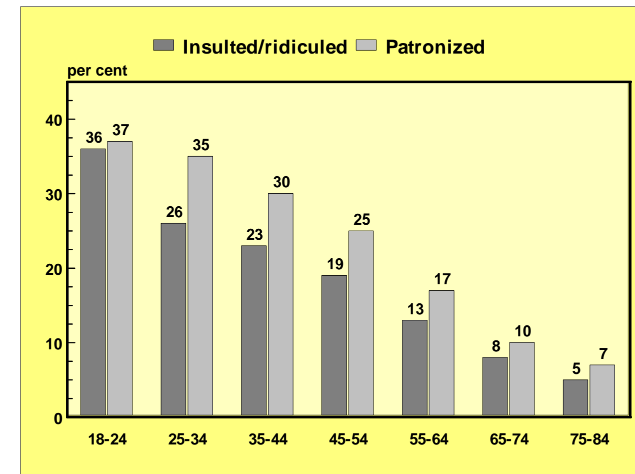


Figure 1. Proportion of respondents who have been insulted/ridiculed and patronised in the last three months, in different age groups n=43.589 (Life & Health, 2004).

In his study on the institutionalised social care of those with dementia, British researcher Tom Kitwood shows that subtle forms of humiliation and other types of shaming exist quietly without becoming visible. Kitwood lists the following principles, used by institutions and care workers: treachery, disempowerment, infantilisation, intimidation, labelling, stigmatization, outpacing, invalidation, banishment, objectification, ignoring, imposition, withholding, accusation, disruption, mockery, disparagement.[31]

In many workplaces, shame and humiliation would seem to be part of the social power game and general scheming. American researcher Vincent Waldron gives detailed descriptions of how this is done.[32] In the struggle for power, positions and authority, public humiliation is used, Waldron gives the example of

[31] Kitwood, T. (1997). *Dementia Reconsidered.* Backingham: Open University Press.

Helen, who is a department manager and who thought that the boss listened to her. During a management meeting, the Director talked about his plans for the coming financial year and Helen thought she could see an error in the calculations. She expressed her reservation during the meeting. The Director responded with a condescending snarl and totally discarded her way of reasoning. Helen described how hurt, deflated and shocked she was at this public dressing down. Waldron considers this type of public humiliation as a form of emotional tyranny that seems to be fairly common. The emotional reactions are serious depending on the distance between the leader and the person being humiliated. He describes this type of public disqualification as being just as painful as a punch in the stomach delivered by a heavy weight champion.

Organisations also use – deliberately or unintentionally – shaming and humiliation as a means to maintain the desired form of social control. Scapegoats are created and guilt is transferred onto a victim in a situation where the self image of the group/organisation would otherwise be under threat and appear in an undesirable light. People who point out wrongdoings in organisations are often seen as troublemakers. They are humiliated and run the risk of becoming isolated.[33]

Shame, humiliation and psychiatric ill health

Within the field of stress theory, it is assumed that an external pressure such as a danger or threat can cause negative stress and lead to both physical and mental ill health. Research seems to indicate that this assumption has empirical support primarily when the danger, threat or strain contains an evaluating component directed at the social self and carries the risk of severely damaging an individual's sense of self. The issue here is the potential risk that other people might see the individual in a negative light. Research conducted by Sally Dickerson and her colleagues points in that direction.[34] Her research focuses on shame as a key response against threats to the social self, for example rejection, or the risk of rejection.

[32] Waldron, V. R. (2000). Relational experiences and emotion at work. In S. Fineman (Ed.). *Emotion in organizations.* 2nd ed. London. Thousand Oaks, CA: Sage Publications.
[33] Douglas, T. (2000). *Scapegoats.* London: Routledge. – Pattison, S. (2000). *Shame – Theory, Therapy, Theology.* Cambridge: Cambridge University Press.
[34] See for example Dickerson, SS, Gruenewald, T J & Kemeny, M F. (2004). When the Social Self Is Threatened: Shame, Physiology and Health. *Journal of Personality*, 72, 6, 1191-1216.

People, who have been subjected to shaming in the form of humiliation, ridicule and other forms of insult display more ill health than people who have not been subjected to these types of shaming. For example, studies show that shaming co-varies with mental ill health among social benefit recipients[35], the unemployed[36] and the obese[37]. Studies also show that shame[38] and humiliation such as being rejected by someone close, publicly snubbed, personal failure, and similar things[39] might cause depression.

Among those in the clinical field, it is usually the opinion that depression is a mixture of shame and distress. It is these two in combination that create a depressive mood.[40] In a study of the connection between social loss, humiliation and depression, American psychiatrist Kenneth Kendler and his colleagues show that humiliation seems to be just as important a factor as social loss in developing depression.[41]

Markers of shame in two case studies

As mentioned earlier, several writers have pointed out that shame and its variants have become less and less visible. Shame has gone underground and become more difficult to discover. It seems to be the case that the more that the shame is connected to a behaviour or a state that creates suffering, the harder it becomes to empirically show the importance of shame. This is due to the fact that the connection between suffering and shame is made invisible to the extent that even the person suffering becomes oblivious to the chain of events. The

[35] Starrin, B., KalanderBlomkvist, M & Janson, S. (2003). Socialbidragstagande och statusbunden skamkänsla – En prövning av ekonomi-sociala bandmodellen. *Socialvetenskaplig tidskrift*, 10, 1, 24-47.
[36] Starrin, B & Jönsson, L R. (2006). The Finances–Shame Model and the Relation Between Unemployment and Health. In T. Kieselbach, A.H. Winefield, C. Boyd, C & A. Anderson (Eds.), *Unemployment and health*. Brisbane. Australian Academic Press, 2006. – Rantakeisu, U, Starrin, B & Hagquist, C. (1999). Financial hardship and shame – A tentative model to understand the social and health effects of unemployment. The *British Journal of Social Work*, 29, 6, 877-901.
[37] Sjöberg, RL, Nilsson, KW & Leppert, J. (2005). Obesity, shame, and depression in school-aged children: A population-based study. *Pediatrics*, 116, 3, 389-392.
[38] Gilbert, P. (2000). The Relationship of Shame, Social Anxiety and Depression: The role of the evaluation of social rank. *Clinical Psychology and Psychotherapy*, 7, 174-189. – Lewis, H B (1981). *Freud and Modern Psychology, V. 1: the Emotional Basis of Mental Illness*. New York: Plenum.
[39] Kendler KS, Hettema JM, Butera F, Gardner CO. & Prescott CA. (2003). Life Event Dimensions of Loss, Humiliation, Entrapment, and Danger in the Prediction of Onsets of Major Depression and Generalized Anxiety. *Archives of General Psychiatry*, 2003, 60, 789-796. – Brown GW, Harris TO & Hepworth C. (1995). Loss, humiliation and entrapment among women developing depression: a patient and non-patient comparison. *Psychological Medicine*, 25, 7–21. – Scheff (1991) – Åslund, C, Nilsson, KW, Starrin, B & Sjöberg RK. (2007). Shaming experiences and the association between adolescent depression and psychosocial risk factors. *Eur. Child. Psychiatry* (on line publication).
[40] Kaufman, G. (1993). *The psychology of shame*. London. Routledge.
[41] Brown, Harris & Hepworth op. cit. – Åslund, C., Nilsson, KW, Starrin, B & Sjöberg, RL. (2007). Shaming experiences and the association between depression and psychosocial risk factors. *European Child and Adolescent Psychiatry*, On line publication..

Norwegian researcher and doctor Edvin Schei claims that patients go in and out of the health care system, being investigated and treated without getting well, and without recognition being given to underlying causal experiences of shame and self hatred.[42]

There have been some promising attempts to develop markers for shame, so that it is possible to discover shame even when it is suppressed. Thomas Scheff used markers when he conducted a new study of the interviews and observations that he conducted in a mental hospital in the 1960s. [43] What was characteristic for all these depressed men, was that their social ties with other people were either cut off, or very weak. However, in most cases, it did not seem that they were suppressing feelings of grief or sadness. Very few of them had faces that displayed sadness, and none displayed anger. Most of them displayed empty and emotionless faces. Their faces were devoid of expression but their bodies radiated shame.

According to Thomas Scheff, the behaviour of each of the older men during the interview, can be interpreted as expressing chronic shame. Distinguishing features included lack of eye contact, slow movements, nervousness and self accusations. These are all basic shame indicators.

The behaviour and appearance of these men would indicate that they felt deep shame during the interview. Despite the fact that suppressed sorrow and anger can be part of the picture, the basic emotion is non-recognised unconscious shame.[44] Scheff asks himself why the men were ashamed? Because the observations were made in a mental hospital, there is likely to be, according to Scheff, an element of shame for everybody in the role of a psychiatric patient and all that it entails. Examples would be the fact that you are no longer in charge of your own life, and that you are judged to be abnormal and incompetent. But in addition to this, the men's situation was characterised by a lack of a secure and safe relationship with another person. They were not part of any community. Those that were married did not get on with their wives. The rest were widowers, divorced or unmarried. Very few of the men were living with their children or other relatives. Even though some were employed, they found no satisfaction in their work. Shame was a response to damaged social bonds. The men were in a

[42] Schei, E (2006). Skam i pasientrollen. I P Guldbrandsen, Fugelli, P, Hovinf Stang, G, Wilmar, B (red), *Skam i det medisinske rom*. Oslo: Gyldendal Akademisk.
[43] Scheff (2001).
[44] Scheff (2001).

permanent state of shame during the interview primarily because their social bonds were under threat or had been severely damaged.

In another study of around 30 people on long term illness benefit where all had been diagnosed either as burned out or as suffering from other stress related afflictions, shame markers developed by Suzanne Retzinger were used in order to trace shame in the stories told by the interviewees regarding important events leading up to the sick leave.[45] What they all had in common was that their workplaces had either been subjected to substantial changes and/or a cut in staff numbers.[46] Secure working groups had been divided and the individuals had been incorporated into more lose groups with more superficial contact. Conflicts and personal disagreements ensued and were never solved. Relationships with co-workers, superiors and people in lower positions became increasingly conflict prone, tense and insecure.

In their stories, there were expressions that directly indicate shame, such as words like humiliated, hurt and offended. I will give some examples. Kajsa, who is a pre-school teacher felt offended by her boss. She said that the boss put the blame on her and two others, when parents protested against the closure of their section of the childcare facility. The mere thought of her boss keeps her awake at night, long after the events.

In the stories there are frequent mentions of words and expressions that indicate the feeling of being on the outside, or not belonging, such as lonely, deserted, let down, dumped, bullied, rejected. The two teachers, Adam and Jan felt left out. Adam was bullied and Jan was left out in the cold. Inga-Lill, a school counsellor, was left out in the cold after a conflict with a superior. Fia, who works in a council run day care centre, was harassed. Lisbeth, a secondary school teacher, felt that she was being treated as invisible. Gerd, another teacher, felt forgotten, deserted and downtrodden.

Words that express emotional hurt or threat are frequent in the stories. Kajsa, a pre-school teacher talked about how depressed she felt by not being seen. She felt invisible. The same applied to Lisbeth. She felt that in the eyes of the school board she did not exist.

The stories contain words and expressions indicating a feeling of falling short of ideals set by oneself and others, a failure to measure up, not being good enough.

[45] Retzinger op. cit.
[46] Eriksson, UB., Starrin, B & Janson, S. (2003). *Utbränd och emotionellt utmärglad.* Lund: Studentlitteratur.

Kristina, a school assistant said that she started to lose faith in herself as nobody ever told her she did anything good.

Pär, an IT worker, felt that younger workers were overtaking him. He started to feel distinctly average. District nurse Erika became more and more worried about coping with the simplest of tasks. Lotta, a medical secretary, started doubting herself. Fanny, a cleaner, was never told she did a good job. She only ever heard complaints

In their stories, those on long term sick leave also described how badly affected they were by all conflict and antagonism how this affected their emotional state. Care assistant Karin talked about people starting to "chip away" at each other. Britta, a pre-school teacher, was given out to by the boss. Helena was opposed by the older teachers in her school, and in Maja's place of work, people started turning their backs on each other. Teacher Sigrid said that she could not cope any longer. Britta, the pre-school teacher started to experience fear. Her fear of something going wrong was so strong that she started to pray to God for help. Many also talked about how their mood changed. Anger and sadness replaced each other. David, an economist, told of how he was let down by a colleague. The workplace was full of conflicts. Everything that happened lead to him starting to "lose his temper". "I gave out to my sister-in-law". He does not understand himself how that could happen because he had never done anything like it before. But he does remember being very irritable before going on his sick leave.

For Lotta, the anger almost became part of her everyday life for a period. " I came here and worked and went home and was angry, and ate and slept and barked and was angry and cried and that is the way it was the whole time Kristina, a school assistant, points out that her personality changed without her noticing it. Finally, her son asked her why she was so angry all the time. He wanted to know why she never laughed anymore. Even her colleagues wondered what she was angry for, as she frequently got annoyed and snapped if anyone asked her a question.

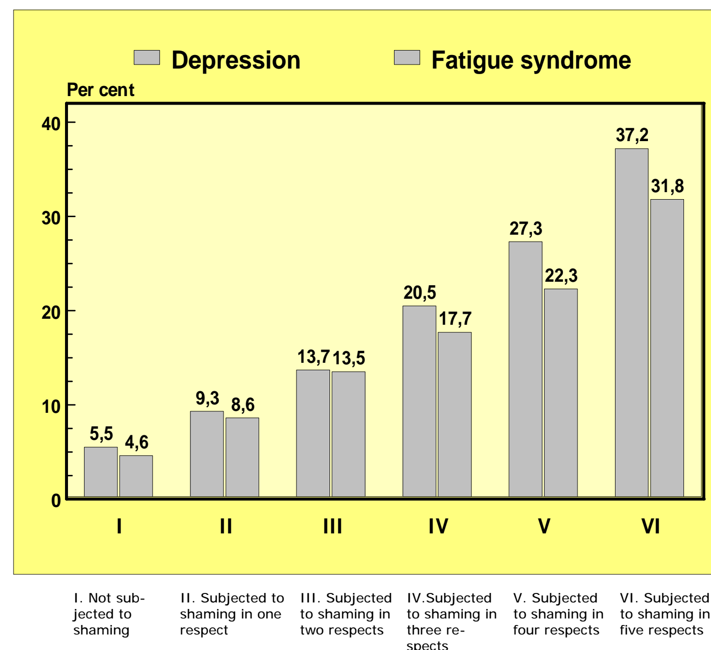
Everyone in the study had experienced some sort of collapse, and it had been preceded by tensions and conflicts in the social ties. Descriptions of the collapse and its aftermath contain stories about muddled thought processes or a feeling of being absent. For many, the collapse was preceded by a conflict with a superior. Britta had an argument with the boss. She left work, took the car and

ended up far from her home. She has no other memories of the drive other than that she was crying.

Karin told of having experienced a confrontation where she left work in a very agitated state and never went back. She was ten weeks pregnant and miscarried a few days later. The doctor said that it was probably caused by her pressurised work situation.

Epidemiological data

Epidemiological data from the earlier mentioned population study conducted in the Swedish midlands confirms the link between shame and psychiatric ill health/ depression. In the study, a collective measure for shaming was created.[47] As is evident in Figure 2, the proportion of people who have been troubled by depression or fatigue syndrome during the last year, increases with an increase in shaming.



[47] The following questions were asked: "Have you during the last 3 months felt ...." That somebody has treated you in a patronising manner?; that someone has embarrassed you in front of others ?; that someone has insulted your honour ?; that somebody has made disparanging comments about you?; that anyone around you has ignored you. The possible answers were: "Never", "Once or twice", "Several times".

Figure 2. Exposure to shaming, troubled by long-term illness the last year – depression and fatigue syndrome (Life & Health 2004 n=43589).

Out of those that have not been shamed in any way, around 5 percent have been troubled by depression or fatigue syndrome in the last year. The corresponding figures for those that have been shamed in five respects are 37 and 31 percent respectively.

Depression as a stigma

Just over 40 years ago, American sociologist Erving Goffman published his book *Stigma: Notes on the Management of Spoiled Identity.*[48] During a number of years, the book came to be an important source of inspiration for a number of studies dealing with vulnerable groups. Concepts like stigma and labelling were given a central role.

One distinguishing feature, considered to be stigmatizing, is that these groups are particularly subjected to shaming in the form of humiliations, belittling, and condescending and patronising treatment. Many people would regard them as of lesser value. Among these groups are for example, the poor[49], the disabled[50], and so called minority groups considered to have special features as regards for example race[51], sexual orientation[52] and those with mental illness[53].

Of those mentioned mental illness is perhaps one of the most discrediting attribute. It is linked to an array of negative stereotypical traits such as that the mentally ill person is potentially violent and dangerous, weak, incompetent and unpredictable.[54] People with mental illness suffer the greatest impact from stigma. Stigma robs people of rightful life opportunities such as employment and housing. Stigma also interacts with violence issues to cause people with mental illness to have a distorted experience with the criminal justice system.[55]

There has been an increase in the proportion of persons who associate mental illness with perceptions of dangerousness, violence and unpredictability. When asked what "mental illness" meant to them, about 7 % of people asked in 1950

[48] Goffman E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. New Jersey: Prentice Hall.
[49] Se t.ex. Dahlgren & Starrin op. cit.
[50] Se t.ex. Kirshbaum, H. (1991). Disability and Humiliation, *Journal of Primary Prevention*, 12, 2, 168-181.
[51] Se t.ex. Falk, G. (2001). *Stigma – How we treat outsiders.* New York: Prometheus Books.
[52] Ibid.
[53] For an overview see Corrigan, PW (2006) (ed.), *On the Stigma of Mental Illness,Washington DC*: American Psychological Association.
[54] Corrigan, PW & Lundin, R (2001). *Don´t call me nuts: Coping with the stigma of mental illness*: Tinley Park, IL: Recovery Press. – Scheff, TJ (1966) Being Mentally Ill: A Sociological Theory. Chicago: Aldine.

mentioned violent manifestations/symptoms, compared to 12 % in 1996 On the other hand, public understanding of mental illness such as depression has increased. [56]

Shaming, i.e. destructive shame appears not only as one of the mechanisms behind psychiatric ill health, but for people who have been affected by psychiatric ill health and have had psychiatric diagnosis, shame is always lurking in the background. A number of studies show that psychiatric patients lose their social status when the diagnosis becomes public and there is a great risk of being patronised.[57] But who is it that treats the psychiatrically ill or depressed person in a patronising manner? In the earlier referred study, Life & Health, the question was asked whether you had been treated in a patronising manner in the last three months. There was also an option to name by whom (Table 1). Fourteen different sources were named. In table 1, four of the most frequent are shown. Among women who have been affected by depression, the most common source of patronising is a family member or relative and for men affected by depression, it is a work colleague or boss. 23 percent of women have been patronised by somebody within their immediate family, or a relative. The corresponding figure for men is 13 percent. The difference between men and women in that respect is relatively large.

Table 1. Sources of patronising treatment (Life & Health, 2004, 18-64 years).

	Depression during the last 12 months	
	Women %	Men %
Family member./relative	**23,0**	**13,1**
Colleague/boss	**16,6**	**16,6**
Close acquaintance	**15,5**	**13,0**
Care staff	**9,1**	**6,6**

Society and shame bound processes

It is a well known fact that the occurrence of good health and disease is not evenly distributed across all sections of people. In many cases, the inequality

[55] Corrigan, PW., Kleinlein, P (2006). The impact of mental illness of stigma. In PW Corrigan (ed.), *On the Stigma of Mental Illness*. Washington DC: American Psychological Association.
[56] Markowitz, FR (2006). Sociological Models of Mental Illness Stigma. In PW Corrigan (ed.), *On the Stigma of Mental Illness*. Washington DC: American Psychological Association.

reflects the social and financial status that the individual enjoys in society; whether he is employed or not, an immigrant, rich or poor, whether he has a rich and well developed social network or is socially isolated, if he has a high degree of influence over his own life or is powerless, and whether he has a high or a low social standing.

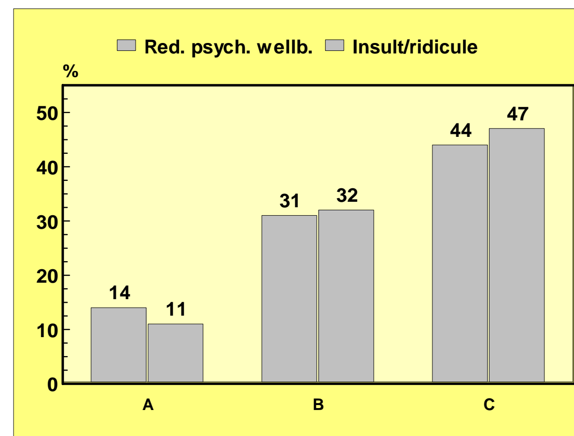
A lot of research would indicate that people in subordinate and vulnerable positions are more likely to end up in emotionally stressful situations that create shame bound processes. When for example the unemployed, the poor, the disabled or immigrants are treated in an arrogant or condescending manner by people in powerful positions, they are forced to control their feelings of rage.[58] In addition to this, they also lack, to a higher extent than people in higher social positions, the social resources necessary in order to protect themselves from the negative effects of the actions of those in power. They lack what Hochschild calls ”status-shields”.[59] It is also known that people who are further down the social and financial hierarchy are increasingly subjected to health risks. But the question is whether these risks are also related to emotional processes of a negative nature? If it is assumed that certain emotions act as the connecting link between social stresses and psychiatric ill health, it would logically follow that we would find a higher occurrence of these emotions among those groups that also display more psychiatric problems.

This theory has some support in the data processed from Life & Health. Figure 3 shows two interesting relationships. Firstly, the prevalence of reduced psychiatric health as well as the experience of having been insulted or ridiculed both show covariance in a similar way with social status. The prevalence is lowest among those with permanent, secure jobs and no financial problems, and highest among social welfare recipients. Secondly, there is a surprisingly small difference between the prevalence of reduced psychiatric well being and insulted/ridiculed for the respective groups. The figures very obviously follow each other .

[57] Thiesen, J (2001). Being a psychiatric patient in the community – reclassified as the stigmatized „other“. *Scandinavian Journal of Public Health*, 29, 4, 248-255.

[58] Freund P.E.S. (1993). The Expressive Body: a common ground for the sociology of emotions and health and illness. *Sociology of Health and Illness*, 12, 4, 452-477.

[59] Hochschild, A.R. (1983). *The Managed Heart – Commerzialisation of Human Feeling*. Berkely: University of California Press.



A. Secure and permanent job, no financial problems | B. Unemployed | C. Welfare recipient

Figure 3. Reduced psychiatric health, insulted/ridiculed and social status. (Processed data from Life & Health 2004).

The connection between social status and reduced psychiatric well being is in line with research that shows that health follows a social gradient as regards status and socio-economical circumstances. Michael Marmot calls it the status syndrome,[60] and Richard Wilkinson names it the inequality thesis[61], which means that those on the lower rungs of the ladder in society are in worse health that those higher up. But existing data also show that a similar gradient exists for insulteded/ridiculed and that this corresponds with the gradient for reduced psychiatric well being. In other words, shaming in the form of humiliation, belittling and insult constitute one possible mechanism behind the connection between social status/social position and psychiatric ill health. Shaming means to subject someone to shame and it is assumed to be able to create psychiatric ill health when it is suppressed and not recognised.

Seen from an emotional-sociological perspective, external “pressure” or “stress” in the form of demands and expectations that society imposes on the individual is relayed to internal psychiatric processes without exception by emotions, and there are different thought models about how this happens. It would

[60] Marmot M. (2004). *Status Syndrome*. London: Bloomsbury.

[61] Wilkinson, RG. (2005). *The Impact of Inequality – How to make Sick Societies Healthier*. New York. The New York Press.

appear that shame is one of the more immediate responses when the social self is under threat, for example, the risk or event of being dismissed by an important person, discriminated against, cut down to size or the subject of the spreading of unflattering information about oneself which increases the risk of being seen in a bad light (lose respect, status). Shame thereby becomes a signal that important social ties are under threat or are unsafe and/or that an individual's social status is fragile.

Psychiatric ill health would be the result of processes linked to the kind of shame during which the self is subjected to attacks that it cannot untangle or defend against.

But shaming and the toxic shame also seem to appear as a result of stigmatization of the individual as mentally ill. It seems clear that stigmatization worsens the lives of people experiencing mental illness[62] and that stigma is a strong barrier to recovery from mental illness.[63]

The question that then has to be asked is how emotional processes can fit into the pattern of mental health as being unevenly distributed among the population. My suggestion is that groups that display more psychiatric ill health (i) to a greater extent have been subjected to circumstances that create shame bound psychiatrically unhealthy processes (ii) have had access to less resources in order to protect the self from being subjected to circumstances that create shame bound psychiatrically unhealthy processes and iii) have access to less resources that can dissolve shame related psychiatrically unhealthy processes.

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[62] Corrigan, PW. Kleinlein, P (2006). The impact of mental illness of stigma. In PW Corrigan (ed.), *On the Stigma of Mental Illness*. Washington DC: American Psychological Association.

[63] Markowitz, FR. (2006). Sociological Models of Mental Illness Stigma. In PW Corrigan (ed.), *On the Stigma of Mental Illness*. Washington DC: American Psychological Association

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