Understanding Shame and Humiliation in Torture

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Although the use of torture in any form and for any reason has been banned by international law, it is still practiced on a million people each year around the world. (Pincock, 2003). Within the larger global context, where genocide, terrorism and war have become the hallmarks of the 21st century, the practice of torture has acquired a new place although, paradoxically enough, this century has also seen the vigorous human rights movement. With the sophistication afforded by modernity, warfare no longer deploys the same method to conquer or rule and so is the situation when it comes to inflicting torture. Over the years physical torture has given way to increased intense psychological torture out of a need to hide evidence of torture and also out of recognition that psychological torture can be more effective for the torturer and more debilitating, annihilating and silencing for the tortured. Furthermore, it seems that psychological torture predominantly secures its effectiveness through the use of humiliation.

The purpose of the present paper is to understand this very unique relation between torture and humiliation and the manner in which humiliation and shame are systematically used for purposes of torture. In a way, the premise of the paper is that torture acquires its efficacy primarily because it deploys humiliation and sets in motion those psychological processes in the tortured that go far beyond the effects of physical abuse and that are longstanding in their impact on the psyche.

Shame and Humiliation

Physical torture around the world has mostly been practiced in the form of beating, electric shocks, submersion in water, suffocation, sleep-deprivation, burns, rape

and sexual assault. Psychological torture on the other hand, uses isolation, forced witnessing of the tortures of loved ones, sham executions and most importantly humiliation. (Pincock, 2003; Piwowarczyk, Moreno & Grodin, 2000)

Most recently, the Abu Ghraib prisoner abuse scandal also reinforces the idea that humiliation is frequently called in the service of torture. Lindner (2002) has defined humiliation as, "the enforced lowering of a person or group, a process of subjugation that damages or stripes away pride, honor and dignity. To be humiliated is to be placed against your will and often in a deeply hurtful way, in a situation that is greatly inferior to what you feel you should expect. Humiliation entails demeaning treatment that transgresses established expectations. At its heart is the idea of pinning down, putting down or holding to the ground. Indeed, one of the defining characteristics of humiliation as a process is that the victim is forced into passivity, acted upon, made helpless." (p. 2) This definition enables us to appreciate that acts of humiliation tear down the very core of the individual by invoking a deep sense of shame that comes with forced passivity, in the victim. The sexual nature of torture at the Abu Ghraib prison inflicted by the American soldiers, for example, was particularly humiliating for the Iraqi prisoners as a result of the shame that the acts invoked in the prisoners who belong to a cultural background where homosexuality, in particular, is shameful and sexual acts, nudity and sexuality, in general, are shrouded with shame and guilt. The acts of torture that were used in the prison were in a way deliberated upon, keeping in mind, their impact on an Arab psyche which deeply values masculinity and regards homosexuality as feminized masculinity. Further, the specific kind of torture that was inflicted on the prisoners was rooted in the knowledge

that shame and humiliation carry a very strong and different psychological meaning in the Arab world. (Puar, 2004)

Hartling, Rosen, Walker and Jordan (2000) have closely examined shame and humiliation in an attempt to understand the differences and similarities in between the two feelings. Although both the affects are considered to belong to the domain of self-conscious emotions, it has been highlighted that while, “shame is a felt sense of being unworthy of connection, humiliation might be thought of as a feeling associated with being made to feel unworthy of connection.”(p. 3). The distinction between these two feelings is important to register for it tells us how these feeling might be exploited in situations of social control and particularly in torture. Recognizing that humiliation is interpersonally situated and that shame is self-focused enables us to comprehend how techniques of torture are designed to produce their effects. Typically torture techniques tend to work because they convert the humiliation of the act perpetrated by the torturer into a deep sense of shame of the tortured. It is the feeling of shame that is invoked that produces the silencing impact of the humiliating act, so that often victims of torture are unable to relate their experiences of humiliation for they feel so shamed. Shapiro (2003) has also noted that “shame is a major psychological issue for survivors of torture” and that “people are reluctant to speak directly of feeling ashamed, since to acknowledge shame is (in their eyes) to admit that there is something to be ashamed of.” (p. 1131) The feeling of shame necessarily brings with it the component of exposure and often humiliating experiences become difficult to recount and are silencing in their impact because of this fear of being exposed, in the victim. Victims of torture face this issue grimly because the feeling of shame in such cases is closely linked to the idea of locus of

control. Prisoners in the Nazi concentration camp, for example, were deeply ashamed of what had happened to them for there was an inherent feeling of how could they have let that happen to themselves. In other words, humiliation reigns over the person since the victim feels low in his/her own eyes for having allowed something horrible happen to him and this feeling of perceived helplessness gets projected to the other and gets converted into shame as seen through the eyes of the other. In a similar vein Trumbull (2003), has conceptualized shame as a stressful reaction to a disavowed image of oneself as seen through the gaze of another. Thus shame is a feeling that gets triggered off when one sees oneself as compromised in another person's eyes. This subtle nuance is important to understand since it informs us that victims of torture internalize the humiliation subjected by the perpetrator as shame within them that leads to severely paralyzing psychological outcomes.

Impact of Humiliation and Torture

Clinical Implications: Both physical and psychological torture can lead to a huge array of disturbing psychological outcomes in the victims through the mechanisms of humiliation and shame. Hartling et al.(2000) have noted that such experiences deeply affect one's capacity to relate to others and form intimate and healthy relationships. Piwowarczyk et al. (2000) have also highlighted that torture can destroy one's fundamental capacities such as the capacity to trust and form secure attachments. Interpersonal, social and occupational dysfunctions are also common outcomes in survivors of torture. Furthermore, the experience of torture can lead to a strong sense of depersonalization and alienation and it has been found that survivors of torture tend to lead to personally

disconnected and disengaged lives. It is as though they stop participating actively in the interpersonal world and become encapsulated in their trauma.

In terms of clear cut psychopathological syndromes depression has been cited the most as an immediate and longstanding impact of torture. In fact shame has been found to be a very strong predictor for Posttraumatic Stress Disorder as well. (Trumbull, 2003; Piwowarczyk et al. 2000) Obsessive- compulsive disorder and paranoia have also been implicated. (Shapiro, 2003)

Global Implications : Apart from how humiliation impacts people in rupturing the basic fabric of their lives, deep and continued humiliation can also lead to antisocial, revengeful and militant personalities. It is no longer just armchair speculation that the September 11 attacks are not just plainly terrorist attacks but that they are a manifestation of the deep vengeance and a reaction to the prolonged and sustained humiliation that the Arab world has faced for decades at the hands of America. Being cut off from one's own feelings, as is often the case in survivors of torture, can lead to the birth of militant ideologies that can perpetuate apocalyptic violence in the world.

Helping the Tortured

Understanding the processes of shame and humiliation and their interplay in the lives of survivors can go a long way in enabling these people to pick up the threads of their lives. Piwowarczyk et al. (2000) have outlined that one of the first crucial steps involved in helping the tortured is to be able to identify torture clinically and carefully. One of the biggest impediments to identification of torture is that the trauma of the torture erases or impairs the memory of the trauma itself. Often victims of torture go through severe

dissociative disorders that make it very difficult to help these individuals. It is also important to realize that torture and its practice is culturally situated and therefore the help afforded to victims of torture should also be in consonance with their cultural backgrounds. Certain cultures do not permit open communications about incidents of shame and humiliation and so it is important for anyone working with a torture survivor to ask questions around such incidents with cultural sensitivity and empathy. Any enquiry about the torture should be done so as to not even remotely seem as an interrogative experience that the victim has already endured. The process of recounting the humiliation of torture should not become humiliating itself when done for clinical, legal or assessment purposes.

Physicians and doctors are the people with whom torture survivors come in contact with first. It is important to train these medical professionals in the detection of torture and see physical symptoms in relation to torture and trauma. A lot of torture survivors are put on psychiatric medication, but it is crucial that this population also be given psychotherapeutic help. Within this realm, Hartling et al. (2000) have given pertinent insights into the clinical processes between a therapist and a client with humiliation as a core life them. These insights can be extrapolated and used in therapy with torture survivors where the therapist has to be careful and sensitive enough to tune in to the victim's experience of humiliation and ensure that the therapeutic process does not become humiliating in any way. Additionally, it is equally important for doctors or clinicians or anyone else working with torture survivors to be aware of their own resistances to hearing stories of torture that can unconsciously be communicated to the victim and produce a muting effect. Frequently survivors of torture are exiled from their

own homeland and land up as refugees in foreign nations. It is cardinal to recognize the added difficulties of such people who not only have to cope with the trauma of torture but also deal with the added responsibility of adjusting themselves to an alien land. To this effect, all kinds of legal help that affords this population safe and healthy asylum must be garnered. Finally both qualitative and quantitative research should be carried out on the impact of the torture with a specific focus on shame and humiliation as the mediating processes between the experience of torture and the development of psychopathology in order to better help survivors of torture.

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