

Psychopathology phenomenological evolutionary and shame

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a. The evolutionary-phenomenological psychopathology
Psychopathology, after being born in XIX century through the description of symptoms and syndromes, has been clinically systematized by Jaspers by the early XX century, while insisting on the connection between psychiatry and anthropology.

By commenting on the comprehensive reactions, Jaspers has underlined the correlation between the psychopathological symptoms- which describe deficitary-dysfunctional mental states- and the balanced and adaptative mental states.

Jaspers` examples have indicated that depression, correlated to mourning and jealousy, can have comprehensive manifestations, prevalent and delirious.

The symmetry between the psychopathological syndromes and the normal and appropriate feelings, has been reported during the XX century as well. For example:

- Paranoid syndrome- can be correlated to the justified suspicion towards some people's` real attitudes and hostile actions
- Histrionic behaviour- can be correlated to captivating hyper-expression, heroic acts or compassionate acts of support
- The perfectionistic attitude of the obsessive-compulsive personality- can be correlated to the normal and usual concern for order and checking
- The manic syndrome- can be correlated to the celebratory euphoria (and partly with the creative and combative enthusiasm)

So what about shame?

The evolutionistic orientation of psychopathology, which has been affirming itself lately, advocated that:

- The normal feelings that develop from psychopathological syndromes are the result of a selection (bio-psychocultural), because of their adaptative role;
- They are sustained by anthropological neuropsychological modules, which are being transmitted from generation to generation;

For example: the suspicion is adaptive, because it assures the adequate selection of partners to cooperate with; without the ability to detect hostility and harmful intentions, this selection would be inappropriate.

So what about shame?

The phenomenological and existentialistic orientation of psychopathology- which descended from Jaspers but also from Binswanger, Blankenburg, Krausz etc.- starts from the analyzing of the multi-layered human feelings, in order to understand the particularities of each syndrome.

For example: The depression that comes with mourning is not a simple loss, like losing money or objects. It involves the spiritual community, by having a priest or pastor officiate the funeral in front of family, friends, acquaintances and by respecting the statute of windowing and so on. Also, it implies a rearrangement of a psyche that has been amputated by the loss of a dear person, who has been introjected into one's own psyche.

So how would we explain shame?

The phenomenological and evolutionistic orientation of psychopathology has been articulated lately with the cultural-evolutionistic one, and has included the neuroscience progress and the knowledge of anthropogenesis.

Out of the over 1 million years of anthropology, the present psychopathology recognizes the importance of the last 150.000 years in which the “social brain”, the articulate language and the self-controlling acts have developed. As for the last 10.000 years of sedentary culture of the historical human being, in which he decides to live in structured communities between the public and the personal life, while having sacred rituals and writing.

The psyche of the edified human being in these conditions, has encoded in its structure, shame.

Shame is correlated with the evaluation of public manifestations of a person, regarding their conformity with the civil rules of common sense and community integration.

In psychopathology, the experiencing of shame is integrated in the social anxiety syndrome.

The social-anxiety/phobia, consists of avoiding the situations in which the subject will manifest actively in front of a evaluating public.

The patient is afraid of a failure, followed by the disregarded looks and taunting comments that can humiliate him/her. So, in other words, the patient fears shame.

In order to continue analyzing, a short comment on the phenomenology of shame is in order.

b) The phenomenology of shame

Shame is a negative emotion, in which the subject experiences a low self-esteem and has the feeling that others look at him with interest, disapproving and that they comment negatively his behaviour (humiliating, taunting); in other words the subject is afraid to make a fool out of himself.

Shame “kicks in” after public failures which captivate attention by deviating from normal behaviour, or what is considered to be normal. Also, shame appears after moments or incidents that may affect one’s honor and respectability.

From a historical perspective, there is a common reference to the shame expressed by Adam and Eve when they realize they are naked and try to cover their intimate region.

This situation is a particular situation which is to be discussed separately. It also states that shame manifests itself when it comes cultural differences between the sedentary-urban population when it comes to the social life and the personal life, the nakedness and sexuality being the part that are accepted only in the second one.

In day-to-day life, at a superficial level, shame modulates the integration behaviour, the behaviour that comes while a person is trying to comply to the common sense behaviours, and also, it sustains the process of forming new relationships and a bilateral respect.

The “capability of feeling ashamed” is a must in order to avoid the deviation from “the civil world” and from the social “common sense”.

Inadequate behaviours- like vulgar talk, uncommon clothing, sexual disinhibition- cause reproach: “You should be ashamed of yourself!”. Also, some people may be perceived as “shameless”, “thick skinned”.

A disapproving attitude from a social group toward a person appears as well, when a person with a certain “stigma”, dysmorphia or certain physical defects.

That is why, the stigmatized, dysmorphic or ugly people can live a constant or prolonged state of shame, because they either know or feel that they captivate attention, cause bad and mocking, or maybe even pitiful and humiliating comments.
This could explain dismorphophobia.

The negative part of being ashamed has been long known. That's where the whole concept of "corner of shame" came from.

It is about making the "convict" stay in a public place, in degrading conditions: tied to a pole, in a cage, naked, with a donkey or pig mask, with shameful inscriptions.

The passers by, were invited to humiliate the said "convict" by addressing insults, obscene gestures, by throwing objects at him/her, etc.

This punishment of exposing one to the degrading and mocking looks of others (public humiliation), has been seen under many forms throughout history.

The person that "has made a fool out of himself/herself" a sanctioning attitude is the "mocking laugh" of others. The subjects feels embarrassed because they have become a public shame and have made fools out of themselves.

A critical attitude coming from the community is also expressed by satire, caricature characterizations, by underlining the ridiculous aspects of one's behaviour.

The cultural institution of theater has developed in this direction.

The experiencing of shame appears as well when there's an event that affects the honor and dignity of a person.

The population shall critique said person that has "lost his honor". The respect that person once had, disappears and is being replaced only by contempt and disparagement.

This condition also refers, in traditional societies, to raped women.

The shame a person who has lost his honor feels, is a frequent suicide motive.

A person who has gone through an embarrassing event and "made a fool out of himself", can afterwards remember obsessively said moment.

Also, he feels that there are a lot of people who know what happened to him, even if that is not at all the case; or even when that is impossible.

He lives under the impression that is being looked at with curiosity and commented upon.

Living with shame is usually accompanied by the sensitive-reference perception. This blocks certain behaviours through social anxiety, which anticipates the shame that comes from failure.

c) The sensitive delusion of reference as correlated with shame's psychopathology

While Jaspers commented on the psychopathological reactions, there have been some studies made on the effect and reactions of people in the event of a rape.

The reaction after a rape is correlated with depression, anxiety and most important, with sensitive-reference delusions (even though "delusions" is a bit too much):

- The patient feels, while walking on the street, that everybody knows what happened to her, that people look at her differently, taunting, that people comment and mock, that they make fun of her;

During the first part of the XX century, not long after the occurrence of Jaspers

Psychopathology, Kretschmer described the delusion of reference (Sensitivebeziehungswahn).

The particularity of this delusion stands in the fact that the subject is 100% sure that he stands

in the center of attention: everybody looks at him, pay very close attention to him, comment on his behaviour, mock him, while smiling accordingly or laughing that his expense.

Kretschmer has described the delusion of reference, also as a special reaction of a vulnerable type of personality (Personlichkeitsreaktion) when it comes to minor but specific occurrences. He was referring to emotional people with a low capacity of relating to other people, retentive and ruminative people.

As for the events, Kretschmer talks about masturbation as a reason for shame. Even though it is lived in solitude, in one's own intimacy, masturbation causes shame and the feeling that one is being publicly condemned for it.

Certain behaviours which concern the intimacy and the sexuality (rape, masturbation) have a great potential as being construed as shameful, projecting the subject into the imaginative scenario of mocking and disregarding comments.

The ugliness of one's body, the stigma, dismorphophobia, acts similar, causing the subject to be preoccupied by the attention cast upon him while in public and by the mocking comments of others.

Social phobia, foreshadowing a humiliating failure evaluated during a public performance, also implies feelings of relation.

We could promote the idea that the correct psychopathology corresponding to normal shame, which began being discussed along with social phobia, is being expressed through relational sensitivity: the abnormal perception of being the center of attention and the center of humiliating comments of others.

d) The guilt and the paranoid-suspicion correlated with the sensitive-relation syndrome

The experiencing of shame and the corresponding sensitive-relational psychopathology, is often commented upon by being correlated to guilt and persecution, and also with their corresponding psychopathological variants.

Even though, the three ways of living are all relational, focused on the psyche's activity of the "social brain", the relation between them are only partial, each one having their own unfolding and manifestation modules.

The normal and pathological guilt, are being experienced as self-referential with self-reproach and self-harming.

The guilt experienced in day-to-day life, determines the subject to act in such ways as to repair and seek redemption for what he's done.

Guilt is correlated with depressive psychopathology which includes psycho-corporeal inhibition, focusing on self and on the past, with the extraction of the self from the present and future (the subject is no longer paying attention to the present or future, because he is too focused on himself, on the past, on everything that has gone bad).

These characteristics are different from the psychopathological context of the situational shame.

In the early phases, right after a reprobable act which includes guilt and remorse, the subject can experience a sensitive-relational complex.

Right after the crime is committed, Raskolnikow, the hero from the Dostoevski novel "Crime and Punishment", has the sensation that everybody looks at him and knows what he's done- exactly like the case described before with the raped woman.

The sensitive-relational syndrome, characteristic for shame, is an intense feeling that ties the subject to the situation. The guilt intensifies during depressive episodes and takes the person out of the present situation.

The paranoid episode, which comes from suspicion and the real experiencing of persecution, has a close bond to the psychopathology of shame; Still the domains must be differentiated.

In the paranoid syndrome, the subject is sure that other people or entities, want to harm him or have already harmed him in some way. The enemies or assailants tend to be mainly official institutions and their action are not limited at disapproving looks and comments.

The sensitive-relational syndrome derived from shame is mostly experienced as situational and actual, like a real situation; and not like a “scene” from a delusion that develops independently from reality, or that is just slightly connected to reality.

The connection can be made with the subjects perception that he is under supervision, which usually accompany the paranoiac-delusion.

The specificity of paranoia is the impression of being under surveillance, which can be considered as having developed as a continuity of the psychopathology initiated by the relational-sensitivity. It is described by:

- The impression of being under direct surveillance every time the subject changes location;
- The impression that the subject is having his privacy violated by being under surveillance through microphones, devices, video-camera, computers, or even through supernatural forces;
- The impression that his thoughts, intentions, actions are being controlled from a distance/ that he is being manipulated (First-Rank Schneiderian Symptoms).

The sensitive-relational syndrome can be maintained at a suitable level corresponding to situational shame and can be aggravated with the paranoid-surveillance delusion.

The sensitive-relation syndrome and social phobia, as a specific pathology correlated to shame, brings out important aspects of the human psyche.

The subject creates a situation in which he is the main character, the center of attention, under constant evaluation and under constant bad-mouthing coming from others.

In social phobia, the subject projects himself in future situations, in which he, as a character, is a part of a failure, followed by the disapproving looks and commenting of others.

The sensitive-relation experience, places the perception of the actual situation at the base of a scenario in which he is the center of attention and under constant bad-mouthing of others.

The human psyche creates scenarios in which the self becomes a character in a very conflicting scenario.

This model stands at the base of formation and developing of the delusion.

The phenomenologically-existentialistic oriented psychopathology of the evolutionary-cultural doctrine, opens up a site for developing a more comprehensive discovering of the human psyche and of the anthropology.

Conclusions

The psychopathology of shame

Shame and its specific sensitive-relational psychopathology enforces itself as having at its core the same psycho-cerebral and anthropological module (of the same rank and type) as the depressive psychopathology and the manic, obsessive and paranoid psychopathologies.

The sensitive-relational syndrome accompanies many other psychopathological syndromes. It develops differently in a paranoid context, through the psychopathology of the surveillance of one's intimate life and through the transparency and influencing of one's thoughts.