Humiliation, Shame or Resilience: How to Reach Each of the Ways to Live, According to Analytical Psychology

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Abstract

Bowlby J defines resilience as a person's capacity to modify circumstances according to necessities and priorities. Among the characteristics of a highly resilient person is the ability to adapt to certain situations that, among others, would be impossible to live with and could result in withdrawal. Piaget divided behaviours into three groups: Instinct, which is the hereditary adaptation to situations that are repeated; habit, which is the acquired adaptation to situations that are repeated; intelligence, which is the adaptation to new and demanding conditions; consequently, a trial and error experience. Considering that, it is worthwhile to reflect on their basis.

Keywords: Shame; Humiliation; Trauma; Resilience; Revenge; Analytical Psychology

Introduction

Humiliation is one of the most atrocious and traumatic experiences of a human being. Once it is archetypal, shame resulting from such an experience is a feeling that can be reported very similarly by all people who have experienced such drama in their lives to a greater or lesser extent. The ego event also inaugurates the human experience of otherness, with the critical gaze and judgment of the other beginning to be felt, perceived, and valued. The suffering is profound, and there is no way to escape from being experienced in its entirety. It exists, is evident, dramatic, tears the flesh, hurts the face, produces scars, and exposes. This exposure is one of the most negative experiences a person can go through [1].

This experience is one of total helplessness. Some report feeling like they are in a nightmare and can never wake up. There is no medicine for relief, and the memory of the episode will remain forever, producing the same feelings.

It is as if there were a wound that purges forever, exposing the individual more and more and repeatedly. The pain felt is the same as the first time, and the resulting feelings are increasingly atrocious in their manifestations. Reactions to shame were approached under three strands: withdrawal and its resulting depression, revenge with a high possibility of criminality and resilience, which is a creative overcoming.

Theoretical studies were made on the constitution and development of these possibilities [2]. Experiences of humiliation activate worthlessness complexes, resulting in neurotic compensatory behaviours. Many people, mainly children and adolescents, isolate themselves from social contact, hiding behind masks of coldness, pride and distance.

Embarrassment is also part of the range of emotions. The reactions can be very diverse, such as blushing, choking, stuttering, nervous laughter, considered a variant of obsessive-compulsive disorder, muscle spasms (tics),

sweating, motor agitation or paralysis, crying or, in extreme cases, convulsions.

Bizarre behaviours may appear, leading to uncontrollable desires to cause pain and degradation, both to oneself (masochism) and directed at others (sadism). The appearance of self-harm is associated with anxiety caused by shyness and a feeling of inadequacy, leading to increased suicides. Aggressiveness can be the direct result of old humiliations. The individual may seek revenge throughout his life. Preventing this anger from becoming encysted means preventing explosive reactions in a masochistic or sadistic way, which can lead to criminality.

Experiences of humiliation can result in self-destructive behaviours, which reverberate in society, as they can provoke volcanic aggressive reactions. Many tragedies around the world have shown the evil unleashed after those occurrences. Therefore, the occurrences follow the same pattern universally. Shame is often confused with and linked to guilt. It is constantly expressed as the irrepressible desire to disappear, bury oneself, or hide entirely in a bottomless pit. From the perspective of the unconscious dynamics and the development of the individual from their first relationships and, later, in their insertion into the world outside the family, shame holds a status that deserves to be valued within the web of psychosocial existence as a whole.

This feeling holds within itself an entire family of effects that include-in addition to the sense of inferiority and humiliation - shyness, inhibition and embarrassment. In addition, individuals who have experienced embarrassing experiences carry within themselves anxiety disorders due to having a bad reference about them. This anxiety is called "the anxiety of shame" [2]. The feeling of shame has its roots essentially linked to the social context. Social interaction in the small family environment or the world of countless relationships will drive high or low self-esteem, producing positive or negative marks.

If negative, these marks are linked to the opinion of others because the other is responsible for building a dramatic sensitivity to any allusion to rejection. This is because the phenomenon of stigmatisation, which is accepted at some point by the individual himself, can produce a precarious, meaningless, frustrating if not dramatic, social life. The individual who can humiliate others by hurting them in such a terrible way presents a high possibility of personality disorder. What is in the human mind different from animals that leads to this behaviour? It seems that it is not defence or competition but a genuine evil desire to see others collapse under one's feet just for pleasure. It is possible to observe, since the very beginning, that humiliation has always existed in humanoids, and that can be an unbelievable differentiation from other animals that don´t present such a behaviour. Could we refer to the imposition of humiliation as an archetype?

The sadistic person feels pleasure in domination and submission. The person who practices this intentionally attacks, verbally or physically, another person or group of people repetitively and systematically. They threaten, oppress, intimidate, humiliate, mistreat and feel pleasure in doing so. On the other hand, who is the humiliated person? The psychological theories go through the scapegoat theory.

A scapegoat is an expression used to define a person on whom someone else's blame falls. They are accused of a crime they did not commit or were not the creator of. Also, most of the time, the scapegoat cannot prove their innocence, even without being directly responsible for the accusation, but expiation will occur, with punishment, penance, isolation, and rejection. Scapegoats are those who serve expiatory purposes because they receive projections [3]. The clinical psychological aspects of these individuals are significantly linked to depression, worthlessness, negativity, and the vital and urgent necessity for help. They live in the nigredo, immersed in death drive.

The scapegoat's submission shows what he lacked, what he was denied, and the care not given to him. He also carries a rare jewel within himself, hidden in complexes. What everyone desires: competence for life. The great truth is that the element chosen to play this nefarious role, whether in the family or a group, is the strongest or the best individual. The scapegoat's don´t have consciousness of their potentiality, the real treasure they have inside their psyche. They negate their realisation as individuals in a group or society. They feel they deserve nothing [4]. The projections lead to stigmatisation that produces suffering and suicidal ideas.

According to Goffman E [5] the word stigma brings the idea of an indelible mark, the brand of iron used on enslaved people to identify their social condition. Thus, public or social stigma can be defined as the presence of society's opposing ideas, beliefs and attitudes towards the stigmatised person. The author studies that stigma is composed of three dimensions: stereotype (cognitive alteration), prejudice (emotional alteration) and discrimination (behavioural alteration). Clinical evidence shows us that shame dulls understanding, memory, and comprehension of concepts, creativity and relationships. Intelligence is severely impaired. Emotional changes result in behavioural changes, depression and attempts, often successful suicide, which can occur in adults, adolescents and even children. Individuals who have experienced any humiliation develop shyness, become insecure, keep to themselves, have difficulties in school, develop tics, get sick quickly and develop numerous other symptoms. Aggressiveness is a symptom of

depression, as it is hyperactivity. In this case, medicalisation is not recommended without investigating the roots of the symptoms.

Goffman E [5] reports that "stigma is an attribute that produces a broad disbelief in the subject's life. In extreme situations, it is named as a "defect," "flaw," or disadvantage about others. It constitutes a discrepancy between virtual social identity and real identity. For those stigmatised, society reduces opportunities, efforts, and movements, does not attribute value to them, imposes the loss of social identity, and determines a deteriorated image according to the model that suits it. The social nullifies individuality and determines the model, which is essential to maintain the standard of power, nullifying all those who break or try to break with this model.

The different person begins to assume the category of "harmful," "incapable," or outsider, the parameter society takes as the standard. He is left on the sidelines and has to give the answer society determines. Society tries to preserve the deteriorated image with a constant effort to maintain the effectiveness of the symbolic and hide what is essential, which is, in fact, the maintenance of the system. Goffman E [5] also reports that the stigmatised social identity destroys the subject's attributes and qualities, exerts power to control her actions and reinforces the deterioration of her social identity, enhancing the deviations and hiding the ideological nature of the stigmas.

Society imposes rejection. It leads to the loss of self-confidence and reinforces the symbolic nature of the social representation in which the subjects are considered incapable and harmful to healthy interaction in the community. It strengthens the social imagination of the disease and the "irrecoverable" to maintain the effectiveness of the symbolic. Stigma is the path to social exclusion and marginalisation. Melo ZM [6] emphasises that society limits and delimits the capacity of action of a stigmatised subject, marks him as discredited, and determines the harmful effects he can represent. The more visible the mark, the less likely the individual is to reverse, in their relationships, the image previously formed by the social standard.

Schools, often perceived in a positive light, may seem inaccessible to those who cannot participate in the achievements constructed by society, as they are excluded from the process of human development [6]. In this way, the stigmatisation arising from a mistake made, bullying, bad reputation acquired by prevailing prejudices, etc., may result in a true fate, curse or even a true self-fulfilling prophecy. It may happen that the individual can never free themselves from the curse, and the prophecy comes true, becoming unhappy.

There are, in fact, countless reasons for the stigmatisation of an individual. It directly results from psychological conflicts arising from those who promote it. The tormentor will always be in the sights of his victim, who, in turn, has built his fragility into her and is unable to free himself from the curse inflicted and will submit to it. Studies on the construction (or not) of trust go back to Winnicott, who stated that the baby's dependence on the environment is the central factor in the child's emotional development. His fundamental premise explains how an individual grows and acquires personal existence. In the early stages of life, the newborn entirely depends on the environment, to the point of not functioning as a unit [7].

Initially unintegrated, according to the psychoanalyst, the baby depends on specific environmental care to gradually be able to recognise its unity and its continuity in space and time. His famous statement, made within the British psychoanalytic society, condenses this idea: "That which they call a baby does not exist." The authors also delve deeper into what Winnicott D [7] says, clarifying that it is only possible to speak of a baby by encompassing the environment that surrounds it, that is, the mother who carries it in her arms, who identifies emotionally with it and becomes capable, at least ideally, of meeting its basic initial needs, whether physiological, social or affective. In Winnicott D [7] vocabulary, environment, mother, and maternal care should be considered synonyms since, in the beginning, the mother functions, both in biological and psychological terms, as the first environment for the baby. With the child still in the womb or her arms being held and cared for, the mother provides the physical environment that gradually becomes psychological. The critical thing in this equivalence of terms is to realise that the mother, at first, is the mother-environment. Furthermore, as stated, environment, mother and maternal care cannot be considered separately from the baby. Winnicott D [8] conceives of an initial state of continuity between self and non-self, whose unit is not the isolated individual but rather the environment-individual set. This unit is dual; it consists of a newborn dependent on maternal care and a mother in a state of primary maternal concern [8].

Winnicott D [9] also proposes that "the centre of gravity of the being does not arise in the individual, but in the global situation" and describes the necessary conditions to be found in the relationship with the environment for the healthy psychological maturation of the baby, have their support axis in the relationship of trust with the mother-environment [9]. In this way, in the same way that trust is built, distrust is also built. Winnicott D [9] observes that the break in relationship continuity produces the radical collapse of predictability, which underpins the daily security experience. Furthermore, through clinical observations, he confirms that the ability to be spontaneous can only arise from an initial trust experience.

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Human beings are born wholly open and predisposed to relationships with others. Ethologically speaking, they have developed a dependence on the care of another human being to ensure this communication. Remembering that the archetype has its roots in instinct, thinking about why the human baby is strictly dependent on the maternal function leads us to conclude that when it is not possible to make this surrender in trust, avoidance, fear, phobia, a feeling of lack of worthiness and, therefore, a lack of love for oneself necessarily set in, generating deep shame, for not being a being like the majority who are loved and respected.

The loneliest person is the one who is afraid of loving, who is scared of hurting and hurting himself, the chaste being of a woman, a friend, the people, and the world. This burns like a sad lamp, whose reflection also saddens everything around it. He is the anguish of the world, which reflects it. He is the one who refuses the authentic sources of emotion, which are the heritage of all, and, enclosed in his hard privilege, sows stones from the top of his cold and lonely tower. Adler A [10] refutes the idea that character comes with birth and emphasises the relationship between the individual and his environment. The author postulates that:

- It is essential to understand the environment in which the individual is born;
- Understanding how the individual seeks to dominate his environment (sense of importance and inferiority or superiority complex) is essential.

In the absence of significant obstacles to his tendency to dominate, his initial attitude will not be disturbed; he will bravely attack his difficulties; but in the face of serious obstacles, the child changes, and we will no longer have before us the frank and optimistic child, but the child who has learned that fire burns, and that there are adversaries who must be guarded against. Then, he will seek to achieve his goal of imposing himself on attention and conquering power through psychic deviousness [10]. Adler A [10] also defines the fundamental differences between the character of an optimistic person and a pessimist.

The optimists: These people bravely face all obstacles, not taking them too seriously. They are self-confident and adopt a happy attitude with relative ease. They do not demand much from life because they hold themselves in high regard and do not consider themselves forgotten or insignificant. Therefore, they can overcome life's obstacles more quickly than others, who only see them as justifications for their weakness and inadequacy. In the most challenging situations, optimists remain calm and convinced that their mistakes can permanently be corrected [10].

The pessimists: Pessimists are a completely different type. It is with them that the most significant education problems arise for us. They are individuals who have acquired an inferiority complex due to events and impressions from their childhood and for whom all kinds of obstacles have contributed to invigorating the feeling that life is not easy. They always face the dark side of life due to their pessimistic personal philosophy, fed in childhood by inadequate treatment. They are much more aware of life's difficulties than optimists and quickly become discouraged. Tortured by a feeling of insecurity, they are constantly looking for support [10].

Again, the analysis of the personality and predisposition of parents offers a safe vision for the development of the personality of the next generation. According to Wickes FG [11], due to the unconscious impulse to make up for the lack of love and understanding, the child will often develop habits that lead him to lie, steal, break the rules, and become ironic and malicious. Children who are victims of the parental unconscious are often moody and hopeless. Wickes FG [11] reflects that, unfortunately, there is nothing done within psychological societies related to the prevention of cruelty inflicted by adults who have any relationship of authority over such a young life. One of the causes of pessimism is the projection mechanism, repeatedly employed in cases where parents resent each other. The things they repress are projected onto the child, with the unconscious but obvious intention of hurting the partner. The father/mother acts upon the child as if he/she were the husband/wife. Thus, once the loving situation is non-existent or repressed, the unconscious takes control of the dysfunctional emotions, which are emotionally primitive and not elaborated by the ego. The child to whom love is denied will become deceitful, deceitful, and perverse to obtain the attention they desperately need neurotically. Just as hunger drives a person to get food, the wound in life drives the individual to someone who can offer them, love, even though the bias of the pain caused to themself or someone else.

Jung states that the child's psyche is part of the psychic atmosphere of its parents. Participation mystique is the child's unconscious identification with their parents, so the child perceives conflicts and suffers as if they were their own. Therefore, it is common for such manifest difficulties to poison the child's psyche. He thus emphasises that, without exception, the primary cause of neurotic disorders in children comes from the contents of the unconscious. Since positive and negative mechanisms follow the same psychological path, we can assume that the positive characteristics of this parental psyche are also communicated.

Jung deals little with the mechanisms of constructing healthy aspects and overcoming the human psyche and even less with the construction of optimism, even considering this feeling is a powerful inner force. In this way, he proposes

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that the feeling of optimism can be qualified as a transcendent function. Jung says that: By transcendent function, we must not understand something mysterious and super sensible or metaphysical but a function which, by its nature, can be compared with a mathematical function of the same name and is a function of real and imaginary numbers. The psychological and "transcendent" function results from the union of conscious and unconscious contents. Experience in analytical psychology has abundantly shown us that the conscious and the unconscious are rarely in agreement regarding their contents and tendencies. This lack of parallelism, as experience teaches us, is not merely accidental or without purpose but is because the unconscious behaves in a compensatory or complementary manner about consciousness. We can reverse the formulation and say consciousness behaves compensatively about the unconscious [12].

Thus, taking into account that, in most cases, optimistic people are precisely those who have gone through significant and severe problems for a large part of their lives, it can be assumed that the ability to see the positive side of events is due to the ability to integrate, at the unconscious level, the possibility of psychic collapse and the resumption of creative psychic energy. On the other hand, clinical experience has largely failed to show that adults and children from wealthy and highly protective families are people with an excellent ability to cope with life. It seems clear that, by protecting the child from healthy suffering, the family takes away from him the capacity and ego strength to face the challenges that life imposes on him successfully. And so, the little princes and princesses, as children are called today, may grow up like Peter Pan or Sleeping Beauty, carrying with them, for their generation and the next, the whole range of problems resulting from immaturity, narcissism and lack of meaning in creative life.

In both situations, the clinic also highlights the role of parents, particularly the mother. In the first case, we observe the presence of a mother capable of encouraging the confrontation of adverse situations because she lives this way and is a powerful, persevering, present, and strong father in the face of extreme conditions.

In the second case, we find most of the time, absent fathers and mothers who delegate the care and education of children to third parties who are not emotionally committed to them; these are parents concerned with their professional lives, with acquiring goods and living a high standard of living, which will guarantee the maintenance of the status quo. The children then become mere appendages of their lives.

According to Rutter M [13], resilience results from the interaction between genetic and environmental factors, which also vary in their function and can act as protection

at certain times and, at others, as a risk factor. Thus, to understand why some people are resilient only in certain situations, it is essential first to examine these interactions, considering them from the context in which they occur and the historical moment experienced by the person, since both influence how adversity is experienced and, consequently, the individual's response to problems.

They are the opposite of a resilient one. Resilience is conceptualised as the typically human capacity to react positively to complex and unexpected situations and adversities. Resilient individuals have tremendous and positive potential to face different challenges, including illness, complex changes in life, familial deaths and disasters. Resilience comes into the psyche of some traumatised people that is not present in others under the same conditions of the same family and, sometimes, under challenging situations. Discussions about the intriguing mental and psychological mechanisms have been held, but no conclusion has reached the goal.

Likely, resilience is directly related to sufficiently good enough parental figures. Thus, positive potentials are nurtured and constantly praised. In environments where hope and faith in humans are cultivated, the marks of traumatic situations function as driving forces for creative attitudes. However, scars remain present, and they hurt and will always be remembered, causing depressive states to be constantly overcome and given new meanings. The study shows that each of the possible attitudes resulting from experiences of humiliation and shame arises mainly from each individual's previous unconscious history, later added to their experiences in society, and how each person will deal with the challenges that arise will depend on their primitive unconscious contents. The theories presented support well-founded assumptions, which clinical practice has confirmed in longitudinal research. Thus, we can conclude that for the three aspects proposed in this monograph, resulting from experiences of humiliation and shame, there is an everyday basis: the primordial relationships, considering that each individual reacts differently to the experience suffered. However, as the archetype is universal, it is possible, through it, to reach this common root, which, when explored, can offer safe bases for dealing with such suffering, both from the point of view of treatment and prevention to the extent that it is possible to publicise, clarify and offer resources. It follows, then, that: The paralysis of creativity due to the depression produced by the harmful experience reflects: Lowered self-esteem arises from unconscious bases that favour inferiority complexes. As a consequence, depression, in all its psychiatric forms, can occur.

Then, it follows that: Recovering self-confidence, despite negative parental figures, especially the maternal one, may

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favour positive adjustments and the possibility of a turning point arising from the psychological movement of hope and faith. The other side of low self-esteem is grandiosity or narcissism, which is just one form of depression. Without limits, the all-power reflects the impoverished ego, crying out for that love that will guide it and be careful.

The second aspect analysed is revenge, which will appear destructive and projected with all the resulting tragedies. Could these projections be caused by the humiliator alone, or perhaps by someone who did not know how could not handle or did not want to protect the humiliated person from such exposure? The historical and social aspects of the consequences of humiliation date back centuries in Brazil. Brazilian history is filled with centuries of suffering, infamy and torture of black people and people from lower social classes while empowering white people, the rich and the intellectually differentiated. The consequences are still present today, producing, through the effect of projection, the worst that can be found in Brazilian society and in so many other countries, where prejudice and petty and degrading humiliation prevail.

The third aspect of resilience is that it saves the individual and society from the harmful consequences of humiliation and feelings of shame. The ability to overcome is a greatness of the human psyche, based on another being who, psychologically, showed himself as an overcomer, full of hope and faith in life. When a humiliated person has had such contact in their inheritance, they will be safe, not from the scars, but from the harmful consequences that these scars cause. The importance of these permanent marks must be considered in all the aspects mentioned. It is common for all people who suffer such suffering, which was the result of poisoning, by attitudes of rejection on the part of, often maternal, paternal or authority figures, the loss of confidence. Usually, individuals cannot free themselves from the poisoning produced by internal statistics. However, in the case of resilient people, a single support figure capable of awakening hope and confidence in the individual's existence can also perform the miracle of awakening the unconscious natural potentials of brilliance and competence.

Conclusion

The resilient person had, in their history, even if lost in time, a figure that stimulated their self-esteem and confidence somewhere and at some decisive moment. It is assumed that this period is in the first years of life since numerous clinical cases reported by different authors show that adults who already have depression, self-distrust, shyness, fear of confrontation and even accommodation that prevents paradigm changes are unlikely to become resilient individuals. Thus, not all people are capable of developing

such a characteristic. At this point in someone's unconscious history, what Jung CG [14] shows occurs: "The privilege of having a higher consciousness is the sufficient response to suffering, without which life would become meaningless and unbearable." Jung refers to it as deo concendente-with the help of God, the encounter in life with someone capable of producing the eternal flame of competence, vocation, and overcoming in the face of situations genuinely full of suffering.

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