Shame, Affect and (Dis)Empowerment:

An Analysis of the Normative Differentiation of the Affect Shame in the West and Overcoming Shame through Heterotopia of the Relational Encounter

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The first words of thanks go to my supervisor dra. Leni Van Goidsenhoven. Her enthusiasm about the topic of this dissertation was as inspirational to me as was her own work in the field of disability studies. When I was first thinking through the idea of studying shame as a power tool it was very new to me, introducing me into the yet undiscovered fields of affect theory, and, as a result, I was rather in the dark about how this topic would be received. To discover that the supervisor who was assigned to me considered this topic thought-provoking and innovating was motivational and quite a relief to me. I was immediately very excited; being able to step out of my insecurity. I truly believed that there was a sense of urgency and imperativeness attached to this topic. This conviction arose from experiences and happenings in my non-academic life that accounted for a very personal awareness that shame is somehow enmeshed in relations of power. I really wanted to unravel what that *somehow* exactly entails. Not surprising, the months that followed during which I worked on the affect shame—in relation to the stigmatization of people with disabilities—were an enriching and learning experience. This dissertation is my first introduction into the complexity of shame its operations.

I also wish to thank my supervisor dra. Leni Van Goidsenhoven for her continued involvement in the subject. There was not a question I could not ask and that would not be answered without thoughtful consideration. When I was still specifying my subject of research it was my supervisor who connected Dr. Janos Marton his Living Museum to Foucault’s work on heterotopia. I am thus greatly indebted to her when it comes to the work of the past year that discovers a neutralizing and counter*acting* disconnection: the disconnection between disability, shame, difference, deviance and disorder. Next to helping me specify my subject of research and introducing me to the notion of heterotopia, dra. Leni Van Goidsenhoven also helped me to locate (many other of) my primary sources and proofread my work with a welcome focus on structure.

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**Abstract**

This dissertation asks the question if there exists a specific type of shame in Western society that is involved in relations of power and how the function of shame in that network of power then needs to be understood. Does shame affect, fixate and underbuild categories—such as ability, disability, unhealthy and disordered—installed in society through discourses in a Foucauldian sense of knowledge-power regimes (1969; 1978; 1995)? Or, is shame involved in the very performance of the mentioned categories? Does shame perhaps perform humanity into separate human categories?

The first part of this dissertation focuses on rethinking power by confronting performative theory, affect theory and Foucauldian theory. Martha Nussbaum’s psychoanalytic account of shame (2004)leads me to study (1) shame in relation to performativity, (2) shame and affect theory, and (3) shame and Foucauldian knowledge-power regimes. Chapter one explicates Nussbaum’s analysis of shame and the insights it provides for studying shame in relation to power. Chapter two draws on Eve Kosofsky Sedgwick (2003) her theorization of theatrical performativity for studying shame in relation to the act. This notion of *act* is then further explored in the third chapter: where affect theory (to act and act upon), performativity (the scene or an act, the stage and actor), and Foucault (“docile bodies” and knowledge (1995)) are confronted and theorized to inter-*act*. This dissertation then answers the question if bodies and their actions and encounters play a central role in the creation of normativity—specifically normative ability—and the everyday. Chapter four, furthermore, considers the potentially injurious character of what I call ‘performative shame’ to *all* of the West its subjects: ‘disabled’ and ‘abled’ alike. If bodies are actively co-implicated in creating the everyday in terms of a performed normativity—specifically autonomous, independent and self-contained identity that is introspectively defined—that involves scenes of fantasy, then bodies are also what are at stake. Drawing on Lauren Berlant (2011), I ask if shame felt at impairments and an attachment to a fantasy-scene of capacity or ability are a relation of cruel optimism?

The fifth and final chapter of the dissertation refers to, overturns and counter-*acts* the shame-imbued Western society delineated in the previous chapters. Drawing on Foucault’s notion of heterotopia (1988), I study Dr. Janos Marton his Living Museum—an art center at Creedmoor Psychiatric Hospital in Queens, New York. The notion of the heterotopia leads me to consider the Living Museum as (1) a place that does not deny shame but considers its possible meaning, (2) a space of encounter that refers to and subverts Western identity centered on autonomy and self-sufficiency, and (3) a place that *acts* through and upon notions of interdependence and impairments. Further, the Living Museum is a place where the body and its *acts* are potential sites for meaning-making.

Keywords: shame, affect, performativity, disability, normativity, heterotopia

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Introduction

Shame is a matter that addresses us all. It is hard to imagine a person who has not once experienced the blush of shame, the urge to hide oneself or look away from that other to which felt shame is addressed. If one never experiences shame, then one might even be alarmed and consider this a lack of moral and ethical awareness that poses a danger to personal relations. Or, the absence of shame can be at least described as an undesirable characteristic. When shame is desirable what is understood is that shame draws together the self and other in relations of mutual recognition.[[1]](#footnote-1) Shame as moral and ethical awareness defies narcissistic identity or egocentric conduct.[[2]](#footnote-2) In other words, moral shame guides our actions in recognition of the external and surrounding world. Shame is thus desirable when it is understood in opposition to indifference and narcissism.

Shame is positive and related to morality, ethics, norms and values. This moral compass is what guides us through life. Yet in this dissertation, the subject that is explored is not shame as a positive and natural affect. I am not interested in how this affect corrects, informs and motivates human beings into moral behavior. Quite oppositely, I focus on the occurrence of shame in those places where power-relations are enacted. Specifically, I wish to understand how shame acts in society to enact and sustain categories such as ‘disability’ and ‘disordered’. Is shame a central actor in defining difference in terms of the inferior, unhealthy and incapable? Or, is shame what defines the *embodiment* or experience of difference in terms of deviance?[[3]](#footnote-3)

An interesting observation can be made: there are various types of shame and one of its types appears to be implicated in the performance of disability.[[4]](#footnote-4) This is where the idea of this dissertation first originated: in the observation that shame afflicts people with cognitive, physical and mental impairments. I began to think of shame in terms of power and to see the affect somehow sustaining a binary between the supposedly abled and normal, on the one hand, and the disordered or deviant, on the other. The task at hand now is to relate the specific way in which shame acts to disempower the ‘disabled’: does it sustain the category, does it perhaps accredit the category its unquestionable status, or does it even act to create the category itself? When I first began to think of shame as a power tool, I was primarily conceiving of shame as fixating categories installed in society through discourses and knowledge.[[5]](#footnote-5) I thought shame and the body anchored what power, in a Foucauldian sense, organizes—autonomously one could say.[[6]](#footnote-6) But this image of shame quickly became challenged or rather was completed when I started to discover where shame arises and what its cognitive content exactly is.

The first chapter of this dissertation tackles the question of shame’s genesis. For this I draw on Martha Nussbaum’s psychoanalytic account of shame.[[7]](#footnote-7) Nussbaum her work *Hiding from Humanity: Disgust, Shame and the Law* (2004), provides insight into the genesis of shame, the bodily experience of shame and the cognitive content of the affect. This psychoanalytic approach will reveal to be significant in more than one way for studying shame’s possibility to be functionalized into a power tool. In fact, Nussbaum concurs precisely that shame carries this *potentiality*: shame can evolve to implicate relations of power *or* shame can appear in life in the form of the more natural experience as a moral compass.[[8]](#footnote-8) Nussbaum draws on psychoanalysis to delineate and elaborate upon the existence of different types of shame.[[9]](#footnote-9) The account Nussbaum makes of shame is significant to my dissertation in a second way. The psychoanalytic genesis of shame uncovers that impairments are universal.[[10]](#footnote-10) Shame is experienced first when the infant is confronted with an image of the self as dependent. The vulnerable self challenges what the infant first believed to be: in control and complete. This loss of wholeness is expressed in the affect shame.[[11]](#footnote-11) From this psychoanalytic account of shame, Martha Nussbaum concludes that impairments are universal and factual—a definition of impairments that is of central importance to this dissertation. The question that arises is how ability and disability are challenged by this notion of universal impairments. Is their naturalness starting to unravel as a fallacy?

Reading Nussbaum, her work on shame resulted in a third question. Psychoanalysis places shame in a moment of discovery.[[12]](#footnote-12) The body discovers the self in relation to the other. The body also discovers its own reality: impairments and dependence. From this point, do we need to think of knowledge as inter-acting with bodies rather than acting upon?[[13]](#footnote-13) This third question is the subject of the third chapter of my dissertation. But first the second chapter deconstructs the categories ability and disability. Following Nussbaum’s understanding that impairments are universal, I explore how shame felt at this discovery is implicated in the story of ability and disability. Is it possible that shame is performed so that the absence of shame, on the one hand, and the experience of shame, on the other, are definitional of ability and disability? Drawing on theatrical performative theory, in particular the work of Eve Kosofsky Sedgwick (2003), I argue that ‘disability’ is not an inevitable or essential reality but a socio-cultural one that has a different ontological status from impairments.[[14]](#footnote-14) Next to Sedgwick her work, I also briefly draw on Ian Hacking his work for disentangle ontologically ‘disability’ and impairments.[[15]](#footnote-15)

Chapter two thus investigates what is already suggested in the first chapter that draws on Nussbaum: that the definition of impairments as factual and universal is of central importance. My study of shame as a power tool is now focused on the question of how shame is involved in the denial of this universal vulnerable humanity. Are the categories ability and disability acts of denial? Does shame play a role in this act of denial?[[16]](#footnote-16) The notion of the act in chapter two is very important.[[17]](#footnote-17) Performativity theory carries the discourse of theater.[[18]](#footnote-18) I use this theory, drawing specifically on Eve Kosofsky Sedgwick her work (2003), to explore in what ways to feel shame, to shame someone, to deny (for instance universal impairments), to fantasize (for instance ability), are acts or bodies in action. These acts stage ability and disability.[[19]](#footnote-19) I argue that shame can be staged (to shame someone) and furnish itself a stage (for performing ability and disability).

From the theory of performativity, the second chapter also elucidates some of the central ‘objectives’ in Western identity-politics. Shame is an affect that is deeply involved with identity and the self.[[20]](#footnote-20) As psychoanalysis tells us, the affect arises at that moment during development when the self and the other are discovered (relationally).[[21]](#footnote-21) It are the forces of introversion and extroversion that make shame the primary affect in which identity-making takes place.[[22]](#footnote-22) This also provides the affect with a metanarrative, or rather meta-affective, quality: it is the affect par excellence of in-between-ness and the encounter between self and world. [[23]](#footnote-23) But in the West identity-meaning making exists in avoidance of that in-between-ness and needs to be positioned not in the process of evaluating and surpassing shame, but in shame’s continued attachment to a desired scene of wholeness. I argue that shame is involved in a normative identity in the West that defines the self as autonomous, independent, self-contained and introspectively defined (a *S*elf).[[24]](#footnote-24)

As already briefly mentioned, the third chapter asks the question whether bodies and knowledge inter-*act* in relations of power. For this I draw on affect theory and Foucault’s theory on knowledge and power.[[25]](#footnote-25) The notions of interrelation and reciprocity are of importance. But what my question also unearths is that, in the third chapter, *the act* remains a *central* notion to be investigated. The notion of *act* (a theatrical scene and to perform) is completed by the notion *to act* (to move and be moved upon).[[26]](#footnote-26) The third chapter then contemplates two interrelated questions. The first question: how can we understand the body and its actions that are performed in relation to power? Even when shame is an act or is performed, one must always bear in mind that the affect shame itself moves upon bodies and motivates bodies into specific actions and behavior. Everyday life theory can help ‘de-dramatize’ power as arising and residing within the body and its actions.[[27]](#footnote-27) The question is asked: is normativity localized inside the acts that connects the body to the world? This leads to a second question: how do these everyday acts inter-*act* with knowledge? For this I confront affect theory and Foucault.[[28]](#footnote-28) A very important question that inspired this dissertation is addressed in this chapter: can shame (affect and act) be definitional of pathology (knowledge)?

These questions all introduce affect theory. Entering a critical dialogue withpoststructuralist or critical theory, this dissertation explores affects as a potential source for reconsidering power and reinventing political, cultural and social reaction for two main reasons.[[29]](#footnote-29) First, as a biological motivational system, the affects can help theorize bodies as actively involved in power-structures[[30]](#footnote-30). Second, affect has been theorized as that which arises in the in-between, or that which implicates to act and be acted upon. Affects are about how people move in the world, but also how the world moves upon them. Therefore, affects defy a notion of a human being as introspectively defined, as individual, self-sustaining or self-contained in absence from an outside world.[[31]](#footnote-31) Shame as an affect too arises in the in-between and in action. This made me once again consider that there is an act of theatricality involved in the shaming of the ‘disabled’. It is only when shame is performed or staged, which is the extroversion of something (of the actor or of the self),[[32]](#footnote-32) that it can be transmogrified into a force that separates and categorizes people.

Affect theory is a vast potential source for addressing and challenging power-relations that subjugate the minority group designated ‘disabled’ (whether ‘disabilities’ are physical, cognitive or psychological). Affect theory both confronts the hegemony in the West of the autarchic mind as the repository of human identity, and in Theory as the repository of power.[[33]](#footnote-33) But affect is also an inspiration for theorizing bodies as amidst complex relations of interrelation and interdependence.[[34]](#footnote-34) The latter can be considered both a gateway to rethinking power and a source for challenging power-relations in society that perform binaries into separate human categories.[[35]](#footnote-35)

Concretely, the third chapter will study (1) practices of shaming, (2) institutions that install shame, and (3) acts and discourses that perform simultaneously shame and shameless bodies. Architecture, discourse and the body can all be examined in the ways in which they are invested in performative shame—or the way in which performative shame invests in them? To theorize the intersection between affectivity, architecture and discourse, I draw on Foucault’s work on knowledge-power regimes.[[36]](#footnote-36) Specifically, in the light of Foucault’s work, I open the chapter with a panoptic analysis of shame.[[37]](#footnote-37) The intention is to enter a dialogue with Foucault and his work on power through shame and affect theory.

The Panopticon offers an architectural design that positions *act* inside an architecture of power. The act of looking is the radar in the Panopticon.[[38]](#footnote-38) It is the body and its actions that wish to perform and, I argue, from that performance, select and (dis)empower knowledge. The Panopticon, in a Foucauldian sense, also relates affectivity to space.[[39]](#footnote-39) It is the scene of everyday life that draws affectivity and space together. Thus, the third chapter not only ‘de-dramatizes’ power in the act of shaming that defines pathology and disability, but also ‘de-dramatizes’ the scene of the ‘everyday’.[[40]](#footnote-40) The everyday scene is disclosed as (1) molded into existence through actions and attitudes that shame corrects when they pose a threat to ‘ability’, and (2) the scene that never actively experiences shame but is always indirectly imbued with it. An analysis of psychiatry will disclose, that shame is ‘actively’ felt once one falls outside the everyday its space and its acts. The everyday and its avoidance of shame are defined in opposition to the space of psychiatry. An architecture of shame thus can be likened to that of the everyday.

The fourth chapter studies shame in the neoliberal world. This chapter is greatly indebted to Lauren Berlant her work as I discovered it in her book *Cruel Optimism* (2011). Neoliberalism helps to illustrate that shame, in a panoptic structure of power, can attach itself and perform itself through other affective structures.[[41]](#footnote-41) The implications of the autotelic character of affects for power are explored. In the neoliberal world it are specifically shame and optimistic affective structures that are involved in motivating a body’s doing and creating everyday normativity.[[42]](#footnote-42) Studying shame in the neoliberal world, this chapter asks two related and yet quite different questions. The first question asked is how the affective structures shame and optimism have empowered the rise and prosperity of neoliberalism.[[43]](#footnote-43) I argue that the neoliberal world interiorizes both shame and a sustained involvement with a body-ideal.[[44]](#footnote-44) The question is asked in what ways we should understand the inter-*action* between these two affective structures.

The second question of this chapter concerns the study of shame and Berlant’s notion of “cruel optimism”—the term used by Lauren Berlant to designate an affective structure that involves the optimistic attachment to an object that in reality is an obstacle to one’s flourishing.[[45]](#footnote-45) The contention is made that the optimism on which the neoliberal world draws is a relation of cruel optimism. In short: shame operates to install within neoliberal subjects an optimistic attachment to a fantasy of a body-ideal. But as fantasy, this body-ideal, or its attachment to the fantasy, are “cruel” or injurious to one’s flourishing.[[46]](#footnote-46) What is more, I will argue that performative shame is not only in the neoliberal world, but more by definition, a relation of cruel optimism. Indeed, in a more general fashion, the performativity of shame, today and in history, can be exposed as a relation of cruel optimism; the involvement in a scene of fantasy of autonomy itself invigorates shame, and vulnerability as a shameful experience; this co-implication of desired *fantastic* autonomy and increased *shame* can be considered the ‘content’ (felt and bodily) of an affective structure that is detrimental to one’s flourishing. Since impairments are universal, to deny that reality is then to live with shame and build one’s identity in relation to shame felt at the self.[[47]](#footnote-47)

In summary, to study shame as a power tool in the neoliberal world has two uses. First, to understand affectivity as a panoptic power tool in more depth. Specifically, to understand in what ways the autotelic character of affects function in a network of panoptic power. There is the fixation of more than one affective structure. Indeed, affective structures are also fixated in their inter-actions. Second, neoliberalism helps to expose performative shame as a relation of cruel optimism.[[48]](#footnote-48)

Finally, the fifth and last chapter of this dissertation refers to, subverts and counter-*acts* the Western shame-identity outlined in the previous chapters through an analysis of Dr. Janos Marton’s the Living Museum. Drawing on Foucault’s notion of the heterotopia,[[49]](#footnote-49) this final chapter itself can be designated a space that is somewhat heterotopic: a real space in society that is almost utopic in its subservience of normativity or all the other emplacements in a society, yet is real and refers to all those other emplacements, which makes this place not a utopia but a heterotopia.[[50]](#footnote-50) In other words, the fifth chapter and the analysis of the Living Museum does not illustrate what is theorized in the previous chapters, but stands in reference to it for a wholly other purpose: it neutralizes Western normativity as ‘ability’ that is molded through performed shame. Dr. Janos Marton’s Living Museum is an art center situated in Creedmoor Psychiatric center in Queens, New York. In this real space ‘everydayness’ and ‘strangeness’ coexist.[[51]](#footnote-51) In a most basic sense, strangeness functions inside or alongside with the ‘normal’: the ‘patients’ re-invent their identity as artists by being involved in an act of creation that does not wish to heal but arises from one’s impairments.[[52]](#footnote-52) In the Living Museum impairments are a fertile ground for creations and it is “discover[ed] that the disruption by the strange, the unsuitable, by that what cannot be accommodated, brings its own order.”[[53]](#footnote-53)

From the understanding that in the Living Museum bodies are encouraged to act in ways that would in other emplacements adhere to society’s notions of stigmatizing strangeness, I ask the question if in this heterotopic space shame is ultimately re-engaged with in order to surpass shame? Is shame allowed to intersect with strangeness in new configurations so that it can become the recognition of vulnerability and not its negation? Is shame then accepted? And are impairments not denied but sources of inspiration for art and identity meaning-making? Finally, exploring an interrelation between senses and affects, the final chapter re-imagines bodies as amidst complex relations of *inter*-relation and *inter*-dependence in reference to, and opposition with, a (neoliberal) Western fantasy of autonomy, self-sufficiency and independence.[[54]](#footnote-54)

In conclusion, this dissertation asks the question if there exists a specific type of shame in Western society that is involved in relations of power and how the function of shame in that network of power then needs to be understood. Does shame fixate and underbuild categories—such as ability, disability, unhealthy and disordered—installed in society through discourses and knowledge in a Foucauldian sense of power regimes? Or, is shame involved in the very performance of the mentioned categories? Does shame perhaps perform humanity into separate human categories? The first part of this dissertation is focused on rethinking power by confronting performative theory, affect theory and Foucauldian theory. I wish to answer the question if bodies and their actions and encounters play a central role in the creation of normativity—specifically normative ability—and the everyday. Further, this question leads me to consider the potentially injurious character of what I call “performative shame” to *all* of the West its subjects: ‘disabled’ and ‘abled’ alike. If bodies are actively co-implicated in creating the everyday in terms of a performed normativity—specifically autonomous, independent and self-contained identity that is introspectively defined[[55]](#footnote-55)—that involves scenes of fantasy, then bodies are also what are at stake. Perhaps fantastic scenes of non-shame and ability only lead to an invigoration of shame.

The final chapter of this dissertation refers to and overturns the shame-imbued Western society delineated in the previous chapters; in a very heterotopic way. Through the study of the heterotopic space the Living Museum, I depict a space that does not escape shame but considers its possible meaning. From that consideration, the Living Museum does not wish to define identity in terms of autonomy and self-sufficiency, but instead reflects upon notions of interdependence, subtle interplay,[[56]](#footnote-56) the relational and the encounter, bodily actions as involved in identity meaning-making and the spaces (temporal and spatial) of the immediate, the beside and the with.

1. The Origins of Shame and its History in the West

So shame can indeed be constructive. The person who is utterly shame-free is not a good friend, lover, or citizen, and there are instances in which the invitation to feel shame is a good thing—most often when the invitation is issued by the self, but at least sometimes when another person issues it.

(Martha Nussbaum)[[57]](#footnote-57)

Shame causes hiding; it is also a way in which people hide aspects of their humanity from themselves. In shaming others, people often, […], project onto vulnerable people and groups the demand that they conceal something about themselves that occasions shame for the shamer.

(Martha Nussbaum)[[58]](#footnote-58)

* 1. An Introduction to Shame and Affect Theory

Shame is an affect that has existed throughout all ages and times. Paintings of women and men with their eyes cast down, a blush on their cheeks and their faces slightly turned away, are of a timeless stature. Similarly, books have painted the picture of shame for centuries; it does not seem a coincidence that the age-old book called the *Genesis* (or origins)not only tells the story of the origins of mankind but also of those of shame. Indeed, humanity and shame seem almost inseparable. In this first chapter of my dissertation I want to explore this assumed inseparability. I answer the question whether the origins of shame are truly inseparable from mankind’s genesis, and, whether mankind is in effect innately disposed to the affect called shame. In other words, I wish to address the question if shame is in fact *natural* and whether it accompanies every human being throughout life. This question of universality and naturalness is also a question of equality: does every human being experience shame in a similar way? Are there people in this world who are more threatened by and vulnerable to the affect than others—maybe due to social or cultural background?

If shame is natural, then most likely all humans are familiar with the affect and can recall a moment of shame in their lives. However, the severity or intensity of the affect will probably differ greatly. Moreover, it is reasonable to assert that human beings experience the affect differently because they have different social positions in the society in which they live. In other words, a different status or socio-cultural identity—whether gendered, racialized or economic—can materialize in an experience of shame that is felt more or less deeply or is seen as more or less defining of a person’s identity. It becomes evident that to ask the questions of naturalness and equality gives rise to the notion of difference.

The idea that difference and shame reinforce one another—implied in the statements above—is one that intuitively feels accurate. If a person is made aware that he or she is *perceived* as different from a certain norm—racial, economic, political, physical—would it be a surprise if that person would answer affirmatively to the question whether he or she feels ashamed? Certainly, there also exist people who are proud of their difference.[[59]](#footnote-59) An acceptance of the self that possibly occurred after they learned their shame was unjust.[[60]](#footnote-60) Still, the idea of difference as a cause for shame is not unfamiliar or strange even when, at times, we are aware of its prejudice. If shame is natural than one must also examine what types of shame—moral shame, primitive shame, attributed shame[[61]](#footnote-61)—are natural: is shame felt at difference natural and universal? The analysis might show that shame felt at difference might not survive once we step outside the boundaries of Western culture.

Thus, the question of naturalness and equality is also the question of difference. However, the relationship between difference, naturalness and shame is not simple or straightforward. A psychoanalytic account of shame will attest in a first place to a shared feeling of shame by humans (or to the origins of the affect), which is not directed at our difference but precisely at what humans share; our shame is felt at what defines our human condition, which is recognized as vulnerable and needy. To be dependent on others is cause for one’s earliest experience of shame. Humans are among all species the most dependent on their parents throughout their childhood that lasts more than a decade and, moreover, they are probably the most dependent on their community throughout their whole life. Interestingly, this observation does not indicate that shame and difference are ‘naturally’ closely linked; shame felt at difference is not inscribed (simply) in the origins of the affect shame. Instead, the analysis will show, that difference becomes shameful in the aftermath of the West’s treatment of the primordial experience of shame. The West dealt inadequately with the feeling of being dependent and needy; a need of the other that is *primitively* felt as shameful. The fact of being dependent on others—to give up the ideal of self-sufficiency—brings into view communal life, multiplicity and otherness. Slowly the notion of the Other and of otherness, of difference and inequality, starts lingering in the history of the affect shame. Today the West—its political systems and socio-cultural institutions—still installs and endorses a discourse of autonomy and self-sufficiency—this is the subject of the third and fourth chapter of my dissertation.

Before I present a psychoanalytic analysis of the affect shame, it is useful to give an introduction and general outline of affect theory. Following the genesis of affects in psychology, affects have also been introduced into critical theory.[[62]](#footnote-62) In my dissertation I too use affect theory as cultural critique—especially in the second and third chapters that deal with the affect shame’s normative differentiation. The outline of affect theory that I will now present will allow a more insightful apprehension of my analysis of both the cognitive content and the ‘social reality’ of the specific affect shame. Affect theory elucidates that affect is situated in the dyadic or multiple, in movement and in in-between-ness;[[63]](#footnote-63) not only a cognitive experience but also lived social reality. The second chapter of my dissertation will treat the history of shame in the West and reveal in what ways the affect shame has become functionalized (and normalized) into lived social and collective reality and has scattered bodies across the normal/abnormal or able/disable divide.

Since the mid 1990s, the humanities and social sciences have been inspired by affect theory and an ‘affective turn’ took place—first in the Anglo-Saxon academic world. The ‘affective turn’ attests of and responds to a deep and critical understanding of the hegemonic position of poststructuralist theory or critical theory in the humanities.[[64]](#footnote-64) Critical theory has been a very productive school of thought and its assessments of society and culture have given more than a few minorities a voice to speak. Therefore, affect theory is not an alternative to this school of thought but does aim to consciously respond to and engage with some of its barriers or blind spots.[[65]](#footnote-65) Poststructuralism or critical theory has hailed language and discourse as the elite road to understanding social and cultural history and unmasking the mechanisms of power and repression.[[66]](#footnote-66) However, this exclusive focus on language and discourse has pushed to the background the active, actively feeling and living body.[[67]](#footnote-67) There has been little to no attention for natural processes and bodily systems. It is as if the body is an inert mass on which are inscribed cultural signs. In contrast, affect theory is that emerging discipline—still developing and being explored—that posits the body at the center; the body is the starting point and the living organism that is almost literally the skeleton of affect theory its fabric.

Not overlooking the body and turning to affect theory, the study of shame that I conduct in this dissertation reveals precisely that bodily systems such as affects, and specifically the affect shame, can equally involve and cultivate cultural symbols and culture at large; cultural symbols can find nodes in the human body just as they can inscribe themselves onto or into that particular body. Therefore, the relationship between body and culture is far more complex than a simple practice of *what is being done to the body*; it also suggests the substantial cluster of *what does the body do, feel, transact, erase, deny, hide, exhibit, withhold, expand, perform, and one might even say create*.[[68]](#footnote-68)

Affect theory is attributed to the American psychologist Silvan Tomkins (1911-1991) who distinguished the affects from the drives,[[69]](#footnote-69) hereby offering, now many decades ago, a considerably different road to cultural critique: “Silvan Tomkins […] seems implicitly to challenge these habits and procedures [heuristic habits and positing procedures of ‘applied theory’]—to challenge them not from the vantage of the present but from (what we take to be) a moment shortly before their installation *as* theory.”[[70]](#footnote-70) Central to this ‘alternative road’ for the humanities and social sciences, is Tomkins’ definition of the affects as a bodily system that is far more complex than that other bodily system Freud, at the time, took as his subject and called the drives.[[71]](#footnote-71) Indeed, even though both the drives and affects are bodily systems, it is important to make the distinction since one of these bodily systems is far more complex than the other.[[72]](#footnote-72)

Tomkins’ affect theory hypothesizes “the separate existence of eight (only sometimes it’s nine) affects hardwired into the human biological system.”[[73]](#footnote-73) These affects—interest, surprise, joy, anger, fear, distress, shame, disgust and, in Tomkins’ later writings, contempt[[74]](#footnote-74)—are part of our bodies, of our brain and they take part in our cognitive processes.[[75]](#footnote-75) There seems to exist a great commonality between these affects and the drives. However, the drives are much more restricted in their aims, complexity and freedom. They are teleological and instrumental.[[76]](#footnote-76) For example, hunger is aimed at stimulating a person to eat regularly so that he or she may not suffer the excruciatingly painful death of starvation. The drives have a distinct object and cannot attach themselves to simply any other object that it might encounter or concur with. By contrast, affects are ‘autotelic’: “Affects can be, and are, attached to things, people, ideas, sensations, relations, activities, ambitions, institutions, and any number of other things, including affects.”[[77]](#footnote-77) This, Tomkins argues, "is the basic source of complexity of human motivation and behavior."[[78]](#footnote-78) The function of the affects and their complexity resides in the affects their capacity to motivate throughexcitation, inertia, fatigue, arousal or, basically feelings (not synonymous with affects).[[79]](#footnote-79) Affects excite: “The primary function of affect is urgency […] to make one care by feeling.”[[80]](#footnote-80) An example given by Tomkins is illuminating:

It was this general conception which, one day in the late 1940s, resulted in my first understanding of the role of the affect mechanism as a separate but amplifying co-assembly. I almost fell out of my chair in surprise and excitement when I suddenly realized that the panic of one who experiences the suffocation of interruption of his vital air supply has nothing to do with the anoxic drive signal per se [since gradual loss of oxygen, even when fatal, produces no panic]. A human being could be, and often is, terrified about anything under the sun. It was a short step to see that excitement had nothing per se to do with sexuality or with hunger, and that the apparent urgency of the drive system was borrowed from its co-assembly with appropriate affects as necessary amplifiers. Freud’s id suddenly appeared to be a paper tiger since sexuality, as he best knew, was the most finicky of drives, easily rendered impotent by shame or anxiety or boredom or rage.[[81]](#footnote-81)

Although I have outlined only the core of Tomkins his work, it is possible and important to draw some principal conclusions that have been foundational for affect theory as an engagement with and response to critical theory. A first contribution of Tomkins’ work that has been particularly prolific for affect theory is the knowledge that affects are autotelic and can attach to any object, indeed, even to another affect.[[82]](#footnote-82) The autotelic complexity of affects has inspired many theorists. Sedgwick, indebted to Tomkins’ work, is interested in how the affect model allows “to discuss how things differentiate.”[[83]](#footnote-83) Also Brian Massumi has taken up the idea of the autotelic; specifically in relationship to time and time-experience.[[84]](#footnote-84) Affect is non-linear and distorts a linear conception of time that progresses from the past toward the future.[[85]](#footnote-85) Affect is an ‘eternal becoming’ and an eternal renewal of the relationships between one element and any other possible element that draw together the body and the world.[[86]](#footnote-86) This bodily process happens more swiftly than the cognitive one. Therefore, Massumi is interested in affect theory as a possible means to “rethink postmodern power after ideology.”[[87]](#footnote-87) Massumi’s project to rethink power certainly is a valuable one. As I have read Sedgwick, I believe that she is equally interested in the meaning of the notion power but in a profoundly different way. Sedgwick approaches power and affect from a different theoretical movement— ‘everyday-life’ theory versus Massumi’s Deleuzian thinking that borders on ‘new materialism.’[[88]](#footnote-88) Sedgwick’s new way of thinking through power is rooted in the disunion—both the act of separating and the theoretical thinking through of that separation—of drives and affect; this theoretical thinking through of this separation involves a *repositioning* of the Freudian notion of ‘repression’.[[89]](#footnote-89) This brings me to a second important contribution of Tomkins his work.

The above-cited excerpt on the primary function of affect reveals the challenges Tomkins makes to Freud’s theory of the ego and the id. A fundamental understanding is that sex is a drive (“admittedly more plastic than a drive such as the need for air” [[90]](#footnote-90)) and, therefore, much less complex than affects which can, in fact, override the sex drive.[[91]](#footnote-91) Moreover, “Most of the characteristics which Freud attributed to the Unconscious and to the Id are in fact salient aspects of the affect system.”[[92]](#footnote-92) Acknowledging the distinction between drives and affects, therefore, cannot but force us to rethink and re-examine power theory as thought to *singularly* arise from repression. Sedgwick moves away from this singularity: “[…] where psychoanalysis has profited from the conceptual elegance of a single bar (repression) between a single continuous ‘consciousness’ and a single ‘unconscious,’ Tomkins’s affect theory by contrast offers *a wealth of sites of productive opacity*.”[[93]](#footnote-93) In the second chapter of this dissertation I analyze the social construct disability. For this I draw on shame, bodies and not solely on a “single bar” between consciousness/unconsciousness.[[94]](#footnote-94)

Both the second chapter and the third chapter analyze shame as a power tool. This analysis will not only draw on the psyche but posits bodies and their excitements and trepidations at the center. This first chapter situates the genesis of shame in the development of the human psyche—explaining why humans feel shame in contrast with many other animals. But one must be careful to guard the understanding that shame acts upon the body and cannot exist as an isolated psychological phenomenon;[[95]](#footnote-95) the psychological distress shame causes is the result not only of humans their intellectual capacity to conceive of and look at the self, but is at least equally much the result of bodily ‘torment’.[[96]](#footnote-96) I will argue that, in a similar fashion, the forces invested in the social construct disability are not only psychological but also bodily—involving the affects, specifically shame.

Sedgwick is interested in the ways in which affects—by definition unfixed and autotelic—become socially and normatively fixed; they are attributed a social meaning and are invested in normative differentiation. [[97]](#footnote-97) The analysis of such a dynamic should not draw *solely* on a Freudian understanding of repression *in relation to* the unconscious or id, but should also invest in understanding how the autotelic becomes theological through bodies and affects that are performed. It will be illustrated that impairments as ‘reality objects’ are *repressed*.[[98]](#footnote-98) But the affect shame becomes fixed and bodies too are fixed within the normative differentiation.

This performed body becomes possible when the infant—and later adult—acquires a sense of (relative) control over the appearance and disappearance of affects.[[99]](#footnote-99) The result is an interaction with the affects that rises above the introverted body experience to address a *collectivity* of bodies—that collectivity becomes potentially performed as it is charged with a fixed normative differentiation of an affect (shame) that blocks the “*productive* opacity” of the affects *and the bodies acted upon*.[[100]](#footnote-100) The totality of extroversion (performance) empowers the affect to be both selective and determined;[[101]](#footnote-101) the encounter between bodies becomes a transaction of shame that identifies, labels and scatters across boundaries (abled/disabled; normal/deviant) bodies.Denial and repression intermingle with affective force;[[102]](#footnote-102) it becomes a bodily act.This notion of denial (individual and social) is charged with the substance of subjectification and objectification, but it is also a force that makes bodies “act and be acted upon”;[[103]](#footnote-103) denial is not only the subject of the psyche but involves bodies and the outside of bodily appearances, acts, happenings, twinges, throws, behaviors, airs and postures. Psychological denial moves as much upon the body as does the body ‘coaxes’ the psyche into denial. Another important question that will need answering: how do bodies and discourses interact?

There is a third contribution of Tomkins his “affective turn” that deserves consideration here.[[104]](#footnote-104) The focus on the bodily seems one of its greatest revolutions. Surely, drives are also bodily systems but Freudian theory has turned solely to the mind’s processes. By contrast, affect theory asks the question of what the *body* does, feels, experiences and how it encounters the world. Even though there has been criticism that affect theory is too abstract and, therefore, does not meet its own expectations, I do believe affect and affect theory have the potential to revalue the meaning of the body and address the relation and networking between body and mind. Therefore, I wish to give an account of the *body* that is shamed (to shame) and ashamed (acted upon): how does it look, how does it act, move, hide, see and is seen etc.

Affect has become the subject of many readers. *The Affect Theory Reader* (2010) is one of them.[[105]](#footnote-105) In the introduction of this reader the ideas of *becoming* and bodily *experience* are central.[[106]](#footnote-106) Since I conduct an analysis of shame, which is an affect that holds an interesting but complex relationship with *becoming* and motivation,[[107]](#footnote-107) a relationship that can be described as reverted (the motivation and movement of shame are paralysis and inertia),[[108]](#footnote-108) I consider it useful to end this small interlude on affect theory with a reading of the introduction of this reader; an exercise that consists in a first confrontation with the affect shame.

The introduction of *The Affect Theory Reader* (2010) states that“Affect arises in the midst of *in-between-ness*: in the capacities to act and be acted upon.”[[109]](#footnote-109) Shame, as will be duly illustrated, cannot escape this definition; it exists in-between the capacities to act, the incapacity to act *alone* and self-sufficiently,[[110]](#footnote-110) or the capacity to act only partially and be always also acted upon. Shame always posits at least two feeling beings.[[111]](#footnote-111) It exists only in the in-between-ness of two separate but recognized or conceived subjects. One cannot feel shame without a perceived other who is as much capable and incapable to act as one is him- or herself.[[112]](#footnote-112) Affects, including shame, can also be described as “forces of encounter” that account for our being in the world[[113]](#footnote-113)—we are fully amidst the objects of the world and animated life by the movement that is caused by and originates within affect. Indeed:

Affect, at its most anthropomorphic, is the name we give to those forces—visceral forces beneath, alongside, or generally *other than* conscious knowing, vital forces insisting beyond emotions—that can serve to *drive us toward movement, toward thought and extension*, that can *likewise suspend us* (as if in neutral) across a barely registering accretion of force-relations, or that can even leave us overwhelmed by the world’s apparent intractability.[[114]](#footnote-114)

Thus, the “forces of encounter” connect us to the world even if that interconnectedness is situated within suspension or paralysis.[[115]](#footnote-115) Because even suspension—next to ambition, desire, anger or excitement—is compositional of a “body’s doing” located “in the midst of things and relations […] and, then, in the complex assemblages that come to compose bodies and worlds simultaneously.”[[116]](#footnote-116) Shame illustrates this. The affect shame gives rise to suspension and social paralysis, which are ‘movements’ that become—when caused by shame—deeply charged with identity, social position, and *being* in the world.[[117]](#footnote-117) The paralysis and the un-belonging are caused by being moved, by being “put into motion by other entities, humans or nonhumans.”[[118]](#footnote-118) Indeed, hiding is an act—whether conscious or unconscious—that is the result of an affection shifting into action.[[119]](#footnote-119)

In other words, affect is deeply interconnected with being in the world. Affect is the force that accounts for the ability of the outside world to *be* in our mind—to live there and find a reality—and, simultaneously, accounts for our inner selves speaking in the outside world whether politically, artistically or socially.[[120]](#footnote-120) Unfortunately, one can also be invisible *politically*, *socially* or *economically* and, therefore, affectively; invisibility, then, is more than being unnoticed, it is not being seen. It is not belonging: “Affect marks a body’s *belonging* to a world of encounters or; a world’s belonging to a body of encounters but also, in *non-belonging*, through all those far sadder (de)compositions of mutual in-compossibilities.”[[121]](#footnote-121)

The composition and decomposition of *a* body’s capacities and incapacities is the story of affect. Through affect-relations, the body, in every moment that possibly actualizes a *next*,[[122]](#footnote-122) re-inscribes itself in the world, redraws its boundaries and potentiality of actant-sender and actant-receiver, and ‘re-invents’ its experience as subject—worthy or unworthy, joyful or distressed, extravagant or shy. This notion of re-petition, of re-doing and re-capitulating is essential to affect and the “capacities to act and be acted upon.”[[123]](#footnote-123) It is the timely expression of affect’s in-between-ness. Not only the in-between-ness of to act and be acted upon, but also, the foreshadowed in-between-ness of bodily contours and surrounding (physical and social) environments; the in-between-ness that animates both body and *lived* world. In other words, “the capacity of a body is never defined by a body alone but is always aided and abetted by, and dovetails with, the field or context of its force-relations.”[[124]](#footnote-124)

To live in this in-between-ness means that “With affect, a body is as much outside itself as in itself—webbed in its relations—until ultimately such firm distinctions cease to matter.”[[125]](#footnote-125) That these distinctions cease to matter is exemplified by shame’s internalization of the other’s gaze.[[126]](#footnote-126) For shame to exist it is sufficient that the other and his or her gaze are imagined or envisioned; the judging gaze must not necessarily be embodied by a present or even living or existing body or human being.

* 1. The Cognitive Content of Shame: Western Knowledge and Perception

Shame has a very recognizable body language. To be ashamed is to look downward or to hide oneself.[[127]](#footnote-127) One blushes and feels uncomfortable by the other’s gaze that examines and scrutinizes one’s *self*-image; a blushing identity or subjectivity is never only the result of the evaluating gaze of the other but is always accompanied by our very own consciousness.[[128]](#footnote-128) Still, to be ashamed is always an act of being that arises amidst plurality and the communal. In fact, the observation that shame never stands outside the world of encounters, interaction, and socio-cultural, if not even the political world or world of identity, is corroborated by shame’s visual appearance: the act of hiding is an evaluating act of one’s identity *in* the social and communal world to which one belongs even if in one’s un-belonging.

This act of hiding is very familiar to our Western society. Any member of this society can probably always specify at least one of the characteristics of shame that I have outlined above. But even though we are very familiar with the *outlook* of shame the question that remains to be answered is if we are truly capable of explaining the origins and cognitive content of this affect? Do we know where shame comes from? And can we truly explain what is at stake when shame appears within the picture of social development both in individual and collective life? I consider it safe to contend that collectively we only have a partial understanding of shame. That shame is only understood partially is related to the different types and evaluations of shame that exist;[[129]](#footnote-129) there is a difference in how often we know or judge shame to be good or bad.

In particular situations and estimations, a positive function is attributed to the affect shame as an indicator of misconduct. Shame is not always a bad thing. It can be a moral compass. Martha Nussbaum too recognizes this type of shame: “some forms of shame have a positive ethical value.”[[130]](#footnote-130) This type of shame I call ‘moral shame’. It is a subjective emotional state that is not necessarily negative but instead crucial to a person’s moral development. In her analysis, Nussbaum distinguishes shame from disgust and defends that shame “is in many respects a more productive and potentially creative emotion.”[[131]](#footnote-131) Whereas disgust is closely related to our fear of the abject and our denial of our own animality,[[132]](#footnote-132) shame *can* “goa[d] us onward with regard to many different types of goals and ideals, some of them valuable.”[[133]](#footnote-133) Shame, Nussbaum continues, “often tells us the truth [ethical]: certain goals are valuable and we have failed to live up to them.”[[134]](#footnote-134) By contrast, Nussbaum argues, disgust is self-deceptive in that we deny something that we actually are—mortal beings.[[135]](#footnote-135) Unlike disgust, shame is not inherently self-deceptive although there are types of shame that seem closely linked to the ‘agenda’ of the affect disgust—an affinity that I will address at a later stage in this chapter.[[136]](#footnote-136)

Boris Cyrulnik too explains that shame can have a positive function: “[…] dès qu’il [le petit enfant] devient capable de se représenter que l’expression de sa pulsion peut gêner l’autre, l’enfant devient apte à la honte, *c’est le début de la morale*!”[[137]](#footnote-137) Further, Cyrulnik writes:

Une petite honte est donc la preuve d’une bonne maturation biologique et d’un bon développement des aptitudes relationnelles. Une grande honte révèle une sensibilité exagérée proche de la crainte, une tendance à se dépersonnaliser pour laisser la place à l’autre. Quant à l’absence de honte, elle témoigne d’un arrêt du développement et d’une incapacité à se représenter d’autres mondes que le sien.[[138]](#footnote-138)

The excerpts account the introduction of psychoanalysis that functions to explain why humans are capable of experiencing shame; what role it plays in man’s psychological development. But before I turn to psychoanalysis, I must finish my account of our *society*’s understanding of the functioning of shame. It is probably no surprise for us to read that shame is a backbone to the existence of morality. But perhaps somewhat more difficult to understand is that shame can also be a danger to that very same morality.

Thus, at times the affect shame is a negative phenomenon; unjust in its act of denouncement and dishonor. What I wish to argue is that the affect shame victimizes certain social groups in our society that are stigmatized *without us understanding that shame in this particular case is unjust*. Nussbaum, alongside ‘moral shame’, recognizes also this type of shame that is pernicious to our sense of humanity.[[139]](#footnote-139) In order to distinguish it from shame that is positive to our development, she designates this more self-deceptive experience of shame “primitive shame”;[[140]](#footnote-140) a type of shame that instructs the force of exclusion and hierarchization. Indeed, the negative phenomenon shame is a danger to social coherence, empathy and inclusion. It is often the result of a shamer who conceals his or her own shame by projecting it onto vulnerable groups in society that are categorized, classified and excluded.[[141]](#footnote-141) The danger of this projection is twofold. On the one hand, there is the clearly stigmatizing and violent function; the shamed is excluded. On the other hand, in denying one’s own feeling of shame, the shamer is moving farther and farther away from the moral compass that Cyrulnik described as “une bonne *maturation* biologique et [… ] un bon *développement* des aptitudes relationnelles.”[[142]](#footnote-142)

Nussbaum’s account of this negative type of shame is rooted in infancy and is closely linked to objects-relations psychoanalysis.[[143]](#footnote-143) In my dissertation I draw largely on Nussbaum’s account of shame for I find her psychoanalytic approach convincing and useful to my own research and closely linked to the worldview I maintain as a “dynamic nominalist.”[[144]](#footnote-144) Since I believe there are certain universal emotions and affects, a psychoanalytic analysis is a valuable one. But I also contend that, even though there exist universal emotions and affects, these emotions are nonetheless subject to social extension and cognitive development that could have taken different paths.[[145]](#footnote-145) In other words, I will argue that certain objects of shame are socially constructed while also affirming that at its basis exists a universal and innate affect. This double historical understanding of the affect shame allows the claim (made in the introduction) that the current shaming of psychiatric patients can be transcended and, thus, is not inescapable. Furthermore, I can counterclaim the supposedly inflexible psychiatric identity without resorting to a relativist worldview.

The story of the (neoliberal) West’s understanding of the affect shame is not a straightforward one. Different types of shame cause different types of awareness and recognition. What I argue is that, where the positive affect of shame is universally acknowledged and celebrated, the more negative functions of shame are hidden through a discourse that designates these expressions of shame as natural and belonging to the identity of the shamed and not the shamer. In order to address and reconsider this only partial awareness of how shame operates in the West, it is necessary to go back to the very beginning of the affect and analyze its genesis. In this chapter, using a psychoanalytic approach, I will go back to the beginning of man’s inner life to subsequently look at shame’s evolution in the social world. I draw on Martha Nussbaum’s *Hiding from Humanity: Disgust, Shame, and the Law* (2004). More precisely, Nussbaum’s “account of shame and pathological narcissism” is used “to begin analyzing social shaming and its pathologies.”[[146]](#footnote-146)

* 1. The Cognitive Content of Shame: A Psychoanalytic Approach

A human being comes into the world vulnerable and dependent on relatives.[[147]](#footnote-147) There is the fact that communication is still difficult and more primitive. But more importantly, an infant is born into this world unable to walk or even hold up its head. This accounts for the infant its unparalleled dependence in the animal world:

We spend our infancy in a state of physical powerlessness that is virtually unparalleled in animal species and we remain comparatively powerless throughout our lives, in terms of the ability to meet our own physical needs without assistance. Throughout infancy and childhood, our maturing ability to grasp our world through mind and sense is not matched by physical ability to get what we want for ourselves; we remain for a long time in a state of extreme dependency on others.[[148]](#footnote-148)

Moreover, a human being remains dependent on his fellow creatures to a considerable extent throughout his or her whole life.[[149]](#footnote-149) By example, it is illuminating that when we grow old our dependence and vulnerability increase once more: in many cultures parents go live with their children when they reach a certain age. Now more in need of care than their children, the parents are no longer the primary care givers. Nonetheless, the older generations remain important repositories of knowledge; a reality that attests their children’s continuing need of assistance as well. The conclusion is simple: humans do not live individual lives, *notwithstanding their grand desire to be independent and autonomous*.[[150]](#footnote-150) This grand desire, I will argue, might be natural in the sense that human development is markedwith a ‘shameful’ confrontation with mankind’s vulnerability, but shame as a fixed affective (and cultural) structure coincides with an imposed and learned longing for independence and autonomy. Following psychoanalysis, during development we are taught something about ourselves that we did not know before (vulnerability); shame is the natural response to the discovery of a self that forces us to let go of a self-image that we had already learned to enjoy.[[151]](#footnote-151) This response, however, should be momentary as we learn to take into account other people and their needs and desires.[[152]](#footnote-152) However, in society the normative differentiation of shame creates a norm and, therefore, *misguides* us about the self. The norm is there to tell us that we *are* independent and autonomous and that vulnerability is difference.

This human desire for self-sufficiency is expressed in the perseverance of a myth of a heroic individual that seemingly cannot be harmed.[[153]](#footnote-153) An analysis of contemporary society’s relationship with elderly people—who verify the reality of dependence—attests the survival and breadth of this myth. The (neoliberal) West has organized society in such a way that today elderly people no longer find shelter in the caring homes of their children, but are sent away to nursing homes. As if, when safely secluded in confined spaces hidden from view, the continued need, throughout life, of dependence becomes less real. A second conclusion follows: even though dependency is a lived reality, the West cultivates an ideal of self-government.

This denial of *inter*dependence originates in the very first months of our lives and is the outcome of our first experience of anxiety and shame.[[154]](#footnote-154) In other words, when we first realize fully the extent to which we are dependent, a sense of shame befalls us. The reasons for this experience of shame at dependency are already hinted at in the early excerpt of Nussbaum’s book cited above. The excerpt continues:

Moreover, we are also aware of our limits to a much greater extent than are the other animals. After a certain age, we are aware of the fact of death. We fear death and brood about it, and hope that we really will not die. In all these ways, our life story has conflict and ambivalence written into it. It is not surprising that we conceive of ways to deny our mortality and human animality, nor is it surprising that our emotions [such as shame] reflect these struggles.[[155]](#footnote-155)

Fear of death and animality thus give rise to shame. But the story is far more complex.

In *Group Psychology and the Analysis of the Ego* (1921) Freud explains that the first months of our lives are marked by a crucial passage in our consciousness: “the step from an absolutely self-sufficient narcissism to the perception of a changing external world and the beginnings of the discovery of objects.”[[156]](#footnote-156) Prior to this passage, self-sufficient narcissism construes our experience of the world. During this time, the infant lives amongst people, objects and affects, but its awareness of its surroundings is still underdeveloped. For the first time, the actual world reaches farther than the protective cocoon offered by its mother’s womb. Yet, the lived and felt experience of this world still fails to meet up with these changed surroundings; a demand for control, the expectation that the movement of others and of the world always function to serve your needs and that the outside world will adapt to your inner demands, contribute to a narcissistic ego.[[157]](#footnote-157) There is, during this stage, also the belief that the Self is powerful and able to change, manipulate or control external reality. This *primary narcissism* is a form of auto-erotism and precedes object-love.[[158]](#footnote-158) It is part and parcel of an infant’s development that, during the first month it lives in this world, the infant is entirely and exclusively preoccupied with the Self. Only drawing from this act of self-love, can the infant partake in the object-world. This needs further explanation.

In psychoanalysis *primary* narcissismis not a pathology in need of treatment but, instead, a necessary stage in an infant’s development.[[159]](#footnote-159) During infancy our dependency on others is at its greatest since an infant has not yet formed a structure of subjectivity (and, relatedly, objectivity)—paradoxically, our greatest dependence is also accompanied by an unawareness of that dependence, by a primary narcissism or an assumption of control. The psychological process in which an infant learns to see itself as a distinct object occurs during the first months of its life and is called apperception.[[160]](#footnote-160) It is only with the beginning of apperception that an infant can perceive of itself as a subject that not only acts and moves in the world but is also acted upon and moved by the world in which it lives. This is an important observation to make for two reasons. First, the primary experience of narcissism—preceding apperception—teaches us that an infant is not born into the world with the ability to distinguish between “to act” and “to be acted upon”.[[161]](#footnote-161) Second, it is only with the process of apperception that the infant, for the first time, is called upon to examine its own narcissism—the onset of introspective self-consciousness.

Primary narcissism is a necessary stage in our lives because, according to Freud, it is not only what precedes but accounts for our ability to live with others.[[162]](#footnote-162) Indeed, Freud explains the possibility of object-love in strict relation to the primary development of self-love. In reality, Freud argues, object-love is self-love converted into object-love; it is to give some of one’s self-love to another human being and, thus, to diminish the available self-love that one can use to nurture narcissism.[[163]](#footnote-163) This conversion of self-love becomes possible when apperception has been set in motion [(induced) during the mirror stage]. In this explanation object-love does not exist without self-love, which explains why psychoanalysis does not consider *primary* narcissism a pathology. In conclusion, primary narcissism is a form of auto-erotism that precedes object-love and is vital to an infant’s psychological development.[[164]](#footnote-164)

However, it is important to stress that only *primary* narcissism (related to infancy) can be considered beneficiary to a person’s development. Once the passage from self-sufficient narcissism to object-love is hindered and remains unconcluded, experiences of narcissism can become pathological in adulthood.[[165]](#footnote-165) Indeed, there is no warranty that the transition to object-love proceeds effortlessly and in a serene matter. Contrarily, it always seems a wobbly road to take. But what is more alarming still, is the absence of an absolute guarantee that one will always reach the stage of object-love (intended as the capacity to reduce self-love and turn one’s love outward to other humans). The possible danger that occurs, I argue, is the affect shame—cause and reason for the always difficult transition to object-love. In other words, at some point during the infant’s development shame occurs and it is related to the process of apperception or the movement toward object-love.[[166]](#footnote-166)

The beginning of apperception universally marks the infant its first confrontation with dependency and causes shame. The infant now understands that its demand for control—delineating the stage of primary narcissism—was a fiction and, furthermore, experiences this *perceived* loss as a shameful event.[[167]](#footnote-167) Fortunately, this disillusioning event, experienced as shameful, is not intrinsically threatening to the infant’s further development toward object-love. The possibility of danger becomes truly impending only once a person does not learn how to deal ‘adequately’ with the affect shame that is universally felt with the dawn of introspective self-consciousness. In conclusion, all human beings feel a first sense of shame during infancy when they start ‘apperceiving’ their dependency on others. This is the genesis of shame; the origins of its universal and human existence. However, the first encounter with shame can have two different outcomes. First, there is the development where an infant learns to deal adequately with the affect shame and, consequently, can start moving away from self-love toward object-love. Second, there is the more problematic storyline where an infant is taught to disqualify dependence and neediness and, accordingly, to nurture the affect shame. To this more alarming progression of the affect shame I will return shortly hereafter. First, it is helpful to readdress the genesis of shame and to turn to an inquiry of the *cognitive content* of the affect.

In *Hiding from Humanity: Disgust, Shame, and the Law* (2004), Martha Nussbaum gives a detailed account of the origins of shame. Drawing on Freud’s psychoanalysis, the American philosopher explains that human’s extreme dependency during infancy, and in later life, is cause and explanation for the human experience of shame: “the early drama of […] infancy is the drama of helplessness before a world of objects—a world that contains both threat and promise of good things, the things it wants and needs.”[[168]](#footnote-168) This citation illustrates not only dependency but also the infantile want for control, and, finally, the still unsettled and wobbly relationship between the infant and the object-world. This ‘wobbly world’ manifests itself in the alternation between fullness and emptiness: “In the first months of life, then, the infant is not aware of itself as a distinct object, or of its caretakers as distinct objects. But it does experience the sense of an alternation between fullness and comfort, as well as a state of emptiness and torment.”[[169]](#footnote-169) This alternation is felt due to the infant’s desire and expectation that the world functions to serve its needs. The felt sensation of emptiness is the result of a belief that the world is ideal in its divine government; if the infant is part and parcel of a divine totality, the absences of comfort and nurture can only be explained as emptiness.[[170]](#footnote-170)

If emptiness is caused by the absence of a fullness and comfort that one believes to be rightly in control of and to possess, then, shame is emptiness its equivalent at a later stage during development when the infant has come to realize the demise of its narcissistic ideal. It is implied that shame is the sensation that one is *inadequate* since he or she is not capable of controlling the moving world that acts upon him or her—an ideal the infant previously did believe to fulfill:

In shame, one feels inadequate, lacking some desired type of completeness or perfection. But of course one must then have already judged that this is a type of completeness or perfection that one rightly ought to have [a judgment that is equivalent to the narcissistic ideal of the primary, infantile ego]. There are many types of shame in human life, as people come to value and aspire to many different types of traits. […] There is also general agreement, however, that the *primary* narcissism of a typical human infant gives rise to a particularly primitive and pervasive type of shame, as the infant encounters inevitable narcissistic defeats. From now on, I shall call this “primitive shame.”[[171]](#footnote-171)

[…] all infant omnipotence is coupled with helplessness. When an infant realizes that it is dependent on others, and is by this time aware of itself as a definite being who is and ought to be the center of the world, we can therefore expect a primitive and rudimentary emotion of shame to ensue. For shame involves the realization that one is weak and inadequate *in some way in which one expects oneself to be adequate.* Its reflex is to hide from the eyes of those who will see one’s deficiency, to cover it.[[172]](#footnote-172)

Thus, shame “is a painful emotion responding to a sense of failure to attain some ideal state” and,[[173]](#footnote-173) therefore, is essentially but not straightforwardly related to self-regard:[[174]](#footnote-174)

[…] shame is far from requiring diminished self-regard in any very simple way. In a sense, it requires self-regard as its essential backdrop. It is only because one expects oneself to have worth or even perfection in some respect that one will shrink from or cover the evidence of one’s nonworth or imperfection.[[175]](#footnote-175)

In other words, shame is not solely and plainly or simply the lack of self-regard. By way of explanation, shame reaches its most dangerous and harmful state when the altered primitive or primary self-regard—the demise of the ideal of control—is, later in life, augmented, fleshed out and dilated by the belittling look of others that reverberates with the autogenous gaze.

Andrew Morrison, the author of *Shame: The Underside of Narcissism* (1989), too conceives an interesting analysis of shame in relationship to primary narcissism and self-regard. His analysis contributes to the understanding that self-regard reaches beyond the ego’s relationship to the self—and yet is essentially related to it. The status of the self only has true meaning and value when it exists in a more complex social and object-world than a universe revolving around the ‘unique I’.[[176]](#footnote-176) Therefore, the myth of an idealness cannot be upheld once the process of apperception is completed. At this point meaning can only exist in the plural and in interaction. However, interestingly enough, the search for identity once exposed to multiplicity remains centered on an idealness hoped for; through interaction one now desires a confirmation of specialness in the midst of multiplicity, entanglement and dependency. Morrison explains:

[…] the essence of narcissistic concern is a yearning for *absolute uniqueness and sole importance to someone else*, a “significant other.” […] Such a feeling reverberates with primitive fantasies of symbiotic merger, omnipotence, and grandiosity, what Freud referred to as primary narcissism. Its emphasis is on the state and status of the self, and yet, paradoxically, it implies as well the presence of an object for whom *the self is uniquely special* or who offers no competition or barriers to the self in meeting needs for sustenance. […] Inevitably, *shame* [emphasis in original] follows narcissistic defeat. Patients have described the torment they have suffered from a perceived lack of specialness: “This humiliation is the most painful feeling I have ever experienced.”[[177]](#footnote-177)

The citation has an interesting ending. An imagined adult—expressing a universal bereavement—speaks of the continued combat for self-love and self-regard and the timeless search for the unique and ‘special I’. I have already suggested earlier that the original manifestation of shame can lead to two outcomes, one of which is a continued experience of shame and disregard of dependence and vulnerability. This path can lead to a strong sense of humiliation later on in life that is correlated to a problematic lack of self- and other-love.[[178]](#footnote-178) Freud argues that self-love is the basis for healthy object-relationships. But once this development is stunted, the lack of object-love can actually rebound into a *diminished* self-love;[[179]](#footnote-179) very different from a story in which primary narcissistic love decreases and interdependence is celebrated, and more closely related to a feeling of true inadequacy and worthlessness.

It is interesting to compare this notion of the ‘special I’ (and the correlated image of worthlessness) with Freud’s concept *transference*, for this comparison reveals the extent to which primary narcissism *possibly can* continue to direct our lives.[[180]](#footnote-180) Here the story is that of a continued primary narcissism that results from the inadequate treatment of primitive shame and, in reality, does not find its outcome in more self-love but, contrariwise, in humiliation, inadequacy and more (and more harming) shame. Indeed, Nussbaum writes: “primitive shame is only satisfied by humiliation.”[[181]](#footnote-181) There seems to be a negative and quite deplorable outcome to the survival and conservation of primitive shame. An outcome that is called humiliation. This negative story of humiliation is one that addresses a *community* and social life, but first it is necessary to turn to the individual feeling of inadequacy in adult life.

*Transference* is a Freudian concept that indicates the special fondness a patient ‘develops’ for his or her psychiatrist during analysis;[[182]](#footnote-182) one never fails to fall in love according to Freud.[[183]](#footnote-183) This universality of and reliance on the occurrence of transference that Freud endorses, the psychoanalyst explains by analysing the concept in relationship to self-regard as a surviving mechanism; resisting unconscious desires and keeping up the ideal of specialness, and of control and completeness, are cause for transference (love) to occur during the period in which, interestingly enough, help is sought for.[[184]](#footnote-184) Transference borders on love. Indeed, transference or the falling in love with one’s psychiatrist is a psychoanalytic concept that offers a gateway to understanding the structures of love ‘in general’.[[185]](#footnote-185) As will be elucidated, in the special patient-psychiatrist frame, the occurrence of love reveals the psychological structure of love as an “irreducible demand for consistency.”[[186]](#footnote-186) In other words, love is an irreducible demand for completeness and control of the *I*.

I give a short summation of the structures of love.[[187]](#footnote-187) It is not a straightforward task to keep up a positive image of the self in a hazardous, contingent world that makes omnipotent control impossible; therefore, we call on love. In everyday life, love is our search to find proof that regardless of certain signs of dependence and lack of control we have a unique and ‘special I’. Humans looks for that proof in an identity, a loved other, that confirms their “absolute uniqueness and sole importance to someone else.”[[188]](#footnote-188) In *The Structures of Love* (2012), Penney explains the psychological structure that underpins our desire for love:

Because we fail to deal straightforwardly with the ambiguous contingency of the world, the psyche compensates by *constructing* a fragile consistency by excluding a representation that thwarts its establishment. If the world fails to tell me what I’m supposed to do with my life, well that’s fine: I’ll conjure a fantasy that makes up for the absence of meaning.[[189]](#footnote-189)

One of those fantasies that is supposed to help construct a fragile consistency is love; the timeless search for love is a blind faith in the possibility to find and be our special selves.

The frame of the psychoanalytic session is illuminating. When subjected to this kind of analysis, the threat of certain unconscious desires to emerge is immediate.[[190]](#footnote-190) And the possible implications of (re-)surfacing unwanted desires and needs are significant for one’s self-regard that can receive considerable blows to the point where it might collide entirely. Freud argues that in response to this impending danger the patient conjures up a fantasy of love for his or her psychiatrist to protect himself or herself from a debased self-image.[[191]](#footnote-191) Thus, the fantasy of love is a carefully constructed screen that is meant to protect the self-image by imagining the Self as uniquely important to the psychiatrist—a uniqueness resulting from perfection and completeness. Indeed, transference is “the force that works to protect us from desires [and needs] that threaten to bring our self-concept to ruin.”[[192]](#footnote-192) Perhaps another way of describing love: we only *need* (desire) love and are in no truly significant or elementary way needy.

But there is more to the story of love; a psychological structure that is defining of our social relationships that are constructed around a search for “worthy alter egos” that shine brightly on our own ego(-ideal).[[193]](#footnote-193) Penney explains that “infancy’s inevitable emotional frustrations program us in our maturity to seek out particular social agencies blessed with the traits necessary to qualify as worthy alter egos cast off into the space of the Other.”[[194]](#footnote-194) The implication is that primitive shame (or the demise of an ideality), when dealt with inadequately, results in a timeless search for perfection that establishes itself in the psychological structure of love, which, consequently “mediates our relation to the social world [… and] in fact […] has a crucial role to play in the structuring of the social relation in its various forms.”[[195]](#footnote-195) The sense of shame felt when confronted with inadequacy, possibly, results in a person’s “[suffering] in everyday life from the effects of the stringent conditions [he or she] lay down as prerequisites for engagement with a social world [that is supposed to prove that person’s real adequacy] that, as a result, become [*sic*] prone to yielding mainly disappointment and frustration.”[[196]](#footnote-196) Thus, transference is the concept through which psychoanalysis sets itself the task of explaining our resistance as subjects to certain truths such as contingency, powerlessness and unconscious desires. Transference is a resistance that continues to haunt adult life. Love too has the inherent qualities to tell that story. However, there is also a different emotional state that can be attached to the concept—one reached after the *defeat* or transcendence of primitive shame. To explain this, I turn to an age-old story.

There is a story written many centuries ago that tells the origins of incompleteness. Plato’s *Symposium* (c. 385–370 BC) has survived as a relevant and interesting philosophical text until this day;[[197]](#footnote-197) with an imagery that cuts through time and its differing societies as deeply revealing of a human want. One of the speakers at the Symposium, Aristophanes, tells the story of the original physiology of man who was ones a spherical creature with two sets of arms and legs and two faces turned away from each other. This was the time when man was ‘whole’ or complete; the spherical shape symbolized man’s power and self-sufficiency. But humans became too self-confident and sought to compete with the Gods. They found their challenge but lost: Zeus was enraged but still needing the worship and offerings of humans he did not destroy them, instead, he decided to weaken their powers by cutting them in half. From that time onwards humans have been separated from their other half haunted by a sense of incompleteness and deficiency. Now they look for their other half that completes them, restores their ideal state and sanctifies their self-regard.

The search for an original wholeness sounds familiar and throws a revealing light on Freud’s concept *transference*. Freud’s transference love and Plato’s origins of love seem to share a commonality: man idealizes completeness and *loves* (to love, to be in love with, or to love in order to) to escape a sense of inadequacy and vulnerability. However, it is important to point out that even though love and transference love reveal the same fear of dependency, they are not (necessarily) similar as a response to that dependency. Transference love gives expression to man’s high standards and prerequisites for falling in love,[[198]](#footnote-198) and thus to *high standards* for treating with respect and humanity, other human beings. The concept explains resistance to certain truths that mark our own body and identity and, which we, therefore, reject in other humans as well. Love as a more general concept and in the Platonic fashion is not an inherently problematic object-relationship. It can also be the expression of the love and acceptance of others in their humanity—with both their strengths and weaknesses. The idea that underpins this act of love is the idea of mutual dependence that results in a stronger identity than the one seeking self-sufficiency. In this (platonic) story, wholeness is not located in the singular but in plural co-dependency. This is an enactment of love related to Freud’s theory of converting self-love into object-love; sharing the idea that narcissistic love diminishes to make place for a pluralistic object-world.

In reality Plato’s *Symposium* (c. 385–370 BC) can give expression to multiple stories: one more close to Freud’s notion of transference, the other an expression of valued interdependence. Similarly, the response to primitive shame is not a frivolous matter since it too gives expression to very different life stories. Indeed, what I have argued, is that shame-inducing dependency, or primitive shame, is only an intermediate stage between primary narcissism and the acceptance of *inter*dependence and the true ability of object-love. It becomes problematic only once the intermediate stage becomes permanent and its defeat remains absent; initial defeat or the defeat of infantile demands for control is never acquiesced and shame finds an excellent breeding ground in this act of self-denial and self-deception. It is already useful to stress that the failure to deal with this initial defeat is not simply the result of an individual’s identity and character. It is often related to a society that creates a picture of the absence of idealness and independence that exactly inscribes the notion of defeat; the members of this society will never deal adequately with primary defeat precisely because they were never given the tools to accomplish the task. Instead the message they received was: dependency is defeat. I will analyze Western *society’s* treatment of shame in the remainder of this first part of my dissertation.

Shame is fostered by self-deception. Yet shame, to return to the beginning of this chapter, is not always negative, which corroborates the thesis that it is the *response* to primitive shame that can be the cause of evil rather than primitive shame itself. Freud called primary narcissism a necessary stage in our development and this, according to Nussbaum, is true for the affect shame as well.[[199]](#footnote-199) Indeed, shame is not negative when a child is taught to deal with the affect adequately in which case it comes to serve as a moral compass: “[…] the behavior of caretakers of parents makes a great difference in setting the trajectory that this primitive shame will take.”[[200]](#footnote-200) When a more far-reaching perspective is adopted and the focus lies on what a society does, it is social and cultural behavior and legacy—politicians, institutions, practices—that makes a difference in setting the trajectory that primitive shame will take.

When a child has been taught to move beyond primitive shame he or she has learned that other humans have needs and to put his or her own needs aside; he or she becomes capable of not only demanding help and control but of equally giving his time and effort to others.[[201]](#footnote-201) It is only when an infant is not taught to reevaluate its felt shame for dependency that its development becomes threatened. There are probably many individuals who learn to deal adequately with their dependence in their *individual lives*. But what I wish to argue is that the social treatment of the affect shame has resulted into a different story—which of course does have an impact on individual development.[[202]](#footnote-202) The West has never moved past a feeling of shame toward dependence to reach an acceptance and positive evaluation of *inter*dependence. The story of disability exemplifies this clearly. Nussbaum explains that “a kind of primitive shame at the very fact of being human and nonwhole underlies the more specific types of shame that we later feel about handicaps and inadequacies.”[[203]](#footnote-203) Moreover, it is through social teaching and learning that disability became a lived reality in the West.[[204]](#footnote-204) An analysis of disability and shame is the subject of the second chapter [part] of this dissertation.

* 1. Shame and Disgust: A Psychoanalytic Comparison

Before addressing the problematic relationship between disability and shame, it is possible to still further deepen the understanding of the cognitive content of shame by comparing the affect to that of disgust. According to Nussbaum, disgust has a set of primary objects and societies do not have the latitude to make them nondisgusting.[[205]](#footnote-205) These primary objects are: feces, blood, semen, urine, nasal discharges, menstrual discharges, corpses, decaying meat, and animal and insects that are oozy, slimy, or smelly. The reason for which societies cannot make them nondisgusting is because they have a clear biological function. Disgust at primary objects is a primeval habit that steers us away from the dangerous when there is no time for inquiry.[[206]](#footnote-206) Nussbaum writes: “Disgust concerns the borders of the body: it focusses on the prospect that a problematic substance may be incorporated into the self.”[[207]](#footnote-207) But disgust is not as innocent and ‘friendly’ as it looks. It has an inherent danger: disgust and its ideational content are soon extended to other objects.[[208]](#footnote-208)

Disgust its ideational content is “that the self will become base or contaminated by ingestion of the substance that is viewed as offensive.”[[209]](#footnote-209) Nussbaum explains that “disgust pertains to our problematic relationship with our own animality. Its core idea is the belief that if we take in the animalness of animal secretions we will ourselves be reduced to the status of animals. Similarly, if we absorb or are mingled with the decaying, we will ourselves be mortal and decaying. [….] The products that are disgusting are those that we connect with our vulnerability to decay and to becoming waste products ourselves.”[[210]](#footnote-210) A result of this particular ideational content—fear of the animalesque, abject and decay—is that soon disgust is extended to secondary objects since “the *motivating* idea [for disgust] has to do with our interest in policing the boundary between ourselves and nonhuman animals, or our own animality.”[[211]](#footnote-211) The conceptual framework behind these extensions is that of contamination:

Disgust, however, soon gets extended to other objects, through a complex set of connections. A prominent feature of these extensions, as studied by Rozin, is the notion of ‘psychological contamination.’ The basic idea is that past contact between an innocuous substance and a disgust substance causes rejection of the acceptable substance. […] *contagion*: things that have been in contact continue ever afterwards to act on one another.[[212]](#footnote-212)

Nussbaum notes that particularly people with disabilities are vulnerable for being the target of disgust.[[213]](#footnote-213) Indeed, the social extensions of disgust are not unfrequently connected to shady social practices. Disgust can add conceptual substance to the ‘shamed disabled’; once the ‘disabled’ has been created—shame still plays a central role—and once the ‘abled gaze’ labels the ‘disabled’, the step toward treating the ‘disabled other’ as a disgusting, threating or contaminating being is not far away. Shame and disgust reinforce one another. Not coincidentally since, different from anger and fear, “they are especially likely to be normatively distorted […] because of features of their specific internal practice.”[[214]](#footnote-214) The normative differentiation or distortion of shame is the subject of the second chapter of my dissertation.

1. The History of Shame in the West: Performative Shame and the Construction of Disability

Nussbaum’s psychoanalytic account of the genesis of shame that was discussed in the previous chapter has given rise to an important question that this chapter further elaborates on. It was uncovered that impairments are a universal reality; an essential part of the human condition.[[215]](#footnote-215) When the infant discovers its own identity in relation to that human condition, the infant is struck with a sense of shame at what it perceives to be a loss of a self once greatly enjoyed: a Self that is complete and in control.[[216]](#footnote-216)The question that arises is how ability and disability are challenged by this notion of universal impairments? And what role does shame play in the movement from a discovery of universal impairments to the separation of humanity into distinct and oppositional categories: ability and disability?

* 1. Introduction

The analysis of disgust has revealed that there exists a societal re-functioning of the affect that creates subjects and ‘secondary’ objects that can appall and are treated with rejection.[[217]](#footnote-217) Even though the analysis of the affect discloses the existence of a clear and identifiable cause for the bodily sensation disgust, nevertheless it is possible for the affect to get tangled up into a conceptual framework—it addresses both the physical and the mental. This conceptual framework pulls together disgust and contamination.[[218]](#footnote-218) The latter de-neutralizes disgust and metamorphosizes the affect to become a vehicle for social oppression and stigmatization.[[219]](#footnote-219) In this chapter, I will explore and analyze a similar re-functioning of shame; a move from the individual to the societal that occasions the likened move from neutrality to power. Both disgust and shame illustrate that affect, although a biologically based system, has the freedom and boundless potentiality to function outside any time-bound and function-bound instrumentality.[[220]](#footnote-220) The introduction to affect theory in the first chapter explained this ‘boundless potentiality’: affects are autotelic and, therefore, different from drives that have a clear teleology.[[221]](#footnote-221)

When Tomkins addresses the affect model its autotelic character he argues that, different from the drive system (that other biologically based system), affect is “more capable of generating complexity or degrees of freedom.”[[222]](#footnote-222) By example, the affect shame has a great freedom with respect to time: where one is only momentarily embarrassed by forgetting an acquaintance’s name, for example, shame often addresses a whole person and can last a lifetime. In other words, shame addresses an individual and the individual’s body and not a distinct act that has specific shameful properties and would attribute shame with a clear teleological function. Shame is much more free with respect to aim than a drive such as thirst that is felt to prevent dehydration. Thirst cannot ‘metamorphosize’ into an indicator of,for example, loneliness or sadness. By contrast, shame can virtually attach to anything or anyone and even to other affects.[[223]](#footnote-223)

Drawing together affect theory and the psychoanalytic account of the origins of shame presented in the first chapter, one can make the conclusion that, even though the affect shame has an identifiable set of principles that lead to its first appearance in the individual’s life, shame nonetheless hereafter is unrestrained in how it is functionalized. Shame has the potentiality to *transcend* its primary attachment to *the individual’s* perceived loss of primary narcissism; the affect can be displaced from the individual and translated to the societal. Alongside the autotelic character of the affect system, it is the infant’s discovery that “something can be done about such vital matters [the causal conditions of affects] [… ,indeed, that he can] achieve [a] degree of control over the appearance and disappearance of his affective responses,”[[224]](#footnote-224) that is of essential importance to the possibility of the societal re-functioning of the affect shame. Following these two key observations, I will argue that in the West this complexity and freedom of the affect system concretizes in the outward performance of shame. Indeed, my analysis of the societal re-functioning of shame and its operational power draws on performative studies;[[225]](#footnote-225) the “control over the appearance and disappearance of [the] affective responses” and the move toward the societal is a performative “move”.[[226]](#footnote-226) Some remarks about performative theory are already in place.

Performativity as theory, at the moment, brings together two related yet different discourses: the theatrical performative and speech act theory.[[227]](#footnote-227) Speech act theory finds its origins in the British philosopher of language J.L. Austin’s theorization of performative utterances. A performative utterance belongs to a narrow and distinct cluster of utterances that are not ‘merely’ descriptive but ‘conceive’ themselves the act or performance that language usually ‘merely’ describes.[[228]](#footnote-228) In other words, the very utterance of this particular type of sentence is a performance in its own right. By example, when one wishes to make a promise, the person will declare “I promise …” and by that declaration the promise will be made. Performative theory is indebted to the individuation of such a distinct cluster of sentences, while at the same time it challenges the very existence of such a *narrow* cluster by arguing that the performative in language is far less restrictive.[[229]](#footnote-229) Adhering to that criticism, gender theorist Judith Butler argues that even commonplace communication is performative.[[230]](#footnote-230)

Eve Kosofsky Sedgwick explains the simultaneous indebtedness to and departure from speech act theory that is proper to both Derridean deconstruction and (Butler’s) gender theory:

[…] both deconstruction and gender theory have invoked Austinian performativity in the service of an epistemological project that can roughly be identified as *antiessentialism*. Austinian performativity is about how language constructs or affects reality rather than merely describing it.[[231]](#footnote-231)

For Derrida and Butler the most interesting and revealing part of speech act theory is how *all* language possibly is performative and potentially is charged with power. Furthermore, the performative is most powerful when it is not even embodied in actual words.[[232]](#footnote-232) It is at this point that the theatrical performative might enter the stage. The performative is a theatrical instance; not a linguistic act that is non-referential/performative but an act of drama that is lived and seen (by an audience) on a stage.[[233]](#footnote-233) For now, it is important to note that the theatrical of performativity is dramatic, non-referential and non-verbal action, and, is the extroversion of something (of the actor or of the self).[[234]](#footnote-234)

The re-functioning of the affect shame is a theatrical performance. In the West, the shame felt at dependence is performed outwardly to deny dependence as a property of the self. Consequently, it is only the ‘other’ that can be dependent and stirred by shame. It is by addressing this act of denial that I wish to disclose shame’s theatrical performativity. But before putting the act of denial on stage, I will already postulate a first definition of what I call “performative shame” since it lays bare an essential property of the act of denial: the outward performance of shame coincides with the collective or societal denial of shame/impairments and the extroversion, expulsion or displacement of shame’s self-referentiality. I will return to this shortly. What is being denied is not so much dependence itself but dependence its universality that draws in the self to become part of the disillusion of wholeness and primary narcissism.

The collective denial of shame/dependence consists of the reattachment and redistribution of shame/dependence to a minority group (the disabled) that is constituted through the very act of shaming; to shame is a dramatic performance that shapes and sustains the constitutive line of the binarism ability/disability. Denial of universal impairments in the form of ‘disability’ is the ‘extroversion’ of the universal and ubiquitous presence of shame in Western society: I wish to reveal this *contradictio in terminis* as the essence from which power relations arise and to which they are attached (where cause and effect hold no simple, linear relationship). In conclusion, I argue that shame felt at dependence as a self-referential force or affect is collectively denied *in order for the affect to find new referents that are constituted for and performed through shame.* Therefore, shame is *the affect that in the West can never have a ‘simple’ phenomenological quality* but can only be ‘digested’ through deflection and aberrant ‘situatedness’.[[235]](#footnote-235) With ‘situatedness’ I mean to refer both to the referentiality of an affect (shame) and its intentionality, its meaning-making if not even its *raison d’être*. I am interested in the relationships between phenomenology and affect, on the one hand, and the *theatrical* *performance* of self-denial and extroversion, on the other; the collective denial of shame or the performance of deflecting shame outwardly seems to bear directly upon questions of phenomenology and upon forces of ‘to touch and be touched by’ or ‘to act and be acted upon’.[[236]](#footnote-236) I will first turn to a discussion of the concept of self-referentiality and of shame’s aberrant ‘situatedness’.

* 1. Shame and Self-Referentiality: Introversion, Extroversion and the Self.

The affect shame transcends its primary attachment to the loss of a heroic Self paradoxically by denying this loss as shame’s referent and consequently by *never addressing, examining and (re-)evaluating that loss in and by itself.* The West has been painstakingly preoccupied with the affect shame, its primordial consciousness and likened self-awareness (of dependence), to the extreme that it has never moved beyond this *self-*discovery to look instead at the notion of dependence and its meaning and possibility for creating a new identity. Indeed, there simply is no consideration of what dependency has already meant for the individual and for society at large. Shame has functioned as an impenetrable barrier to such an act of self- and other-exploration. To understand this total and far-reaching focus on shame and self-referential loss it is interesting to refer back to the psychoanalytic account of shame—the subject of the first chapter of my dissertation. Shame originates in the realms of apperception. As a result, shame is an affect deeply ‘indebted’ to the discovery of referentiality.

Shame arises at that moment during an infant’s development when it needs to (re)understand and (re)define itself. Sedgwick explains that “In the developmental process, shame is now often considered the affect that most defines the space where a sense of self will develop.”[[237]](#footnote-237) She delineates this space by tracing the boundaries of the affect shame that makes a double movement: “toward painful individuation, toward uncontrollable *relationality*.”[[238]](#footnote-238) Paradoxically, the idea of individuation needs to be understood in close relation to the idea of relationality. When shame is felt, the subject experiences a painful individuation of the self that is now understood in relation to an identity as needy and vulnerable. Individuation is vulnerability that opposes itself to a myth of heroic individuality. This individuation—new identity and sense of self—arises *in the midst of a collectivity* that defies wholeness, individuality and independence. It arises in the midst of the discovery of the world of objects; individuation is the discovery of the self as positioned within a larger collectivity that is not homogenous but heterogeneous. This heterogeneity confronts the subject both with a shuddersome sense of relationality and individuation. Singularity and wholeness have been lost, and one can now only do with the illusory *concept* of the self and identity. Further, relationality is the lived reality of a collectivity that reinforces the understanding of one’s own incompleteness and lack of control. Relationality withdraws back into individuation. The simultaneous experience of individuation (vulnerable self) and relationality (heterogeneous collectivity) is one of the greatest challenges posed to our search for identity. Shame pulls the individual both towards the internal and the external world. Introversion and extroversion combine in a paradoxical mix. The properties of shame that help to understand why the affect has given rise to phenomenological challenges start to emerge, but the idea is in need of further exploration.

The potential danger that exists as a result of shame’s genesis in the discovery of the world of objects is that the affect becomes excruciatingly self-referential; it forces one to center on the question of identity, to reexamine it and the meaning of the double movement shame makes (individuation and relationality).[[239]](#footnote-239) But the interest one potentially holds for a ‘new’ identity might not overcome the bodily experience of shame. Shame’s double movement poses a challenge to an interest in and exploration of the self. Tomkins even places shame “at one end of the affect polarity *shame-interest*,”[[240]](#footnote-240) and suggests that “the pulsations of cathexis around shame, of all things, are what either enable or disenable so basic a function as the ability to be interested in the world.”[[241]](#footnote-241) And I would add that shame enables or disenables the ability to be interested in the self. If shame arises during the discovery of the world of objects and, consequently, of the self, the challenge that presents itself is to be interested in the exploration of the newly discovered (qualities of the) self, on the one hand, and the consequent effort of disvaluing an image of the Self that nurtured a sense of comfort and control, on the other. However, the impasse is that shame does not only accompany apperception of the self, but is also the barrier to an act of self-exploration:

Like disgust, [shame] operates only after interest or enjoyment has been activated [the interest in and enjoyment of wholeness, completeness and control], and inhibits one or the other or both. The innate activator of shame is the incomplete reduction of interest or joy. Hence *any barrier to further exploration which partially reduces interest* […] will activate the lowering of the head and eyes in shame and reduce further exploration or self-exposure.[[242]](#footnote-242)

This excerpt reveals the complexity of shame’s relation to discovery (and self-discovery); an uncomfortable congruence of awareness and denial. And as the end of the excerpt indicates, the most dangerous and most likely outcome of such confusion is that shame effects a barrier to (self-)exploration. Indeed, the meaning and potential of dependence are left unexplored as the greatest challenge becomes the affect shame itself.

The preoccupation with shame felt at dependence coincides with the experiencing of shame’s introversion/extroversion paradox as a threat to the mythical Self; a threat that must be overcome. So the dual structure of the affect shame itself challenges self-contained completeness. A first definition of performative shame can be proposed: performative shame is the attempt to disentangle, reorganize and re-functionalize shame’s introversion/extroversion paradox in order for the affect not to pose a threat to the mythical Self but, by contrast, to become its very confirmation—in reality, its performance. Thus, the societal refunctioning of shame is a re-functioning and reorganization of shame’s introversion/extroversion paradox. The performance of a mythical Self requires that the ‘referentiality’ of shame becomes reorganized and refunctionalized; not to be the bodily voice of human (inter)dependence but to be the sign (or stigma) of exceptional, if not deviant or abnormal, dependence and vulnerability. Then, shame felt at dependence cannot attest to both an introverted self-discovery and an extroverted discovery of the world of objects, but becomes an ‘attribute’, or a property or characteristic, of an external, displaced or even otherworldly category or object. The second and third chapter illustrate that certain human qualities are (often medically) categorized, stigmatized as symptoms, categorized and shamed; against the backdrop of this shamed collectivity of symptoms, diseases and deviancies, the ‘normal’ man who has freed himself from dependence and shame is defined. Supposedly, the normal man only discovers, classifies and studies these symptoms, diseases and deviances. But that in reality they become the carriers of a *society’s shame* attests of the falsity of this objectivity. Indeed, shame’s paradox (introversion/extroversion) will prove to be unescapable; the West is imbued with shame. Shame as an attribute or a property is only a denial of self-interest. It is only a performance. Before analyzing shame’s performativity in more depth, one needs to understand in what way affects carry the potential of being performed.

The entrance of shame in our developmental stage is a paradoxical experience that can be summarized in the following scheme: apperception causes the loss of an enjoyment of wholeness, which causes 1) shame, and; 2) the discovery of controlling the affective system.[[243]](#footnote-243) Apperception reveals our dependence and simultaneously carries not only the promise of being acted upon but also the *potential to act upon others*. Rather than exploring interdependence, however, the discovery of the world of objects (referentiality) has often installed power-relations and categories that act upon bodies to hide and dehumanize them. I argue that shame—and the blinding focus on self-referentiality and loss of Self—has given rise to a *destructive empowerment* of this discovery of referentiality. A destructive discovery in the sense that ‘to be acted upon’—by affect, affective relations and the world of objects at large—is also to discover that one can ‘act upon’ through affect, affective relations and the external world of objects. These forces are consolidated to disempower bodies for the purpose of upholding a mythical Self—whole, complete and autonomous. To conclude, the search to control affects and the ‘discovery of referentiality’ (apperception) bring into existence not only the threat of being acted upon but also a possibility; the possibility to act and perform. One act, I will argue, exists in the denial of shame and in creating the illusion that self-exploration is unneeded.

Affects are autotelic, free and complex. Sedgwick describes them as forces with a “productive opacity.”[[244]](#footnote-244) This opacity and transience of affects their objects, motivations and meaning-making implicates that “Freedom, play, affordance, meaning itself derive from the wealth of mutually nontransparent possibilities for being wrong about an object—and implicatively, about oneself.”[[245]](#footnote-245) The affect shame has almost a meta-affective quality since it is an affect that not only potentially produces an opacity that results in being wrong about oneself, but moreover arises amidst the disillusioning and confusing discovery of wrongfulness and identity. Therefore, it is not all that surprising that the interplay between the affect shame and identity—and subsequently between shame and society, politics and normativity—is largely one of negation, denial and deflection.

* 1. Self-Referentiality and Photographing the ‘Disabled Other': Introversion and Extroversion or Shame’s Convoluted Paradox

Shame’s relatedness to the origins of apperception is not isolated from shame’s paradoxical relation to self-referentiality and extroversion, since the discovery of the world of objects gives rise to the very possibility of referentiality, introversion and extroversion. In what follows I examine the relationship between shame and referentiality (introversion and extroversion) by introducing the theme of the gaze (and more general the theme of sight) through an analysis of what I call photographic staring.[[246]](#footnote-246) Photography has since its conception dedicated itself to the cause of capturing the ‘disabled other’. But the medium was not immune to shame; as it was not immune to the enmeshment of subjectivity and objectivity. Not so much ‘capturing’ or ‘finding’ symptoms and behaviors of the ‘disabled’, photography instead has helped to construct the notion of disability. With the concept photographic staring I designate those photographic practices that are invested in separating the viewer from the viewee; a separation that supposedly coincides with a difference between ability and disability.[[247]](#footnote-247) To give force to the validity of the separation these photographic practices advocate the myth of the reasonless machine called photography.

Photography is a useful case study for my research for two reasons. First, photography holds an intrinsic relation to seeing and representation. Not coincidentally, photography has given rise to a vast literature that explores the meaning of sight for identity, self-representation and other-representation.[[248]](#footnote-248) Indeed, there has been a fruitful fertilization between identity politics, the sense of sight and photography. Second, the invention of photography has brought about a questioning of the predominance of the sense of sight in (Western) society for understanding reality.[[249]](#footnote-249) It was long believed that photographs offered a timeless picture of the objective real—and the belief still circulates in wider culture that photographs are a truthful representation of the “real life” original.[[250]](#footnote-250) However, an analysis of photography grounded in scholarly research has revealed that the photographic object is the result of a number of processes that challenges the notion of its objectivity: framing, aesthetic choices, lighting, creating sets, costumes and objects, digital montage etc.[[251]](#footnote-251)

The two fields of research outlined above have intersected and reinforced one another and have evidenced a significant and prolific potential for minority studies—not least by the substantiated critique offered on power-relations. Rosemarie Garland-Thomson’s *Staring: How We Look* (2009) deserves to be mentioned in this regard.Tackling a basic human interaction, i.e. the human stare, Garland-Thomson disseminates the political and sociocultural weight of the bodily andconceptual stare.[[252]](#footnote-252) The stare is a form of engaged self-consideration that captivates two bodies to subsequently throw these bodies in polymorphic and sometimes opposing directions: individuation, relationality, dependency and control.[[253]](#footnote-253) This similarity with shame’s double movement is not coincidental since Garland-Thomson’s book illuminates how shame is the usual response to staring. To stare is considered an illicit form of looking; it engages bodies in affectively loaded relationships of self-engagement and self-shame, therefore, often becoming suffused with power.[[254]](#footnote-254)

However, I would like to add the deliberation that to stare is an act that carries the potentiality of a multi-directional and multi-outcome force; it may lead to self-shame and rejection of introversion, or it may move beyond that to occasion an opportunity for thoughtful, engaging self-consideration. That engaging self-consideration is *moving beyond* self-shame reveals precisely shame’s dependency on the challenge of self-consideration; engaging self-consideration, of which the stare is a form of expression, both triggersshame and addresses the possibility of moving beyond the fear of self. It is this double possibility that makes shame such a tearing affect, offended by the polemical forces of introversion and extroversion. This double possibility is also expressed in the miscellaneous photographic stare or photography’s versatile employment that I will now address. I would already like to point out that to stare and the photographic stare are both bodily actions, and that the act of taking a photograph can even become a *performative* act. I will draw on Garland-Thomson’s work who, in her essay “The Politics of Staring: Visual Rhetorics of Disability in Popular Photography” (2002), too has addressed the relationship between the stare and photography or what I call the photographic stare.

When addressing the photographic stare in relation to the history of photographing people with disabilities, at least four types of photography that are interesting to discuss can be distinguished—whether as an illustration of photographic staring or as an alternative: (1) ‘objective’ photography that is categorical and often binaric, (2) metanarrative photography, (3) photojournalism, and (4) ‘patient’ photography.[[255]](#footnote-255) I will later give a short overview of these four types of photography. This outline will be followed by a more extensive analysis of the first type of photography (‘objective’ photography) that offers an outspoken example of photographic staring. The supposedly objective practices that I will analyze are inculcated with a want to objectify and categorize the viewee; and shame is the operating principle. Felt shame, as will be illustrated later, is expressed in the categorization and distinction between viewer and viewee that is enforced by the taken photographs. Indeed, it is in the relationship between viewer and viewed, photographer and photographee, that photography carries the potential of becoming a medium for shame’s introversion/extroversion paradox. Photography and performative shame share a preoccupation with disentangling and functionalizing this paradox. Specifically, photography turns shame/impairment into a property and a particularity; these properties challenge the existence of a universal condition and help establish and sustain the boundary between abled/disabled. Shame as an ‘attribute’ of the disabled ‘decontaminates’ the affect; it is no longer an affect that pulls the gaze both inward and outward, but now shame is only a tool for delineating and investigating the ‘other’.

Key to photography’s possibility to re-functionalize the introversion/extroversion paradox, is the understanding that photography is not an “unreasonable machine” but a man-handled instrument that points and stares—a machine positioned in between two subjects and that instigatesa mechanization of sight.[[256]](#footnote-256) Indeed, a machine (the photographic apparatus) operates the new functions of sight—both on a physical and mental level. One of these functions is to mediate illicit staring. I use the concept of staring as defined by Garland-Thomson: “staring at disability is considered illicit looking, the disabled body is at once the to-be-looked at and not-to-be-looked-at.”[[257]](#footnote-257) The practice of ‘disabled photography’ begins with this act of staring that is facilitated as the photographic lens acts as a mediator. But staring is ‘only’ this: the beginning. The picture taken of the ‘disabled other’ is the end-product and it is not the sole outcome of staring alone. Once the viewer has been confronted with the stare “that estranges and discomforts both viewer and viewed”,[[258]](#footnote-258) he or she acts and reacts (or perhaps re-acts or performs) by taking a photograph; this act is constituted by the mechanization of looking that depends on the framing processes mentioned above. Aesthetic choices, lighting, the staging of the scene, all of these tools can help to turn viewer away from viewee and to create and uphold the myth of shameless wholeness. The examples that follow will serve further explanation.

In the preceding paragraph I have been careful to express a potentiality that photography holds. Indeed, not all of photography its history can be described in relation to performative shame and the refunctioning of the shame-paradox. Throughout history, photography has been used in various ways and its practice has been attached to various traditions, purposes, ideologies and uses. As much as photography has been a tool for suppression in which the shaming gaze operates, equally has photography become a tool for exposing oppressive discourses, practices and institutions. A first example is the employment of photography (often artistic photography) on a metanarrative level; the photograph exposes its own framing-practices and subjectivity.[[259]](#footnote-259) The second example are photographs, often carrying the authority of photojournalism, that wish to unmask and reveal malpractices that thus far had remained entirely absent from view. They wish to capture the uncaptured. By example, the uncaptured history of psychiatry.

The never spoken or seen history of psychiatry was the subject of Franco Basaglia’s book *Morire di classe: la condizione manicomiale* (1969).[[260]](#footnote-260) During the heydays of anti-psychiatry, the Italian psychiatrist published this documentary book and provided Italian society with an unprecedented look into the psychiatric world of Italy. The photographs taken by Carla Cerati and Gianni Berengo Gardin were shocking. But it was not the ‘patient’ who was being displayed; rather, one could argue that now society was the target of the lens—photography’s efficacy to direct the gaze inward and outward in a relation of dialogue was used consciously and effectively. The photojournalistic project captures the hidden, unseen and ignored history of psychiatry in Italy. The mental hospitals are prisonlike with patients locked and constrained. Photography had been used for over a century to medically classify psychiatric patients but never had there been published a book that exposed the cruelties perpetrated against the ‘mad’. *Morire di classe* (1969) was a pioneer and changed the relationship between photography and psychiatry (at least offering another, alternative possibility) marking new ethics, new attitudes and customs. Moreover, Basaglia not only changed photographic practices, but also achieved institutional changes in mental hospitals by publishing his inculpation of societal practices—the Basaglia Law or Law 180 signified a large reform of the psychiatric hospitals.

There is a third example that illuminates photography’s versatility. The latest era in photography’s use for ‘capturing’ people with a mental disability is unique in its reversal of authority; not an objective or supposedly objective viewer controls the camera, but the viewees are now pointing the lens and shooting the picture. In the 2003 photo documentary *Ghetto*, Adam Broomberg and Oliver Chanarin left it up to the patients residing in the René Vallego psychiatric hospital in Camaguey, Cuba, to control the process by which the photographs were taken. By handing over the camera to the viewee, Broomberg and Chanarin do not negate the division between those in authority and those who have been deprived of their freedom; a division that is likened to the viewer and the viewee of the photograph.

The above-given examples demonstrate that photography cannot be unthoughtfully assumed to function as an objective machine. The photographs are, more or less explicitly and more or less consciously, concerned with questions of authority, referentiality and reality. I now turn to photographs that claim to capture the ‘real life’ original but are, in reality, manifestations of images that are problematic in their non-referentiality. The images neither represent the viewer nor the viewee but instead framed ‘features’—characteristics, symptoms, qualities—that organize the myth of normality/deviance. These ‘features’ are not ‘real life’ originals but, oppositely, ‘referent-less’ constructions. Their function is not only to turn away the viewer from the viewee, but also to turn away the viewer from the self.[[261]](#footnote-261) A confrontation with the self’s incongruity (psychical and bodily) is avoided by *engaging* the body in the construction of a mythical whole.[[262]](#footnote-262) The bodily act corresponds with the act of taking a photograph; the body is *physically* involved in an act that will be exposed as an act of denial or ‘other shaming’ (performative shame).

I wish to approach photography not only as a discourse, but also as a stage or as theater—the creator of the photograph is the actor, the photograph is a scene, the setting and framing a stage, and contemporary and future viewers of the photograph are the audience. What further will become clear, I hope, is that—during the act—the relation between viewer and viewee, that can be denoted unidirectional in terms of authority, but erratic and eccentric in terms of feeling, estrangement and the affects, *is motivated by shame* that turns the act of photographing into a performance. This act is instilled with the introversion/extroversion paradox that makes not only shame but also the photograph a “skin side out” paradoxical referential.[[263]](#footnote-263)

Let us return to the nineteenth century, when the invention of photography was welcomed with a vast belief in its effectiveness for capturing the real world.[[264]](#footnote-264) Psychiatrists and physicians too invested in this wondrous machine, expanding their laboratories with the latest technology. Amongst them was the French neurologist Jean-Martin Charcot (1825-1893) who (it will become clear) wanted to capture on film not the patient but the disease.[[265]](#footnote-265) The first introduction of psychiatry to the new medium photography resulted in medical encyclopedia that functioned as a kind of museum of pathology. The undertaking of categorizing pathologies and their symptoms—believing there would be discovered effective cures and remedies for these ‘suffering creatures’—was a booming business. Charcot published his *Iconographie photographique de la Salpêtrière* (1878) for which he hired the medical photographer Albert Londe (1858-1917).[[266]](#footnote-266) The French psychiatrist Bénédict Augustin Morel (1809-1873) published a textbook called *Traité des dégénérescences de l’espèce humaine* (1857). Also Britain had its famous textbook: *A Manuel of Psychological Medicine* (1858) by John Charles Bucknill and Daniel Hack Tuck. Other publications worth mentioning are John Conolly (1794-1866) his *The Physiognomy of Insanity* (1858), Max Leidesdorf (1818-1889) *Lehrbuch der psychischen Krankheiten* (1865) and the images by Frederik Salomon Mijers (1868-1953).

Charcot believed in the representative power of his images claiming that “à la vérité, je ne suis absolument là que le photographe; j’inscris ce que je vois […].”[[267]](#footnote-267) His medical photographer Albert Londe concurred by describing the latest photographic plate as the true retina of the scientists.[[268]](#footnote-268) However, this avowed objectivity is not immaculate. Even though Charcot and Londe truly believed in photography’s objectivity and seemed oblivious to the authoritative power of the photographer that controlled the process of ‘capturing’, nonetheless the photographs are in reality categorizations not left ‘uncontaminated’ by power, stigma and shaming. A photograph of a nurse forcefully holding a patient—whose disease needs to be captured first and not the person—is an illustration of the power attributed to the photographer (see fig. 1).[[269]](#footnote-269) The nurse’s hands function as a pars pro toto for the photographer’s power or for the power of the individual or institution that has hired the photographer to carry out the task—in this case the psychiatric institution.[[270]](#footnote-270) The picture exemplifies and (unconsciously) visualizes the framing-processes that are the thriving forces behind the ultimate end result, i.e. the still picture the spectators get to see. Another practice to which Charcot would (habitually) return serves a second example; specifically revealing of photography’s theatricality. It occurred several times that Charcot hypnotized his patients in order to elicit the symptoms he wished and planned to capture (see fig. 2). As a result, what is represented in the picture is more an outcome of the photographer’s mind than of the world of ‘thoughtless objects’ or the “unreasoning machine”.[[271]](#footnote-271) The defenders of photography’s neutrality and objectivity were in reality framing the subject of their photographs.

The outcome of the framing processes is telling for photography’s relationship to staring. Charcot *planned* and *coordinated* the photographic act; an expression of the desire to capture symptoms and to medically categorize them. Moreover, his hypnotizing practice confirms that Charcot was not interested in gaining new knowledge about symptoms unknown to him, but that, quite differently, the psychiatrist had in mind exactly the symptoms and behaviorisms he wanted to medicalize and pathologize in his categorizing enterprise.[[272]](#footnote-272) By capturing his “living museum of pathologies”,[[273]](#footnote-273) Charcot defined, objectified and *delineated* disease. Further, he distinguished the viewed subject (or really object, pathology) from the viewer—the spectator, but in a first instance the viewing, gazing and staring photographer or ordering individual or institution. I now would like to argue that the motivation for Charcot, and many others, his *objectifying* (rather than objective) photography is shame. If Charcot had in mind the symptoms he wished to capture on film *and* was willing to go the distance to hypnotize his subjects (a performance), to *stage* their illness, then, Charcot seemed curiously involved in categorizing a *particular* set of familiar symptoms as both alien and unique; as distinct and extraordinary. This kind of engagement with and consideration of the chosen ‘symptoms’ expresses a personal involvement and a grand desire to control and *readdress* them.[[274]](#footnote-274)

To readdress in this particular history both means to redefine, on the one hand, and to reposition or clearly delineate a referent for the object under examination (the chosen symptoms), on the other. In other words, this type of photography is engaged in an act of ‘extroverting’ a self-referential exploration of the body, the mind and their vulnerabilities. The reason for which the photographer wishes to readdress and delineate the ‘pathologies’ as not belonging to *bodies* but to *a* body (the diseased or other body), is the shame he or she feels for his or her own body’s incompleteness and vulnerability. On the verge of self-exploration or introspection, the photographer, ordering individual or institution (re)directs his gaze toward a constructed other or a constructed object—in this case the symptom or the pathology, by now basically the same thing. This type of photography, the act or process, is an unfitting mix between referentiality and non-referentiality. The outcome of the process, the photograph, is non-referential; neither representing the self nor the photographed subject.[[275]](#footnote-275) The act of looking at the photograph does not engage the viewer to get to know the person depicted. The subject of the photograph is a symptom or a pathology staged to expand the knowledge of a medical discourse.

In “The Politics of Staring: Visual Rhetorics of Disability in Popular Photography” (2002), Garland-Thomson turns to the present and elaborates a taxonomy of four primary visual rhetorics of disability: the wondrous, the sentimental, the exotic and the realistic.[[276]](#footnote-276) The striking observation Garland Thomson makes is that “almost all of them appropriate the disabled body for the purpose of constructing, instructing, or assuring some aspect of a *putatively* nondisabled viewer.”[[277]](#footnote-277) These contemporary visual practices appear to share a common function with the nineteenth century medical photography. Interesting to note is that all of these photographs commonly assumed neutrality and objectivity. In other words, there is a danger in assuming photography to be an unthinking or reasonless machine; a danger that consists of having shame sneaking into the process and becoming the framing authority behind the scenes. Some more illustrations will prove elucidating.

Garland-Thomson writes that “in our occularcentic era, images mediate our desires and the ways we imagine ourselves.”[[278]](#footnote-278) With regard to disability, images offer the way to shun shame and present ourselves with a self-congratulatory or even deifying picture that we readily accept as reality.[[279]](#footnote-279) The image of ability becomes more real than shame. Unfortunately, the implication is that the binary ability/disability too obtains this decided credibility; our belief in images continues to give the object the power to shape reality. Shame is set aside. Shame is no longer universal but turned into a property of the viewee. That shame is set aside is unfortunate, since shame expresses a *common* humanity, equally much as the affect may be dangerous and painful. The sentimental, one of Garland-Thomson’s discourses, exemplifies photography’s power to create a reality in which the ‘abled’ viewer becomes the ‘disabled viewee’ his guardian angel: “In such appeals [the sentimental], impairment becomes the stigma of suffering, transforming disability into a project that morally enables a nondisabled rescuer.”[[280]](#footnote-280) As a guardian angel, the viewer expunges himself from shame. Furthermore, against this professed purity, the ‘disabled’ viewee is transformed into the sole signifier of shame/impairment. This is the disentanglement and refunctioning of the extroversion/introversion paradox. It is shame performed. Never is shame truly overcome. Performative shame is a denial of shame referring to the self.

In one photograph Garland-Thomson analyses sentimental cuteness and high fashion which are combined to represent the paternalizing and controlling role of the supposedly abled viewer (see fig. 3).[[281]](#footnote-281) It is a visual rhetoric—outcome of framing practices and the photographic gaze—that enables the viewer to distinguish himself or herself from the viewee. Moreover, the particular rhetoric (the sentimental) through which this distancing and categorization is established and upheld, creates for the ‘abled viewer’ the possibility to ‘confirm’ or ‘substantiate’ through *enactment* his or her mythical wholeness.[[282]](#footnote-282) Garland-Thomson concurs, “sentimentality makes of disabled people occasions for the viewer’s own narratives of progress, improvement, or heroic deliverance and contains disability’s threat in the sympathetic, helpless child for whom the viewer is *empowered to act*.”[[283]](#footnote-283) That the authoritative viewer (photographer, the individual or institution contracting the photographer, and even the spectator) is (unconsciously) seeking to pursue the role of the ‘abled viewer’ and ‘abled heroic deliverer’ evinces the viewer’s felt shame at interdependence, mutual vulnerability an mutual recognition of a shared human frailty; shame felt at one’s own impairments causes the performance of outward shaming that creates a distinct category ‘disability’. Photography can be an empowering act that helps construct or perform the category ‘ability’—a category that is supposedly shameless.

The final example that I wish to examine is a set of photographs of a blind woman published in an essay called “The Integration of People with Physical Disabilities into the South African National Defence Force: A Photographic Documentary Project”.[[284]](#footnote-284) The essay is a report of a project that intends to improve interpersonal relationships between abled and disabled military personnel of the South African Nation Defense Force (SANDF). The abstract states that the paper

argues that visual awareness of disabled colleagues will cultivate a healthier working environment in the military community. By viewing photographs, intentionally or coincidentally, people will grow familiar with disability. This familiarity will assist with the organization and societal perceptions and attitudes toward colleagues with disabilities.[[285]](#footnote-285)

Recognizing that this project was designed by colleagues who intended well with their peers, one notices, however, that the rhetoric adopted in the paper shares a set of common features with the “sentimental photograph” analyzed above.[[286]](#footnote-286) In fact, the photographs included in the paper are examples of two of the four visual rhetorics of disability elaborated by Garland-Thomson: the wondrous and the realistic.

The paper includes a set of pictures of a blind woman working for SANDF (fig. 4). On the right photograph the woman’s blindness is uncensored and visual to the viewer. The left photograph, by contrast, does not witness this particular physical characteristic of the woman. The abstract gives an indication of which photograph would be preferred by the authors of the paper: “This project challenges [*sic*] perception of disability in the SANDF by portraying people with disabilities in productive, integrated roles.”[[287]](#footnote-287) The first photographs analyzed in the paper quickly reveal that the “productive, integrated roles” seek to minimalize impairments and create a verisimilitude with the ‘abled’ body.[[288]](#footnote-288) In accordance, the analysis of the set of pictures of the blind woman reads:

The photographs […] illustrate the power of photography to portray a negative or a positive message. Mrs. Smith was born blind. The choice of the picture used for publication, can either reinforce or counter negative societal perceptions. The pictures of the blind switchboard operator are both accurate in their portrayal of the subject but the one on the right will not portray a positive message. The interaction between photographer and subject, the direction by the photographer, the mood of the subject, and even the climate can play an essential role in capturing an image to support the goal of being positive and integrated. *The photographer had to coax the subject into revealing that required expression*. Sometimes it was necessary to ask a serious question with the camera at eye-level, waiting for the response; sometimes it was necessary to be light hearted.[[289]](#footnote-289)

Although the authors recognize photography’s power to “portray a negative or a positive message”,[[290]](#footnote-290) the interpretation of precisely what is a negative or a positive image seems entirely dependent on, and arising from, the presupposition of the *normalcy* or naturalness of ‘normal abled bodies’. This natural, normal and abled body is a prototype that guides the act of taking and evaluating or reading a photograph. What strikes me is that this prototype has such strength that it can stand next to, or even assimilate, the mission statement in the abstract. The abstract expressed the desire for people to grow familiar with disability—intended at least partly in a visual manner since the project draws largely on photography. Yet the project clearly favors images that assimilate into the prototype of the natural body.

The intended familiarity with disability and “the goal of being positive and integrated” ultimately became a project of homogenization.[[291]](#footnote-291) The image on the left, for which “the photographer had to coax the subject” can be called un-referential;[[292]](#footnote-292) it does not represent Mrs. Smith, it represents a mythical abledness into which all of humanity must be integrated in one way or another. This realistic rhetoric, Garland-Thomson writes, “trades in verisimilitude, regularizing the disabled figure in order to avoid differentiation and arouse identification, often normalizing and sometimes minimizing the visual mark of disability.”[[293]](#footnote-293) Minimalizing the visual mark of disability, this type of photography does not offer a step toward familiarity with *bodies*, in a plural, non-homogenizing and open way. Instead, the photographs celebrate a mythical and non-referential body (singular). The reason for which viewers possibly eschew an openness to other bodie*s* (plural) is their felt shame at, and their fear of exploring and embracing, their own heterogeneous and incongruous body.

The above-described photographic practices embody a process that draws simultaneously on introverted self-interest and fear of self-discovery/shame on the one hand, and an extroversion of that shame through photographic representation (extroversion) that is non-referential (and non-objective) on the other. Such non-referentiality does not represent *any* or *a* body. Therefore, it does not truly represent or capture the supposedly abled or disabled body either. Instead, the practice of photographing the disabled in these examples consists of the reworking of images of impairment to non-visuality in order to recalibrate and sustain a mythical image of the Self that is verging on the bodiless; accordingly creating only a mythical referentiality. This is a powerful mechanism that is imbedded in the process of shaming that also brings together the self and non-referentiality specifically in the process of creating the binary abled/disabled. I will return to this shortly.

The photographs analyzed in this chapter offer examples of photographic staring. The examples have illustrated that photography can be instrumentalized to empower the affect shame; the affect becomes performative and draws and sustains the boundary viewer/viewee or abled/disabled. Staring at the vulnerable body, the viewer decides (more or less consciously) to frame an image that is non-referential. Further, the image deflects shame and turns it into a property of the ‘other’. The stare does not elicit self-exploration but becomes an ‘arresting experience’ that turns onto the affect shame. The affect now poses a barrier to any further exploration, interest or knowledge on the subject. What is feared about the self is projected onto a minority group, creating the false perception that shame only relates to *them*, that disability only relates to *them* and that *we*,the ‘normal*’*, are nothing different from un-engaged or neutral spectators that took up a camera and captured that *extraordinary,* *other* life.

* 1. The Outward Performance of Shame: The Dramatic Construction or the Performance of the Binary Ability/Disability

Photographic staring elucidated that disability is a construct. The psychoanalytic account of the origins of shame corroboratedthe universal existence of impairments (plural). Indeed, disability and impairment, even though they share a *partial* referential framework, are not interchangeable synonyms. One should be careful to differentiate between objective descriptions of physical, cognitive and psychological human frailties, on the one hand, and denotations of these irregularitiesthat are fraught with cultural, social and medical connotations on the other. Commonly, the British social model is credited with differentiating between impairment and disabling social conditions or disability.[[294]](#footnote-294) Impairments are a plurality of injuries, illnesses or congenital conditions that cause a difference of physiological or psychological function.[[295]](#footnote-295) These impairments can be genetic, regressive, or are caused by influences residing outside of the body. The implication is that all humans are born with and (possibly further) acquiretheir own set of impairments[[296]](#footnote-296)—put differently, there exists no human being without physical or psychological ‘anomalies’ and each human body is unique. Indeed, the concept of impairments challenges and deconstructs that of normality. But disability its position toward ‘normality’ is radically different.

Disability refers to a social condition;[[297]](#footnote-297) a set of social and environmental barriers have reduced *a particular set of* impairments into an issue and a deviance (non-normal), limiting the opportunities of people presenting one of these particular impairments.[[298]](#footnote-298) These people are grouped into a category; a construction called disability. Not even ‘merely’ grouped into, but shamed into this category. The definition of disability as degradingcertain impairments into a deviance—defined against normality—disentangles a principle mechanism of disability’s conception or ‘architecture’: there does not exist disability without ability. Disability and ability are two constructed *categories* that depend equally upon one another. The two sides of the *binary* ability and disability constitute each other and, importantly, the concept of the normal. To define the two sides of the binary as categories, is to cast ability and disability in the light of a particular ontology. As categories, ability and disability tell us something about how we perceive and how we live the real world: what is the relationship between humans—their constructions, their language and their behavior at large—and the material or objective world?

In the project *Making Up People*, the Canadian philosopher Ian Hacking explores these questions of ontology.[[299]](#footnote-299) Hacking considers the construction of categories as an instance of making up people. The vast project started in the early eighties and studies the ways in which categorizations affect people, and the ways in which people in term affect the ways they are classified (the looping effect).[[300]](#footnote-300) In *Rewriting the Soul: Multiple Personality and the Sciences of Memory* (1995), for example, Hacking gives a history of the emergence of the medical and social category Multiple Personality Disorder (MPD). One of the key observations made is that, even though throughout history it is possible to identify characteristics of MPD in the behavior of people, nevertheless these characteristics were not explained as symptoms of MPD until the end of the 19th – beginning of the 20th century. In other words, MPD was not a way of understanding or identifying aperson or abody until little over a century ago.[[301]](#footnote-301)

Memory, knowledge and discourses play a decisive role in the genesis and sustainment of categories and their interplay with actual human beings.[[302]](#footnote-302) Indeed, Hacking is indebted to the work of the French philosopher Michel Foucault. Hacking observes and interprets discourses; he recognizes that there are parts of our *lived* reality that are social constructs and, therefore, are not unavoidable facts of life. Still, Hacking is cautious of aligning himself with social constructionism. He even dedicates an entire book to the subject (*The Social Construction of What?* 1999) in which he endeavors to clarify his position towards social constructionism, nominalism and relativism, on the one hand, and realism or even essentialism on the other.[[303]](#footnote-303) Hacking describes his position as dynamic nominalism.[[304]](#footnote-304)

Nominalism has a long history in the West, but at its core is the belief that language does not hold a one-on-one relationship with reality and, therefore, is not a faultless tool for knowing reality;[[305]](#footnote-305) according to nominalism, the reality we live is a linguistic reality that is separated from the material or object world—unknown and unreachable to us. This metaphysical view has guided Hacking’s work. But one must be conscious when reading Hacking who calls himself a *dynamic* nominalist. By adding the word *dynamic*, Hacking is positioning himself as a philosopher who believes in the power of language—language plays a significant role in the way we perceive and live reality—but, Hacking is also claiming that there exists a number of real categories that too are defining of the world in which we live.[[306]](#footnote-306) These realcategories are not constructions or the ‘outcome’ of discourses and institutions, but exist separate from human intervention and human history.

A way to start understanding Hacking’s position is through his statement that “semantics intrigues the logician, but the dynamics of classification is where the action is.” [[307]](#footnote-307) Indeed, Hacking gives a historical overview of the dynamics of classifications such as MPD, sexual abuse, trauma—and the concepts or physical expressions part and parcel of these classifications.[[308]](#footnote-308) But in his work Hacking also identifies classifications that are not subject to such a dynamic that is empowered by discourses and institutions. Therefore, semantics has been the subject of numerous groundbreaking debates in philosophy for centuries, but it is through the “dynamics of classification” that Hacking readdresses the ontological questions that, for centuries, have been the shared subject of nominalism and realism—and, ultimately, have been their divider.

Categories that address and interact with human beings are amenable to the dynamic convolutions of history and language; humans and ‘their’ categories are prone to and, therefore, recast by “semantic contagion”.[[309]](#footnote-309) Unlike humans and their language, a category such as grass will not change its colors because humans, for example, introduce a definition of green that likens the color to that of blue. In fact, differences in color perception exist across different human cultures, but this does not affect the category grass in any essential way; it affects *human* perception. Dynamic nominalism and the dynamics of classification help understand that the perception of grass as green, fresh, happy etc. might not be inevitable, but that the category grass itself is not a social construction but instead a real material object. Indeed, Hacking would argue that grass has factual properties that science can analyze.[[310]](#footnote-310) But as a nominalist, Hacking also evinces that science can take different roads and that science is a human enterprise or ‘product’; the outcome of the selections made and the focus chosen by scientists. Hacking writes: “Philosophical purists like myself feel uncomfortable about statements ‘becoming’ facts. Statements state facts, and scientific facts do not come into being. If they are facts, expressed by tenseless sentences, then they are facts, timelessly, and do not ‘become’.”[[311]](#footnote-311) Somewhat later Hacking further denotes his position and states that “the world is far too rich in facts for any one organization of ideas to trick it out uniquely into *the* facts. We select which facts interest us, and a form of scientific knowledge is a selector of questions to be answered by obtaining facts. […] The facts are not constructed, although the forms of selection are.”[[312]](#footnote-312)

Ian Hacking avoids a far going relativism. But dynamic categories and social constructs do exist. Multiple Personality Disorder is one of these categories. I will argue that disability too is a dynamic category. Further, I argue that the force of the category depends considerably on disability’s installment as *binary*; ability/disability is a social construct that erases the universal character of impairments by redrawing ontological barriers and boundaries. Stating that impairments exist and results into different degrees of (inter)dependence and vulnerability, I stress foremost impairments their universality that offers a first direction to understanding disability as different from impairments and as a social construct. I have arrived at the motivation for which I turned to Ian Hacking’s project and elaborated on his metaphysical position that he denotes dynamic nominalism. I argue that a dynamic nominalist approach to disentangle impairments and disability helps deconstruct disability as the denial of human and universal impairments; it both recognizes disability as a social construct and impairment as inevitable or as a universal truth. The understanding follows that the construction of disability is coincidental with the denial of universal impairments, and I add to this the denial of universal shame as well.

To understand disability as a social construct I turn not only to the real category impairment, but also to the history of the affect shame that holds a deep-seated connection to impairment both as originating from and responding too ‘impairment-awareness’. To become aware of impairment and see the myth of primary narcissism dissolved compels us to hide from ourselves. Related to primary narcissism, the compulsion to hide from impairments can be called a *primary* affective habit. Primary as it may be, however, the analysis of photographic staring provided testimony for the *primary* affective habit its continuation throughout the life of individuals and throughout the history of the West. Indeed, when studying the social construct disability, the most conspicuous thing about this primary affective habit shame is the affect’s fixation. This fixation is deeply involved with normalization. The fixation of the affect shame corresponds with its normative differentiation into ability/disability. Therefore, unveiling shame’s fixation is similar to what could be called a ‘dramatic deconstruction’ of disability. Constituting the binary ability/disability, the normative differentiation of the affect shame and its fixation are situated in the realms of identity (politics),[[313]](#footnote-313) which is concurred by the above-given analysis of shame’s introversion/extroversion paradox—shame is an affect that is deeply involved with identity and the self.[[314]](#footnote-314)

The deliberation of photographic staring has already given some insight into the concrete meaning and operation of shame’s fixation. The cases illustrated that the viewer was *performing* an act of denial—to perform and to deny mean both very concretely to act and ‘to create’, by using a camera, an audience and a larger frame or theater. What is acted and created is an image of the self and the other that completely denies the existence of *universal* impairments. Instead of recognizing universal impairments, the photographic stare was shown to differentiate—imposing the camera, the authority and power of the viewer and the prospective outcome or framing—between the ‘abled’ viewer and the ‘disabled’ viewee. One can add that shame is imposed to differentiate and categorize or even that shame is differentiated itself. Shame becomes a performance that includes self-denial and other-shaming. To perform, therefore, is also to be read in a theoretical framework. It is useful to first elaborate the theoretical framework of performativity.

* + 1. Theoretical Framework of Performativity

At the beginning of this chapter the two discourses of the performative—linguistic and theatrical—were both designated nonessentialist projects.[[315]](#footnote-315) The analysis of the history of shame that I present in this dissertation can also be described in terms of a nonessentialist project; the fixation of the affect shame is normative and learned. Whether the fixation or normative differentiation of shame—at least of the primary affective habit—is a linguistic or a theatrical performance is the subject of the remainder of this chapter. The analysis of photographing the other highlighted predominantly the theatrical performative, but I wish to first theorize what the linguistic performative of the affect possibly looks like. As a performative *utterance* “you should feel ashamed” or “shame on you”, shame is turned into a property performing and instigating a state of exclusion. The utterance is performative since its verbalization coincides with the experience of the affect; experienced not by the sender but by the receiver. Although the effect/affect of the utterance is directed at the receiver, the sender is not entirely free from shame. Instead, the utterance originates within the desire of the sender or performer to eliminate or deny the sense of shame he or she feels for his or her own body. Linguistic performativity gives a sense of shame as performance when the features of this *type* of sentenceare confronted with the content and the constituent parts of the distinct sentence “you should feel ashamed”. The type of sentence, the performative utterance, has the characteristic of being introverted or self-signifying.[[316]](#footnote-316) The particular shame-utterance—not read as performative but as descriptive—is a verdict that points, refers, extroverts. This extroversion steers away from introversion; the power of the ‘shame utterance’ resides exactly in the possibility to hide its performativity. In conclusion, at the linguistic level the performative is often self-effacing; expressing extroversion where introversion is the underlying force.

The abstract confrontation between the performative utterance and the particular shame-utterance has a theoretical pertinence. It has provided us with a definition of the performative that is effective for breaking down the components of performative shame. But the ‘shame utterance’ seldom has the material effectiveness that performative shame desires. In real life shaming or performative shame is an instance of theater. However, before dissecting performative shame’s theatricality, it is useful to explicate what precisely are the components of performative shame. The definition of performativity arrived at above states that performativity is an expression of extroversion where introversion is the underlying force. Installing a specific relation between forces of extroversion and forces of introversion is thus both the defining characteristic of and the desired outcome of performativity. Interestingly, the affect shame is an amalgamateof these two forces; it does not succeed at instituting any clear rapport between the two. For example, there is no causality that would give prominence or originality to one or the other of these forces. This would be shame’s annulment. Indeed, shame’s essential quality is its incomputability. Performative shame addresses that incomputability; shame’s extroversion and introversion forces are ‘reorganized’ through a performance.

Eve Kosofsky Sedgwick has describedadequately the peculiar reinforcement between shame and performativity:

[…] shame effaces itself; shame points and projects; shame turns itself skin side out; shame and pride, shame and dignity, shame and self-display, shame and exhibitionism are different interlinings of the same glove. Shame, it might be finally said, transformation shame, *is performance*, I mean theatrical performance. Performance interlines shame as more than just its result or a way of warding it off, though importantly it is those things. Shame is the affect that mantles the threshold between introversion and extroversion, between absorption and theatricality, between performativity and performativity.[[317]](#footnote-317)

When shame felt at *dependence* becomes performance (able/disable), the accuracy of stating that “performance interlines shame as more than just its result or a way of warding it off, though importantly it is those things” is striking.[[318]](#footnote-318) It is more, for the reason that it is precisely both: shame felt at dependence results in performance and performance is a way of warding shame off. Shame results in a performance of ability/disability; making shame the attribute of only the latter category. Precisely through this performance, shame is warded off; expunging shame from that first category ‘ability’. Performance interlines shame as more than ‘performing or exhibiting shame’ and ‘effacing shame’ since the latter is fully dependent on the other; and, to perform is the result of the wish of effacing shame. When performance interlines shame, shame as a signifier becomes introverted and performativity signals absorption. The shamed one hides; as he is seen and pointed at. He hides because shame is like a black hole that absorbs his identity. But when performance interlines shame, shame as an act becomes extroverted and the performative is the theatrical. The shamed one is put on stage; as the shamer is maneuvering his way out of sight. He tries to outrun the gaze (that turns him inside out). Not others nor he will look and exhort him to start his journey of self-discovery.

* + 1. Shame’s Theatrical Performativity

Instead of an explicit utterance, “you should feel ashamed” is much more often an act, a social context, an institution, another affective force even, that makes bodies hide, blush and disempowered. As Butler illustrates, the performative is arguably most forceful when it is not realized through words but finds its embodiment beyond the linguistic.[[319]](#footnote-319) An institution, an affective force or a social barrier, makes bodies feel shame. I now wish to identify and examine two components of the theatrical performative: the synecdoche of shame (representing the shamed) and the act of denial (by the shamer). As a rhetorical figure, the synecdoche belongs to language and narrative, nevertheless I intend it here as a theatrical craft or technique: on the stage of life shame is given the role of the essential or defining feature of the shamed. What is seen, what is acted, what is staged, is not a person but shame itself. Since it involves bodies I consider this a theatrical synecdoche; as much as shame can be used as the pars pro toto of one’s identity (descriptive), equally as much can shame act upon bodies. Shame can make bodies hide and paralyze; incapacitatedby the affect. The affect does not leave one’s identity—thoughts, acts, feelings—unblemished.

On stage shame is the *defining* property of bodies with impairments. Shame is the cask (or casket) of one’s identity. People who have spent a period of their lives in a psychiatric ward remain silent. They explain their silence by expressing the fear that friends, family and *society* will look at them differently; perhaps look at them with shame and, definitely, look at them as having *lost* certain qualities or a sense of competence (ability). In society that loss is staged; it becomes the single most important property of the person who has been *cast* into this light. It is a black hole that absorbs all the other elements of one’s identity. Whether one’s impairments are psychological, cognitive or physical, once they are treated or responded to as if indicators of loss and incompetence (once shamed), these impairments have the force to become the sole rulers over one’s history and identity. People look differently. People expect different things from what you say, do, feel; how you move, speak and comport yourself. Different things are asked from you—or nothing is asked at all. And if you were born with an impairment that was sealed (once) with stigmatizing shame or shaming stigma, you might have encountered bodies in all sorts of ways: stumbling, detaching, staring, insincere etc. Chapter three will analyze the shamed body in more detail, but the point I wish to make here is that once a *particular* trait or characteristic is shamed or stigmatized in society, it has the force of the pars pro toto. Bodies are treated in a manner that confirms the stigma; bodies are shamed to confirm that one trait *as representative of* a body and of a body’s ‘loss’. It is in the act, the encounter and on stage that this loss becomes truth.

Shame has always been known for its quality of being a totalistic force.[[320]](#footnote-320) But not only the analysis of the affect itself explains this, also performativity can help explain the mechanism through which shame becomes a *property* and *symptom* of an entire individual. The definition of performativity outlined above helps explains why society and individuals are so willing to shame a *part* of a person’s identity and turn it into a shaming whole—that points and divides. Shame addresses the self (introversion) and causes the desire to deny and cast out the affect (extroversion). Performative shame is extroversion where introversion is the underlying force. The most effective way of deflecting shame from the self is by attributing it *as a total force* to a separate ‘entity’ outside of the body; an act of dislodging the affect and stringentlyrelating it to specific bodies and specific impairments. These impairments become markers of shame; shame is emblematized and attributed a clear teleology. Shame (affect) shames (verb and attribute) something *particular*; shame reasonably shames. Of course one can see the danger in this mechanism: a particular set of impairments becomes regarded as reasonably shameful. Soon, shame refers to someone with a particularity; and no longer refers to people with supposedly no particularities. Shame brands and labels a number of impairments and, simultaneously, hides, silently sanctifies and homogenizes a bulk of various impairments that become accepted and attenuatedinto ‘normal’ life. This is the normative differentiation of the affect shame. Indeed, it is the desired outcome of performative shame to fix and ‘teleologize’ the affect. If the shame introversion/extroversion paradox is a manifestation of the world’s and the body’s chaos and discontinuity, then it is not coincidental that shame has been normatively differentiated (fixed) into a binary (abled/disabled or normal/deviant) that constrains the ‘normal’ or everyday *into continuity and homogeneity*.

Certain impairments have become treated and staged as reasonably shameful and have been grouped together in the category ‘disability’. A performative account of shame is about the affect shame that subtly operates in society—in institutions, discourses, social barriers—*to draw the very boundaries that constitute (dis)ability*. This subtle play of shame in society’s institutions and discourses draws, creates and installs the boundaries of the normal man; boundaries—performed and sustained by shame—that are identical to the boundaries of disability. Across the divide are disseminated human characteristics that are accepted and celebrated, on the one hand, and those characteristics of humanity that are *denied* and cause shame, on the other. It is a boundary that creates visibility and the unseen; labels and sameness; stigma and the normal; exhibition and denial. I mentioned that the act of denial is another component of the theatrical performative. To start my exploration of the act, I turn to the ‘normal’ man.

* + 1. Shame’s Theatrical Performativity: Denial and ‘Normalcy’

The ‘normal’ man ‘constructively’ escapes shame and in this self-imposed non-shame finds his normalcy. This is the fallacy of the norm. For, to self-impose negation of shame is the very proof that the normal man is deeply inflicted by and even modeled by the affect. It is almost a silent acquiescence of shame: sticking to the idea that there exist good reasons for feeling shame at dependence. Society’s belief in the veracity of primitive shame finds expression in its treatment of shame: not moving beyond the affect and exploring the meaning of dependency, but letting shame develop into a performance of society’s wish for independence and autonomy of the individual. The normal man is insinuated into society through the *consistent collective denial of universal shame* that corresponds to the silent acceptance of primitive shame’s veracity: dependency is shame. Further, those that are most dependent will be shamed and the sense of community and interdependence with the ‘normal’ will be denied. The definition of performative shame can be ‘completed’: the individual and societal extrusion of shame that is equal to the collective performance of a denial of shame/dependence. As mentioned, in this process shame becomes the emblem of dependence and impairment; both, therefore, are involved in the act of negation. The construct disability is what is desired.

Denial is an interesting concept. In everyday English usage, denial is the assertion that a statement or an allegation is not true. Psychoanalysis has deepened the understanding of the concept in relation to the self.[[321]](#footnote-321) Denial or abnegation can also be understood as a psychological defense mechanism that consists of a person, when faced with facts too uncomfortable to accept, rejecting these facts to insist that they are not true despite what may be overwhelming evidence. When an ‘abled’ person or ‘normal’ person denies shame (or performs shame outwards), this person is negating the impairments of his or her own body and its vulnerabilities. One can equally write that the denial of impairments and vulnerabilities of one’s body (recognizing their existence only outside of the self in the body of the other) is the negation of one’s shame felt for the self. Negation is both an act of acknowledgement and of repression. In the case of shame and dependence one acknowledges impairments but represses the relation to the self. In “Negation”, Freud writes:

Thus the content of a repressed image or idea can make its way into consciousness, on condition that it is *negated.* Negation is a way of taking cognizance of what is repressed; indeed, it is already a lifting of the repression, though not, of course, an acceptance of what is repressed. *We can see how in this the intellectual function is separated from the affective process*. With the help of negation only one consequence of the process of repression is undone—the fact, namely, of the ideational content of what is repressed not reaching consciousness. The outcome of this is a kind of intellectual acceptance of the repressed, while at the same time what is essential to the repression persists.[[322]](#footnote-322)

Not accepting what shame reveals (*human* vulnerability), impairments and shame are entirely situated outside the self and the experienced body. In the essay Freud goes on to explain that:

To negate something in a judgement is, at bottom, to say: 'This is something which I should prefer to repress.' A negative judgement is the intellectual substitute for repression; its 'no' is the hall-mark of repression, a certificate of origin—like, let us say, 'Made in Germany'. With the help of the symbol of negation, thinking frees itself from the restrictions of repression and enriches itself with material that is indispensable for its proper functioning.[[323]](#footnote-323)

Negation both acknowledges and represses.[[324]](#footnote-324) It exists when an intellectual substitute for ‘authentic’ repression isconceded. This intellectual substitute is negative judgement: “The function of judgement is concerned in the main with two sorts of decisions. It affirms or disaffirms the possession by a thing of a particular attribute; and it asserts or disputes that a presentation has an existence in reality.”[[325]](#footnote-325) Performative shame asserts the presentation that impairments have an existence in reality, but disaffirms that these particular attributes are shared by all of humanity; it disaffirms its universal validity to redraw its referential boundaries to include only a minority. Impairment here turns into disability. The possession of particular attributes (impairments) and the possession of particular affects (shame) are caught in the game of useful and harmful. When considered harmful they should be negated, denied or renegotiated as to who they appertain. Freud’s text continues:

The attribute to be decided about may originally have been good or bad, useful or harmful. Expressed in the language of the oldest—the oral—instinctual impulses, the judgement is: 'I should like to eat this', or 'I should like to spit it out'; and, put more generally: 'I should like to take this into myself and to keep that out.' That is to say: 'It shall be *inside* me' or 'it shall be *outside* me'. As I have shown elsewhere, the original pleasure-ego wants to *introject* into itself everything that is good and to *eject* from itself everything that is bad. What is bad, what is alien to the ego and what is external are, to begin with, identical.[[326]](#footnote-326)

Freud’s theory of negation draws together the self, introversion, extroversion and extrusion, denial and judgement; conceptsthat all have come up during the above-given history of shame and its outward performance. Interestingly, Freud’s theory of negation describes the function of judgement (key to negation) as residing in the similar concern from which arises the affect shame: “The other sort of decision made by the function of judgement—as to the real existence of something of which there is a presentation (reality-testing)—is a concern of the definitive reality-ego, which develops out of the initial pleasure-ego.”[[327]](#footnote-327) The reality-ego has to judge what was wrong and right about the pleasure-ego; its judgement might try to negate what it has discovered as real (dependence). Denial/negation seems, therefore, the ideal ‘tool’ for discarding shame as self-referential. This primary involvement with the self is expressed in the following excerpt: “It is now no longer a question of whether what has been perceived (a thing) [impairments] shall be taken into the ego or not, but of whether something which is in the ego as a presentation [primary narcissism or wholeness] can be rediscovered in perception (reality) as well.” [[328]](#footnote-328) The pleasure-egois entirely consumed with keeping inside the body and mind what was originally considered good (wholeness). The problem is that “What is unreal, merely a presentation and subjective, is only *internal*; what is real is also there *outside.*”[[329]](#footnote-329)This lack of an external correspondent whole is what the pleasure-ego now wishes to deny. In terms of denial, it is an intellectual judgement. But the affect shame gives force to the ‘decision’ and the desire to repress. The body feels an unpleasurable co-occurrence of familiarity and unfamiliarity that the subject cannot control and wishes to repress.

The discovery of the object world is a true impasse for the infant. Freud writes: “In this stage of development regard for the pleasure principle has been set aside. Experience has shown the subject that it is not only important whether a thing (an object of satisfaction for him) possesses the 'good' attribute and so deserves to be taken into his ego, but also whether it is there in the external world, so that he can get hold of it whenever he needs it.”[[330]](#footnote-330) Understanding that the initial pleasure-ego does not correspond with the definitive reality-ego, the infant feels shame. This shame-inducing discovery, the discovery of a reality-ego that is vulnerable, is repressed, denied and negated. This act of denial/negation is dependent on a capacity that not only belongs to the individual but also to a collectivity. Indeed, denial/negation can be a collective performance. Freud writes of the capacity:

[…] thinking [and I add memory, writing, storytelling, language] possesses the capacity to bring before the mind once more something that has once been perceived, by reproducing it as a presentation without the external object having still to be there. The first and immediate aim, therefore, of reality-testing is, not to *find* an object in real perception which corresponds to the one presented, but to *refind* such an object, to convince oneself that it is still there.[[331]](#footnote-331)

* 1. Conclusion

In the next chapter I would like to substantiate the hypothesis that the act of convincing (and denying) can be a bodily act. It is the body—and its response and treatment of the affective force shame—that convinces *and that can deny*, as much as an intellectual function of judgement can do. This is also a question of thinking through the power regime denial-bodies-affects as generating power-relations and how the inter-active system denial-bodies-affects relates to prohibition or Foucault’s repressive hypothesis.[[332]](#footnote-332) The third chapter will go deeper into the subject of bodies and denial: what does shame do with a body? How does shame affect bodies; not only bodies and the self, but also the encounter between bodies and the material and social world. The question of bodies and shame is also the question of how shame denies bodies and how bodies deny shame. As I have argued, the fallacy of the normal man is that self-imposed shame-*negation* and is the very proof that the ‘normal’ man is deeply distressed by shame. Therefore, shame denying bodies (shaming) might be indistinguishable from bodies denying shame (negation). Indeed, to negate and to shame are the subject of bodies; they both originate in biological systems (the drives and affects) *and* deeply upset bodies.

The enterprise of taking as one’s study object the body itself—asking what bodies feel, what bodies do, how they act, deny and perform—includes deconstructing how discourses shape bodies and vice versa. In what follows this question is asked: how does a Cartesian discourse and a medical discourse, for example, inspire bodies their actions and encounters? But in a more complete framework it is even asking the second and interrelated question: how do bodies *and their* *shame* inspire, for example, the Cartesian discourse and the medical discourse? The Cartesian discourse celebrates the supremacy of the mind, but I want to argue that it is the affect shame that foremost challenges its validity; shame for bodies and bodies themselves, paradoxically, lie at the heart of this dualism that obliterates the body. In a second instance discourse shapes and ‘infiltrates’ spaces—psychiatry, political space, medical space, the law and their edifices—that become a palpablethreat to bodies and create the ‘bisected body’: shame and body are simultaneous the emblems of one’s identity and of one’s deviance or ‘non-whole’ or even inferior humanity. Paradoxically, shame is reinforced and bodies become more real and more unsettling. Then, disability is the body turned against the self to uphold the myth of autonomy, independence and control.

In conclusion, this chapter has argued that the affect shame is ubiquitous in the West. Shame is both attached to impairments, people, relations, on the one hand, and is collectively denied; to *shame* impairments co-implicates an act of denial. This is shame’s performativity. Performing shame does not mean constructing shame as an affect. The affect is real. Performative shame is instead about deflecting real and (ubiquitous) shame to vulnerable minority groups; to deny shame as relating to the self. Importantly, the outward performance of shame is the affect’s continuous renewal. Therefore, the alarming observation to make is that primary shame is pervasively present in our society and has never been readdressed.

In reality, the affect shame is ubiquitously present in the West and is the primary motivator behind a conceptualization of the binary ability/disability. Photographic staring exemplified shame’s role in dividing viewer from viewee; shame felt at the vulnerable and dependent self, felt by the viewer, frames a photograph (discourse and act) that heralds the existence of an ‘abled’ viewer who is mythically whole. This particular stare only reinforces the feeling of shame felt at dependence; it reinforces both the belief in mythical wholeness and the perception that dependence is undesirable and uncommon or deviant. Both the *plurality* and *universality* of impairments are denied. Performing shame outwards or negating self-shame, impairments and dependence are realigned to address only a minority in society. The history of shame in the West is the dangerous and powerful history of the collective performance of illusionary conduct and social interaction: denial, negation and myth. To redraw the boundaries of shame’s referentiality or to collectively perform a denial of universal dependence is the generating force behind the social construct (dis)ability.

1. A Panoptic Analysis of Performative Shame in the West: Powerful Senses and Sensitive (Felt) Power

“Deze blikken nemen de controle over mijn verbeelding over, ze achtervolgen mij.”

(Lauren Moffatt)[[333]](#footnote-333)

Reading the work of Nussbaum,[[334]](#footnote-334) the analysis of shame resulted in a third question that is addressed in this chapter.[[335]](#footnote-335) Psychoanalysis places shame in a moment of discovery.[[336]](#footnote-336) The body discovers the self in relation to the other. The body also discovers its own reality: impairments and dependence. From this point, do we need to think of knowledge as inter-*acting* with bodies rather than acting upon (unidirectionally)?[[337]](#footnote-337) The third chapter thus contemplates two interrelated questions. The first question: how can we understand the *body* and its *actions* that are performed in relation to power? The question is asked: is normativity localized inside the acts that *connects* the body to the world? This leads to a second question: how do these everyday acts inter-*act* with knowledge?

* 1. Introduction

The type of shame outlined in the previous chapter has been designated performative and non-natural. Although the affect shame has its natural functions and its genesis is to be situated in an affective or biological system, shame has the dangerous potentiality to be re-functionalized and re-performed.[[338]](#footnote-338) The affect shame is likely to be normatively distorted and in the West the history of the affect has proven not to be so innocent: a normative differentiation between ‘abled’ and ‘disabled’ obliterates the universality and plurality of impairments.[[339]](#footnote-339) This chapter will study in what ways such a normative differentiation of the affect shame exercises its power over the individual and in society; an exploration of shame as a power tool in contemporary society. The shame-power regime that is the subject of this chapter, entails a dissection of the body that explores two angles from which one can conceive and perceive the body: the outside or encountered body (including an ideal-body image) and the inside or lived and experienced body.

This chapter will study (1) practices of shaming, (2) institutions that install shame, and (3) acts and discourses that perform simultaneously shame and shameless bodies. All of these manifestations of shame intersect in one or more ways with either one or two of the above-mentioned body-perceptions; they exploit the inner life of the body, structure how bodies meet and interact or arise amidst the commotion of a real body and the optimism of a conceived body-ideal.[[340]](#footnote-340) Architecture, discourse and the body can all be examined in the ways in which they are invested in performative shame. To theorize the intersection between affectivity, architecture and discourse, I draw on Foucault’s work on knowledge-power regimes.[[341]](#footnote-341) Specifically, in the light of Foucault’s work, I open the chapter with a panoptic analysis of shame.[[342]](#footnote-342) The intention is to enter a dialogue with Foucault and his work on power through shame and affect theory. The panopticon offers an architectural design that positions *act* inside an architecture of power. The act of looking is the radar in the panopticon. It is the body and its actions that wish to perform and, I argue, by that performance, select and (dis)empower knowledge.

First a word on looking. This idea of performative shame’s panopticism is in accordance with performative shame’s transfiguration of shame’s dual structure (or the introversion/extroversion paradox). A panoptic power-mechanism is built around the sense of sight (the act of looking and the experience of being looked at).[[343]](#footnote-343) What Foucault focuses on when he refers to Jeremy Bentham’s Panopticon, is this architectural design its implementation of the gaze for disciplining and subjectifying bodies.[[344]](#footnote-344) Subjectivity draws together looking and being looked at in a very specific network of power-relations. The act of looking is functionalized and restrained into specific manifestations of the ‘gaze’.[[345]](#footnote-345) It has in common with performative shame the desire to disentangle the act of looking. A panoptic power-mechanism functionalizes the acts of to look and be looked upon, and the forces of introversion and extroversion, in a fashion advantageous to performative shame’s pursuit of rearranging shame’s referentiality.

This act of looking, or this dramatic act of the body, is the focus of the first part of this chapter (3.2). Starting with the panoptic act of looking, the intersection between affective- and knowledge-structures in power regimes is theorized. I begin my story with affectivity and it ends with an account of how affects inter-*act* with knowledge. The performativity of looking ingrains expectation patterns and affective structures. These patterns and structures are primarily: denial of universal impairments and attachment to a body-ideal.[[346]](#footnote-346) Performative shame motivates the body into patterns of behavior and conduct that, in their turn, give a body its rhythm and existence.[[347]](#footnote-347) These patterns and behavior create everyday life its ‘normalcy’. Shame is invested in ‘normalcy’ to perform it in terms of ‘ability’.[[348]](#footnote-348) The panoptic helps to underbuild that shame can be internalized and can inform a body’s attitudes and conducts in everyday life.

From this definition of panoptic shame, Foucauldian theory is used to contend that the shamed body is involved in the creation or selection of knowledge.[[349]](#footnote-349) Further, in its turn, this selected knowledge transforms or subjectifies the body that is capable of feeling shame.[[350]](#footnote-350) If one understands knowledge in a Foucauldian sense,[[351]](#footnote-351) then it becomes possible to relate affectivity and social space. Shame organizes knowledge and is organized in social space: the everyday life of bodies—their acts and movements—and the physical spaces of the everyday constitute a network or regime that performs ‘ability’ and ‘disability’.

In recognition of this spatial feature of power that remains relevant after affect theory and Foucault have been confronted, the first part of this chapter closes with an analysis of the psychiatric ward.[[352]](#footnote-352) The psychiatric ward is an architectural building that is organized according to panoptic principles. Further, psychiatry (physical and conceptual space) can be read in terms of opposition to everyday life. It is the negative of the everyday necessary to perform that everyday-ness. Therefore, psychiatry is an illuminating example of what panoptic shame is defined to be in this dissertation. A space—social, physical and conceptual—that exists, simultaneously, in-between and in constitution of affective structures and knowledge. First, it is desired that shame and the space of psychiatry, in a Foucauldian sense, subjectify the body into specific acts and attitudes. It is also the space that helps to perform the boundary ‘ability’ and ‘disability’ or shame’s referentiality. Second, it is the institution that authorizes ‘the medical *savoir*’that shame disorders and pathologizes.[[353]](#footnote-353)

The deconstruction of psychiatry its power function, is followed by a second part in this chapter (3.3) that concretely exemplifies what is theorized in the first chapter. Shame is explored a) on the body (appearances), b) inside the body (acts, movements and thoughts) and c) outside the body (what does the body encounter and in what places is the body seen). This anatomy of shame underlines that in the West shame and affects, knowledge and space, are all co-involved in the creation of ‘normal everyday life’ and its fantasized ‘ability’. Specifically, a fantasized body-ideal, the medicalization of the body, Cartesian philosophy and, finally, the distribution of movements and acts in relation to sports and therapy (discourses) are analyzed.[[354]](#footnote-354) In conclusion, this chapter opens with a panoptic analysis of shame to theorize the inter-*action* between affects and Foucauldian knowledge-space-power regimes. This theoretical discussion is followed by an analysis of how specific everyday acts and everyday place are performed and fixated.

* 1. Panoptic Shame in the West: An Architecture of Shame, Foucauldian Theory, the Psychiatric Ward
     1. Panoptic Shame: An Abstract Analysis

The Panopticon is an architectural structure invented by the English philosopher and jurist Jeremy Bentham (1747-1832). It is a technology of power. Indeed, Bentham envisioned the Panopticon as a technology of power tightly bound to, and actually interwoven with, the idealistic project of Enlightenment to expunge all wrong and subversive acts.[[355]](#footnote-355) In his study on knowledge and power, Foucault draws on this invention.[[356]](#footnote-356) He does not wish to implement this power technique in society—he is not involved in the elimination of subversive acts—but instead makes use of Bentham’s architectural structure to expose and delineate existing power structures in society. In the light of Foucault’s insightful work, I too make use of J. Bentham’s panopticon to study and delineate an existing power structure in society.[[357]](#footnote-357)

If one wishes to study Panoptic shame, a first question that needs to be asked concerns the ways in which the gaze or sense of sight (central to the act ‘synecdoche’) and denial are woven into *the everyday life of a body*. The Panopticon is an architectural structure that relies on the power of the gaze. When studying panoptic *shame*, this gaze and further the act of denial, are studied and localized in the everydayness of life. The everyday acts and the everyday movement of the body are motivated by a shaming gaze. This shaming gaze is performative: to look upon the other and not the self or to ‘attribute’ and ‘deny’. If shame as a power tool is both performative and panoptic, then the everydayness of life can be considered a place (physical and conceptual) that is imbued with power-relations. Both everydayness and ‘normality’ are performed. These locales are panoptic: they motivate the body into ‘shameless’ and ‘normal’ ‘ability’.

The implication is that panoptic shame (or performative shame’s institutionalization as power tool)[[358]](#footnote-358) relies on, and participates in or entangles with, the everyday life *of the body*. Panoptic shame appeals to precisely the potentiality of bodies to feel shame. In this sense the power of the ‘panoptic’, the social implementation of shame, once again is understood in terms of the performative. It is once again the dramatic act that takes the forefront. The panopticon relies on the interiorization of the gaze to make bodies act in particular ways. Panoptic shame aspires to motivate bodies through interiorizing a shaming gaze. This interiorization is understood as acting in accordance with that shaming gaze even when there is no one there to look. Therefore, the naturalness or biology of the affect shame is essential to the practice of ‘enabling’ bodies to feel shame without the other looking. The effectiveness of Panoptic shame is dependent upon the notion that bodies are sites for knowledge and power—the body can be turned against itself and is not only the slave of knowledge that resides in minds and discourses.

Affects can attach to bodies in a myriad of ways—acts, encounters, appearance, emotions, other affects etc. Panoptic shame can guide and fixate all of these acts into the normalness or everyday-ness of ‘ability’. Also interesting is that the empowered affect (shame) is the expression of a bodily system, the affects, that motivates and inspires, or constrains and hides, a body. This body’s doing and its actions are fixed but they are not enclosed within fixed emotional experiences.[[359]](#footnote-359) Thus the interiorized shame-experience might not even be experienced as such. Nevertheless, whether shame is experienced as such or not, the interiorized affective structure of performative shame involves a body’s refusal to accept vulnerability and interdependence; whether one actually feels shame at one’s vulnerabilities or, instead, attaches to patterns of behavior that deny or refute the boundaries of one’s body. In other words, panoptic shame has institutionalized and ‘autonomized’ the affective structure shame; no longer in need of the other’s gaze nor of the shameful experience that is located between bodies in order to operate as a force that is involved in shaping reality (lived experience). An affective structure is used to turn the body against itself: the body is what is at stake and what is under attack. Perhaps the *everyday* body becomes its own Panopticon?

* + - 1. Panopticon as a Technology of Power

The Panopticon is a type of institutional building that has a circular infrastructure.[[360]](#footnote-360) If a prison were to be built according to this design (and, as Foucault notes, many of Bentham’s contemporaries perceived of Bentham’s design as used in this particular way), the inmates would be locked inside a type of arena that would be constituted of a number of individual cells. However, due to the specific design of this prison, the inmates would not be able to see each other. Moreover, in the middle of this ‘arena’ there would be a watchtower from which the guards could look at all the cells whenever they liked. As a result, the inmates would continuously be haunted by a feeling that they are being watched. Although the guards could not possibly look at all the cells at once, the *possibility* that a guard is looking at one specific cell is always there.[[361]](#footnote-361)

This continuous possibility of a gaze is the strength of the panopticon design; it is aimed at creating a fear of being watched that conditions the inmates their behavior to be self-critical, self-aware and, consequently, non-subversive.[[362]](#footnote-362) According to Foucault, this principle of visibility is founded on two pillars: a) “a central observation-point which serve[s] as the focus of exercise and power,”[[363]](#footnote-363) and b) that same observation-point which serves as the focus “for the registration of knowledge.”[[364]](#footnote-364) This second pillar needs further explanation. For Bentham’s contemporaries, the design of the Panopticon provided a perfect infrastructure/theory for the organization of prisons. But the Panopticon its success, in reality, reached much farther than this specific use merely. Interestingly, the French Revolution did not reject the project of the Panopticon. By contrast, many of the revolutionaries celebrated it. Foucault explains this by referring to the Rousseauist dream that motivated many of these revolutionaries.[[365]](#footnote-365) Foucault argues that the French Revolution found a humanitarian intention in Bentham’s project: the focus “was not so much to punish wrongdoers as to prevent even the possibility of wrongdoing.”[[366]](#footnote-366) Starting from the principle of interiorization (of the critical gaze), the French Revolution attributed an element of education, and thus of ‘enlightenment’, to Bentham’s design.[[367]](#footnote-367) They believed it was possible to take away the wish to do wrong.[[368]](#footnote-368) Now the second pillar of registration, knowledge, is what enables the internalization of the gaze. In wider society, administration, registration is one of the key instruments that can be exploited for installing a ubiquitous, controlling but unauthorized gaze—in the sense that it is owned by no one in specific, but is ingrained in a system that interweaves with everyday life.[[369]](#footnote-369)

Bentham was a revolutionary. But Foucault was interested in analyzing contemporary society. Therefore, the truly interesting feature of the Panopticon for Foucault was how it revolutionizes power into “a machinery that no one owns.”[[370]](#footnote-370) The panoptic analysis of performative shame presented in this dissertation positions shame in a similar power-infrastructure: performative shame becomes a machinery that no one owns but nonetheless has a precise objective. This objective is not to discipline bodies into juridical and political subservience, which is, for example, the aim of juridical and political surveillance. The focus is on how shame is implemented or installed in society as an affective structure which sole objective is to exhaustively define and justify actions, objects, qualities or characteristics as negative, deviant or otherwise negatively described (whether it be in social, cultural, economic or political terms), or as their opposite. What is interesting is in what ways an affective structure is implemented in and attached to a network of relations around which the binary normal/deviation is created. Shame plays a founding role in the division, perpetuation and enactment of the binary normal/deviant. The Panopticon reveals that this implementation of the affective structure makes use of the instrumentalization of the gaze. Not a coincidence, since shame is an affect that has always been understood as related to the sense of sight. But perhaps also not a coincidence because the panopticon can be designated an architectural structure that is built around affectivity and bodies. Bentham was specifically interested in how bodies act and how they can be acted upon. A fact that is recognizable also in the work of Foucault.[[371]](#footnote-371)

* + - 1. Panoptic: Affect, Normativity and (Foucauldian) Knowledge

The first important implication of a panoptic analysis of shame, is that the shameful gaze can ‘operate’ outside of the encounter between two bodies. Affects such as shame can now act upon bodies and make bodies act without the physical authority of at least two bodies. It is as if the knowledge of the body turns the body against itself. The interiorization of the shameful gaze turns it into a ubiquitous and machine-like affective structure. But there is an important specification to be made: the affective structure that is interiorized, and consequently fixed, is the normatively differentiated affective structure called performative shame (ability/disability). What is interiorized is a gaze that is aimed at shaming *specific* actions, objects, qualities or characteristics.

To differentiate shame in the above-mentioned way, affects and knowledge intersect. Affects select knowledge and mold it into systems that differentiate ‘ability’ and ‘disability’. In its turn, knowledge that presents impairments as ‘disability’ surveils the body into the everyday attitudes and composures of ‘normal abledness’.[[372]](#footnote-372) This surveillance needs to be understood in affective terms. Knowledge vivifies shame felt at impairments. This molds bodies into specific actions and movements that wish to perform ‘ability’. In summary, that it is the normatively differentiated affective structure that is interiorized is significant since it accounts for what makes shame as a power tool a specific power-operating-system—panopticon surveillance and knowledge-power regimes interconnect with bodily systems. Or bodily systems interconnect with knowledge and surveillance. For now, one thing can already be asserted: all three of these ‘components’ are implicated in a network that wishes to substantiate normativity.

The interiorization of shame’s affective structure, perhaps especially when it has been normatively differentiated, is not always expressed in an experience of shame.[[373]](#footnote-373) [[374]](#footnote-374) But the machine-like power of performative shame’s interiorization is real: the very fact that the ‘possibility’ of shame is interiorized continuously acts upon bodies that perform in specific ways.[[375]](#footnote-375) These bodies their actions and attitudes are a testimonial to the ‘preoccupation’ of these bodies with being shamed. In order to entirely understand this power-mechanism, two of its constituent parts must be indicated and their architecture explained: affective structures and normative structures.

In *Cruel Optimism* (2011) Lauren Berlant, explicates that a specific affective structure does not coincide with a specific emotion; happiness, interest, sadness, joy and many other emotions can all attach to the affect shame. In other words, the fact that a person is joyful does not eliminate the possibility that this person has incorporated one or more affective structures that (possibly) hold negative implications for his or her development, self-worth or identity.[[376]](#footnote-376) Fixed affective structures act to create everyday-ness and ‘normativity’ *acts upon*bodies. [[377]](#footnote-377) Bodies both act in certain ways and feel in certain ways. This double reality of the body makes it a site of exploration for power that cannot be understood (a) as unidirectionally acting upon bodies nor as (b) in simple terms of what bodies feel.[[378]](#footnote-378) A normative structure that imposes itself upon an affective structure implicates that certain acts, behaviors, desires, objects and emotions are considered normal while others are charged with the deviant. When one feels, acts, behaves, desires and turns to objects in a way considered normal, the shame felt at impairments is kept at bay; one is even unaware that one’s behaviors and acts are conditioned to uphold the body-ideal image that is shameless (or ‘ability’). However, when one feels, acts, behaves, desires or turns to objects in a way that is considered deviant, the shame felt at impairments subjugates the whole body and Self; the possibility to behave and act creatively and re-explore the body and Self is subdued. But the most important understanding is the following: what one feels might be subservient to how one acts. If one feels miserable or feels shame, perhaps this is for the better if the person also acts to uphold the ‘normal’.

As a result of this split condition that contorts bodies, the normative differentiation of the affective structure involves an inclination to return to the *scene* of ‘abled’ bodies.[[379]](#footnote-379) The strength of the intersection between normative structures and affective structure is that it turns ‘ability’ and ‘disability’ into distinctly felt entities; an experience that sustains the belief that these categories are real. Shame is felt (‘disability’) and shame is not felt (‘ability’). Consequently, the interiorized affective structure of performed shame involves the motivation of bodies into a set of behaviors that contrives **‘**ability’; a sustained inclination to return to a scene of phantasy that commits to a body’s normalness or completeness.[[380]](#footnote-380) Perhaps it is precisely when shame is not felt that shame felt at impairments is most essential and informative to one’s doing. In this understanding of Panoptic shame that implicates bodies, there also arises a possible danger.[[381]](#footnote-381)

When shame is felt it rarely is an innocentexperience. Although shame is attached to particular actions, behaviors, objects etc., the affect is rarely experienced as directed at a distinct ‘particle’ of the self. The totalistic force of shame has already been discussed in the previous chapter, but it is interesting to readdress it in relation to the shameful gaze and the Panopticon. In the previous chapter I already introduced the concept of the synecdoche to start unraveling some of the operations of shaming—including the shaming gaze. There were already distinguished two important outcomesof shaming: the attribute shame that renders the body into an objectified image and the totalistic experience of shame that paralyses the body. The two outcomes correspond with an exterior approach and conceptionof bodies and an interior or lived experience of the body. Now it is possible to describe these two operations of shaming in relation to the shaming gaze and the Panopticon. First I will discuss the shameful gaze that objectifies and robs the objectified and gazed at ‘thing’ from its freedom.

* + - 1. Panoptic Shame

The panoptic shameful gaze has the same power as an image: an object is framed, captured and robbed of its freedom. Once the picture is taken, those who gaze at the image are free to act as they want. They can make up their minds about what they see without having to consider the actual person behind the image.[[382]](#footnote-382) This unfair distribution of freedom is a central aspect of the *shaming* gaze that operates in the Panopticon. If one imagines a Panopticon, filled not with inmates but with patients, one sees a collection of bodies caged and disempowered to escape the gaze forced upon them. If it is a shaming gaze, to understand its effect, it is not so much the gaze its potential presence that forces one to gaze at the self that must be considered. It is the presence of the shaming gaze directed at bodies robbed of any potentiality to act, refute or counterclaim it. The patient is made into an image that frames him or her as abnormal and deviant; the ‘synecdoche’ is acted to fixate a person’s identity in shame or ‘disability’. If panoptic shame is exerted over society, the implications are twofold: not only are the ‘disabled’ shamed, further, the ‘abled’ are motivated to avoid what is considered shameful—or what shames. To escape the totalistic force of the gaze and uphold one’s normalcy and ‘ability’, one must remain free from the shaming gaze.

For example, one must stay away from a psychiatric ward. The psychiatric ward has been designed as a key institution for operating the shaming gaze. The panoptic design of the psychiatric ward turns it into an infrastructure that registers one’s ‘disability’ with the aim of ‘preventing’ people from being hospitalized as a psychiatric patient.[[383]](#footnote-383) Psychiatry is an architectural example of the subjectification of bodies; the attempt to modify and regulate people’s actions and attitudes.[[384]](#footnote-384) Psychiatry is the panopticon watchtower in western society. With its shaming gaze it acts upon bodies in three ways. First, the shaming gaze objectifies the exterior image of the body. Second, as a consequence of this objectification the patient is disempowered to act in the world. This is true for the potential patient as well who is disempowered to act in certain ways. Third, the shaming gaze infringes upon the body. As a result, the self is confronted with a changed experience of the interior and lived body. This changed bodily—physical and emotional—experience is the impact and modulation of the body desired by a power regime that functions through subjectifying bodies.[[385]](#footnote-385) Panoptic shame exposes that such a power regime does not simply act upon bodies, as if empty vessels, but involves bodies and their bodily systems.

With no possibility to act or refute, the patient at the Panopticon (psychiatric ward) interiorizes the shaming gaze. The infringementon the patient’s body—actions, appearance, encounters**—**translates into a changing bodily experience. This changingexperience of the body is often unsettling and mortifying. It disrupts a sense of self; the consciousness of the self that the gazed at object can maintain. That consciousness of the self is under attack by a myriad of gazes or the ubiquitous Panoptic gaze that fragments the body and, as a consequence, bodily experience; one sees his or her identity fragmented because of the other’s look.

I end the abstract panoptic analysis of performative shame with an exploration of the act of denial; the question is asked how this act is involved in the organizational structure of the Panopticon. In the Panopticon one is either looking or is being looked at. There is no subject that is simultaneously looking and being looked at or vice versa—except for the singular subject that is being looked at and looks at the self. Similarly, there is the subject that is looking at somebody outside the self but refrains from looking at the Self. In summary, the Panopticon does not imagine relations that involve two subjects in the act of reciprocal looking. The objectification of the shamed does not only imply a subject that is disempowered to act, but also annuls the possibility that the looked at subject meets the gazing subject with an act that reciprocates. A panoptic infrastructure is built around the abrogation of reciprocal looking that implicates not only knowing the other but also knowing and confronting the self; in a relational act that is intricately interconnected with other- and self-exploration depending mutually upon one another. If such an act is excluded from an infrastructure that traverses the social space—architectural and conceptual—of Western society, then that society is not only implicated in, but constructed around an act of denial. The West denies interrelated identity and interdependent humanity in favor of autonomy and invulnerability. In conclusion, the panoptic analysis of performative shame corroborates the discussion of the refunctioning of the shame paradox (introversion/extroversion) that was the subject of the previous chapter.

To conclude, the Panoptic analysis of shame has thus exposed some central features of performative shame’s institutionalization: the objectification of the body, the infringement of the body and the interiorization of shame, and denial of interdependent identity and personhood. Further, I have also argued that these acts operate in society without the need of the actual shaming gaze. Central to a Panoptic analysis of performative shame, is the understanding that the normatively differentiated affect shame has been interiorized through an affect-knowledge-power regime.

* + 1. Confronting Foucauldian Theory and Affect Theory

Foucault’s work expresses an insight into the interrelation between bodies, their affects and knowledge.[[386]](#footnote-386) This scholar certainly has conceived of the body in groundbreaking ways. Foucault’s insights into the behavior of bodies can be considered a gateway to examining power in affective terms. How does Foucault delineate the body? Foucault’s theory on power draws together knowledge, normative categories, social space and architecture. In his book *Discipline and Punish: The Birth of the Clinic* (1995) it is explained that during the 18th centurypower has been explicitly related to knowledge and has been decentralized or de-authorized; not in the hands of a king, power is exercised by bureaucracy, institutions and socio-cultural and socio-political structures.[[387]](#footnote-387) The capacity of power to act is today concerned and interdependent with what is perceived as knowledge; in answering the question of what constitutes knowledge power might find its voice.[[388]](#footnote-388) This question is the question of being (made) aware and unaware; of what is hidden and what is highlighted knowledge in society. This hiding and highlighting of information, perspectives, narratives etc. is actualized across the borders of *created* and institutionalized categories.

The word *institutionalized* is not being used accidentally. In Foucault’s theory space is an important theoretical paradigm for addressing questions of power and knowledge. Space is a conceptual structure that allows Foucault to look at the relationship and dialectic between material or concrete spaces, on the one hand, and mental spaces on the other hand.[[389]](#footnote-389) In fact, to come back to the word *institutionalized*, the institutionalization and normalization of certain categories often holds a not so innocent relationship to the existence and ‘birth’ of distinct institutions.[[390]](#footnote-390) For example, one thinks of the age in which the first psychiatric institutions changed the architectural landscape of society and the, at the time, shifting categories of sane and insane.[[391]](#footnote-391) The architectural landscape sets knowledge in a certain light. Foucault recognizes power in contemporary society thus as a force that operates on the notions of seen versus unseen, light versus dark etc. Power and knowledge imply an act of obfuscation.

Foucauldian power is not about knowledge alone; the aptitude of power is to effectively inscribe knowledge into social space. Architecture can work as a mode of political, economic and socio-cultural organization. Not owned by any specific person or political (or otherwise defined) body, this mechanism of powers (plural) disciplinesthe body. The notion of discipline is central to Foucault’s theory.[[392]](#footnote-392) Foucault himself defines discipline as a relation of “docility-utility”;[[393]](#footnote-393) the docile body “joins the analysable body and the manipulable body”.[[394]](#footnote-394) This docile body is subjectified through discipline that “increases the forces of the body (in economic terms of utility) and diminishes these same forces (in political terms of obedience).”[[395]](#footnote-395) The body for Foucault is thus a manipulable and docile substance that is submissive to knowledge—the discursive, the narrative, the conceptions and actions of the *mind*.

Foucault’s insight into how knowledge shapes the “docile body” is revolutionary.[[396]](#footnote-396) In fact, Foucault has been an important figure for the inauguration of the body in scholarly research. Until the 1970s the body was overlooked and considered subsidiary to the mind and natural or universal categories that regulated and determined the body. Their explicit presence as mediators of all experience and action was subservient to the conception of bodily expression and action as “facts of nature”, “structures of social thought” or categories “anterior to all individual experience”.[[397]](#footnote-397) The study of power and knowledge that Foucault conducted clearly does not fit into this deterministic model. Foucault studies and handles bodies not as universal but as particular and as having particular wants and needs that are constructed by socio-political structures. The body, its actions and behaviors, now at the center of research and theory, became more fluid and elusive; conceived as the output of cultural, historical and social contexts.

I am very much indebted to these changes in scholarly research, but my study of an affect shame as power tool has forced me not only to look at how knowledge shapes bodies, but also to analyze how bodies inform or at least sustain knowledge and its categories. In my analysis of knowledge and bodies and its institutionalization, I focus on how a normatively differentiated affective structure informs, establishes and sustains the categories that knowledge underbuilds and the institutions that construct the architectural landscape of society. The fixed affective structure succeeds at installing normative categories (ability/disability) by modifying or regulating bodies their actions and behaviors. Interestingly, this is as subjectification of the body in a Foucauldian sense, understood as the “modification of individual conduct—not only skills, but also *attitudes*.”[[398]](#footnote-398) Indeed, Foucault’s work is a site of inspiration to many scholars; his work includes many ideas that can still be further evolved and hold a potentiality that has not been fully realized.

Affect can help conceptualize how bodies have a more active role to play in knowledge-body-power regimes; where power is not exerted on docile bodies but implicates bodily structures that help knowledge come about and inform the selection of knowledge. A conceptualization of the ‘bodily discursive’ entails asking the question of how the *body*, and not only the mind, creates knowledge. Further, I wish to examine in what ways (natural) bodily affects and bodily acts were empowered and symbolized by discourses and how these acts, in turn, were invested in discourses.[[399]](#footnote-399) In conclusion, I am interested in an elaboration of the concept of the docile body; where the notion of subjectification or modification of bodies is not rejected but re-explored. It is the notion of docility as passivity and as subservient to minds and ‘cognitive’ knowledge or Reason that is primarily challenged through a confrontation between Foucault and affect theory. Subjectification or modification of bodies is now more precisely understood as involving affective structures and bodily desires that are acted upon and changed in their actions—not only through the power of knowledge but also through the action of affects and affective structures themselves.

The Affective Turn

The affective turn only came after the time of Foucault’s analysisof contemporary or modern power-relations; but a biological system such as the affects can have meaning for Foucault’s theory without being in opposition with it. An affect-model can expand our understanding of knowledge to include bodily knowledge. If knowledge can arise from bodily experiences, then the body-knowledge-power regime becomes more complicated and less unidirectional. It might become possible to conceptualize a power regime that is both built upon and depends upon the interrelation and inter-*action* between ‘body-knowledge’ (the normative differentiated affective structure of shame can be considered a type of knowledge informed by the body) and ‘discursive knowledge’—the latter including the historical evolution of language and discourse and Foucault’s categories of knowledge called *connaissance* and *savoir*.[[400]](#footnote-400) Foucault’s insight that a modern power regime becomes an effective tool of power through its institutionalization and its insertion into social space remains of central importance. Further, the understanding emerges that the interrelation and interaction of the above-mentioned categories results in normative categories and social boundaries (conceptual and architectural).

Knowledge and affective structures underbuild and support the proliferation of normatively differentiated categories. One mechanism that I wish to expose consists of the fragmentation of the body through knowledge that allows for shame to attach itself to a multifarious amount of bodily anomalies. But the power of shame is that the fragmentation of a medical body does not correspond with a similar treatment of the social body and self; the latter is shamed in its totality.[[401]](#footnote-401)

* + 1. Shaming Architecture: A Panoptic Analysis of the Psychiatric Ward

If we look at the history of the psychiatric ward from the viewpoint of shame, it is possible to distinguish between two approaches: the psychiatric institution in a larger societal landscape and a discussion of its internal organization and structure. If the historical progress that has led to the genesis of the psychiatric ward is taken as a starting point, then it is interesting to first tackle the question of the psychiatric ward its function in society. Interestingly, if one wants to analyze the ‘shameful’ position of the psychiatric ward in society one can analyze and deconstruct that position by going back to medieval times; the handling of the ‘madman’ during mediaeval times involved a set of ritualistic elements that seem to engage with society’s or man’s struggle with shame.[[402]](#footnote-402) It is interesting to discuss that precisely a *ritual* can be distinguished; as an *act* of handling the madman and shame. A ritual is an act or a series of acts regularly repeated in a precise manner; these acts engage with ancient concerns and feelings. Thus a ritual can be understood as an act or behavior that stands in close connection to bodily experience and sensation—including the body its apprehension, disquietudes and perturbations.

The exact beginning of the mad their enclosure is unknown. But what is known is that this imprisonment was a social reality long before the inauguration of a professional institution based on medical knowledge;[[403]](#footnote-403) the unwanted have been locked away from sight for centuries. In *Madness and Civilization: A History of Insanity in the Age of Reason* (1988), Foucault provides us with an image that symbolizes the age-old treatment of these “unfortunate creatures”:[[404]](#footnote-404)

The madman’s voyage is at once a rigorous division and an absolute Passage. In one sense, it simply develops, across a half-real, half-imaginary geography, the madman’s *liminal* position on the horizon of medieval concern—a position symbolized and made real at the same time by the madman’s privilege of being *confined* within the city *gates*: his exclusion must enclose him; if he cannot and must not have another *prison* than the *threshold* itself, he is kept at the point of passage. He is put in the interior of the exterior, and inversely. A highly symbolic position, which will doubtless remain his until our own day, if we are willing to admit that what was formerly a visible fortress of order has now become the castle of our conscience.[[405]](#footnote-405)

The understanding that the described imprisonment of the madman is a highly symbolic position and remains so until today will be returned to later. But first, the meaning of the actual place of the *threshold* to which the madman was confined is to be explicated. This liminal position that borders between the interior and the exterior holds a peculiar and noteworthy similarity with the dual structure of the affect shame. Foucault explains that this liminal position was either a space for confinement in the center of the city or it was a boat filled with madmen that embarked on a journey for purification.[[406]](#footnote-406) This notion of purification is a second element of the medieval *rite* of embarkation; next to its liminal position. These two *ritualistic* elements express an affinity with shame that I consider not coincidental.

That liminality and purification have meanings that pertain to the ritualistic is suggested by Foucault himself: “What matters is that the vagabond madmen, the act of driving them away, their departure and embarkation do not assume their entire significance on the plane of social utility of security. Other meanings much closer to rite are certainly present; and we can still discern some traces of them.”[[407]](#footnote-407) The last sentence implies that not only the embarkation of madmen, but also their confinement within the heart of the city has ritualistic meanings attached to them. Furthermore, the observation does not only regard the confinement of the medieval ages, but also confinement in its present form. The historical significance of these ritualistic features of embarkation and confinement seems all the more striking when it is likened to the history and architecture of shame.

The dual or paradoxical structure of shame has already been explained in detail. It is, therefore, possible to immediately turn to its significance for the above-mentioned ritualistic handling of the madman. The liminal position of the madman places him in the exterior and the interior of society; he both captivates society and is rejected.[[408]](#footnote-408) This dual position corresponds with the dual position he holds for society: he both exposes and defies society. As the madmen is placed in confinement at the inside of the city, society was guarding something that belonged to itself, while at the same time it was locked up in darkness and turned away from; only to be seen at the will of the guard and the visitor.[[409]](#footnote-409) Or better, only to be looked at; the madman was disempowered to gaze back or silenced. He was silenced until he was purified.

As long as purification was not attained, the madman would remain locked inside his liminal position. When embarked and sent away to the seas, the only way to set foot ashore again would be by having been healed by the purifying quality of the ocean’s waters.[[410]](#footnote-410) When confined within the city gates, the task of this sanctuary soon developed into “restoring the invalid to the truth of the exterior world”.[[411]](#footnote-411) The liminal position of the cage was set against the exterior world of society that was not willing to truly incorporate the ‘madman’ as part of humanity’s existence. Confinement’s liminality soon became the border between the shameful and the normal.

The liminal position of the madman is significant in two ways. First, liminality is a structure that holds a noteworthy similarity to the dual structure of shame. In what way this has influenced the social position of psychiatry will become clear in what follows. Second, the liminal position was the outcome of the desire to purify. This purification signified only a temporary liminal position in society that was absolved once the subject was returned to the truth of the exterior world. To purify was a rite that existed not in disunion from man’s struggle with a sense of shame felt at impairments; this rite was the *act* that enabled a return (through performance) to a state of purity once (perceived as) lost. This act of purification signified a transference from a shameful ‘liability’ to society to a symbol and ‘object’ of society’s exterior wholesomeness; towards a subject of a society that adjures ‘wholesomeness’. But soon the transference solidified in a border; for those ‘eternally lost’ an act of purification was readily transformed into a conceptual distinction between the purified and the shamefully wanton and wanting.[[412]](#footnote-412) In accordance, the liminal position of confinement transformed and solidified into a border. If the liminal position could not efface impairments through rites of purification, then impairments would have to attain the status of being entirely outside of everyday ‘normal’ life. However, one must be careful to outline this history. This border of which psychiatry became an emblem was effectively inscribed into social space *alongside with* the discourse of purification. This needs further explanation.

The conception of the psychiatric ward has always favored the notion of purification over that of liminality—which was purification its mere instrument. Only today there are a few voices that disclose the psychiatric ward as society its mirror; a recognition of the Self in that confined Other who is only liminal if liminality is our shared destiny.[[413]](#footnote-413) But this voice is only one in a field of battling forces. Purification was always the preferred function of a psychiatric ward—and today medical discourse is its ally. It is expected of psychiatric wards that they heal the ill. But outside of the psychiatric ward, the institution is a border that one rather does not cross. Psychiatry becomes a border when a collectivity or a society is denying its own impurities; wanting to uphold the myth of normalcy, psychiatry becomes a border that deviates. In this way, even though purification has failed, it has also succeeded because it belongs only to the interior function of a sanctuary. And if no one wishes to cross that border, then the hope is that society its own ‘impurities’ (vulnerabilities) will be kept in the dark; silent and infinitesimal enough to stay outside of everyday life and its normality.

Thus, even though psychiatry is society its mirror, it is nonetheless treated as a border between the normal and the deviant; the wholesome and the shamed or the abled and the disabled. It is the border that no one wishes to cross. Because today one never becomes purified from its stigmatizing shame. Even though psychiatry is still appraised to help or treat the ill and needy, the reintegration into society or purification of the patient has become quasi impossible; it is a one-way road of societal exclusion. In other words, the already undesirable (temporal) liminality of the ‘wanting’ is transformed into an unsurpassable exteriority. Foucault’s analysis of an asylum built in the 18th century concurs:

The ideal was an asylum which, while preserving its essential functions, would be so organized that the evil could vegetate there without ever spreading; an asylum where unreason would be entirely contained and offered as spectacle, without threatening the spectators; where it would have all the powers of example and none of the risks of contagion. In short, an asylum restored to its truth as a *cage*.[[414]](#footnote-414)

I have already mentioned that, next to the analysis of the psychiatric architectural building its meaning and function in social space, a study of the psychiatric ward attained from the viewpoint of shame can also focus on its interior organization. Purification or treatment is still one of its essential functions and it has given rise to a vast medical *savoir*.[[415]](#footnote-415) This medical knowledge, I argue, has facilitated shame to operate as a power tool in society; more ways to be ‘ill’ or ‘disordered’ results in more ways of being shamed and, consequently, in more ways or aspects of life in which the normal body can be defined. But, importantly, it is also the desire to purify or become whole that has informed this medical frenzy; paradoxically, the desire to heal has resulted into a proliferation of disease. Further, the desire to purify has always vivified shame’s impression. The cognitive content of purification is concerned with that of shame. The *Merriam-Webster dictionary* defines the act of purification as “to clear from material defilement or imperfection” and “to free from undesirable elements”.[[416]](#footnote-416) Shame is felt at undesirable elements and imperfection. The act of purification and the affect and sensation of shame hold a negative relationship; the more one is or *feels* purified, the less shame will afflict that person, and vice versa. In other words, purification has been from the beginning a bodily concern with or an act against shame’s commotion. But there exists a danger in this negative relation: the higher the requirements for purification are, the more threatening is the affect shame.

The desire to purify, heal or treat the ‘wanting’ continues to produce a vast array of pathologies and bodily ‘distortions’. This expansion of the medical *savoir* became first organized in the 18th and 19th centuries.[[417]](#footnote-417) A new asylum infrastructure was being designed. Interestingly, this new infrastructure attests that the shame marked by the border of the psychiatric ward was a reality incorporated and instrumentalized inside the walls of the asylum. The border, once crossed, is transmogrified into an incarceration. One is incarcerated inside the walls of shame:

[…] panoptic principles were implemented in new institutions: while the insane were withdrawn from the view of the outside world, they were placed under permanent supervision of the keepers. The new institutional architecture made an appeal to shame: physical coercive measures were replaced by the concept of the constant, potential visibility. The barred glance [of spectacle] became an internalized glance; shame became a moral form of coercion cast in architecture.[[418]](#footnote-418)

Although in a first instance the above-mentioned citation describes the patient confined inside an architectural space that has geographically implanted shame, it further speaks ofa power infrastructure that applies to all of society: the internalized shaming gaze. This internalization of shame is not only the desideratum of keepers supervising the patients, but it is also the intent of medical *savoir*; medicalization of the body shames and creates the desire to be normal. Within a shame-knowledge regime, power operates by the fragmentation of the body and attaching shame to even an infinitesimally small particle of the body. As a result, people feel the *totalistic* force of shame with regard to even the *smallest* aspect of the self; only the ‘holistic’ or ‘normal’ body is accepted and desired.

In the light of the insights of Foucault’s work on power,[[419]](#footnote-419) this section (3.2) has analyzed shame its architecture as power tool. This architecture embeds institutions such as psychiatry but also everyday life. Confronting affect theory with Foucauldian knowledge-power regimes, panoptic shame was defined as a power structure that arises in the encounter between bodies and their social surroundings. The molded act is constitutive of normativity that is acted upon and acts upon. Normativity is localized inside the acts that connects the body to the world. The next section zooms in on these acts. Specific acts of bodies and of bodies being acted upon are illustrated to be the ‘outcome’ of panoptic shame. The affect-knowledge-power regime is illustrated by anatomizing shame: when and where is shame felt or does it motivate action in the West?

* 1. Panoptic Shame: Dramatic Acts of Shame in the Contemporary West

If one wishes to study shame and bodies in relation to power, then the task at hand is to explore the anatomy of the shame-imbued body; a study of the mutually reinforcing power between affective structures and knowledge. It is interesting to distinguish between three domains in which shame occurs and distinguish the ‘anatomy of shame’; shame ‘can be’ a) on the body (appearance) (3.3.1), b) inside the body (thoughts, words and acts) (3.3.2) and c) outside the body (what does the body encounter and in what places is the body seen) (3.3.3). I will discuss examples of all these shame-bodyfigurations. What will be illustrated is that Western society has proliferated the sites and nodes for shame to manifest itself and for performative shame to exert its power; knowledge extends or amplifiesthe anatomy of shame.

* + 1. Shame and Appearance

The first example discussed, places shame on the body and clearly links shame and stigma. Not coincidentally, this example is taken from Erving Goffman’s *Stigma Notes on the Management of Spoiled Identity* (1963). Goffman explains where the term stigma originated and how the concept evolved:

The Greeks, who were apparently strong on visual aids, originated the term stigma to refer to bodily signs designed to expose something unusual and bad about the moral status of the signifier. The signs were cut or burnt into the body and advertised that the bearer was a slave, a criminal, or a traitor—a blemished person, ritually polluted, to be avoided, especially in public places. Later, in Christian times, two layers of metaphor were added to the term: the first referred to bodily signs of holy grace that took the form of eruptive blossoms on the skin ; the second, a medical allusion to this religious allusion, referred to bodily signs of physical disorder.[[420]](#footnote-420)

Thus the visibility of the bodily signs of physical disorder facilitated the social shaming of these ‘unfortunates’ through the assistance or rehabilitation of the Greek practice of stigmatization. Historically, the question of how one looks, without it necessarily having to imply a higher than the average degree of dependency, soon involved the question of shame.

That appearance is a vehicle for shame is illustrated by the story of a girl who was born without a nose:

When I was a little girl it was not so bad because I got used to the kids on the block making fun of me, but now I would like to have boy friends like the other girls and go out on Saturday nites, but no boy will take me because I was born without a nose—although I am a good dancer and have nice shape and my father buys me pretty clothes. I sit and look at myself all day and cry. I have a big hole in the middle of my face that scares people even myself so I cant blame the boys for not wanting to take me out. My mother loves me, but she crys terrible when she looks at me.[[421]](#footnote-421)

Today, one’s appearance is more of an impasse than ever before; shame is readily felt. The invention of photography has aided the desire for bodily perfection. Simulacra of the ideal bodily appearance transform any ‘irregularity’, however small, from the ‘normal’ body into a shameful experience.[[422]](#footnote-422) The dishonest (unreal) character of the simulacra makes *any* person feel uncomfortable with their bodies; it is an unattainable ideal. This shame felt at how one looks will be readdressed in the fourth chapter of this dissertation that discusses neoliberal Western society.

* + 1. Shame: Thoughts, Words and Acts

The second example of Panoptic shame’s installment in the West, regards shame felt at what the body thinks and does: grief. A brief search on the internet on grief will quickly offer a remarkable testimonial: “A dear friend is killed in a car accident. A few months later, I don’t feel that I’ve sufficiently ‘gotten over it’ and people start telling me to move on. So I *hide* my grief, push my chin up, and allow the cataclysm inside of me to tremble in perpetuity.”[[423]](#footnote-423) But what I called a remarkable testimonial might, in reality, not cause any form of surprise; if one consults the fifth edition of the Diagnostic and Statistical Manual Disorders (DSM-5), any period of grief that lasts longer than two weeks is considered to be a sign of depression, and if one’s grief lasts longer than six months this person is diagnosed with *prolonged grief disorder*.[[424]](#footnote-424) [[425]](#footnote-425)

The medicalization of the body to which the above-mentioned example attests, illustrates an important mechanism of panoptic shame. An affect (shame) surveils the body that molds the body into framing and selecting knowledge in specific ways. On the one hand, shame is the force that defines certain bodily deviations in terms of pathology. On the other hand, knowledge helps to fragment the body into more nodes to which shame can be attached. Thus shame and pathology are definitional of one another and, what is more, they re-enforce one another. Today medicalization is exploring new ‘trendy’ paths: geneticization.[[426]](#footnote-426) This trend holds some important implications for the power shame can exert. First, geneticization has added a new ‘particle’ to be a node in the affect-knowledge regime: the gene. Genes are now the newest addition in medical *savoir* to which shame can attach and which it can define as ‘disordered’—not normal and not healthy. Second, as a result of the gene its specific function as carrier and ‘transmitter’ of knowledge, the gene biologizes shame in unexpected ways. Not as a universal affective structure, but as a distinct and inheritable property. Shame now stigmatizes with the help of a *different species discourse*. The gene helps to biologically define disorders in terms of unsurpassable difference. Further, in its intersection with shame, the gene hierarchizes the ‘different species’. That knowledge about genes could possibly be culturalized in this way can also be explored from the viewpoint that our society is one that follows Cartesian philosophy.

* + - 1. Geneticization and Cartesian Dualism

The concept of ‘geneticization’ implies the “redefinition of individuals in terms of DNA codes, a new language to describe and interpret human life and behavior in a genomic vocabulary of codes, blueprints, traits, dispositions, genetic mapping, and a gentechnological approach to disease, health and the body.”[[427]](#footnote-427) That ‘geneticization’ needs to be understood in terms of a “new language” is underscored by Lippman’s comprehensive definition of the term:[[428]](#footnote-428)

* A divisive differentiation between individuals on genetic grounds.
* Two levels of effect; the conceptual and the behavioural (how we look at people and how we treat them).
* Rather modest requirements for the extent to which genetics is actually thought of as *determining* a disease or disorder rather than just being involved in it some way.
* The extension of genetics into health via the use of technology.
* Geneticization is an inherently social process, and as such affects and can be affected in turn by the social/cultural context within which it takes place, redefining what is taken as social or cultural, and what is taken as natural. The same technologies and attitudes in a different society could have very different results.

The different components of geneticization outlined by Lippmans, hold several implications. First, geneticization can increase stigma through a divisive differentiation between individuals. In fact, there exists currently a debate on whether geneticization decreases or increases the stigmatization from which people in need of mental health care suffer—with both outcomesdefined. The following question can be added: does the gene increase or decrease the shaming of the ‘mentally ill’?[[429]](#footnote-429) I will turn to the different argumentations shortly. The second implication to be drawn from Lippmans definition is that geneticization is a new *cultural lens* through which we view ourselves and the human lived experience—a definition of geneticization concurred by Phelan.[[430]](#footnote-430) In other words, geneticization cannot be reduced to a simplistic notion of factual knowledge about human genetics. ten Have emphasizes the need “to elucidate the cultural context within which genetic knowledge is promulgated, as well as the social processes involved in the dissemination of genetic technologies.”[[431]](#footnote-431) An assertion that would be shared by the scientific philosopher Ian Hacking, according to whom: “the world is far too rich in facts for any one organization of ideas to trick it out uniquely into *the* facts. We select which facts interest us, and a form of scientific knowledge is a selector of questions to be answered by obtaining facts. […] The facts are not constructed, although the forms of selection are.”[[432]](#footnote-432) The idea of a cultural lens has significance for the study of shame as power tool: shame might inform the selection of knowledge about genes into stigmatizing properties that differentiate between biologically defined species.

As a cultural lens, geneticization, in relation to stigmatization and (mental) illness, seems the carrier of two possible discourses: the belief that geneticization holds the potential to reduce stigma, on the one hand, and the opposing idea that biological attributions could magnify the distinction made between people.[[433]](#footnote-433) According to the first discourse, genetic attributions of mental illness will relieve people in need of mental health care from blame-stigmatization.[[434]](#footnote-434) It is argued that both the person in need and his or her family will no longer be accused (shamed) of having caused or being responsible for the mental health problems ‘plaguing the family’.[[435]](#footnote-435) However, it should be noted that this claim has already been counterclaimed, with scholars arguing that genetic causes for illness can possibly give rise to blaming people for passing on “bad genes”.[[436]](#footnote-436) Kelves even warns for a revival of the eugenics discourse, where marriage restrictions, sterilization and extermination might all become realities.[[437]](#footnote-437) Still, this is an extreme development and even the increased stigmatization of illness is not a pre-given and inevitable outcome. Depending on how knowledge about geneticization is promulgated in society, increased stigmatization and shaming might become reality, or, by contrast, geneticization can give insight into the different ways in which vulnerabilities are a *human experience*.

The belief that geneticization can reduce stigma relies primarily on the ‘reduce-blame’ quality attributed to biologizing illness. The other belief, an increase of stigmatization and shaming, argues that to genetically explain disease is akin to labeling offspring as defective.[[438]](#footnote-438) A labeling that might lead to the perception that the *carriers* of these genes—whether diagnosed with mental illness or not—are a physically distinct species. This perception might result in what Phelan calls “‘casual’ social distance”—the willingness to become someone’s friend or be a co-worker of a person genetically ‘marked’—and “‘intimate’ social distance”—the willingness to get involved into a romantic relationship with such a person.[[439]](#footnote-439) Associative stigma is likely to increase as well; ‘casual’ social distance and ‘intimate’ social distance not only effecting people diagnosed with a mental illness, but also their relatives.[[440]](#footnote-440)

That biological attributions of illness will magnify the force of stigmatization and shaming is a danger also recognized by the identification of what has been called ‘genetic essentialism’.[[441]](#footnote-441) Genetic essentialism is a cultural lens that assimilates the meaning of the scientific gene to that of the human soul: “DNA has assumed a cultural meaning similar to that of the Biblical soul. It has become a sacred entity, a way to explore fundamental questions about human life, to define the essence of human existence, and to *imagine immortality*.”[[442]](#footnote-442) Geneticization already seems to have been adopted in a cultural discourse that is invested in the same project as that of performative shame: to imagine immortality, invulnerability and independence. The genetic turn in medicine has arisen within a socio-cultural context that fantasizes about autonomy and independence and has administered medicine (medical *savoir*) to shame, stigmatize and label attributes of the human experience that are undesired; the interlocking of the outward performance of shame and medical *savoir*. Because of its ‘genesis’, geneticization should be attended with a warning: a warning against a possible evolution of genetic knowledge into a tool for shaming.

The above-given outline of geneticization showed that this medical ‘trend’, or cultural lens, holds a potential for shaming. A gene as a singular ‘body-particle’, because of its biological definition, can be turned into a defining quality of a whole person: the ‘physically distinct species’ outcome of geneticization. However, such a totalistic force is not an intrinsic quality of ‘the gene’ (nor is it a quality of any ‘medical fragment’ of the body), it is not embedded in its factual knowledge, but instead is remindful of the experience of shame. In other words, if geneticization leads to increased stigmatization and even a biologically-defined binarism normal/deviant, then such a binary is not embedded in the factual knowledge about genes but in its interpretation guided by a society that is haunted with its felt shame at impairments. This is true not only for the gene, but for any piece of medical *savoir*, or any ‘medical fragment’ of the body, that has been transmogrified and mobilized asa stigmatizing essential trait of a person’s identity. It is not the factual medical knowledge that defines these people as deviant, it is a shame-guided interpretation of that knowledge. Unfortunately, it is shame itself that guides people to shame others; knowledge (medical *savoir*) then is ‘only’ the guide to hiding, from the self, this shaming of others as an expression of shame felt at the self.[[443]](#footnote-443) Knowledge is an instrument that corroborates the performativity of shame; the performativity of its referentiality.

Geneticization is a continuation of a knowledge-shame regime that wishes to fragment the body into knowable pieces and use that knowledge to perform shame. The knowledge on genetic attributions of illness provides a new hook for shaming, the gene; both gene and shame become performed as an attribute of an ‘Other’ and are safeguarded from the ‘Self’. ten Have observes that there already exists an “impression [incorrect] that knowledge about individual genes is knowledge about how the genome functions in people.”[[444]](#footnote-444) The attribute (synecdoche) or stigma—an amalgamate of physical knowledge, visual or internal, and shame—is one of the most effective or powerful ‘contraptions’ of the interlocking of performative shame and medical *savoir*. Therefore, the consolidation of a reality in which genetic-shaming becomes a new tool for upholding a myth about independence should not be disregarded. An idea or potentiality that can be further explored through an analysis of how geneticization intersects with Cartesian philosophy; scholars have already argued that an adherence to biological explanations for mental illness needs to be understood in relation to Western society’s indubitable belief in the mind and soul.

Kipnis writes that “because of the indubitability of the mind and soul, errors of sensations are attributed to the body, or to be exact, a fault of the nervous system in receiving and transmitting stimuli.”[[445]](#footnote-445) It is one example of biologizing the mental. But what is interesting is the implication that such biologization is the pursuit of a psychiatry rooted in a Cartesian mind/body dualism; the infallibility of the mind must locate ‘defects’ in bodily systems. Incorporating the pathologies of the mind into the matter of bodies corresponds with a redistribution of illness in accordance with the Cartesian dualism between mind-body. Illness is a matter of the (base) body; the mind, the most cherished faculty of human being’s ‘abilities’ in a Cartesian or post-Cartesian world, is not on its own vulnerable, is not intrinsically ‘fallible’ or chaotic. The body is the site of illness, because Reason is what defines our humanity. But because Reason defines our humanity, an illness of the mind (wherever it is ‘located’) is most detrimental to a person’s social inclusion.

When biologized medical *savoir*is rooted in Cartesian mind/body dualism, then the binaric thinking of this philosophy is transposed to a medical differentiation between the healthy and the ill and, moreover, to their respective mind-body ‘metaphysics’ (a biological differentiation). A biologized disease—situated inside biological systems—serves a double purpose. First, the infallible mind of the ‘normal’ man is protected. Second, the man whose mind has ‘failed’ is othered. Indeed, biologized medicine inverses the mind-body relation of the vulnerable and needy. The mind does not control the body, but the body controls the mind; whether it is a gene that causes schizophrenia, or the presence of a (partial) third copy of a certain chromosome 21 causing Down Syndrome. If biological determinism becomes a reality, the stigma of shame or shame ‘stigmatizing’ knowledge, then people with disabilities will be excluded from social life as a distinct species. If their minds are considered biologically different, or simply biological, then their social worth in Cartesian society build around cognitive capacities is plummeted to impassable depths. Depths that shame; depths against which the ‘in control’ ‘normal’ man builds an identity.

* + - 1. Shame and Cartesian Dualism

Since Cartesian dualism not only informs contemporary medicine, but is a philosophy of mind that has enforced many other *savoir*, discourses and Western social space—built around a belief in an autonomic individual whose ‘I’ is located in Reason[[446]](#footnote-446)—it is useful to briefly elaborate on the subject. Cartesian dualism has incited the belief that vulnerable bodies are ‘abnormal’ and ‘weak’. Secondly, this discourse poses an obstacle to a notion of inextricable interconnected humanity;[[447]](#footnote-447) shame felt at dependence has obstructed the exploration of the meaning of human interdependence. Since the final part of this dissertation discusses alternative spaces to those that shame dependence, or spaces that differ from Cartesian philosophy its principles, it is interesting to outline what exactly these principles or postulates are.

Cartesian dualism separates mind and body. It is the belief that universal Reason is where the human soul originates. The body, then, is merely a slave-like shell that is subjected to the soul. This separation between mind and body carries some important implications. First, to consider Reason as the provenance of identity is to adopt an egocentric attitude toward what it means to be human; Cartesian philosophy authorizes a conception of personhood as an isolated individual who is somehow definable introspectively, and quite apart from any involvement in the world or in relational encounters.[[448]](#footnote-448) Second, to conceptualize a notion of relational personhood, when ‘accredited for’, from a Cartesian point of view implicates that socio-cultural relationality and relational identity are inaccessible to those lacking in resources such as cognition and intellect; Cartesian dualism promotes cognitive capacities to the unique barometer of humanness and even altruity. This second inference from Cartesian philosophy is related to a third postulate regarding its dualism: when the body is enslaved it cannot be deliberated as a source for human relationality, interaction and interdependence.[[449]](#footnote-449) A primarily Cartesian thinking Self finds his or her definition in reason rather than in action.[[450]](#footnote-450) Action is considered an outcome of thought, with the result that the meaning in action itself is disregarded.[[451]](#footnote-451) By contrast, what affect theory learns is that action entails that what is acted upon is involved in meaning making, and is central to being in the world and social belonging.[[452]](#footnote-452) Cartesian dualism drains the body as a site of meaning making and relationality. Lastly, the fourth central principle of Cartesian philosophy posits that an individual’s value needs to be understood in cognitive or *utilitarian* terms; not intrinsic value, but utilitarian agency are defining of personhood and humanness.[[453]](#footnote-453) Consequently, a person’s *emotive* capacities are disregarded and devaluated.[[454]](#footnote-454)

Following such an understanding of personhood, human beings become “objects to be known rather than persons whom one already knows because one is immersed in complex forms of relationship with them that go far beyond the cognitive relation of thinkers to the object of thought.”[[455]](#footnote-455) As objects to be known, humans can become (more) easily shamed; Cartesian philosophy has in common with performative shame the process of ‘understanding’ people through the performative act of objectification. In other words, performative shame as a theatrical performative act interlocks with Cartesian philosophy its disempowerment of bodily self-identification that, truly, is by definition interrelated and co-dependent—not autonomous and a separation between introversion and extroversion ‘world-making’. Indeed, performative shame and Cartesian philosophy are involved in the shared enterprise of disentangling identity, shame and introversion/extroversion consciousness.

* + 1. Shame and the Outside: Panoptic Shame and Social Space

Two out of three of the domains in which shame occurs—shame felt at appearance and shame felt at a body’s doing—have been discussed through the introduction of examples. There is a third possibility for shame to encroach upon a body, to which I will now turn. A testimony of what a body feels when staying at a psychiatric hospital elucidates that space itself is a possible site for shame:

Ook het bezoek aan de psychotherapeut, psychiater of psychoanalyticus ging vaak gepaard met rode wangen. Om naar het psychiatrisch centrum te gaan waar ik destijds behandeld werd, nam ik de bus. De dichtstbijzijnde bushalte bevond zich pal voor de ingang van het centrum. Door af te stappen bekende ik onmiskenbaar kleur: Ik zag mijn medepassagiers denken: ‘Is ze patiënt of zorgverlener?’ Ik hoopte dat mijn houding het antwoord niet zou verraden. Later zou mijn verblijf in datzelfde centrum voor allerlei vervelende situaties zorgen. Overdag mag je het centrum immers niet zomaar verlaten en ‘s avonds is er een avondklok. Maar leg maar eens uit aan je gezelschap waarom je een fantastisch concert vroegtijdig moet verlaten. Ik had griep of migraine; het hele arsenaal van fysieke kwalen passeerde de revue. Nooit was ik depressief. Liegen deed ik ook wanneer men mij vroeg waar ik een vriend of vriendin uit het centrum had leren kennen. Want je eigen schaamte overwinnen is één ding, een ander meesleuren is iets heel anders.[[456]](#footnote-456)

This testimonial evidences that the psychiatric ward has been solidified into a border. Shame makes a person lie about one’s everyday activities and occupation, in the hope this person will remain part of the group; in the hope he or she will not be shamed. This solidification of psychiatry into a border has been already addressed earlier in this chapter. It was argued that psychiatry is the border against which ‘normal’ and ‘shameless society’ is defined. But furthermore, society can be described as a borderline society: psychiatry is functionalized as the border against which normal and shameless society is defined but, in reality, it is the border that defines society and institutionalizes shame its dual structure that society so desperately wishes to suppress or renegotiate.

But next to the border and borderline analysis of psychiatry and society, the above-mentioned testimony can be accessed from another angle: the more general question of how shame is ‘implanted’ into space emerges. Next to psychiatry, there exist others spaces in our society that shame people with disabilities and, therefore, help enact and sustain the binary ability/disability. Abetted by *savoir* (medical, architectural, technological etc.), shame has not only attached itself to a myriad of bodily experiences and appearances, but has also become functionalized in architecture and geography—spaces that immerse bodies that are their social target with shame. Foucault’s insight into knowledge-space-power regimes is here of essential importance.[[457]](#footnote-457) Foucault has contributed to an understanding of the ways in which, since the late 18th century, architecture has become a mode of political organization: “late in the eighteenth century, new problems emerge: it [architecture] becomes a question of using disposition of space for economico-policital ends.”[[458]](#footnote-458) Taking Foucault’s work as vantage point, I argue that the disposition of space was also used for a socio-cultural management of shame: inscribing the binary ability/disability into space through the effective installment of an architecture of shame.[[459]](#footnote-459) Psychiatry is a central building block of this architecture, but also movement, sports and sports centers, fashion and fashion stores, or sexuality its inscription into architecture, for example form part of shame its geographical distribution and organization. The architecture of shame felt at impairments is worthy of being the topic of a dissertation on its own. Next to sport, fashion and sexuality, there are many more spatial inscriptions of shame that should be examined. For the purpose of this dissertation I will limit the discussion to movement, sports and sports centers.

What is understood by sport has changed over time. The *Oxford English Dictionary* (OED) has entered two definitions. Sport is defined as “an activity providing diversion, entertainment, or fun; a pastime.”[[460]](#footnote-460) This definition of sport is the oldest and, as the OED records, was already in use during the 15th century. The second definition provided by the OED reads that sport is “an activity involving physical exertion and skill, *esp.* (particularly in modern use) one regulated by set rules or customs in which an individual competes against another or others.”[[461]](#footnote-461) The caption elaborates on the historical evolution of sport:

In early use the sense of ‘sport’ as diversion or amusement is paramount; by the 18th and 19th centuries the term was often used with reference to hunting, shooting, and fishing […]. The consolidation of organized sport (particularly football, rugby, cricket, and athletics) in the 19th cent. reinforced the notion of sport as physical competition […].”[[462]](#footnote-462)

The entry of the word sport in the OED quickly reveals that sport has evolved into an activity that consists of the training of a body its skills and agility; the notion of improvement is now at least as important as the enjoyment of movement itself. This focus on a body its agility and strength might suggest that, today, humans desire more than ever to have trained, skilled and self-sufficient bodies. In what follows, I wish to explore the idea that this new definition of sport is likened to an aspiration of a supposedly shameless body-ideal of completeness and perfection. This is an idea that would apply both to human physicality and cognitive capacities.

Consider the following quotes on sport: “Nobody’s a natural. You work hard to get good and then work to get better. It’s hard to stay on top”;[[463]](#footnote-463) “Obstacles don’t have to stop you. If you run into a wall, don’t turn around and give up. Figure out how to climb it, go through it, or work around it”;[[464]](#footnote-464) “There may be people that have more talent than you, but there’s no excuse for anyone to work harder than you do”;[[465]](#footnote-465) “Champions keep playing until they get it right”;[[466]](#footnote-466) “Set your goals high, and don’t stop till you get there”;[[467]](#footnote-467) “You can’t put a limit on anything. The more you dream, the further you get.”[[468]](#footnote-468); “I always felt that my greatest asset was not my physical ability; it was my mental ability.”;[[469]](#footnote-469) “The five S’s of sports training are: stamina, speed, strength, skill, and spirit; but the greatest of these is spirit.”;[[470]](#footnote-470) “Sports serve society by providing vivid examples of excellence”;[[471]](#footnote-471) “The mind is the limit. As long as the mind can envision the fact that you can do something, you can do it, as long as you really believe 100 percent.”[[472]](#footnote-472) These quotes propound that sport today is about overcoming, and the belief in the possibility to overcome, any obstacle, any limit or any threshold; whether it is physical, cognitive or mental. It is almost as if sport is staged as humanity its greatest achievement: transcending the human body and its definite or limited range of abilities.

This definition of sport that delineates as its characteristic feature the improvement of what are considered human capacities endorses an ‘ability’ or ‘capacity’ discourse that dehumanizes the experiences of the ‘disabled’. Other qualities of sport that make sport a meaningful human and social experience are effaced: emotional experience, experiencing and connecting to the body, expressive function and the social experience. It is not that these qualities of sport have become entirely ignored, but that they have become subsidiary. That these social, emotional and expressive functions of sport are today interpreted and approached not as types of ‘capacities’ but at best as tools for enhancing one’s capacities or abilities is clear from what I consider to be their ‘medicalization’. I will elucidate this statement by briefly confronting a type of therapy called movement therapy with the capacity discourse of which, I will argue, movement therapy is a form of expression; it mediates and even enacts the border between ‘capacity’ and ‘incapacity’.

The *Free* *Medical Dictionary* defines Movement therapy as “a broad range of Eastern and Western movement approaches used to promote physical, mental, emotional, and spiritual well-being.”[[473]](#footnote-473) Its physical benefits result in an extensive list:

The physical benefits of movement therapy include greater ease and range of movement, increased balance, strength and flexibility, improved muscle tone and coordination, joint resiliency, cardiovascular conditioning, enhanced athletic performance, stimulation of circulation, prevention of injuries, greater longevity, pain relief, and relief of rheumatic, neurological, spinal, stress, and respiratory disorders. Movement therapy can also be used as a meditation practice to quiet the mind, foster self-knowledge, and increase awareness. In addition, movement therapy is beneficial in alleviating emotional distress that is expressed through the body. These conditions include eating disorders, excessive clinging, and anxiety attacks. Since movements are related to thoughts and feelings, movement therapy can also bring about changes in attitude and emotions. People report an increase in self-esteem and self-image. Communication skills can be enhanced and tolerance of others increased. The physical openness facilitated by movement therapy leads to greater emotional openness and creativity.[[474]](#footnote-474)

Movement therapy recognizes and engages with the *abounding* and *diversified* aspects of movement. That movement therapy can be an effective form of treatment should be acknowledged; movement has its therapeutic functions such as alleviating stress that can both be emotional and bodily. But movement therapy, as discourse, is also directed at an objective that is central to a capacity discourse: improving a body’s physical, emotional, social and cognitive abilities. Indeed, the definition of the *Free Medical Dictionary* does not include the aspect of joy, emotion and expression on its own. This aspect of people with disabilities enjoying sport, enjoying themselves and their bodies without the *primary objective* of changing (improving) that body, is absent from the above-given definition.

Therapy is to be understood not as self-exploration, self-acceptance or the enjoyment of the self, but as developing and improving the self to comply with a body ideal. It is not surprising then that movement therapy, imbedded in a medical discourse that divides between ‘ability’ and ‘disability’ (‘capacity’ and ‘incapacity’), is only to be found in the psychiatric hospital or revalidation centers. Indeed, the lacuna identified in the definition of movement therapy (enjoyment, social function) is, correspondingly, found outside of the psychiatric hospital; in wider society there are the sports centers for the ‘abled’ people to improve their ‘capacities’ and ‘abilities’ and there are the disabled sports and its centers that, interestingly, are assimilated into the capacity discourse. But movement that is ‘solely’ or uniquely an act of enjoyment—emotional, expressive and social—is noteworthy without representative. This is the geographical distribution of movement and sport. Before relating this architecture of movent to shame, I wish to first further delineate it by analyzing the perception of disabled sports or Parasports that helps provide a complete picture of movement its geographical distribution.

Disabled sports have become recognized as ‘true’ types of sport and regularly are reported on in the news. The sportsmen are applauded for their achievements; they are staged as heroes in documentaries that consider these men and women as having *overcome their disability*. Consider the following quotes taken from articles and brochures on disability sports and the athletes: “Amazing athletes who *succeeded*, even with all of the odds stacked against them. […] All of them *overcame* their injuries to turn themselves into some of the best athletes in the world.”;[[475]](#footnote-475) “Kyle Maynard’s [a wrestler] accomplishments are many. […] And he has **done it all** as a congenital amputee. Maynard was born without any arms or legs, but that hasn’t stopped him from becoming an MMA fighter, competing against *able-bodied athletes*.”;[[476]](#footnote-476) “These Indians with disabilities prove that it is *just a state of mind*. […] there is *nothing these champions cannot do*! They have made *us* so proud.”[[477]](#footnote-477) In a brochure on Paralympic School Day, organized by the International Paralympic Committee, one reads: “At the age of 21, Henry, who was a promising runner on the Kenyan national team, lost 95% of his sight overnight, when a stroke damaged his optic nerves. He *learned to become self-sufficient again* and was *able* to return to Athletics. His *willpower* and *desire* to be a champion led him, only one year later, to qualify for the Sydney 2000 Paralympic Games.”[[478]](#footnote-478)

The rhetoric of the cited quotes, and there are many more, demonstrates that there exists a capacity discourse in several ways. First, disability is represented as a temporary challenge that can be overcome. It is possible to control this ‘disabled’ body and become self-sufficient. This rhetoric evidences is the perception of ‘disability’ as a social exclusion of bodies as the result of their ‘inaptitude’ to meet the challenges with which they are faced. In other words, impairments that challenge the Western interpretation of self-sufficiency and bodily control are simply left unconsidered and ignored. Their existence is neglected or even denied as it poses too great a challenge to the desire expressed in all of the above-cited quotes: to be amazing, successful, accomplished, a champion and ‘able’. This leads me to the second characteristic of the capacity discourse: the simultaneous existence of a differentiation between capacity and incapacity, on the one hand, and an assimilation of capacity and overcoming incapacity on the other. The heroic discourse of assimilation relies upon a primary act of differentiation. The statement that “*They* have made *us* so proud” elucidates that, on the one hand, there exists an ‘us’ and ‘them’, but that, on the other hand, a rapprochement is possible when *they* assimilate *our* bodies.[[479]](#footnote-479) When they are *our hero*, the ‘disabled’ are a living example par excellence of the ‘abled’ body its desire for accomplishment and success (in terms of self-sufficiency and invulnerable bodies). This is the defining thread of the capacity/incapacity rhetoric: if they say something about who we want to be, then they are accepted and exalted. But, if they challenge mostly what we (the ‘abled’) desire to be, they (the ‘disabled’) will be ignored and denied a social status.

Sport centers, football fields, tennis courts etc., these places all institutionalize ‘able-bodied’ movement; capacity is inscribed into social space. Also parasports have their centers, fields and courts. Further, these parasports are celebrated with the organization of the Paralympics; those men and women participating are considered ‘true’ athletes and examples of success. But there is no place or space, literally, for people whose movements and activities fall outside of the concepts ‘sport’ and ‘athlete’—concepts, one can conclude, that define movement around a selected set of capacities and their improvement. These ‘other’ movements, considered chaotic, uncoordinated and the expression of ‘disability’, are hidden and confined in the therapeutic space; they are categorized as a treatment of a particular set of incapacities. This is what I consider the geographical distribution of movement and sport. This geographical distribution now needs to be likened to an architectures of shame that endorses and sustains the outlined differentiation between ‘capable’ movement (sport) and ‘incapable’ movement.

Currently, a place in mainstream or everyday society for people with disabilities to move, dance and enjoy feeling their bodies without those movements having to comply with prescribed rules of what dance or any other sport is, does not exist. As the definition of movement therapy provided by the *Free Medical Dictionary* illustrates, this absence cannot be explained by a lack in knowledge that does not recognize the experience of joy and enjoyment through movement. Indeed, implicitly, the above-given definition recognizes that movement is a source for joy, expression, connecting with one’s own body and social togetherness. But all of this knowledge is embedded in a medical discourse; this corresponds with knowledge its functionalization as therapy and its confinement in the psychiatric ward and revalidation center. This is shame operating. I argue that this particular implementation of knowledge is the result of performative shame. Knowledge is employed to establish, sustain and enact the redrawn boundaries of shame/impairments its referentiality. At the same time, shame as a bodily experience is imploredto accredit knowledge its unquestionable status.

If people with disabilities need to visit a psychiatric hospital or revalidation center when they wish to move and use their bodies to express themselves in creative and enjoyable ways, then that very creativity and enjoyment is hampered by the shame attached to it; forced to go to a place that shames this shaming experience competes with the positive values inherent in movement. Moreover, if the places where people with disabilities can freely move and express their bodies are limited to one shaming and hidden place (psychiatric ward), then these bodies seem to be caught inside a system that truly disempowers and disables them—a social disability that corresponds with the bereavement of a type of freedom of expression. This is corroborated by the fact that, in Western society, a person with disabilities his or her movements—when not incorporated into a medical and therapeutic setting, when these movements take place outside of the psychiatric hospital or a revalidation center—become a shameful experience. People look and stare; or, more accurately, they do not know how to look and be around and with these movements at all. The ‘disabled’ is robbed of freely enjoying and expressing his body, the ‘abled’ cannot read and encounter these movements but with the voice or look of shame. In conclusion, when geographical distribution of movement is invested in shaming a particular set of movements, then an affective structure of shame is used as a power tool to subjectify bodies, in a Foucauldian sense that implies the modification of skills, attitudes,[[480]](#footnote-480) and, I would add, the fixation of affective structures—the simultaneous use and abuse, modification or fixation, of a bodily system.

* 1. Conclusion

The next chapter will address shame in the neoliberal world. What I have so far argued is that shame, through its proliferation, has been turned into a tool that creates and sustains borders and binaries in life: ability/disability; healthy/pathological; Reason/body and Soul/Genetics; us and them; high and low; superior and inferior. These borders and binaries correspond with the performativity of non-shame and shame. That the affect shame can be so easily attributed is the strength of its instrumentalization as power tool. But at the same time, and the next chapter will further explore this idea, shame is always an affect that reciprocates and defies the distinction or neat separation of its dualistic forces—especially in binaric oppositions. The second chapter deconstructed this power tool (the affect’s normative differentiation) and revealed that attributing shame is involved in an act of denial—a simultaneous act invested in creating binaries. A simultaneous act that corresponds with shame its dual structure and that, further, needs to be understood in relation to shame its genesis: the discovery of the Self that is interrelated with the discovery of the world of objects. The paradox in the fact that shame has become stigma its greatest ally, is that shame arises in the midst of social interrelation and human interconnection. Shame is never the attribute of someone, it is consciousness of the self and the other in a relationship of (unaccepted or denied) relationality.

2. Neoliberalism’s Shame and Shaming Neoliberalism

“Narcissism is an essential […] it means self-love, and ultimately it means healthy self-love. It depends on whether you’re using the term technically or in popular language. And I tend to use it both ways. But in technical terms narcissism is healthy self-love and an *injury to narcissism* is where there is a problem. And when narcissism is injured then we *compensate* for it and often it is *grandiosity* which is an *exaggerated sense of self-importance*.”

(Maxson McDowell)[[481]](#footnote-481)

“Her sense of self-love was injured and she compensated with this superwoman sense of herself. But it’s a compensation. And one that […] the diminished sense of self is balance by the exaggerated sense of self. And they support each other. *So you’re stuck with both poles activated*.”

(Maxson McDowell)[[482]](#footnote-482)

“If you’re stuck between either being larger than life or less than despicable, if that’s your self-esteem situation, if it’s split like that, then the struggle is to feel like your good enough, which means not the best in the world and not the worst in the world just regular. To see your self-worth in shades of grey rather than black and white. So to learn to feel that one is a good enough person, a good enough parent, a good enough child.”

(Maxson McDowell)[[483]](#footnote-483)

* 1. Introduction

The previous chapter opened with the following commitment: I will study a) practices of shaming, b) institutions that install shame and c) acts and discourses that perform simultaneously shame and shameless bodies. I further contended that: All of these manifestations of shame intersect in one or more ways with either one or two of the above-mentioned body-perceptions (the inner life and the outer life of the body); they exploit the inner life of the body, structure how bodies meet and interact or arise amidst the commotion of a real body and the optimism of a conceived body-ideal. This chapter will further explore the inner life of the body and its acts and movements in relation to power. But primarily, in this chapter, I am interested in how shame arises “amidst the commotion of a real body and the optimism of a conceived body-ideal.” I wish to explore the power-relations involved in an optimistic relation that is attached to a fantasized body-ideal: the neoliberal fantasy of the capable, invulnerable and ‘no legitimate dependency’ body.[[484]](#footnote-484) Neoliberalism helps to illustrate that shame as a panoptic power tool can attach itself and perform itself through other affective structures. The implications of the autotelic character of affects for power are explored. In the neoliberal world it are shame and optimistic affective structures specifically that are involved in motivating a body’s doing and creating everyday normativity.

Studying shame in the neoliberal world, this chapter asks two related and yet quite different questions. First, the question of how the affective structures shame and optimism have empowered the rise and prosperity of neoliberalism.[[485]](#footnote-485) I argue that the neoliberal-shame regime subjectifies bodies in a Foucauldian sense of molding or shaping bodies.[[486]](#footnote-486) This modification of bodies is examined in relation to affect: shame and optimism. In the neoliberal world the optimistic attachment to a neoliberal fantasy of a body-ideal is interiorized. Shame plays a decisive role in this interiorization. Second, the contention is made that the optimism on which the neoliberal world draws is a relation of cruel optimism—the term used by Lauren Berlant to designate an affective structure that involves the optimistic attachment to an object that in reality is an obstacle to one’s flourishing. [[487]](#footnote-487) In short: shame operates to install within neoliberal subjects an optimistic attachment to a fantasy of a body-ideal. But as fantasy, this body-ideal, or its attachment to the fantasy, are “cruel” or injurious to one’s flourishing.[[488]](#footnote-488) What is more, I will argue that performative shame is not only in the neoliberal world, but more by definition, a relation of cruel optimism.

In conclusion, to study shame as a power tool in the neoliberal world has two uses. First, to understand affectivity as a panoptic power tool in more depth. Specifically, to understand in what ways the autotelic character of affects function in a network of panoptic power. There is the fixation of more than one affective structure. Affective structures are also fixated in their inter-*actions*. Second, neoliberalism helps to expose performative shame as a relation of cruel optimism.[[489]](#footnote-489)

* 1. Neoliberalism, Autonomy and Shame

Neoliberalism is “a modern politico-economic theory favouring free trade, privatization, minimal government intervention in business, reduced public expenditure on social services, etc.”[[490]](#footnote-490) This theory has resulted in a number of twenty-first century skills: flexibility and adaptability, creativity, initiative and self-direction, productivity and accountability, social and cross-cultural skills, leadership and responsibility.[[491]](#footnote-491) This changed understanding of the notion labor has helped to construct and simultaneously has drawn from an identity-politics that ‘liberalizes’ the individual as free, autarchic and rational or cognitively capable of making decisions that are beneficial to the social contract.[[492]](#footnote-492) Although this identity was first conjectured as a political one by liberalism, politico-economic theories such as neoliberalism have invested in this identity as well. The latter ideology has primarily focused on the notion of capability; the ‘revolution’ of a range of high expectations which it has normativized.

In *Cruel Optimism*, Berlant writes:

[W]e need to think about normativity as aspirational and as an evolving and incoherent cluster of hegemonic promises about the present and future experience of social belonging that can be entered into in a number of ways, in affective transactions that take place alongside the more instrumental ones.[[493]](#footnote-493)

In the neoliberal world, the promises made about social belonging are centered around the ability of contributing to the economic and political interests of neoliberal theory: entrepreneurship and sovereignty. Berlant her definition of the neoliberal subject is interesting: “[T]he neoliberal subject *aspiration* […] equates entrepreneurial activity with sovereign, democratic personhood.”[[494]](#footnote-494) Next to entrepreneurship and sovereignty, the word “aspiration” is key to Berlant her discussion of the neoliberal world. In *Cruel Optimism* (2011), Berlant investigates in what ways an affective structure (optimism) has become embedded and fixed in a power-system that benefits the endurance of an ideology (or neoliberal theory) but injures or hinders the individual and his or her flourishing. Thus the word *aspire* central to the above-cited definition of the neoliberal subject is the indicator of the affective structure optimism that attaches people to the promises made about social belonging by a hegemonic politico-economic power-system. The observation that optimism can guide what bodies desire and, therefore, do is what lies at the basis of Berlant’s project “to think about normativity as aspirational.”[[495]](#footnote-495)

Berlant defines optimism as an affective structure as follows: “Whatever the *experience* of optimism is in particular, […] the *affective structure* of an optimistic attachment involves a sustaining inclination to return to the scene of fantasy that enables you to expect that *this* time, nearness to *this* thing will help you or a world to become different in just the right way.”[[496]](#footnote-496) Attachment and aspiration, Berlant writes, are optimistic;[[497]](#footnote-497) whatever the experience is in particular. Indeed, aspiration, attachments and fantasies about how the world is (supposed to be) meaningful,[[498]](#footnote-498) can disclose or disseminate as “depression, dissociation, pragmatism, cynicism, optimism, activism, or an incoherent mash.”[[499]](#footnote-499) The question now is in what ways these expressions of aspiration contribute to normativity? If normativity is to be understood in relation to aspiration, then in what ways is a body’s doing an expression of that aspiration and, consequently, of normativity itself? Normativity has the power to shape bodies, their actions and their convulsions. Specifically, in what follows I ask the question of how aspiration and shame are intricated in a system of power that normativizes the ‘capable’ body; a body free, autonomous and ‘enlightened’. The fact that affects are autotelic implies that an affect can attach itself to another affect: optimism and shame are an examples of such an attachment that has empowered the rise and prosperity of neoliberalism.

The history of the attachment between shame and optimistic aspiration might be outlined as follows: shame felt at impairments has attached itself to an optimistic attachment to the *fantasy* of self-sufficiency and capability. Within the politico-economic power regime called neoliberalism this means that he normative differentiation of the affect shame (ability/disability) intersects with neoliberalism its hegemonic promises about social belonging; if capability and sovereignty become aspiring, because they are a condition of social belonging, then shame felt at ‘disability’ increases. Furthermore, the shaming of ‘disability’ becomes a more widespread experience, infiltrating the workplace or economic social life that tolerates only a ‘normal’ body; a body exceedingly fantasied and unattainable. One observation to make, for example, is that shame is used to motivate people to hide what they cannot do and, despite an impending danger to their physical and mental health, exceed their limits. Examples will be analyzed shortly hereafter.

An important understanding is that shame—its normatively differentiated affective structure—can be employed as a power instrument precisely because the aspiration of the fantasy of sovereignty has been solidified through discourses of social belonging and social *relevance* that exclude the so-called useless, unproductive and non-sufficient and insufficient body—in contemporary, neoliberal politico-economical terms.[[500]](#footnote-500) Furthermore, shame’s normative differentiation is peculiarly beneficial to the neoliberal project of molding bodies that are *productive* (in a way that is self-sufficient and autonomous). The interiorization of shame’s fixation on and with ‘disability’ makes shame an uncontrolled, un-authorized and, therefore, ubiquitous power-mechanism that chaperones a body its aspiration for ‘normalcy’ and ‘ability’. Neoliberalism has empowered that ‘chaperone’ for its project of raising the bar for ‘normalcy’, ‘ability’ and ‘capacity’, making it an ever more fixed and constringed concept. Indeed, the instrumentalization of performative shame in a neoliberal world is an example of Panoptic shame. I now contend that Panoptic shame understood as a body-power regime that addresses bodies not as passive or docile, but implicates bodies and bodily systems, involves not only the affective structure shame, but also *the affective structure Berlant indicates as optimism (or desirability).[[501]](#footnote-501)*

* + 1. The Fantasy of Capability: Testimonials

A first example that illustrates neoliberalism’s employment of shame as a power tool is that of a woman who had a job offer withdrawn after she had disclosed her history of depression:

My client, J, is a barrister with a history of depression whose condition had been managed by her GP and a psychotherapist. In June 2008, she applied for a position at the international law firm DLA Piper LLP. On being offered the job, she accepted it and disclosed her history of depression to the human resources department. The job offer was then withdrawn, which DLA Piper LLP claim was because of a recruitment freeze.[[502]](#footnote-502)

This is a clear example of discrimination against people in need of mental health care. The decision to withdraw the job offer communicates that a person is not welcome because of a one’s ‘health history’. Considered a liability at the workplace, the barrister was treated not as a person with diverse abilities and disabilities, but as a person with a history of depression. In other words, one aspect of the self was taken to be her whole identity. The act of withdrawing the job offer after the woman had disclosed her history of depression not ‘only’ shames, stigmatizes and rejects, but shames with a deliberate purpose at will.

Another example illustrates that the expression of shame felt at impairments coincides with the expectation that people ‘raise the bar’. If one needs mental health care it is better to hide this aspect of the Self and carry out the job as it is desired of the neoliberal worker.

Initially diagnosed while working at an engineering company, Thomson's first experiences of tackling the subject of her mental illness in the workplace were challenging to say the least. Her manager advised her to keep the diagnosis to herself and not tell the HR department. “It made it very difficult, and when I came back to work I was just expected to get on with it," she says. "There was a stage where I was changing medications and it made me very tired in the morning, but there was no option for flexible working. And when I did eventually have a conversation with my employer about my condition he actually physically recoiled from me, and communication more or less stopped from that point. It was as if by showing a vulnerability I was suddenly less respected.”[[503]](#footnote-503)

As Thomson notes herself, the expectation to hide the disease discloses that vulnerability is not respected and that productivity is the expected norm. By making people hide their vulnerabilities they are made felt unwanted and are subtly shamed in the hope they will adjust themselves to the set expectations. The previous example of the woman whose job offer was withdrawn after she disclosed her history of depression thus carries another message: withdrawing the job offer was an act that shamed and signaled that, in the future, it would be in this woman’s best interest to hide her need of mental health care. The two examples discussed provide an example of the implementation of shame into a power architecture: the distribution of bodies in a work-employment-capability regime. Bodies should desire a particular way of life.

In summary, the expectations about human capacities, and the corresponding intolerance of vulnerability, have taken on mythical proportions that are unprecedented in history. As a result of this ‘capacity-mania’, disability becomes an ever more expanding concept. Correspondingly, in the neoliberal market shame is implemented as an instrument to correct *all* employees their work-performances.

One striking example of how shame operates at the work place *and aids to construct a social body-ideal of human capabilities* is the phenomenon of the quantified self at work (QSW). Robinson defines QSW as “an attempt to quantify the affective field so as to render it more predictably exploitable, transgressing mind-body dualism from the side of the mind and eliminating possibilities for experience except as efficient, rational, masculinized, managed subjects.”[[504]](#footnote-504) Workers are asked to measure themselves by using wearable and other self-tracking devices (WSST) that measure their productivity, health, and well-being. The instrumentalization of a quantified self has a twofold but interrelated purpose. First, the tracking of the Self in all these aspects needs to be understood as an aspect of subjectification as understood by Foucault,[[505]](#footnote-505) as the “modification of individual conduct, not only skills, but also *attitudes*.”[[506]](#footnote-506) Rose’s definition of the neoliberal subject interestingly internalizes and indicates as a characteristic of neoliberal identity the postulate of modifying individual conduct: the “self-controlling self” of neoliberalism “calculates about itself, and […] works upon itself in order to better itself.”[[507]](#footnote-507) This internalization of discipline, the self-disciplining self, is the outcome of and texture or object of shame or shaming; the implementation of shaming QSW-techniques that the worker has to use on, or against, his own body. Indeed, I argue that the use of QSW, both in the workplace and in everyday life,[[508]](#footnote-508) is a method of shaming. The operation of QSW-techniques is one that draws entirely on visibility, exposure and knowledge; administering a gaze, QSW-techniques engender shame precisely because they expose the body *in all its facets* with a judging and evaluating look. A body’s health, a body’s capacities and a body’s productivity are all tracked and exposed; defining a body’s usefulness and precariousness in society.

The result of shaming the state of ‘lacking’ productivity or health—the internalization of the shaming gaze through QSW—is that the imperative to perform is internalized. Robinson concurs: “Psychological change arising from precarity contribute to the formation of anxious selves who have internalised the imperative to perform a two-part subjectification of workers as observing entrepreneurial subjects and observed, objectified labouring bodies.”[[509]](#footnote-509) However, this internalization to perform has culminated into a cruel optimistic attachment to a body ideal; there is more cause for shame, more illness on the work floor. More and more people find themselves at that other side of the border: ‘disabled’ and un-belonging to society its productive and achievement-oriented demeanor. Before addressing what is exactly meant by cruel optimism it is necessary to discuss the second purpose of the quantifiable self.

The twenty-first century skills listed above—including flexibility, adaptability, initiative, self-direction, productivity and leadership—were initially presented as skills or ‘capacities’ envisioned by the neoliberal workplace. But Robinson explains in what ways these ‘capacities’ trespass the limits of the workplace to implant an ‘abled-body’ ideal that affects society at large:

WSTT measure only users, creating an illusion that the precarian worker—constructed by a particular affective and social field of which these technologies are part—is identical with humanity, the defining point of human bodily capabilities and the point from which we should start—an outer limit of ‘human nature’ which restricts political and social possibility. WSTT only measure variance *within* the range defined by precarian affect, providing an illusory, pseudo-objective view of what might be possible *outside* the range. The anxious, depressed, precarian worker’s body, flayed by the reactive affects of precarity, is capable of less and different things, than the empowered, conscientised, actively desiring worker […]”[[510]](#footnote-510)

In other words, the fantasy of a humanity that is identical with a set of capabilities initially imposed on the precarian worker has become the aspiration of the many—not of an abstract system only, but also of the system its subjects. This mastery over matter—what bodies do and aspire—further advancesthe internalized imperative to perform.

* 1. Neoliberalism and the Interiorization of Shame

There are many ways in which shame is internalized, the QSW-system is one example. An extensive analysis of an architecture of shame certainly would help to uncover the full extent and operational-system of this power-technique. Although this dissertation does not allow such an extensive analysis, it is interesting to briefly turn to the outcomes of this power-system: in what ways are bodies their actions and conduct modified by the interiorization of shame? I specifically focus now on the affective patterns of optimism, motivation or aspiration,[[511]](#footnote-511) which are translated into patterns of behavior and conduct that give a body its rhythm and existence. These motivations and aspirations and the patterns of behavior that are desired are inculcated through the affect shame. It is shame that can give rise to a scene of fantasy. And it is neoliberalism that is assisted by both of these body-affect-power regimes; abettingthat “People are now engulfed by-hearing, reading and using-the voice of neoliberalism.”[[512]](#footnote-512)

First the above-conducted study of movement (cf. chapter three) is linked to aspiration and motivation or scenes of fantasy. The study of the geographical distribution of movement concluded that this distribution is indebted to subjecting bodies through the mechanism of interiorizing shame. The pertinence of this architecture of shame surpasses the politico-economic neoliberal power regime to include social, cultural and historical entanglements.Still neoliberalism has benefited from the subjectifcation of the ‘disabled’ *and* ‘abled’ body alike. First, if unwanted movements are hidden in the psychiatric ward or in revalidation centers, the enactment of the fantasy of capability becomes facilitated. Second, bodies their conduct and attitudes are ‘corrected’ in a way that is beneficial to the *no dependency discourse* of neoliberalism. Reconsider Robinson’s observation that there is provided “an illusory, pseudo-objective view of what might be possible *outside* the [visible and ‘corrected’] range.”[[513]](#footnote-513) In conclusion, to hide certain movements and control others are implicated in construction an aspired scene of fantasy.

The distribution of shame in a work-employment-capability regime that was discussed earlier elucidates that *shame can carry overtones of desirability and disliking*; interiorizing shame is the business of modifying a body’s aspirations, ‘appetites’ and disinclinations. Another example helps expound this contention. The example deals with contemporary society its treatment of food. It is hip, trendy and, especially, awesome and admiring when people are dedicated to a healthy lifestyle—with healthy body’s that are neither too skinny nor too fat. In other words, one is just skinny enough so that a body conforms to a Western ideal of immaculate and trained bodies without, however, one’s eating pattern evolving into an eating disorder (or being exposed as one). On the other hand, people with obesity are ‘fat-shamed’; indeed, the practiceis so widespread and common that it has gained its own terminology.

But this shame felt at bodies—inflamed by neoliberal discourse—is not only directed at people with obesity; it is a shame-practice that acts to implicate all bodies of the society in which the practice operates. It is not a coincidence that today fitness centers are as numerous as barbershops and shopping malls. The Museum Dr. Guislain (during an exhibition focusing on psychiatry and shame (2016)) remarks that today “People will always go further to avoid shame.”[[514]](#footnote-514) No surprise perhaps since, “If you don’t fit the image, you are taunted, you are taunted and ridiculed. Cleft palate, protruding teeth, jug ears, red hair: every deviation from the norm leads to shame.”[[515]](#footnote-515) But the most astute and perhaps stinging societal analysis made by the Museum Dr. Guislain is that “if they [bodies] don’t obey the current beauty rules, we prefer to hide or remodel them.”[[516]](#footnote-516) Next to exercise, a visit to a plastic surgeon—not reconstructive but aesthetic surgery—is no longer that uncommon. People take vitamins and medication that supposedly will help them lose four times more weight than diet and exercise alone.[[517]](#footnote-517) All these things that bodies do implicate a body’s emotional experience, affective relations and aspirations or desires.

Objectification theory has theorized how women in particular have been accultured to internalize a third person view—a shameful, judging gaze—as the principal behavior to look at themselves.[[518]](#footnote-518) This self-objectification or the internalized look leads to individuals habitually “[monitoring]their bodies as an outside observer, thus thinking more about how their bodies look than how their bodies feel.”[[519]](#footnote-519) Interestingly, Fredrickson an Roberts observe that “the negative emotion of shame occurs when people evaluate themselves relative to some internalized or cultural ideal and *come up short*.”[[520]](#footnote-520) This statement holds another potential insight: shame can be used as a power tool for correcting and monitoring bodies *through the belief that they come short of an identity that is beneficial to one’s social belonging*. One’s enjoyment of food or another particular desire is redirected or modified through shaming practices. Power thus can exert itself through a network of empowered affective structures.[[521]](#footnote-521)

* 1. Neoliberalism’s Shame, Cruel Optimism and Self-Stigmatization

There exists the neoliberal ‘shame-imperative’ to perform. Contemporary Western society its fixation on productivity, performing and capacities is the result of the manifestation of a politico-economical theory. A theory that approaches a state and its organization from a viewpoint that is in complete denial of human impairments; whether it is its predecessor liberalism or neoliberalism itself, these ideologies confabulate the state and its politico-economic organization with no regard for people with severe impairments, nor are the more mainstream and general impairments of humankind recognized. This disregard for impairments, which is also expressed in the denial of dependence and the rhetoric of autonomy and self-sufficiency, is concurrent with the *denial* of human impairments. Impairments are only the subject of shame and are only the proof of a failed autonomy; impairments are never the subject of a theoretical and pragmatic consideration of what human interdependence and creative *communities* can signify for human prosperity—not for *global* economic or political systems that render the well-being of the individual people and human experience obsolete, but for *local* and *interactive* sites of belonging that provide a flourishing environment for its inhabitants. The repercussions of this unlimited denial and inconsideration of impairments are become more and more apparent. It appears that the fantasy of autonomy is taking its toll.

Workers increasingly have to deal with stress. They are expected to take responsibility and initiative, to be flexible and adaptable and to be a leader.[[522]](#footnote-522) Flexibility means that workers are expected to be reachable at all times. Further, employers know more and more about what their employees do both during office hours and their free time—social media, for example, grant the possibility to monitor the choices a person makes or how a person enjoys spending his or her pastime.[[523]](#footnote-523) As a result, people are continuously pressured to achieve, perform and demonstrate what they are worth. Also cognitive capacities are now high on the list and more is expected of workers in today’s fast-evolving market-economy. Work-descriptions and requirements as the following are not uncommon: “Wie de rust kan bewaren in een omgeving die snelheid en flexibiliteit weet te combineren met kwalitatief hoogstand werk zit bij Wijs op de juiste plek voor een stage die je van begin tot eind geboeid houdt.”[[524]](#footnote-524) It is not surprising that so many people cannot keep up with the high demands of society or are inundated with stress.

The strong desire to prove oneself as capable can quickly transform into a sense of shame for not being able to meet the high requirements and for not keeping up with the high pace at the workplace. The following testimony illustrates that the imperative to perform and shame felt at ‘failure’ are not unrelated experiences:

Ik werkte als ziekenverzorgende in een verpleeghuis. Ik was ambitieus, wilde zoveel mogelijk leren en wilde hogerop. Mijn werk was me alles, daar stortte ik me volledig in. Ik was een vrolijke, enthousiaste meid, die voor het leven ging. Opeens ging het echter mis. Ik werd overgeplaatst naar een andere afdeling. Dat was een hele verandering. Ik kreeg nieuwe collega's en *had het idee dat ik me moest bewijzen*. Op een avond had ik moeite met medicijnen delen. Ik kon mijn aandacht er niet bijhouden. Iets wat ik niet van mezelf kende. Die nacht kon ik niet slapen, terwijl ik me zo moe voelde. Ik had ook ontzettend hoofdpijn. De volgende dag ben ik naar de huisarts gegaan. Die adviseerde mij een weekje vrij te nemen. Volgens hem had ik iets te veel hooi op mijn vork genomen. Ik meldde me ziek en kroop mijn bed in. Ik ben daar echter de volgende zes weken niet meer uitgekomen. Ik was zo moe, zo intens moe. Ik had nergens zin in en zakte steeds dieper weg. Ik was de zin van mijn leven kwijt. Ik zorgde slecht voor mezelf. At slecht, leefde op zakken chips en pakken yoghurt. Ik kleedde me niet aan. Ik ging me *afzonderen*, want *ik schaamde me*. Mijn telefoon had ik permanent uitgezet. Mijn huisarts waar ik eens in de week moest komen, zei dat ik in een depressie zat. Ik een depressie, dat kon niet. Ik veroordeelde mensen die depressief waren. Die waren in mijn ogen slap. Die mensen moesten er eens voor gaan, zich niet zo aanstellen. Het heeft maanden geduurd voordat ik besefte dat het niet goed met mij ging. Dat ik depressief was.[[525]](#footnote-525)

This testimony illustrates two interesting phenomena. First, the pervasiveness and force of the neoliberal discourse. This woman has interiorized this discourse to the extent that she herself is a first judging instance of her ‘ability’. Second, this story indicates that neoliberalism creates itself the vulnerable and needy subjects it wishes to efface.[[526]](#footnote-526)

The implication is that neoliberalism cannot escape the reality of human impairments; denial intrinsically means the existence of the repressed experience. But, interestingly, the neoliberal discourse is far from a dissolution. In contrast, this discourse has intersected with a medical discourse to safeguard its own fantasy of autonomy (and the neoliberal worker) against the reality of the strained, stressed and over-worked employee. Consider already the analysis made by Berlant: “Apartheid-like structures from zoning to *shaming* are wielded against these populations [i.e. embodied liabilities to social prosperity].”[[527]](#footnote-527) Alongside the entrepreneurial subject (i.e. the norm) a “medicalized subject who can be lectured at, shamed” comes into being.[[528]](#footnote-528) This needs further clarification.

The DSM-5 has an answer to all the stress-related issues that conflict the neoliberal worker. With every new edition, more new disorders and infirmities are ‘diagnosed’. A quick look through DSM-5 offers an extensive list of stress-related disorders:[[529]](#footnote-529) anxiety disorders (Panic Disorder, Specific Phobia, Social Anxiety Disorder, Panic Attack, Generalized Anxiety Disorder, Other Specified Anxiety Disorder, Unspecified Anxiety Disorder, etc.), obsessive-compulsive, stereotypic & related disorders (Obsessive Compulsive Disorder, Body Dysmorphic, Trichotillomania or Hoarding, Hair-Pulling Disorder, Excoriation or Skin-Picking Disorder, etc.), depressive disorders (Disruptive Mood Dysregulation Disorder, Major Depressive Disorder, Persistent Depressive Disorder, Premenstrual Dysphoric Disorder, etc.). All of these ‘disorders’—vulnerabilities—are a cluster of knowledge organized into a manageable category;[[530]](#footnote-530) all offer the possibility to frame the ‘failing’ neoliberal worker as other and not fit for work.

This medical discourse can be approached from two angles; its envisioned functionalization and its unwanted repercussions that account for the conflicting character of this neoliberal-medical power regime. The two points of view from which to address this power regime hold an interesting relation: they efface one another. In a first instance, the medical discourse is functionalized to fragment the body through knowledge (medical *savoir)*.[[531]](#footnote-531) The body is disintegrated into its molecules and infinitesimally small behaviors.[[532]](#footnote-532) Shame can now attach itself to a multifarious amount of bodily anomalies. Next to the above-mentioned stress-related disorders, the DSM-5 mentions the following anomalies:[[533]](#footnote-533) Childhood-Onset Fluency Disorder (Stuttering), Social (Pragmatic) Communication Disorder, Attention-Deficit or Hyperactivity Disorder, Tic Disorders, Nightmare Disorder, Restless Legs Syndrome, Delayed Ejaculation, Female Orgasmic Disorder, Male Hypoactive Sexual Desire Disorder, Conduct Disorder, Oppositional Defiant Disorder, Intermittent Explosive Disorder, Caffeine Intoxication, Avoidant Personality Disorder, Dependent Personality Disorder, Adjustment Disorders, Bibliomania, Bruxism, Enuresis (bedwetting), Mathematics Disorder,[[534]](#footnote-534) Onychophagia (nail-biting), etc.

All of these ‘disorders’—vulnerabilities—entail the possibility of shaming a person for his or her disease. But a second implication of the medical discourse relates to the understanding that the profusion of ‘disorders’ brings about a definition of ‘normalcy’ that is extremely circumscribed, if not strangulated. The repercussions of the existence of a notion of normalcy that is, furthermore, extremely narrowly defined are not uninjurious. The many ways in which a person today can be abnormal account for a number of ways in which a person can feel insecure and can experience shame felt at the Self. This is the fallacy of performative shame and the denial of impairments (as a universal condition or a human experience).

Neoliberalism is a clear example of performative shame its continued involvement in the attachment to a *scene of fantasy* (‘ability’) that is not attainable but, by contrast, self-effacing. Neoliberalism its fantasy of human capability is so encompassing to the extent that normal and everyday life become an increasingly unattainable and paradoxical experience. The neoliberal worker attaches itself to the ideal of self-sufficiency—the fantasy of a successful and rewarding life. At the same time this worker is overburdened and falls out of everyday life. Subsequently, the ‘failed’ worker is shamed and considered an inadequate or incapable worker. There is an increasing need to expand the types of ‘disorders’ that are officially recognized. A new edition of the DSM includes new entries that, once again, constringe the notion of normalcy. Indeed, the medicalization of the body that categorizes and objectifies diseases so that it can be confined and shamed (turned outwards), has been proved to be a fallacious system that increases the sites to which shame can attach itself, a person can be categorized as ‘deviant’ or ‘disabled’ and, therefore, it escalates the austerity of shame felt. The medicalization of the body can be described as a vicious circle that substantiates shame felt at impairments, instead of renegotiating what shame truly discloses: not ‘disability’ but a human condition of vulnerability and interdependence.

The embeddedness of the neoliberal discourse in the normative differentiation of the affect shame becomes apparent when specifically, neoliberalism’s investment in a *no legitimate dependency discourse* is disclosed as a case of cruel optimism.[[535]](#footnote-535) The fantasy of the *no legitimate dependency discourse* finds expression in self-shaming that is often harmful.

Consider the following testimony:

Maar het ergste, geloof me, is wat men ‘zelfstigmatisering’ noemt. Je anticipeert op mogelijke negatieve reacties of oordelen vanuit de omgeving en interioriseert deze: “Ik ben zwak, want ik moet medicatie nemen”, “Ik ben niet ziek, ik stel me gewoon aan”. Zelfstigmatisering in de vorm van onder andere maatschappelijk zelfuitsluiting is zo mogelijk bijna even ondermijnend als de psychische aandoening zelf en heeft alles te maken met schaamte. Je hebt schaamte over de stoornis zelf, over het bezoek aan de psycholoog of psychiater, over het nemen van medicatie.[[536]](#footnote-536)

The excerpt confirms the analysesmade in this chapter: the interiorization of shame, the stigmatizing effects of medication and medicalization, the undermining impact of shame. If the interiorization of shame is one of performative shame’s most effective power tools to shape bodies and their aspirations, then it is also a power tool that relies on a structure—the affective structure shame—that is most destructive to its own succeeding. Before amplifying this hypothesis, I will first discuss some more examples.

A *no legitimate dependency discourse* advocates the belief that people are responsible for their own actions and that, specifically, when a person becomes dependent an other people’s help this ‘state of affairs’ is a shortcoming for which the person in question himself or herself is responsible. Such a widespread belief, today, in the neoliberal world, operates through the internalization of shame: people self-objectify by internalizing a cultural, socio-economic or political ideal in accordance to which they continually monitor themselves and their actions. For, a shortcoming in comparison to that ideal is a shameful experience. Avoiding shame as a lived experience, many people attest how they build their lives and actions around a set of standards about which they believe they have to confirm to if they wish to be ‘normal’ or experience a sense of belonging:

It was so hard but because I allowed it I … because I had to show the rest of the world or certainly [her partner] and his mum and my family that, yeah I can do this and … you know I can, and look how clean me house is and the kids have gone to school and the kids have got clean uniforms but work was a mess and I really, really, really sacrificed meself. (Jo).[[537]](#footnote-537)

Another example underscores the held idea that there exists a standard in society that imposes the imperative to perform:

I kind of push myself quite a lot and then when I can't do things I feel guilty feel like I'm letting people down and I think that's compounded from being a mother” (Annie, 52, part-time teacher, single mother, one teenage son).[[538]](#footnote-538)

These examples have been taken form a study conducted by Peacock et al.[[539]](#footnote-539) An interesting conclusion that they make is that the *no legitimate dependency discourse* has quite some negative consequences to a person his or her well-being: “most powerfully and frequently encountered,” the no legitimate dependency discourse “was conveyed in terms of self-blame and self-criticism and the holding of the self to impossible standards.”[[540]](#footnote-540) The following testimonials illustrate that self-stigmatization and self-objectification might initially motivate a person to aspire the ‘capable’ or ‘neoliberal body’, but that the stress brought along by this unattainable idea, and the shame felt at the incapability to keep up and confirm to the unattainable standards, eventually results in a mental and physical crash:

Passion. Drive. People. Colleagues. Clients. Challenges. Values. You love your job. You feel responsible. You do your job well. You start taking up more and more responsibilities. More work. With passion and drive as your motor. You feel the pressure, but you are sure you can handle it. You are strong, and your team depends on you. *Tuning down a gear is for the weak*. You can go faster. And so you do.

I did. I took on several roles, several jobs in fact. And I felt very responsible for all. I started viewing the company I worked for as my own. I went to sleep right after checking my mails for the last time of the day, and my first action in the morning, before even getting out of bed, was to check and answer mails again. In a global world, email never sleeps. And neither did I. I started waking up in the middle of the night, and when I did, I quickly checked my mail again. It was one click of a button, next to my head, so why not. The rest of the night was often spent dreaming about work, problems and solutions. My I Phone got renamed to ‘my organ’. As vital as a lung. Always at hand, and in my head.

The workload highpoint came during a holiday. I always used to work a bit on holiday. Check and answers mails daily for an hour or so. But that time, in the Dominican Republic, it went a bit further. During several nights, I stayed awake, working on my I Phone in bed, sending mail after mail, next to my partner who was firmly asleep. During the day I would warn my team and clients for the hours on which I would be in or under water, hence unreachable. Head out of water, back in the phone. Sure, there was a crisis at work. But was this really necessary?

I got less and less sleep, started having stress migraines, stomach problems, and my neck and shoulders got blocked. The pain got worse, my right arm got blocked as well, and my right hand felt as if it was asleep most of the times. And so the painkillers stepped in.

I am going to say this more than once: listen to your body! It has a pretty decent build-in alarm system. Don’t try to shut that down. Even if you are a control freak, *who believes the head can control anything else*. *It is not so that your head is strong and your body is weak*. They are one. Listen to your body. Before it makes the whole system crash.

I didn’t. Instead, I chose the path of self-medication. The pressure got worse. Reality and the crisis kicked in. Business decisions had to be taken which were against my personal values, and I started losing faith – the faith that had always been my most powerful motor. My company was becoming a stranger to me. I blamed my boss, and started fighting like hell. Losing the last bit of sleep that was left. I got breathing problems, and anxiety issues. Even some signs of OCD. I went to the pharmacy to get tranquilizers to get through the working days, pretending to have a prescription I had forgotten at home, which I really didn’t as I didn’t want to see a doctor. I took the pills, *buried the rest of my natural optimism and smile*, and kept on fighting. But I *had lost my inspiration, passion and fire*.

[…]

During the shrinking process, I got more and more emotional. My reactions at work were dictated by these emotions, and not by common sense. When a few months before, I was seen as a solid rock, now I had to run to the bathroom on a daily basis to hide my tears. Any small comment could unleash the waterfall. So I took more pills. Seven months had passed since that last holiday. It felt as if my whole body was decomposing. My entourage had noticed it too, and addressed me on my health and temper. I continued to ignore it, believing my will could beat it. I was strong. A few pills for the *stupid body that didn’t want to follow*, and the mind could go on. Or so did I believe.

Next to the different jobs, I was following a management course. On one of these three day sessions, *I crashed*. I went to bed after a long and interesting day. Checked my work mails again. Saw a harsh email from a management colleague. Couldn’t handle it in an objective way. I felt as if my whole team was against me. As if I had really been working for nothing all these years. I felt as a burden for the company I had considered to be my own. The walls of my hotel room closed down on me, and I cried through the night. There was no stopping it. And still, part of my brain was shouting: show must go on. So in the morning I stepped into my car, and drove to the doctor. Still in tears, I went there to ask for another drug that would make it stop, and allow me to return to class and act normally. The doctor had to say ‘enough’, because I didn’t do it. And it was too late. Now where is the strength in that?[[541]](#footnote-541)

This woman her testimonial indicates the extent to which she had internalized the *no legitimate dependency discourse*.[[542]](#footnote-542) She expresses the long-held belief that “turning down a gear is for the weak”. The Cartesian dualism between mind/body,[[543]](#footnote-543) that intersects with the neoliberal discourse (both are examples of a ‘capacity’ discourse, express Western society its engagement with a fantasy of a body ideal, and neoliberalism shares with Cartesian philosophy the indubitability of the mind), is clearly settled as one of the factors that has contributed in the buildup of this woman hers mental and physical collapse. Remarks such as “stupid body that did not want to follow” and “the head can control anything” are signaled by the woman to underscore the undermining attitude of disconnecting oneself to a realistic image of the vulnerable and needy body. Considering this body weak and shameful, this woman continued to hold on to the neoliberal fantasy of a body-ideal centered on capacities, despite the overwhelming evidence to the contrary: “I got less and less sleep, started having stress migraines, stomach problems, and my neck and shoulders got blocked. The pain got worse, my right arm got blocked as well, and my right hand felt as if it was asleep most of the times.”[[544]](#footnote-544)

In other words, this woman continued to invest in a fantasy of bodily-perfection that was clearly an obstacle to her flourishing: “I took the pills, buried the rest of my natural optimism and smile, and kept on fighting. But I had lost my inspiration, passion and fire.”[[545]](#footnote-545) This woman’s testimonial illustrates that a relation to shame felt at the body, impairments, shame itself and dependence, is a relation of cruel optimism. Neoliberal discourse and the Cartesian discourse are both expressions of a society incapable of connecting to real and lived—vulnerable and needy—bodies; today’s society confirms this incapability through the paradoxical condition that consists of bodies in denial turning against themselves. A raising belief in a ‘rock-like’ body and mind is accompanied with a raising number of ‘disorders’ and ‘fall-outs’.

The documentary *A Strange Love Affair with the Ego* (2015) offers a testimony that underscores the extent to which the neoliberal super-humanity or capacity discourse has become internalized by its subjects.[[546]](#footnote-546) In this documentary Ester Gould examines the border between healthy and unhealthy narcissism. The guiding line in the story is her anxious sister Rowan who committed suicide after having lived a fast, seemingly confident, fantasy-like life. The documentary is compiled out of images, interviews and text that runs over the images throughout the whole duration of the documentary. A compilation of a selection of the sentences that appear on screen outlines what troubled Rowan:[[547]](#footnote-547)

Ik heb zoveel inspiratie

*Ik leef bijna te snel voor m’n lichaam*

(School, werk, boeken, kunst, uitgaan)

Lieve Ester, ik werd vandaag & gisteren wakker

& *wist echt niet meer wie ik was* voor 10 seconden.

Soms denk ik dat ik verstikt raak

*Tussen mijn ambities en mijn innerlijke kern*

Die niets hoeft te bewijzen

Maar dan denk ik weer: interessant, die ambities!

Dit keer zou haar geliefde haar van het vliegveld halen.

Ze wist zeker dat Madonna verliefd op haar was.

Maar Madonna kwam niet opdagen.

Ik was nu klaarwakker.

Oog in oog met haar realiteit.

*De realiteit van Rowan was iets dat niet echt bestond*.

If I make the lashes dark

And the eyes more bright

And the lips more scarlet

Or ask if all be right

From mirror after mirror

No vanity’s displayed

I’m looking for the face I had

Before the world was made.[[548]](#footnote-548)

Ester, vind jij mij eigenlijk mooi?

Ester sprong.

Ik hield vast aan mijn *supervrouw* Rowan.

Maar zij hield zich nu aan mij vast.

Opeens was Rowan een mens onder de mensen.

Met een gewoon lichaam, net als ieder ander.

Mijn koningin van de jungle.

Was opeens een lammetje geworden.

Ik was in de war.

Hoe zat het met ‘je kunt alles worden wat je wilt?’

Psychiatrist Maxson McDowell explains:

Her [Rowan’s] sense of self-love was injured and she compensated with this superwoman sense of herself. But it’s a compensation. And one that […] the diminished sense of self is balanced by the exaggerated sense of self. And they support each other. So you’re stuck with both poles activated.[[549]](#footnote-549)

The images and setting of the documentary suggest that Rowan her split self-esteem situation needs to be read in relation to the society she lives in: fast, ambitious, an *act* of self-confidence and a shaming society. Further, the documentary analyzes the fantasy of success, ambition and productivity that marks a neoliberal society that is conflicted with shame felt at impairments, as an affective structure that is inherently damaging:

When I was younger, I always think about my future being very successful. You know having a great career, having a great life and great friends. And I do have, I do still believe that it’s a possibility. I’m happy about what my life is like now but at the same time I think by having putting all these expectations upon something that is so abstract can only be damaging.[[550]](#footnote-550)

* 1. Conclusion: Shame, Desire and Aspiration: Powerful or Cruel?

Taking in consideration all the illustrations of interrelated self-stigmatization and self-esteem, the alarming observation to make is that our society has become imbued with shame. Once shaming ourselves becomes detrimental to our health, we are turned into a ‘dependency case’ and are shamed—the Self experiences a strong, overwhelming and unhealthy sense of shame—for attending psychiatric help. Thus the interiorization of shame felt at any deviance from ‘normality’—a notion that itself is constructed around the denial of shame felt at impairments—holds a double potentiality: monitoring bodies to adapt their behaviors and desires in accordance with a (neoliberal) fantasy of a body-ideal, or shame becomes a consummating experience that wears down bodies to manifest and exemplify exactly the vulnerabilities a neoliberal discourse wishes to deny.

This double ‘potentiality’ of interiorization of shame corresponds with the dual structure of shame. The first possibility: the interiorization of shame rearranges itself to once again direct itself outwardly. A person his or her bodily acts, appearance, aspirations and encounters are ‘normal’ and ‘everyday’. In other words, the interiorization of shame as a power tool was a success. The second possibility: the interiorization of shame is turned inwardly and becomes an incremental relation between shame and body. There arises a situation of self-stigmatization that competes with fixed shame its own performance.

The first scenario can be described as a replication of the enactment of performative shame: not overcome but deflect shame. In this case, the force that defines the experience of shame is extroversion. This force of shame accounts for panoptic shame its attachment to and inter-*action* with affective structures of desirability. The extroversion of shame fixates the desirability to be shameless. The categorization or performance of ‘disability’ inter-*acts* with desired ‘ability’. It becomes possible to employ desirability itself to manifest shame in bodies. Neoliberalism its power arises in this second understanding.

The second scenario outlined above designates the other force that defines the experience of shame: introversion. Although this second force is supposed to act only upon a minority group in society (‘disability’), it should become clear that such a rearrangement of shame’s dual structure is an impossibility. Certainly, neoliberalism and the medical discourse have turned it into an ever more complicating task; making ‘normalcy’ or non-shame an untenable narrow notion. But the reality is that it is shame’s intrinsic duality that makes it an affect that is, when invested in a normative differentiation, an example of a cruel optimistic relation. The act of performing shame implicates an act of denial that *estranges bodies* from the self while at the same time the denied shame is *‘correcting’ or modifying the body*. The body is turned against itself; it expects things, and acts in accordance with these expectations, that it cannot live up to. The self is disattached from a healthy and unfantastic body-estimation. This unsustainable relation towards a body is today an increasing lived reality with ‘disorders’ or rather vulnerabilities and shame proliferating and resurfacing to reveal itself as an experience intrinsic to human reality.

To conclude the analysis of shame, neoliberalism and cruel optimism, I wish to turn to the epigraph that introduced the discussion of neoliberalism. What the analysis of a neoliberal autonomy discourse has revealed is that the grandiosity of the neoliberal *fantasy*, the genesis or provenance of this grandiose scene, can be psychoanalytically situated in the developmental stage of the Self—the discovery of objects—that is involved in the reciprocal growth of self- and other-love. According to Maxson McDowell, “Narcissism is very important to a great many people in their psychological growth. [... but] an injury to narcissism is where there is a problem. And when narcissism is injured then we compensate for it and often it is grandiosity which is an exaggerated sense of self-importance.”[[551]](#footnote-551) The neoliberal fantasy of grandiose self-capacity (self-esteem) originates at that stage in development where shame injures healthy narcissism. As a result of the West its incapacity to confront shame and accept that self-love and other-love are an interdependent enterprise, Western society has a self-esteem situation that can be described as torn. Indeed, “stuck between either being larger than life or less than despicable,”[[552]](#footnote-552) Western society is a contorted architecture of bodies living through a split self-esteem situation. This split self-esteem situation is enacted through an affective structure (shame) that is co-implicated or co-implicates another affective structure (denial/attachment to a scene of fantasy). This performance of shame that ordains its universality can also be described as a cruel optimistic attachment: to perform shame always implicates to live with shame that forms an obstruction to one’s flourishing.

Felt shame that is positioned in relation to a body-ideal, is the outcome of a plummetless desire for non-shame. Examining the appearance of the body-ideal in contemporary neoliberal Western society, it was argued that the optimism invested in a body-ideal results in more shame. In the West bodies appear to be in crisis as shame proliferates to attach itself to all of the body’s acts and doings. The resultant ingrained exaptation patterns and affective structures are questioned in their naturalness when the lived and experienced body turns against the fantasy of the body-ideal. Or, when the body in crisis unmasks the body-ideal as fantasy. At this point, the cruel optimism of performative shame finds expression in a detrimental form of shame: self-stigmatization. When shame is felt in this specific relation to the self, it does not control the body into ‘everyday-ness’ but instead robs it of any potential act (whether ‘everyday’ or other).

1. Overcoming Shame Through Heterotopia of the Relational Encounter: The Living Museum
   1. Introduction

The fifth and final chapter of this dissertation refers to and subverts the Western shame-identity outlined in the previous chapters through an analysis of Dr. Janos Marton’s the Living Museum. Drawing on Foucault’s notion of the heterotopia,[[553]](#footnote-553) this final chapter itself can be designated a space that is somewhat heterotopic: a real space in society that is almost utopic in its subservience of normativity or all the other emplacements in a society, yet is real and refers to all those other emplacements, which makes it not a utopia but a heterotopia.[[554]](#footnote-554) In other words, the fifth chapter and the analysis of the Living Museum does not illustrate what is theorized in the previous chapters, but stands in reference to it for a wholly other purpose: it neutralizes Western normativity as ability that is molded through performed shame. Dr. Janos Marton’s Living Museum is an art center situated in Creedmoor Psychiatric center in Queens, New York. In this real space creativity and ‘strangeness’, in reference to the ‘everyday’, interconnect and inter-*act*.[[555]](#footnote-555) In a most basic sense, strangeness functions inside or alongside with the ‘normal’: the ‘patients’ re-invent their identity as artists by being involved in an act of creation that does not wish to heal but arises from one’s impairments.[[556]](#footnote-556) Not a place where one is healed, the Living Museum stands in reference to, contests and reserves the traditional medical and therapeutic model.[[557]](#footnote-557) In the Living Museum impairments are a fertile ground for creations and it is “discover[ed] that the disruption by the strange, the unsuitable, by that what cannot be accommodated, brings its own order.”[[558]](#footnote-558)

From the understanding that in the Living Museum bodies are encouraged to act in ways that would in other emplacements adhere to society’s notions of stigmatizing and shamed strangeness, I ask the question if in this heterotopic space shame is ultimately re-engaged with in order to surpass the urgency to blush at and hide from impairments? Is shame allowed to intersect with strangeness in new configurations so that it can become the recognition of vulnerability and not its negation? Is shame then accepted? And are impairments not denied but sources of inspiration for art and identity meaning-making? Finally, exploring an interrelation between senses and affects, this final chapter re-imagines bodies as amidst complex relations of *inter*-relation and *inter*-dependence in reference to, and opposition with, a (neoliberal) Western fantasy of autonomy, self-sufficiency and independence.[[559]](#footnote-559)

* 1. On Heterotopic Spaces: Foucauldian Theory and Affects

Space has not yet been desacralized, so says Foucault. Even if desacralization of space unfolded in theory, practical desacralization of space has not occurred yet.[[560]](#footnote-560) Foucault underlines that our life is still dominated with “oppositions we take for granted, for example, between private space and public space, between cultural space and useful space, between the space of leisure activities and the space of work.”[[561]](#footnote-561) Space is thus uncompromisingly left involved in normalizations and centralizations of social space; indebted to the homogenized center of Western spatial (conceptual primarily) design. Although there exist these above-mentioned sacred oppositions that enclose ‘normal’ life, there also exist spaces, that have always existed in history, and that exist in all cultures, that subvert normatively invested everyday life and its geographical institution or architecture.[[562]](#footnote-562) These places are what Foucault calls “heterotopia”.

A first definition of heterotopia emerges when Foucault expresses his intention that “what interests me among all these emplacements [including emplacements implicated in a normatively invested architecture of social space] are certain ones that have the curious property of being connected to all the other emplacements, but in such a way that they suspend, neutralize, or reverse the set of relations that are designated, reflected, or represented [*réflechis*] by them.”[[563]](#footnote-563) Such space concretizes in the form of two distinct types: the utopia and the heterotopia. Heterotopia are then explained to be

[…] real places, actual places, places that are designed into the very institution of society, which are sorts of actually realized utopias in which the real emplacements, all the other real emplacements that can be found within the culture are, at the same time, represented, contested, and reversed, sorts of places that are outside all places, although they are actually localizable. […] they are utterly different from all the emplacements that they reflect or refer to […].[[564]](#footnote-564)

Heterotopia are relational and subversive; they reflect, refer, neutralize or subvert the everyday emplacements of society.[[565]](#footnote-565) This relationality needs to be correctly understood, not as assimilating to ‘normal everyday life’, but as an inverting mirror; a placeless place.[[566]](#footnote-566) One can then understand that, although relational, heterotopia fall outside the homogenized and idealized center of society, which it mirrors and disassembles; a subversion and dispersion of the ‘normal’ elements of the center in relation to the periphery.[[567]](#footnote-567) In fact, the very notions of center and periphery, of able and disable, normal and deviant, are annulled. For this endeavor of the heterotopic, ‘normality’ is not ignored, but is central to heterotopia their internal dialogue: a dialogue between ‘normalness’ or ‘everydayness’ and ‘strangeness’ where the latter (‘strangeness’ and ‘difference’) is allowed to remain. Meininger understands that heterotopia exist in relation to an illusion: “‘Full inclusion’ is an illusion if and when it is interpreted as the outcome of a process in which the tensions produced by asymmetry and strangeness between people are completely removed.”[[568]](#footnote-568) Heteretopia dissolve this illusion; asymmetry and strangeness traverse and attune or neutralize normality.

Originally, the term *heterotopia* (Greek for: *heteros* ‘another’ and *topos* ‘place’) was used in the medical field.[[569]](#footnote-569) Heterotopic means “occurring in an abnormal place.”[[570]](#footnote-570) The term refers to presence of a particular tissue type at a non-physiological site usually co-existing with original tissue in its correct anatomical location. This ‘other placed’ tissue is not diseased or particularly dangerous bus is merely placed in a different location from its usual one, it is merely a dislocation.[[571]](#footnote-571) In the medical use of heteretopia, strangeness is what is not only ‘allowed’ to remain or exist inside the body, it is part and parcel of the organism. As ingrained in the functioning of an organism, strangeness interlaces with the ‘regular’ system, not to impose a danger to that system, but to invent (implying notions of creativity and adaptability) a symbiosis that uncovers a potentiality that falls outside the ‘normal’.

The heterotopic space envisions relationality, intricateness and interdependence as sites of potentiality and inventiveness; all in relation to the ‘strange’. A stark contrast with shame felt at ‘strange’ impairments that are subsequently denied through a sustained involvement **in** a scene of fantasy that paints heroic-like pictures of capable, autonomous, self-sufficient and introspectively (cognitively) defined mankind and its identity.[[572]](#footnote-572) The notion of relationality, I argue, brings together heterotopia, strangeness, heterogeneity, affect, shame and its introversion/extroversion paradox; relationality that is implicated in a codependent introversion and extroversion notion of the Self supplants the ‘everyday normal’ that is invested in separating and fixating introversion and extroversion their referentiality. In the heterotopic space, strangeness and heterogeneity, introversion and extroversion, intricate with and challenge binaric systems invested in homogenization and ‘normalization’.

In relation to affect theory, the notion of heterotopia holds an interesting potentiality. Where affects can be normativized and fixed to create a normative notion of the ordinariness of everyday life, heterotopia challenge such a normativity and, interestingly, this subversive act needs to be localized in a relationality particular not only of heteretopia, but also to those affects previously indicated to be invested in normative ordinariness.[[573]](#footnote-573) In fact, in what follows heterotopia are theorized as spaces of relational *encounter*:[[574]](#footnote-574) the act that implicates ‘bodies in relation’ that is central to affects’ (dis)empowering bodily affective structures that stand in relation to or implicate (social) belonging and un-belonging, or a being in the world that affect discloses as, by definition, interrelational.[[575]](#footnote-575) Heterotopia are not only localized, concrete places, but are also abstract spaces,[[576]](#footnote-576) such as the encounter, that are characterized by an internal dialogue between the ‘normal’ or ‘everyday’ and the ‘strange’; a dialogue I argue that exists amidst bodies their capacity to act and be acted upon (where affect arises) or where people, other people, and the world, encounter one another.[[577]](#footnote-577) Thus in what follows, I argue that the affective encounter that *is positioned interrelationally and interdependently* can be designated heterotopic. Interestingly, shame can be both that affective heterotopic encounter, and it can be a fixed and normatively *differentiated, separated and hierarchized* act—to approach instead of rapprochement.

Hetherington’s summary of heterotopia is interesting:[[578]](#footnote-578) two main characteristics of heterotopia—whether a concrete space or an abstract space such as the encounter—are specified. The summary discloses the relationality involved in heterotopic emplacement, spatialization, networking, community building, but also involved in the encounter that is a heterotopic space itself. Further, it is a space—physical and conceptual—that defies homogenization and ‘centering’ (a binaric thinking that concretizes in centers and peripheries that all invest in one homogenized center of society). Heterotopic spaces are ambiguous, complex, multirelational and entangled:[[579]](#footnote-579)

* Heterotopia cannot be described as fixed spaces.
* Heterotopia always have multiple and shifting meanings for agents depending on where they are located within its power effects.
* Heterotopia are always defined relationally to other sites or within a spatialization process, and never exist for themselves.
* Heterotopia, if they are taken as relational, must have something distinct about them, something that makes them an obligatory point of passage.
* Heterotopia are not about resistance or order but can be about both because both involve the establishment of alternative modes of ordering.

As both geographical realities and social, cultural and relational (including the affective encounter) ones, heterotopia have an external and internal dimension.[[580]](#footnote-580) The external dimension of heterotopia their relationality concretizes between the heterotopia and ‘homotopia’ from which the first ones are distinguished through reorganization, reversion and decentralization.[[581]](#footnote-581) For example, The Living Museum, which will be addressed shortly hereafter, as a physical space refers to homotopic spaces such as traditional psychiatric hospitals, asylums and their art centers that are therapeutic. As an affective encounter, which is a heterotopic space definitional of the Living Museum its internal structure, organization and conceptual architecture, the Living Museum neutralizes the ‘homotopic’ space of the shame-imbued body; the body affectively involved in a fantastic *scene* of abled and ideal bodies (note that scene can be read spatially).[[582]](#footnote-582)

The internal dimension of heterotopic relationality exists between people, their bodies and the external world: the experience of self in relation to other, extroversion and introversion as co-involved forces and somatic experiences that exist inside a (third) space that connect body and world.[[583]](#footnote-583) This internal dimension elucidates the ‘configuration’ between homotopic spaces and heterotopic (dis)organization. The external and internal dimension of heterotopia are co-dependently involved in a reorganization of ‘normality’ its structuring *acts*; heterotopia do not exist in isolation and ignorance of ‘normality’ its ‘existence’, but are devoted to “dialogue between the normal and the abnormal, order and disorder, the reasonable and the insane, the familiar and the strange.”[[584]](#footnote-584) Normalizing forces are neutralized or inverted; boundaries, (between) internal and external, are crossed and incorporated into social space; boundaries are also heterotopic—as a site of encounter and as now considered relational to identity instead of its expulsion or total alienation as deviance.

As already hinted, one such site of encounter between ‘everydayness’ and ‘strangeness’ is the Living Museum in Creedmoor Psychiatric Center in Queens, New York. Analyzing the Living Museum as heterotopic, this place is recognized as accepting impairments and ‘strangeness’ that, surpassing shame, are implored as sites for creativity and “being in the world”.[[585]](#footnote-585) Active bodies impose on the more standard disempowered image of numb and faceless bodies; bodies of those locked inside the shaming experience of the psychiatric hospital. Everyday notions of autonomy and self-sufficiency, the prevailing codes and acts that define and sustain this normative ‘everyday’ life, are suspended and neutralized;[[586]](#footnote-586) acts of relationality surface and concretize in space in its stead. The strangeness of mental illness is no longer unidirectional acted upon but acts itself; acts in relations of creativity. This is an act that involves the body in a space that can itself be defined heterotopic: art and the artistic outcome. But especially the action and movement involved, the process itself instead of goal-means oriented (assimilating into normalcy) regulations, in the act of creating, are reverberated in the Living Museum as counteracting normative everydayness;[[587]](#footnote-587) a different, alternative ‘everyday’ and the strange merge in an act of identity meaning-making that is not centered around molding somebody into or rather inside the boundaries and the shape of the autonomous, self-sufficient idealized man, but concretizes in an act of ‘being in the world’ and belonging *with* impairments, *with* strangeness and *with* difference.[[588]](#footnote-588) But first a description of the Living Museum is in place.

* 1. The Story and History of the Living Museum

The Living Museum, an art center, was founded in 1984 by Bolek Greczynski, a Polish avant-garde artist, and Dr. Janos Marton, a Hungarian artist and resident Creedmoor psychologist. Building 75 in Creedmoor Psychiatric center, the former kitchen and cafeteria area, was transformed into a 40,000 square foot art asylum. Since the time of its genesis, artist Bolek Greczynski has passed away, but Dr. Janos Marton continues his work in Creedmoor. Only one year ago, the Living Museum was awarded the Dr. Guislain Award—awarded each year to a person or organization that, in a noteworthy way, has dedicated one’s efforts into challenging and suspending the stigmatization with which people with mental illness continue to be confronted. As many visitors of the Living Museum report, it is a place that houses many different artist and artistic creations: oils on canvas, innovative styles involving mannequins, pots, stuffed animals, and chairs ironically labelled “Marcel Duchamp”.[[589]](#footnote-589)

The work at the Living Museum is never used for analysis or diagnosis,[[590]](#footnote-590) neither is it directed or engineered in any way. Like a heterotopic space, the Living Museum falls outside the regular mental health system; it is heterotopic in relation to therapeutic (in the sense of the traditional medical system) and pathologizing models. It does not belong to those times where art and mental illness met in an oriented regulatory system that used the art of the ‘mad’ to give a diagnosis, nor is it employed as a therapeutic road to self-regulation into ‘normal’ autonomy and capacities.[[591]](#footnote-591) Similarly, the Living Museum differs from the ‘technical’ inclusion policies[[592]](#footnote-592)—facilitate community living, ‘legislative’ inclusion—that cast people with disabilities “in the mould of the modern self confident, assertive citizen as manifestation of a diversified but universal humanity […] reinterpreted as just another variety of the [homogenized] human species.”[[593]](#footnote-593) The Living Museum does not fall inside the political and legislative ‘inclusion discourses’ that are instead emplacements to which the Living Museum as heterotopia refers and that it subverts.[[594]](#footnote-594)

* 1. The Living Museum: Accepting Impairments and Interrelational Identity

The Living Museum is an art center. But art in the Living Museum is not part of a therapeutic model that can be read in relation to the medical model; sharing a goal-oriented approach that is centered around assimilation and ‘normalization’.[[595]](#footnote-595) The art in the Living Museum and its practice are not to be conceived of as it is by the medical health system that dominates most of Western society today.[[596]](#footnote-596) To begin this discussion, it is interesting to turn to a quote form Dr. Janos Marton:

Mental illness is one of the most horrifying conditions that a person can experience. But what I'm trying to do is to see the good and the positive aspects and to *build on those*. If you have delusions, for example, I see it as fertile ground for great art work.

The point is that art is not going to take away your mental illness. But it builds on the symptoms of mental illness. Great art really occurs in the domain where schizophrenic processes often occur. In the regular hospital setting, that is something they'd want to get rid of, because that's what makes you crazy, what defines you as a mental patient, what gives you the diagnosis.

But I *celebrate those aspects*.

Most mentally ill people are over socialized by the time I get my hands on them. They have been told over and over again to do this, to do that, not to do this, not to do that. So in a way, pointing out rules doesn't help. And second, which is that the rules are really self-imposed rules. If you own the place, when it's yours, if you set your own rules, you work along internalized rules. And it has worked fantastically. Nothing negative ever happened here.[[597]](#footnote-597)

The cited excerpt underlines first that in the Living Museum impairments are not denied but are celebrated. This is linked to a different involvement with art and therapy that does not wish to ‘heal’ impairments. Before further explicating this feature of the Living Museum, I turn to a second potentiality of the Living Museum as heterotopic space that is expressed in the above-cited quote. The final paragraph can be read as an expression of a reparation of, or return to, a Self that is conceived of along the lines of co-occurring introversion/extroversion—not its performed separation. Not defined as mental patient, not diagnosed, objectified and shamed, people in the Living Museum find themselves in an environment where their impairments can be *related*: to their environment that includes objects and people, to their acts such as painting or sculpting and to a Self that is not shamed from the outside to be locked inside the cask of their shamed bodies, but a Self that is defined *amidst* and *involved* in motion, being in the world, movement, and meaning making.[[598]](#footnote-598) Importantly, meaning making occurs in relationality and multiplicity; it is the Self in relation to, in encountering, the outer world who is implicated actively in meaning making and, furthermore, it is an innovative and creative process that involves all the aspects of the Self including impairments, strangeness and vulnerability. If the ‘Self’ is relational and heterogenic (moving towards *s*elf), then how is narcissism referred to and subdued in the Living Museum?

As psychiatrist Maxson McDowell explains, narcissism for many people is healthy and essential to their development.[[599]](#footnote-599) When one studies the affect shame one also understands narcissism’s danger (cf. chapter one on primary narcissism and four on narcissistic split self-esteem). But let us now turn on the meaning of healthy narcissim. If the self of the ‘patient’ in the Living Museum is returned to an active scene of *relational* self-exploration, then there is, interestingly, implied a restoration of narcissism. To understand in what ways self- and other-relationality, and the restoration of narcissism, are central to the Living Museum’s heterotopic endeavor, one must distinguish between two types of narcissism: primary and secondary.[[600]](#footnote-600) These two types of narcissism relate to one another in evolutionary terms and from that perspective can be understood as healthy or unhealthy.[[601]](#footnote-601) What I wish to argue is that the restoration of narcissism (that involves an evolution from primary to secondary narcissism) in the Living Museum refers to and subverts, heterotopically, the grandiose narcissism that Western society exhibits in its fantasy of egocentric self-sovereignty; secondary and primary narcissism enter in dialogue and expose. What is exposed is that the grandiosity of the West functions and relies on, but is also an expression of, hurt narcissism; it is the outcome of the West’s hurt primary narcissism when shame was first felt that is performed through normativizing shame that relies on hurting the *healthy* expression of narcissism in a certain group—called the ‘disabled’.

* 1. Secondary Narcissism and Art in the Living Museum

In the Living Museum narcissism is restored to offer a new scene from which one can engage with and interpret or value shame. One could almost say that the point before shame was performed is returned to; the point that includes shame’s double potentiality—to act upon shame and let shame act upon the body—of either focusing on shame and denying impairments (hurt primary narcissism) or, instead, of reading shame as the discovery of a Self that needs to be read relationally (primary narcissism evolves into secondary narcissism). According to Freud, “love puts a check upon [primary] narcissism, and it would be possible to show how, by operating in this way, it became a factor of civilization.”[[602]](#footnote-602) When some of our self-love (ego-libido) is turned to other-love (object-libido) *primary* narcissism ‘evolves’ into *secondary* narcissism.[[603]](#footnote-603) Problems in the transition can lead to pathological narcissistic disorders.[[604]](#footnote-604) Shame can ‘obstruct’ the transition and account for a pathological investment in an egocentric, introspectively defined identity or self.[[605]](#footnote-605) As we have seen shame holds a double potentiality. Shame is an affect that is constituted upon and co-implicates two possibilities: primary narcissism and secondary narcissism, self-love and other-love, introversion and extroversion. Shame arises in the midst of the discovery of self and other and, simultaneously, is the greatest challenge posed to self and other relationality.

The Living Museum both exposes dominant Western society as marked by hurt primary narcissism and offers a space for thinking through and enacting secondary narcissism that implicates relational self-love and other-love. It is interesting to now explicate in what ways this relational love and identity is connected to the Living Museum’s heterotopic position in relation to the therapeutic model. One must first fully understand the Living Museum as heterotopia that neutralizes art as therapy in the sense of assimilation.

As heterotopia, the Living Museum is not a therapeutic space but a laboratory for new meaning.[[606]](#footnote-606) If the dominant therapeutic model (embedded in the traditional medical model) in the West is understood as ‘fixing’, ‘assimilating’, ‘healing’, ‘normalizing’,[[607]](#footnote-607) and a heterotopia is defined along the lines of Meininger as “a laboratory for new meaning,”[[608]](#footnote-608) then the Living Museum is a laboratory for meaning making that involves bodies in *commotion*—not fixation. But what are bodies in commotion and how do they neutralize the traditional medical model? Two principles inherent in the organization of the Living Museum help theorize in what ways the Living Museum subverts normative ‘everydayness’. Dr. Janos Marton states that “artists at the Living Museum don’t really care about the diagnoses: they ignore labels.”[[609]](#footnote-609) Further, “What counts is their *behavior*, the outcome of their labor. It’s not therapy. It’s art that matters.”[[610]](#footnote-610) The first observation that artists do not care about labels, positions the Living Museum as a space for difference and ‘strangeness’ that are allowed to remain and to interact with the surrounding world; a sense of belonging can flourish. This ‘being in the world’ that opposes itself to labels and medical therapy is interestingly also what is invested in the second above-mentioned quote. Medical therapy is exposed as understood as a constitutivelylabelling practice, a divisive, passivating and objectifying act; a unidirectional regulatory system that authorizes the doctors and therapists to act upon the patient who, in his or his turn, is de-authorized to act and move inside the world *relationally*—encountering the world that involves interconnectedness and decentralized or shared authority.

Medical therapy its perspective is referred to as always one of sickness: “When therapy confines itself to treating ‘sick people,’ its perspective is always of sickness. There is no opportunity for the pathology to have a productive *interplay* with other aspects of life […].”[[611]](#footnote-611) This interplay is denied as “the use of powerful anti-depressant drugs often inhibits and blocks the creative process in the individual.”[[612]](#footnote-612) Although art therapy does understand and recognize art as a creative process, its immersioninto the normative medical health system, and into medicalization, has blocked its potentiality as an act constituted in the interplay between the self—and all its heterogeneous aspects—and the surrounding world. Holt summarizes the difference between traditional ‘art therapy’ and art’s ‘role’ in the Living Museum as explained by Dr. Janos Marton: “Dr. Janos Marton does not claim miraculous transformations through art, the major transformation he said, comes about by the shift in definition of self from psychiatric patient to artist, thereby changing *one’s relationship with society, with the world*.”[[613]](#footnote-613) No miraculous transformations through art, no assimilation into a homogenized and idealized Western center, no sickness perspective, but instead, the Living Museum is a space that can be defined as holding a perspective of identity and meaning-making in relation to the body that acts with and within, in a space of in-between-ness and ‘being amidst’ or ‘being in the world’, a world of objects and of others.[[614]](#footnote-614) The West its performance of identity as egocentric an un-relational is rejected. As a result, identity can be understood, because it is relational, as differential; notions of the strange and difference are no longer ‘by definition’ incompatible with a ‘healthy’ self and identity meaning-making. Indeed, as a heterotopic space, the Living Museum celebrates and “discover[s] that the disruption by the strange, the unsuitable, by that what cannot be accommodated, brings its own order.”[[615]](#footnote-615)

An identity that incorporates both difference and the relational, is an identity that does not adopt a main perspective of ‘deviance’ or ‘normalcy’ but, in its stead, of belonging. According to therapist Shaun McNiff: “The best medicine I can offer to a troubled person is a sense of purpose, the feeling that what he is going through may contribute to the vitality of the community.” [[616]](#footnote-616) Whether ‘intended’ or not, McNiff’s understanding that a person’s *wider* purpose that is defined relationally, for instance in terms of a community, is beneficial to one’s wellbeing, witnesses that he holds an awareness of identity that is not *experienced* as egocentric and is not introspectively defined. Lascano too redefines therapy as “to include leading a meaningful life.”[[617]](#footnote-617) Therapy its purpose is not “to guide patients towards a functional life or a cure for their disease.”[[618]](#footnote-618) Therapy is not a ‘fix’ for one single person’s problems; if we want to stick to notions of therapy, then at the very least it has to acquire meanings of the inside and interrelational—inside the communal and plural. In this sense, ‘therapy’ means to learn relationally about one another’s abilities and disabilities and how these can be (inter)connected into forms of “subtle interplay.”[[619]](#footnote-619) Nussbaum advocates for “subtle interplay” that constitutes an alternative road to hurt primary narcissism—a road of healthy development:[[620]](#footnote-620) “A good development […] will allow the gradual relaxing of omnipotence and transcendence in favor of trust, as the infant learns not to be ashamed of neediness and to take a positive delight in the playful and creative ‘subtle interplay’ of two imperfect beings.”[[621]](#footnote-621) This notion of subtle interplay incorporates meanings of different abilities, different degrees of dependency, yet also universal interdependence, plurality and creativity.[[622]](#footnote-622)

The Living Museum its strength exists in giving people with mental illness an identity beyond their diagnoses or diseases. In this “permissive environment,”[[623]](#footnote-623) the artists rediscover their body as not only diseased but as present within sites of activity in which they are implicated—within the existence and recognition of their unique set of impairments:

Now they enjoy talking to other artists in the community, constructing sculptures, painting on canvas, serving themselves coffee, and in the evening, going home to their respective apartments or wards to rest in preparation for the next day’s adventure in the art gallery. Often, they even forget they are patients.[[624]](#footnote-624)

The activities described in this excerpt should not be read in terms of capacity. A truly permissive environment does not regulate the sites of activity in which identity is meaningful; permissive environments, by contrast, are sites in which bodies are not incapacitated through medical therapy its normalizing system, dis-recognition and regulations of ‘lawful’ and ‘unlawful’ movements—remember the analysis of the shaming architecture of movement that opposes to permissive environments and obstacles a particular set of sites of activity as expressions of ‘being in the world’.[[625]](#footnote-625) As “a profound testament to the patients’ ability to function within and connect to the outside world,” [[626]](#footnote-626) the Living Museum needs to be read as a heterotopia where notions of functional life, of outside and inside world, of introversion and extroversion, of being in relation and interconnection, of meaningful lives and of (dis)ability and connectedness are redefined.

* 1. Shame its Paradox: Primary Narcissism, Secondary Narcissism and the Paradoxical Embodiment of Health

It is time to turn to some conclusions. The starting point is to return to the meanings of narcissism and relationality. Following the above-made analysis of the Living Museum, a reformulation of the definition of narcissism is possible: narcissism is about how we encounter the world and how we are encountered by the world—the world of objects and others. Healthy narcissism cannot exist in a shaming space—the Wes that has ‘allowed for’ the affect shame to cause hurt to our sense of narcissism instead of a transition toward secondary narcissism. Healthy narcissism arises there where bodies encounter the self in relation to the other; where self-acceptance concurswith the recognition and acceptance of the other, or, where identity is interrelational. What appears a paradox (narcissism/interrelational) is, however, compliant with shame’s affective structure that I have designated an introversion/extroversion paradox;[[627]](#footnote-627) a paradox that cannot be dissolved as it exists equally in the experience of shame as it does in its ‘alternative’ experience of self-expression and self-discovery that is similarly a relational act. The separation of the self and the other, of shame’s relationality, of sovereignty and vulnerability, of health and sickness, or normalness and deviance, is always a performance that implicates an act of denial; an unattainable idea that becomes its very own paradox or that fails to ‘escape’ shame’s dualistic experience. As healthy as the West wishes to be, the truly healthy act would be to act upon shame not with more shame and denial (a continuation of primary narcissism that is denied as a hurt and idealized fantasy), but with the recognition of a human ‘being in the world’ that is constitutively relational. Again it becomes clear that shame exposes that reality as much as it posits its greatest challenge.

One role heterotopia have, what Foucault calls heterotopia of illusion that exist next to heterotopia of compensation, is “the role of creating a space of illusion that denounces all real space, all real emplacements within which human life is partitioned off, as being even more illusory.”[[628]](#footnote-628) The Living Museum can be denoted a heterotopic space of illusion; denouncing the space of individuality and medicalization, or sovereignty versus pathology, their separated interdependence, as fantasy or illusion. The Living Museum is a space of encounter, a place for allowing impairments to be deliberated instead of debilitated in the sense of silence, a place where impairments do not correspond with faceless numbness but creative, active and uncompromised acts for a present ‘being in the world’. Note, however, that to extend this heterotopic space in the ‘everyday’ world would not imply that all bodies will show the ‘ability’ to create ‘true art’. The Living Museum needs to be understood as a site where one can begin to conceptualize identity as a site of belonging that exists in permissive environments of interdependent and dependent acts; opposed to shaming that hides, disconnects and immobilizes.

With a reorganization of ‘normality’ its structuring elements, heterotopia do not exist in isolation and ignorance of ‘normality’ its ‘existence’, but are devoted to “dialogue between the normal and the abnormal, order and disorder, the reasonable and the insane, the familiar and the strange.”[[629]](#footnote-629) The conclusion of such a heterotopic space as the Living Museum has been defined to be, is that there is no “illusion that all otherness [in favor of a homogenized universal Man] can be banned or at least managed by therapeutic, technical, or legal means.”[[630]](#footnote-630) Now if the Living Museum is a space that falls outside the regular mental health system, is heterotopic in relation to therapeutic and pathologizing models, then it can be considered a place that surpasses a sustained inclination to return to a scene of fantasy that celebrates the egocentric individual that can be defined from within, introspectively; it surpasses shame that is lived in response to hurt primary narcissism. Or, it chooses that other path to which shame can lead—its double potentiality—that is a path of exploring dependence, interdependence and interrelational identity.

* 1. Characteristics of the Living Museum: A Space of Encounter

It is now possible to summarize the characteristics of the Living Museum as a heterotopic space. After this outline, I will turn to a discussion of the Living Museum’s relationality—space of encounter—from the perspective of the human body its different but related senses. Five main characteristics can be outlined:[[631]](#footnote-631)

1. People are welcome, even if he or she is not able to express joy, suffering, lack and desire in line with the prevailing codes and in recognized vocabulary. With acting and being acted upon, people are affectively interrelated without, however, being subjectified to fixed affective structures that modify bodies and their doings or ‘being in the world’.
2. Identity is relationally defined in terms of acting subjects— ‘to act’ is not necessarily in line with a capacity discourse, the prevailing codes and recognized bodily vocabulary of acts. Permissive acts in “permissive environments” enforces, in a mutual relationship, self- and other-esteem.[[632]](#footnote-632)
3. A heterotopic space is also heterochronic; there exists an absolute break with traditional time.[[633]](#footnote-633) The ideology of ‘normality’ is suspended. What counts is ‘being present’ and ‘being with’, and not ‘evidence-based’ effects and goal-means oriented regulations. (In what follows, this heterochronic ‘quality’ of heterotopia will be discussed in more detail.)
4. In reference to the observation that “mutual strangeness remains a thorn in the flesh of the culture of self-sufficiency and emancipation, independence and rationality,”[[634]](#footnote-634) the Living Museum celebrates ‘strangeness’ and the ‘abnormal’ calls in question the prevailing culture of self-sufficiency.
5. The space of encounter is a space for dialogue. Dialogue merges from the co-occurrence of and confrontation between strangeness and normalcy that destabilizes all logic. This transforming experience annuls ‘naturalness’. Primary shame’s matter of course is inquired; the double potentiality of shame becomes a felt experience.
   1. Shame, Relational Identity and the Senses

In a documentary about the Living Museum, Dr. Janos Marton provides an interesting insight into the lived experience of the artist in the Living Museum:

But then suddenly you think of yourself as a painter, as a poet. You can, realistically, too, because the Living Museum provides you with a realistic framework to do that. You exhibit. People come to see your work. Suddenly, the disadvantage of your existence, which is time and boredom and waiting – that’s the reality of mental illness, endless waiting, endless emptiness, endless void – suddenly turns into an asset: “Oh my God, I have time to paint!” [[635]](#footnote-635)

I consider interesting the time-related experience of identity and ‘being in the world’ to which Dr. Janos Marton gives recognition. Time is an interesting but not straightforward *experience*; an experience related to the body and that exists in the interrelation between the body its senses and the intra-relation between bodily senses and the outside world. Although the main conceptual framework of time in the West is dependent upon the visual, the lived body experiences time in relation to the other senses as well. For example, rhythm is an experience of time that interrelates hearing and bodily movement. Touch can then easily be a time-related experience as well—consider playing the tambourine where rhythm and time are almost produced through the body. Smell is related to memory, and through memory it is related to time. The same might be said of taste.

The visual in the West has dominated the experience of time. It has given rise to linearity and a goal-oriented implementation of acts; acts that surpass the ‘now’ to be understood and rendered meaningful only in the linear and causal experience of time.[[636]](#footnote-636) It might not sound as a surprise that such a limitation of the experience of meaningful time is incapacitating for many. Moreover, this is an increasing reality in today’s ever more fast Western society where the *now* has become sacrificed to goals and growth. But what is also interesting, next to understanding time in relation to senses, is that the experience of time is the business of affective structures as well. In the above-cited quote, boredom is identified as the lived time-experience of most mental health ‘patients’; their lives are mutually reinforcing experiences of boredom and uselessness—uselessness in time and an experience of time that is boring.

Affective structures and the senses are thus an interrelated affair that is (can be), further, invested in power. Power arises their where bodies their desires and sensations are fixed; the visual, the linear, the horizon, are the *only* meaningful experiences of identity and ‘being in the world’. When actions are not invested in ‘linear meaning-making’ they fall outside of ‘normalcy’ and its ‘productivity’; the body is robbed of its inventiveness to act as it experiences a sense of boredom, waiting and emptiness. The body is molded (or reduced) into an ‘eye’/ ‘I’ whose acts and affects are regulated and modified; to encounter the world not through immediacy but through ‘far-sightedness’: to see an object and move upon that object with prospective incorporation into a self that regulates and controls. Two implications are intended. First, ‘far-sightedness’ disconnects the feeling body from the surface of the object (an observation that will be further addressed in relation to touch).[[637]](#footnote-637) There is no immediacy in time and no space of ‘merging’ and ‘interconnecting.’[[638]](#footnote-638) Secondly, this ‘far-sightedness’ is invested in an I that defines itself introspectively and cognitively with vision being the most ‘suitable’ to this self’s disconnection from the ‘base body’—vision supposedly belongs to the mind and not to the body.

It should not be surprising that affects and senses are interrelated; after all, if affect is about in-between-ness, in-between the body and the outside world, then senses are what connect the body to the outside world and the outside world to the body and the complex bodily systems: senses are interrelated and intra-related to the outside world.[[639]](#footnote-639) We move through the world and connect to objects not through one sense (the visual) but through all the senses in relation. Affective structures are a *bodily* system,[[640]](#footnote-640) not a system of the eye (or ‘I’). Thus when affective structures invest in meanings of the world that are conceptualized on the basis of one single or ‘singular’ sense, then power-relations are invested; then the affective ‘system’ is regulated according to spatial and temporal architectures in social and conceptual space that disfigure the body to an ‘eye’/ ‘I’. This disfiguration of the body is related to shame; only the conceptual ‘eye’ (mind) has been ‘safeguarded’ from shame felt at impairments. The disfiguration of the body and the regulation of affective structures are allies of shaming forces that deny relationality. Relationality is denied in the affective structure of the encounter, relationality is denied in the bodily system that connects senses (plural) and the world; one affective structure boredom keeps another affective structure such as encountering the world through touch at bay, one sense (the visual) advocates an affective structure of access and confiscation, in denial of senses that can inspire affective structures in terms of collision, mergence and plural movement and direction.

In the Living Museum identity is ‘re-experienced’ through the act of creativity that transforms the experience of time from boredom to ‘immediacy’ and ‘being in the world’. I argue that this act of creativity involves more than one sense; especially the haptic is explored in this dissertation as a site of an ‘I’ that is not only ‘eye’ but, also flesh that unites between the inside and the outside world. A second contention that is made is that this other experience of identity experiences the notions of space and time as less separated: an experience of space through time and vice versa is explored in terms of ‘immediacy’ and being ‘in and *with* or *amidst* the world’.[[641]](#footnote-641) Strangely these notions of *with* or *amidst* need to be read in relation to the *beside* that is encountered:[[642]](#footnote-642) one is not inside a homogenized center of ‘normalcy’ but *amidst* and *with* spaces, objects and acts that incorporate the strange and the different. The *beside* is a spatial concept that empowers plurality and ‘chaos’.[[643]](#footnote-643)

In a catalogue to an exhibition of the Living Museum, Dr. Janos Marton wrote: “Outsider Art doesn’t apply to the artists at the Living Museum in the sense of a defined code, mainly because of the diversity of various styles that defy simple category.”[[644]](#footnote-644) It is not the code, the set of rules or the perception (not the ‘neutral visual’ but the affectively invested ‘visual’) that matters, but the style, the act and the process—of looking, touching, creating. Indeed, I wish to define the notion of style as an activity; a network of actions, objects, senses and feelings that enter into the interrelated process of creating. The outcome of that creation is undefined; not regulated by or necessarily in line with a capacity discourse, the prevailing codes and recognized bodily vocabulary of acts. Style is here defined as non-coded, as preceding the code instead of being the code’s creation; style is not a coded act but a (free) process that itself is the scene of identity meaning-making. What I now term ‘style’, as I have defined it here, style as plural, can be read in oppositerelation to Lauren Berlant’s definition of ‘genre’:[[645]](#footnote-645)

If the present is not at first an object but a mediated affect, it is also a thing that is sensed and under constant revision, a temporal genre whose conventions emerge from the personal and public filtering of the situations and events that are happening in an extended now whose very parameters (when did ‘the present’ begin?) are also always there for a debate.[[646]](#footnote-646)

Style is a different present: one not of *mediated* or fixed affects but of the unrevised encounter.

Not only the Living Museum as building or space, but the art itself is heterotopic. Dr. Janos Marton writes that “There is no common denominator amongst these artists. There is no common style defined by mental illness, by the brutality of confinement, or by the hope for healing.”[[647]](#footnote-647) Indeed, art can teach us something about systems that are not managed, controlled or logistic. Lotman concurs: “If we dealt only with a strict system of rules, each new work would represent an exact copy of a previous one, redundancy would prevail over entropy and the artwork would lose its informational value.”[[648]](#footnote-648) Aesthetic value, and style as I have defined it, are not the ‘product’ of the controlled appliance of a given set of rules. It is more what exists relationally between artist and universe. Sukhanova defines art as a space where “the individual and the universal are no longer isolated but, on the contrary, require each other.”[[649]](#footnote-649)

The given interpretation of ‘heterotopic style’ identified as a characteristic of the Living Museum, is in accordance with Foucault’s analysis of heterotopic as heterochronic: “The heterotopia begins to function fully when men are in a kind of absolute break with their traditional time.”[[650]](#footnote-650) Style breaks with traditional, ‘normal’ or an affective present that is mediated. Genre mediates the present into an extended now[[651]](#footnote-651)—through the visual, the linear, the horizon, the ‘eye’ that filters. Style makes the presence an immediacy—not through the visual ‘alone’ but through the haptic, the aural, the olfactory and gustatory as well.[[652]](#footnote-652)

* 1. Shame, Relational Identity and the Haptic

Style involves the haptic. This will certainly be true for those sculpting, painting or making art with stuffed animals. Here the haptic is understood in its physical and sensory experience;[[653]](#footnote-653) the act of creation that exists in the midst of objects and people or where the body touches the outside world. But the haptic can also be conceptualized into a space where touch, toucher and touching—the triad of physical touch its in-between-ness[[654]](#footnote-654)—are rearranged. This rearrangement into space (a building, an object with a function, or a discourse) subjectifies bodies or liberates them. There exist spaces that debilitate touch through affective structures of being touched upon only and not of being the one who touches; in-between-ness is turned into unidirectionality and the triad of in-between-ness is disempowered. Boredom is one of these affective structures; as is shame. There also exist spaces, heterotopic spaces, that liberate bodies; drawing on physical touch (for example, the act of painting), in-between-ness is a renewed experience or the newly empowered feature of the encounter, of the (conceptual or physical) space and of affects natural autotelic character and relationality—affect its nature that is restored.

Interesting is, for example, the work of the Living Museum artist Christine Nicholas whose work is not only that artwork that reaches between material and body (the physical experience), but it is also a work that is an exploration of touch as both physical *and* *conceptual* space; involved in questions of touch its intersection with affective structures. The haptic is first explored as a dual structure, that becomes binary or unrelational at least, when dislocated from its ultimate in-between-ness. This is what the artist calls bondage. But liberation emerges in the work of art when the dual structure collides in a third space that arises amidst skin and outside world:

On the second floor, past a riotous garden room, is the studio of Christine Nicholas, 66, an art counselor. In addition to bright, ordered mosaics of crosses textured with thread was a straitjacket she had painted in magenta, green and gold. Across it she had appended sayings like ‘Be anxious for nothing,’ transforming the jacket into a garment of liberation rather than bondage.[[655]](#footnote-655)

Liberation and bondage are spaces invested in power and/or identity in relation to touch. The haptic is that which exists in-between the outside and the inside world.[[656]](#footnote-656) It is a dual structure. It holds in common with shame a threshold that merges the inside and outside. It can be described in terms used by Sedgwick for discussing shame: a “skin side out” experience.[[657]](#footnote-657) But this “skin side out” experience can also be performed as inside and outside.[[658]](#footnote-658) When discussing shame as a power tool, touch is a particularly interesting somatic experience for thinking through fixed affective structures and their implementation into social space, or for considering heterotopic spaces that subvert ‘everyday normality’. As a conceptual or performed space, touch is bondage when it is ‘unidirectional’, touch is ‘liberation’ when multidirectionality is re-empowered—when the jacket is no longer silent but active itself in its meaning making. As a sensory experience, the somatic space, touch is always inevitably colliding inside and outside.[[659]](#footnote-659) Thus, ‘conceptual touch’ is like performative shame; a performance of inside and outside in their relationality. But ‘somatic touch’ is always, like shame is, an experience that defies the singular—defies Western individuality or the Cartesian subject who defines individuality (‘eye’/ ‘I’) introspectively and cognitively. Instead there emerges with touch the triad of in-between-ness.[[660]](#footnote-660)

Another artist at the Living Museum created an interesting artwork that expresses the artist’s longing for touch that he speaks of, consciously or not, in terms of liberation and creation. This artist’s name is Frank Boccio. He is 63 years old and an artist and volunteer at the Living Museum. For one of his artworks, Boccio had upholstered a child’s chair with dozens of tiny, pink doll hands, about which the artist explained that “they’re reaching toward something more, something better.”[[661]](#footnote-661) When a conceptual space, to reach implies a creative space where a point of encounter results into the transformation of reacher and reached object alike; it is a concept related to touch and its triad of touch, touched and touching space.[[662]](#footnote-662) This needs further clarification.

To further explain in what sense the haptic is an interesting somatic experience for conceptualizing and organizing space, both conceptual and physical (a building, an artwork, a discourse), and how these are invested in affective structures of power, or how touch is invested in affective structures through spaces that organize touch in oftentimes debilitating ways, I draw on Shannon Walters’ book *Rhetorical Touch: Disability, Identification, Haptics* (2014). Walters defines touch (what I call ‘somatic touch’) as “transformational” and as the sense that “ushers […] into personhood, embodiment, and language, creating an ‘I’ in tactile relation to an external world.”[[663]](#footnote-663) What is interesting is that Walters underlines that touch “perceived and a perception, is always *relational*.”[[664]](#footnote-664) Indeed, “even in the case of self-touch, one part of the body connects with another part, forming a third space of contact.”[[665]](#footnote-665) From this space of contact, that stretches over the entire body and beyond in a third space, Walters reads touch as rhetorical; “rhetorical touch takes place when bodies come in contact; the meanings produced by this contact are rhetorical in that they convey messages, craft character, and create emotion in a way that fosters a potential for identification and connection among toucher and touched.”[[666]](#footnote-666)

Traditional rhetorics of reading and writing ‘ables’ the visual and ‘disables’ touch. In the Western (social) spaces of the book, the street and its road signs (transportation and movement), the political etc., only certain “kinds of minds have access to rhetorical production and its elements, purposes, and possibilities.”[[667]](#footnote-667) In *Rhetorical Touch: Disability, Identification, Haptics* (2014), Walters is interested in examining touch as a gateway to understanding rhetoric and the bodies that use it; but touch is equally a tool for re-understanding rhetoric and re-empowering the subjectivity of people with severe impairments (the ‘disabled’).[[668]](#footnote-668) Rhetorical touch does not hierarchize the cognitive and its ‘eye’ or ‘I’; through the sense of touch identity emerges in the relational space of bodily contact and the simultaneous perception and perceiving of the other and the self. Walters explains: “Extending Kennet Burke’s suggestion that rhetorical identification can take place via ‘common sensations,’ I explore identification as a facet of rhetorical touch because studying touch reveals how all bodies—disabled or not—are connected and interdependent in physically significant ways.”[[669]](#footnote-669)

However, this notion of rhetorical identification seems largely absent from traditional spaces in the West where identity meaning-making takes place. At best, rhetorical designation or stigmatization is the ‘normative’ institutionalization of touch in affective structures and their social spaces: the jacket that constrains, the walls of the shaming psychiatric ward or the pain of an electric shock.[[670]](#footnote-670) Further, shame itself debilitates touch: the one who shames is empowered in the West to touch, move and be, the shamed one hides, is touched upon, acted upon and disempowered to act. Touch has arisen there in the Western world where shame occurs and has been bounded into the performance of shame’s dual structure and vice versa; but equally true is that exactly rhetorical identification (the physical experience of the triad of in-between-ness) can be identified as a heterotopic space. If rhetorical stigmatization is the sensory experience of shaming (unidirectional), then rhetorical identification is the sensory or somatic experience (haptic) that can be supportive of unfolding, encountering and understanding shame its ‘other’ potentiality (the exploration of the relational ‘I’).[[671]](#footnote-671) Rhetorical identification can be a bodily and physical (in social space) framework from which to theorize a Western society that moves beyond shame to acceptance of interdependent identity.

One could say that the haptic space of in-between-ness itself is a heterotopic space; but I am also invested in defining the specific heterotopic space ‘the Living Museum’ in terms of the haptic. Some of the artists and their work already have been treated. Now I turn to the architecture of the Living Museum its building. Not only the creation of artworks, the artistic rejection of the therapeutic jacket as confinement, the liberation of art, or artistically expressed desire to be *mutually touched upon and to touch* are sites of the haptic in the Living Museum; the haptic is a lived experience in the Living Museum beyond the artworks alone. The whole museum can be described as an organism that grows and lives in the amidst and between and beside; the artists and their encounters with self, other and world, the creative process, the artworks and the exhibitions cannot be easily separated and ‘organized’ across a linear timeline but instead are in-separately intricate inan organic space that evolves and transforms over time in relation to encounters between the artists, the visitors, the artworks and the place itself. A transformation that exists inside the touching of artist, visitor, artwork and place; creating a third space of touching that is defined beyond the touched and toucher. It is not coincidental that this museum is called the *Living* Museum; it is an organism and one, I argue, that celebrates touch. *Out of Art* its description of the Living Museum is illuminating:

Aan de buitenkant toont het pand weinig verschil met de andere, met klimop begroeide bakstenen gebouwen in Creedmoor. Het is echter onmogelijk om een adequate beschrijving te geven van de originaliteit van de magnifieke kunstverzameling in het museum. Kunst bloeit overal. Elke ruimte is benut. Kamer na kamer hebben de kunstenaars hier gevuld met ambitieuze installaties, muurschilderingen, schilderijen en beelden in verschillende stijlen.

Het Living Museum fungeert als een combinatie tussen werkplaats en tentoonstellingsruimte. Het is een plek waar men naast andere kunstenaars kan werken en waar het publiek de tentoongestelde kunst kan bekijken. […]

Het is moeilijk om het museum te beschrijven omdat het zo groot en zo vol is. Een andere reden is, dat het zelf een levend organisme vormt dat constant groeit en verandert. Behalve ateliers en tentoonstellingsruimten vindt men op de eerste verdieping een binnentuin. De tuinkamer vormt een museum op zich, vol prachtige planten verzorgd door de kunstenaars van het museum. Het pad door de tuinkamer leidt naar een van de werkruimten, een gecombineerde atelierruimte, timmerplaats en berging. Via een deur komt de bezoeker op een galerij. Deze vormt een ring rondom de gigantische centrale tentoonstellingsruimte, de voormalige eetzaal en keuken.[[672]](#footnote-672)

A myriad of acts is housed inside the living museum:[[673]](#footnote-673) to paint, sculpt, carpentry, gardening, to create and to present but also to enjoy and share. All of these acts run across the unfixed and ‘disorganized’ interior of the museum to generate an organic structure. The ‘configurations’ of toucher, touched and touching are undetermined in space and time; but also who touches who, or what is in touch with who, or even when does what touch upon another what. The hammer and the plant, the paint, brush and painter, or the psychosis of the artist and Beethoven’s music;[[674]](#footnote-674) all meet, interact, touch and create.

Ieder object en elk vlak, van vloer tot plafond, is door de kunstenaars onder handen genomen. Niets is over het hoofd gezien. Zelfs oude vervallen muren worden benut, met verbazingwekkende resultaten. Het geheel vormt een goed voorbeeld van hoe een oud, vervallen gebouw een nieuw leven ingeblazen krijgt en zo een dialoog aangaat met originele kunst. De transformatie van het gebouw tenslotte, vindt zijn weerklank in de transformatie van zijn gebruikers.[[675]](#footnote-675)

This place that celebrates ‘strangeness’ and ‘chaos’ is also a place of belonging. Where the artist is free to touch the object he or she chooses to explore and use to explore or express the self. It is a different museum from the ‘everyday’ or ‘normal’ museum. In this “permissive environment” an organism has grown that evolves through relations of touch.[[676]](#footnote-676) This “laboratory for new meaning” experiences with touch and the third spaces in which touch can be defined heterotopic and rhetoric or relational.[[677]](#footnote-677)

Conclusion

This dissertation has studied shame as a power tool and examined its specific functionalization in Western society. Not shame as a natural and moral compass that guides people into ethical behavior was the subject of this dissertation, but instead shame somehow implicated in enacting relations of power was focused on. In accordance with the distinction already made, the first chapter disclosed that there exist different types of shame and that, as a result, when studying shame and power, one needs to be careful to delineate specifically the type of shame that is possibly involved in relations of power. Martha Nussbaum’s psychoanalytic account of the genesis of shame was useful in this regard. Her work helped define in what ways shame can *potentially* evolve into a specific type of shame that is implicated in the categorization of mankind into separate and hierarchized ‘kinds’, one might say: the ‘abled’ and the ‘disabled’.[[678]](#footnote-678)

Martha Nussbaum usefully designates the first appearance of shame “primitive.”[[679]](#footnote-679) It was disclosed that this primitive type of shame is felt at the discovery of the self in relation to the other; the discovery that one is dependent and not a complete and whole or wholly in control subject.[[680]](#footnote-680) The ‘features’ of this specific type of shame disclosed by Nussbaum, resulted in a set of questions about shame and power that were subsequently addressed in chapter two, three and four. First, Nussbaum (2004) explicated that shame is situated in a stage of development where the self is discovered relationally.[[681]](#footnote-681) The discovery of the world of objects co-occurs with the loss of a perceived self-ideal.[[682]](#footnote-682) The implication that was outlined is that impairments are universal and factual and that shame is deeply entangled within the struggle between accepting universal dependence and denying the loss of a complete Self.[[683]](#footnote-683) It was thus concluded that ability and disability are not natural or essential categories of life, but are instead somehow the outcome of the struggle outlined above. The specific implications of the latter statement were the subject of the second chapter.

The second elucidation Nussbaum makes is that shame is not only situated in the discovery of the self and other, but that this discovery itself is positioned within the discovery of the world of objects.[[684]](#footnote-684) In other words, shame, dependence and its potential denial are all located in a moment of development where the body is discovering itself and is *somehow producing* knowledge: about the self, about bodies and about identity. The third chapter elaborated this contention; it entered a dialogue with this particular scene of shame’s genesis. Nussbaum forced the question if shame is not merely the experience of a “docile body” in a Foucauldian knowledge-power regime,[[685]](#footnote-685) but instead proves that bodies are actively implicated in creating knowledge and normativity?[[686]](#footnote-686) In summary, Nussbaum her account of the genesis of what she calls “primitive shame” provoked two important questions about shame its functionalization as power tool:[[687]](#footnote-687) the naturalness of ‘disability’ and the body as a productive site for power.

As already mentioned, chapter two of this dissertation primarily picked up on and further explored the first question. I asked in what ways shame is involved in the construction of the non-essentialist categories ability and disability.[[688]](#footnote-688) Dealing with an affect, and understanding Nussbaum’s discovery that shame cannot be understood without a body, the construction of the mentioned categories was cogitatedin terms of the performative. Drawing on theatrical performativity, specifically Sedgewick’s work (2003),[[689]](#footnote-689) ability and disability were ‘de-dramatized’ as staged actions, acts and scenes. This staging, the acts and the actions, I argued, involved performing or staging shame. In other words, what I called ‘performative shame’ refers to the specific actions, acts and movements of a body that are guided by the affect shame and create the scenes of ‘ability’ and ‘disability’.[[690]](#footnote-690)

Performative theory was used to de-dramatize shame. The second chapter thus equally delineates in what ways shame was dramatized or performed. This dramatization arises in the struggle between accepting universal dependence (overpassing shame in consideration of the affect) and denying the loss of a complete Self (attachment to shame *through denial*).[[691]](#footnote-691) It was argued that shame is a paradoxical experience that collates the forces of introversion and extroversion.[[692]](#footnote-692) To dramatize the separation of this forces was contemplated as the act of re-performing impairments as non-universal in order that impairments and completeness can co-exist. In simple terminology: the practices of ‘to shame’ emerge in the desire of absolving the self from shame. To shame someone is to perform shame outwardly (extroversion) in disunion of its self-referential ‘qualities’ (introversion). The conclusion that followed was that shame is thus staged and informs bodies on stage into actions, behavior and attitudes that perform two prototypical characters on stage that are oppositional: the abled and the dis-abled.[[693]](#footnote-693)

Interestingly, the actions, behaviors and attitudes performed, somehow replicate shame’s dual structure. As if, I argued, this dualism is inescapable; and so is shame or its interrelational experience.[[694]](#footnote-694) The performance of primitive shame draws together two affective structures: *shame* felt at impairments, vulnerability and dependence, on the one hand, and a desire for an *optimistic* attachment to a sense of the Self as complete, whole and in compliance with the primary narcissistic Self that was experienced as joyful, on the other.[[695]](#footnote-695) The latter is an affective structure that implicates the act of denial.[[696]](#footnote-696) Thus denial is a bodily act or is the outcome of bodily actions and attitudes. The two affective structures carry the seed for a performed separation of the introversion/extroversion paradox. But at the same time, the introversion/extroversion paradox constitutes the proof of the two affective structures their co-implication. One does not annul the other, but instead the desire for a fantasy of independence and shame felt at the discovery of (inter)dependence jointly substantiate that the experience of impairments is universal and that identity is relational (between other and self).[[697]](#footnote-697) The desire to be a ‘able’ and the shaming of the ‘disabled’ were disclosed as the inseparable and dualistic structure of performative shame. Performative shame might stage shame its referentiality—only the ‘disabled’ feel shame and should be shamed—but it is the West or a society that is truly imbued with shame.

To act and an act or a scene, all belong to the terminology of the theater.[[698]](#footnote-698) The analysis of ‘photographic staring’ dramatized the act of shaming or performing shame. Not only the photograph or the ‘finished scene’ or pictured discourse were grappled with, but also the act of photographing was scrutinized:[[699]](#footnote-699) the set as a scene of action, the photographer as actor, the photograph that is looked at as stage(d) and as having an audience, those looking at the photograph and acting upon it or making their own scene of what is depicted. The lens of the camera that is pointed and directed has been considered useful for exposing the mechanism of performative shame: the one who is looked at is immobilized and objectified and the one who looks deflects shame that is now restricted or bounded inside the frame of the picture or the body of the person photographed. This *act* of the photographic stare helped theorize performative shame as constructing the binary ability/disability in a theatrical performative way.[[700]](#footnote-700) I have approached the photographic stare as a stage or as theater: the creator of the photograph is the actor, the photograph a scene, the setting and framing a stage, contemporary and future viewers of the photograph are the audience, and taking the photograph is an act. This act that is staged, when a photograph, offers the way to shun shame and present ourselves with a self-congratulatory or even deifying picture that we readily accept as reality;[[701]](#footnote-701) shame is relieved through the shaming of others; the self is ‘abled’ through a picture that simultaneously ‘disables’ the other and ‘ables’ the self as rescuer of the helpless.[[702]](#footnote-702)

As I studied photographic staring, I moved toward a more general analysis of performative shame. I studied two of shame’s dramatic acts (drawing together ‘to act’ and ‘an act’): synecdoche and denial.[[703]](#footnote-703) In terms of the theatrical, synecdoche was designated as the act that objectifies the other and attributes him or her with shame. The shamed one is incarcerated inside the shamed body.[[704]](#footnote-704) This act of the synecdoche secures its power by simultaneously acting upon the body and disempowering that body to respond in action: shame is the pars pro toto of one’s identity, by acting upon bodies to ‘induce’ within them shame, and shame makes bodies hide and paralyze[[705]](#footnote-705)—incapacitated by the affect. The other act, denial, was argued to exist inside a body’s everyday acts that are simultaneously illuminating of the body’s felt shame at impairments and its desire to attach to an Self-ideal.[[706]](#footnote-706) This act of denial was further inquired into in chapter three. Not a coincidence, since denial is what collocates the notion of act (an act, a scene and performance) and to act (act upon and be acted upon).[[707]](#footnote-707) The analysis of these two main acts has inciteda recapitulation of the definition of performative shame at the end of the second chapter: the individual and societal extrusion of shame that is equal to the collective performance of a denial of shame/dependence. But let us now return to what denial has disclosed about acting.

When denial implicates to act upon and be acted upon one arrives at affect theory.[[708]](#footnote-708) Indeed, I argued that denial is an act co-implicated in the affective structure of optimism; the optimistic attachment to a scene of *fantasy* of the complete Self.[[709]](#footnote-709) Performativity and affectivity thus intersect in the act of denial. That performative shame was studied theatrical performativity was not a surprise since affects (such as shame) are a motivational system that exists in-between “to act and be acted upon.”[[710]](#footnote-710) The dramatic act of shaming, to perform shame, is not alien to an affective system its inherent possibilities that include motivating the body into action in a myriad of ways including *to shame* (the other) and *to deny* shame (Self);[[711]](#footnote-711) it is a possibility but not an inevitability. It became clear that when performativity as theory helpsdeconstruct relations of power one cannot understand ‘to act’ in a neutral or open way. In the West, the power-implications of the dramatic act of shaming need to be understood in its fixation.[[712]](#footnote-712) This fixation corresponds with the categories or theatrical scenarios of ‘ability’ and ‘disability’. The fixation of performative shame is thus correspondent with the affect’s normative differentiation that is enacted through regulated and anchored movements and acts. A true deconstruction or rather de-dramatization of performative shame then reveals that shame’s double potentiality is manipulated in favor of the affect to be bounded in a unidirectional relation of ‘to act upon’ and ‘be acted upon’—instead of the relational acting upon one another. It was argued that performative shame dissolves shame as an interrelational act or rather an experience defined in the in-between; performative shame redraws the boundaries of mutual referentially to perform a unidirectional act of power that abides in the singular ‘to act upon’ (and not an ‘act upon each other’).[[713]](#footnote-713)

The third chapter further theorized in what ways power regimes implicate bodies and their acts. It was at this stage that not only the meaning of *an act* (theatrical), but the full understanding of *to act* (affectivity) was focused on. Confronting Foucauldian theory and affect theory, a repositioning of Foucault’s “docile body” inside a affect-knowledge-space-power regime was attempted.[[714]](#footnote-714) I contended that the Foucauldian notion of subjectivity should be read in relation to an active body that is not only acting inside power-relations, but is also acting upon or is even the acting force behind the power-relations in a society.[[715]](#footnote-715) The implication was that knowledge and spatial organization are not the only or independent forces molding the body, but that bodies and their biological systems can too mold bodies into specific actions and are forces invested in knowledge-authorization and spatial organization. To underbuild this contention, I drew on ‘Foucauldian panopticism’.[[716]](#footnote-716) The panoptic abstract analysis of shame illustrated that Foucauldian panoptic-power regimes can be further elaborated in a significant way: focusing on the *act* of looking. In a panoptic knowledge-power regime the body is subjectified through the internalization of the gaze or the internalization of knowledge and categories.[[717]](#footnote-717) But I was most interested in the act of looking and being looked upon itself. Starting from this act, I ‘reconfigured’ Foucault’s panoptic power regime to conceive of acts not as the outcome of categories or knowledge but as the building blocks in its stead.

In defining panoptic shame, the focus was on how shame is implemented or installed in society as an affective structure which sole objective is to exhaustively define and justify actions, objects, qualities or characteristics as negative, deviant or otherwise negatively described (whether it be in social, cultural, economic or political terms), or as their opposite. Shame is what motivates, molds and fixes actions, attitudes and movements in the world.[[718]](#footnote-718) A bodily system such as the affects was exposed as being involved in the very creation of knowledge and its selection: to help knowledge come about and inform the selection of knowledge. To understand this affect-knowledge-power regime, it was imperative to refer back to a feature of performative shame mentioned earlier: its dual affective structure. Performative shame involves acts (shaming and denying) that interdependently guide someone to move in the world.[[719]](#footnote-719) Chapter three contended that the interdependent acts of shaming and denying are interwoven in ‘everyday life’ that is the stage of belonging. Or, everyday life is a space (conceptual and physical) of normativity.[[720]](#footnote-720)

For example, everyday life is the scene or stage of sports, sports centers and Olympic games; by contrast, acts that fall outside the notion of sports fall outside everyday life. The legitimized acts that are formulated through sports, and their inclusion in everyday social space, expressed that our bodies are legitimized to act only in specific ways to uphold the myth of a body- and Self-ideal. Shame is the force that moves our bodies in accordance with a coordination of acts that supposedly underbuild ‘able-ness’ and deviate the body that cannot perform these acts. Shame was indicated as the force that hides those acts that fall outside ‘able-ness’ and ‘everyday-ness’ in terms of independence, autonomy and wholeness, to rob these acts as sites of potential meaning-making or as sites for knowledge and knowledge-framing.[[721]](#footnote-721) The denial of these acts is an indistinguishable act fromthe act of denying impairments as universal or a shared human condition. In absence of these acts, discourses that center on autonomy and capacity are strangely authorized; not in proof of factual knowledge about these and other acts, but in the body that continues to feel shame at acts that remind him or her of a vulnerable human condition.

The medicalization of the body was examined and served as an illustration of bodies turning against themselves in *acts* of meaning-making that exist inside the act of denial or shame felt at impairments.[[722]](#footnote-722) The medicalized subject unfolds his or her identity in a scene of belonging that finds its expression in health.[[723]](#footnote-723) A constringent notion of health unfolds inside or alongside acts that are motivated by shame; and as scenes of the everyday and of normativity, health is also turned into a scene of belonging.[[724]](#footnote-724) Somehow then shame can create a category of health that organizes medical *savoir* into order and disorder.[[725]](#footnote-725) If knowledge about the body is what fragments the body into a multiple number of knowable pieces, then shame is what pathologies or turns what is different into disorder and ‘unhealthy’. I argued that it is not knowledge itself that discloses difference as disorder; it is the selection and staging of that knowledge, and shame is the guiding force. In other words, it was argued that knowledge does not simply, or in any simply way, subjectify bodies into ‘healthy’ and ‘unhealthy’ or ‘abled’ and ‘disabled’ behavior;[[726]](#footnote-726) which would be an offense toward the recognition of impairments as a lived and universal experience.[[727]](#footnote-727) And it would be an offense toward severe impairments, a true bodily condition, that call for an act of identity meaning-making that revolves around (inter)dependence.[[728]](#footnote-728) It is through shame that we understand impairments as universal. And its shame that helps de-dramatize ability and disability. Thus not a ‘simple subjectifying’ of bodies, ability and disability were shown to arise in an affect-knowledge-power regime. Ability and disability are fixed actions that express a desire for completeness and shame felt at impairments that normatively differentiate shame. This normative differentiation into ability and disability informs knowledge its selection and its institutionalization in society and social space.

It is true that in its turn knowledge transforms bodies and their actions and even affects.[[729]](#footnote-729) The medicalization of the body was examined as also implicating the increased and invigorated experience of shame; as more bodily fragments can be shamed and experienced as shameful. In his project *Making Up People*, Ian Hacking already confronted and elaborated on Foucault.[[730]](#footnote-730) The project studies the ways in which categorizations affect people, and the ways in which people in term affect the ways they are classified—what Hacking calls the looping effect. The medicalization of the body can also be related in terms of this looping effect although the mechanism is somewhat turned around: shame has helped theorize in what ways affects and the acts they motivate inform categorizations, and the ways in which these categorizations (and acts) in term affect the ways in which people act and are affected.

Next to medical discourse, Cartesian philosophy was studied as an example of an affect-knowledge-power regime.[[731]](#footnote-731) I argued that performative shame and Cartesian philosophy are involved in the shared enterprise of disentangling identity, shame and introversion/extroversion consciousness. In other words, the dramatic act of shaming underlies the Cartesian notion of identity: the soul originates in (universal) Reason and, as a consequence, the *individual* I is defined *introspectively*.[[732]](#footnote-732) Paradoxically, a bodily motivational system has informed a philosophy of body-less identity. In theory, the Cartesian Self finds his or her definition in reason and not in action. But in reality the Cartesian thinking Self is motivated by a biological system. An interesting observation that was further made is that in its term this Cartesian discourse affects bodies. Cartesian dualism drains the body as a site of meaning making and relationality; meaning in action itself is paradoxically disregarded.[[733]](#footnote-733)

It is almost as if categorizations and acts are co-implicated in a multidirectional network. In a very Foucauldian sense, this network was read in spatial terminology as well.[[734]](#footnote-734) Sports and their sports centers were already mentioned. Their everydayness in social space opposes itself to the movements and acts that fall outside this category. They are excluded inside the walls of psychiatric hospitals and revalidation centers; walls that medicalize, disorder and disempower acts as ‘unhealthy’.[[735]](#footnote-735) When one incarcerates, quite literally, specific acts and conducts, these particular ways of ‘being in the world’ are denied as a space (conceptual and physical) of the ‘everyday’ and in that denial help construct, in action, the space of ‘everyday-ness’.[[736]](#footnote-736) The contention was made that the space of the everyday is both enacted through qualifying affectively particular acts as shame-less (or shame-full), and helps to enact or construct the ‘everyday’ as ‘normal’.

The fourth chapter of this dissertation studied shame in the neoliberal world. It explicated and further detailed two more features of affective-power regimes. In a first moment, neoliberalism illustrated that shame, in a panoptic structure of power (affect-knowledge-power regime), can attach itself and perform itself to other affective structures.[[737]](#footnote-737) The autotelic character of affects is exploited in the neoliberal world that simultaneously shames to ‘modificate’ bodies into optimistic attachment to the neoliberal fantasy of the capable and independent body-ideal, and uses that very optimistic attempt to (dis)empower shame.[[738]](#footnote-738) Shame and a sustained involvement with a body-ideal thus inter-*act* in the neoliberal world. Various testimonials underscored that the neoliberal subject has interiorized a belief in and desire for capability and independence: a desire exposed as fantastic when their ‘failure’ to comply with the scene of fantasy results in self-stigmatization or shaming the self. Thus in the neoliberal panoptic world, a vivid or simulacra like fantasy and self-shame are interiorized actions of the body and scenes that act upon and mold that body.[[739]](#footnote-739) From a more general perspective, drawing on Berlant,[[740]](#footnote-740) normativity in terms of aspiration was likened to shame. Shame can mold a body’s aspirations that in their turn, or in relation with shame, molds bodies into normativity and everyday-ness.

A second question addressed in this chapter was whether neoliberalism’s shame can be comprehended in terms of what Berlant calls “cruel optimism.”[[741]](#footnote-741) The neoliberal attachment to a scene of fantasy (capacity) was illustrated to be injurious to the neoliberal subject his or her flourishing.[[742]](#footnote-742) To live in a scene of fantasy turns the body against itself. The body is overwhelmed with physical and mental stress that collapses the scene of fantasy. In the desire to deviate impairments and their potential as meaningful acts, the whole body is made impotent; the ‘smaller’ impairments (such as humans their susceptibility for stress or the incapacity to perform without sleep or the limit of a body’s (daily) productivity) on a daily basis shame bodies into mental and physical distress.[[743]](#footnote-743) In accordance with this bodily experience, what is considered a disorder or pathology is an expanding category that threatens the desired category of ‘normalness’, ‘ability’ and ‘healthy identity’—autonomy, independence and self-sufficiency.[[744]](#footnote-744)

The contention that bodily acts and affects are substantial in defining, selecting and empowering knowledge as pathological, was examined as implicating a potential danger: the shame-knowledge regime is potentially self-annihilating. I argued that when a bodily system is ‘used’ to define the body as pathological or disordered, the body is used to turn against itself, which can be interpreted in two ways: either the body ‘effectively’ turns against itself to perform (increasing) shame outwardly or shame is turned inside itself to transform the defined pathological disorders into a lived category that poses a threat to performative shame’s enterprise of creating ‘normalcy’.

Stuck in a regime of desire and shame, when the neoliberal subject is confronted with his or her impairments, the shame that he or she feels actually further ‘incapacitates’ this person’s potentiality of creatively defining a belonging in the world.[[745]](#footnote-745) In other words, shame no longer effectively molds people into actions that uphold the scene of fantasy, but instead shame is casting an increasing number of people outside the scene of the everyday. If desire and shame inter-*act*, then to fall outside the desired scene of normalcy is to fall inside shame’s disempowering force. It is specifically that the experience of shame is so disempowering that turns it into a relation of cruel optimism:[[746]](#footnote-746) there is no guarantee that to fall inside shame forces a body to act in scenes of ‘normativity’, it is equally possible that shame itself threatens that normality. In a most simple way: to never confront the meaning of shame, but instead act in accordance with shame felt at impairments, creates a world in which shame is the force that haunts all of its subjects. Thus in general, to perform shame instead of exploring and accepting universal impairments increases shame. Western society has a split self-esteem situation:[[747]](#footnote-747) always shaming what inevitably not only belongs to the other but also to the self.

The final part of this dissertation was almost utopic: impairments were not denied but were instead considered sites for identity meaning-making that incorporate strangeness and disorder. Further, shame was affronted as an occasion for rethinking identity in terms of the relational and interdependent.[[748]](#footnote-748) The fifth chapter was almost utopic and yet it was heterotopic: the study of the Living Museum emplaced non-denial of shame inside society *as a real and lived place*.[[749]](#footnote-749) The final chapter of this dissertation did not wish to illustrate what was disclosed in the previous chapters. Instead, the fifth chapter referred to and subverted the history of shame as a tool of power. The discussion of the Living Museum, that drew on Foucault’s notion of heterotopia,[[750]](#footnote-750) surveyed the potential of shame as overcome or as resulting in a recognition of universal impairments, dependence and inter-relational identity. The Living Museum was disclosed as an art center where creativity and ‘strangeness’, in reference to the ‘everyday’, interconnect and inter-*act*.

In the Living Museum art is not embedded in a traditional therapeutic or medical model but is an occasion for exploring the self relationally: in relation to the body and its senses, the other, the world of objects, impairments, and the body and the mind their disorder or strangeness etc. The self and identity arise in the encounter and one could argue that shame too is such an encounter.[[751]](#footnote-751) After all, shame occurs in the midst of bodies and actions.[[752]](#footnote-752) By denominating the Living Museum as a heterotopic *encounter,* I analyzed this place both in its external and internal dimensions. Following Meininger, heterotopia are thus not only understood as physical spaces but also as conceptual ones.[[753]](#footnote-753) Further, they are not only places in social space but also the spaces that draw together bodies and the world—or more local and immediate spatiality. From this notion of the encounter, that draws on affect theory, I contended that in the Living Museum ‘being in the world’ is a temporal and spatial experience that is explored and expressed through immediacy. This temporal notion of immediacy was compared with and affiliated to the spatial notions of the amidst, the with and beside.[[754]](#footnote-754)

This exegesis of the encounter referred to and neutralized the West’s cognitive ‘I’ and ‘eye’;[[755]](#footnote-755) an identity that resides in the body’s singular movement (direction and action) in the world that relies singularly on the sense of sight. The sense of the haptic in its stead, or better in completion of the sense of sight and other senses, was primarily explored as a sense that can theorize immediacy, the amidst, the with and beside: a mutual acting upon and an exploration of difference.[[756]](#footnote-756) In comparison, the sense of sight was shown to be more focused on the prospective and the accession of the acted upon object or subject. In the Living Museum the haptic operates as a meaningful sense, not simply subservient to the sense of sight but an alternative, that underbuilds this place as a heterotopic space of the encounter. In the Living Museum action is not considered an outcome of thought (the I that is an ‘eye’), but the meaning in action itself is explored. Identity is thus ‘being in the world’ through permissive acts that do not disfavor all senses but that of sight. Further, in the Living Museum identity can be understood, because it is relational, as differential;[[757]](#footnote-757) notions of the strange and difference are no longer ‘by definition’ incompatible with a ‘healthy’ self and identity meaning-making. Strangeness is given its own order and is considered as action that carries potential meanings.[[758]](#footnote-758)

In conclusion, this dissertation studied the existence of different types of shame with the interest of uncovering a type of shame that has been implicated in Western history as a tool of power. It was discovered that shame is staged to perform universal impairments into the separate and oppositional categories of ‘ability’ an ‘disability’. I called this type of shame ‘performative shame’ and its fixation into power mechanisms ‘panoptic shame’. Performative shame underlined the un-natural or non-essential character of shame’s entanglement with the categories ability and disability. Panoptic shame designated the act or acts (plural) of performative shame as fixated into networks of power that draw together affectivity, knowledge and discourse in a Foucauldian sense,[[759]](#footnote-759) and architecture or space (both physical and conceptual).[[760]](#footnote-760) It was argued that the body and its acts play an active role in or are actively involved in the creation of a (dis)empowering normativity or everyday life; the act *to play* is implicated in the enactment of power. Knowledge in its turn can mold and modificate the actions or play of bodies. The conclusion to make is that, studying power, there is always a body involved that is motivated into actions and attitudes—whether it is the body that motivates itself or the body that encounters the outside world, or the body in-between these actions. Finally, this dissertation offered a space (within the dissertation and through the analysis of the Living Museum) that rethinks shame in radically different terms from its disclosure in the previous chapters. Shame was no longer the negation of impairments but its recognition and empowerment: strange acts were potential sites for meaning-making and belonging.

Appendix

*Fig. 1. In de Landesheil- und Pflegeanstalt Weilmünster, omstreeks 1905-06*. In: Regener, Susanne. *Visuelle Gewalt. Menschenbilder aus der Psychiarie des 20. Jahruhunderts* (Bielefeld: transcript Verlag. 2010): 103.

*Fig. 2. Albert Londe hypnotizes Blanche Wittmann, circa 1880*. In: Museum Dr. Guislain. Sieneart, Pascal et al. *Lichtgevoelig: Psychiaters, patiënten, portretten* (Kortenberg: Vlaamse Vereniging voor Psychiatrie WP. 2015b).

*Fig. 3. Cuteness and high fashion are combined in a sentimental rhetoric.* Concept: O. Toscani. Courtesey of United Colors of Benetton. In: Garland-Thomson, Rosemarie. “The Politics of Staring: Visual Rhetorics of Disability in Popular Photography” (*Disability Studies: Enabling the Humanities*. Sharon L. Snyder, Ed. New York: Modern Language Association of America. 2002): 65.

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*Fig. 4. Mrs. Smith, a switchboard operator at the SANDF*. In: Sullivan et al. “The integration of people with physical disabilities into the South African National Defence Force: A Photographic Documentary Project.” (The Asian Conference on Media and Mass Communication 2013. Official Conference Proceedings. Osaka, Japan. 2016): 7.

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1. On positive shame and its dual structure, see Nussbaum, Martha C., *Hiding from Humanity: Disgust, Shame, and the Law* (2004). For shame and its possible positive meanings, see also Cyrulnik, Boris, *Mourir de dire: la honte* (2012). [↑](#footnote-ref-1)
2. Nussbaum (2004). [↑](#footnote-ref-2)
3. Next to the positive occurrence of shame, Nussbaum (2014) also indicates that there exist occurrences of shame that are functionalized into relations of power. [↑](#footnote-ref-3)
4. See Nussbaum (2004) and Sedgwick, Eve Kosofsky, *Touching Feeling: Affect, Pedagogy, Performativity* (2003). [↑](#footnote-ref-4)
5. I was thus thinking through shame from the work of Michel Foucault (1969; 1980; 1988a; 1988b; 1995 and other works Foucault). [↑](#footnote-ref-5)
6. On Foucauldian knowledge-power regimes, see Foucault (1980; 1995). [↑](#footnote-ref-6)
7. Nussbaum (2004). [↑](#footnote-ref-7)
8. Nussbaum (2004). [↑](#footnote-ref-8)
9. The psychoanalytic notion of narcissism is important, see Freud, Sigmund (1963; 2001a). [↑](#footnote-ref-9)
10. Nussbaum (2004). [↑](#footnote-ref-10)
11. Nussbaum (2004). [↑](#footnote-ref-11)
12. Nussbaum (2004). [↑](#footnote-ref-12)
13. The later work of Foucault moves toward this understanding. Consider Foucault (1980; 1988b; 1995). [↑](#footnote-ref-13)
14. In *Touching Feeling: Affect, Pedagogy, Performativity* (2003), Sedgwick draws on performativity and affect theory to study the affect shame. [↑](#footnote-ref-14)
15. Hacking, Ian (1995; 1999; 2002). [↑](#footnote-ref-15)
16. On denial, see Freud (1963). [↑](#footnote-ref-16)
17. Both affect theory and performative theory are explored in this dissertation for theorizing the notion of the act. See Gregg, Melissa, and Gregory J. Seigworth (2010) and Sedgwick (2003). [↑](#footnote-ref-17)
18. Sedgwick (2003). [↑](#footnote-ref-18)
19. On fantasy, affect and the stage (specifically the notion of the scene), see Berlant, Lauren, *Cruel Optimism* (2011). [↑](#footnote-ref-19)
20. Sedgwick (2003). [↑](#footnote-ref-20)
21. Nussbaum (2004). [↑](#footnote-ref-21)
22. Sedgwick (2003). [↑](#footnote-ref-22)
23. On affect theory, see Gregg and Seigworth, *The Affect Theory Reader* (2010). [↑](#footnote-ref-23)
24. On normativity and affect, see Berlant (2011). On West and identity in terms of autonomy and self-sufficiency, see Nussbaum (2004), Swinton, John and Esther McIntosh (2000), and Walters, Shannon, *Rhetorical Touch: Disability, Identification, Haptics* (2014). [↑](#footnote-ref-24)
25. Foucault (1980; 1988b; 1995). [↑](#footnote-ref-25)
26. See Sedgwick (2003) and Gregg and Seigworth (2010). [↑](#footnote-ref-26)
27. On everyday life theory, see Berlant (2011), and Gregg and Seigworth (2010). [↑](#footnote-ref-27)
28. Specifically, Foucault’s work on knowledge, space and the disciplined body as a regime of power. See Foucault (1980; 1988b; 1995). [↑](#footnote-ref-28)
29. Sedgwick (2003), and Sedgwick, Eve Kosofsky and Adam Frank, *Shame and Its Sisters: A Silvan Tomkins Reader* (1995). [↑](#footnote-ref-29)
30. See Sedgwick (2003), and Sedgwick and Frank (1995). [↑](#footnote-ref-30)
31. On ‘acting and to act upon’ or ‘to move and be moved upon’, see Gregg and Seigworth (2010). [↑](#footnote-ref-31)
32. Sedgwick (2003), and Sedgwick and Frank (1995). [↑](#footnote-ref-32)
33. Sedgwick (2003), and Sedgwick and Frank (1995). [↑](#footnote-ref-33)
34. Gregg and Seigworth (2010). [↑](#footnote-ref-34)
35. On categories and a body’s doing, see Hacking (1995; 1999). [↑](#footnote-ref-35)
36. Foucault (1980; 1988b; 1995). [↑](#footnote-ref-36)
37. Foucault (1980; 1995). [↑](#footnote-ref-37)
38. Foucault (1980; 1995). [↑](#footnote-ref-38)
39. On Foucauldian power and space, see Foucault (1978; 1980; 1988a; 1995; 2003 and still other works of Foucault). [↑](#footnote-ref-39)
40. See also Berlant (2011). [↑](#footnote-ref-40)
41. On the autotelic character of affects, see Sedgwick and Frank (1995). [↑](#footnote-ref-41)
42. On normativity, aspiration and affect, see Berlant (2011). [↑](#footnote-ref-42)
43. Berlant defines optimism as an affective structure in her book *Cruel Optimism* (2011). [↑](#footnote-ref-43)
44. Berlant (2011). [↑](#footnote-ref-44)
45. Berlant (2011). [↑](#footnote-ref-45)
46. See Berlant (2011). [↑](#footnote-ref-46)
47. Nussbaum (2004). On shame and identity, see also Sedgwick (2003). [↑](#footnote-ref-47)
48. Berlant (2011). [↑](#footnote-ref-48)
49. On Foucault’s notion of the heterotopia, see Foucault (1988c), Johnson, Peter (2006), and Meininger, Herman P. (2013). [↑](#footnote-ref-49)
50. Foucault (1988c). [↑](#footnote-ref-50)
51. Meinginger (2013). [↑](#footnote-ref-51)
52. Dr. Janos Marton, Director of the “Living Museum” Creedmoor Psychiatric Center, Queens New York. Quoted in the film “The Living Museum” by Jessica Yu 1999, emphasis mine. [↑](#footnote-ref-52)
53. Meininger (2013): 36. [↑](#footnote-ref-53)
54. I primarily focus on the haptic for which I draw on Walters (2014). [↑](#footnote-ref-54)
55. Swinton and McIntosh (2000). [↑](#footnote-ref-55)
56. Nussbaum (2004). [↑](#footnote-ref-56)
57. Nussbaum (2004): 216. [↑](#footnote-ref-57)
58. Ibid.: 296. [↑](#footnote-ref-58)
59. On shame and pride, see Cyrulnik (2012). [↑](#footnote-ref-59)
60. In fact, Boris Cyrulnik, in his analysis of the affect shame, observes that there exists an affinity between shame and pride or even superiority: “[…] il n’est pas rare que la honte se retourne en son contraire et prenne un air de supériorité” (2012: 28). [↑](#footnote-ref-60)
61. Moral shame has a positive value. It functions as a moral compass and helps us to tell good from bad and right from wrong. Primitive shame refers to our first encounter with the affect during a stage in our development when we discover our and human vulnerability. This chapter further analyzes this type of shame. Attributed or constructed shame is the subject of the second and third chapters. Attributed shame is a performative type of shame that functions as a feature that divides between the ‘abled’ and the ‘disabled’; it is staged as the emblem of the supposedly real category disability. Attributed shame is the normative differentiation and fixation of the affect shame: it differentiates, divides and desires to normalize. [↑](#footnote-ref-61)
62. See for example, Sedgwick (2003). [↑](#footnote-ref-62)
63. Gregg and Seigworth (2010). [↑](#footnote-ref-63)
64. Sedgwick, Eve Kosofsky (2003), and Sedgwick and Frank (1995). [↑](#footnote-ref-64)
65. Sedgwick (2003), and Sedgwick and Frank (1995). [↑](#footnote-ref-65)
66. Ibid. [↑](#footnote-ref-66)
67. Ibid. [↑](#footnote-ref-67)
68. See for example, Gregg and Seigworth (2010), Sedgwick (2003), and Sedgwick and Frank (1995). [↑](#footnote-ref-68)
69. Sedgwick and Frank (1995). [↑](#footnote-ref-69)
70. Sedgwick and Frank (1995): 2. [↑](#footnote-ref-70)
71. Sedgwick and Frank (1995). [↑](#footnote-ref-71)
72. Ibid. [↑](#footnote-ref-72)
73. Sedgwick and Frank (1995): 2. [↑](#footnote-ref-73)
74. Sedgwick and Frank (1995). [↑](#footnote-ref-74)
75. Ibid. [↑](#footnote-ref-75)
76. Ibid. [↑](#footnote-ref-76)
77. Sedgwick (2003): 19. [↑](#footnote-ref-77)
78. Sedgwick and Frank (1995): 7. [↑](#footnote-ref-78)
79. Sedgwick and Frank (1995). [↑](#footnote-ref-79)
80. Tomkins, Silvan (2008): 659. [↑](#footnote-ref-80)
81. Sedgwick and Frank (1995): 7-8. [↑](#footnote-ref-81)
82. Sedgwick and Frank (1995). [↑](#footnote-ref-82)
83. Sedgwick (2003): 106, emphasis in original. [↑](#footnote-ref-83)
84. Massumi, Brian (1995). [↑](#footnote-ref-84)
85. Ibid. [↑](#footnote-ref-85)
86. Ibid. [↑](#footnote-ref-86)
87. Massumi (1995): 104. [↑](#footnote-ref-87)
88. Sedgwick (2003), and Massumi (1995). [↑](#footnote-ref-88)
89. Sedgwick (2003): 9-12. [↑](#footnote-ref-89)
90. Sedgwick and Frank (1995): 34. [↑](#footnote-ref-90)
91. Ibid. [↑](#footnote-ref-91)
92. Sedgwick and Frank (1995): 52. [↑](#footnote-ref-92)
93. Sedgwick (2003): 106-7, emphasis mine. [↑](#footnote-ref-93)
94. Ibid. [↑](#footnote-ref-94)
95. Cyrulnik (2012), Sedgwick (2003), and Sedgwick and Frank (1995). [↑](#footnote-ref-95)
96. Ibid. [↑](#footnote-ref-96)
97. Sedgwick (2003). [↑](#footnote-ref-97)
98. See for example Nussbaum (2004). [↑](#footnote-ref-98)
99. Sedgwick and Frank (1995): 38. [↑](#footnote-ref-99)
100. Sedgwick (2003): 106-7, emphasis mine. [↑](#footnote-ref-100)
101. On extroversion and performance, see also Sedgwick (2003). [↑](#footnote-ref-101)
102. On denial in psychology, see Freud (2001b). [↑](#footnote-ref-102)
103. Gregg and Seigworth (2010). [↑](#footnote-ref-103)
104. Sedgwick and Frank (1995). [↑](#footnote-ref-104)
105. Gregg and Seigworth, Ed. *The Affect Theory Reader*. Durham and London: Duke University Press. 2010. Print. [↑](#footnote-ref-105)
106. Ibid. [↑](#footnote-ref-106)
107. *Becoming*, shame and identity, for example, are importantly linked. See chapter two. See also Sedgwick (2003). [↑](#footnote-ref-107)
108. Cyrulnik (2012), and Sedgwick and Frank (1995). [↑](#footnote-ref-108)
109. Gregg and Seigworth (2010): 1, emphasis in original. [↑](#footnote-ref-109)
110. See for example Nussbaum (2004). [↑](#footnote-ref-110)
111. Cyrulnik (2012), Nussbaum (2014), Sedgwick (2003), and Sedgwick and Frank (1995). [↑](#footnote-ref-111)
112. Nussbaum (2004). [↑](#footnote-ref-112)
113. Gregg and Seigworth (2010): 2. [↑](#footnote-ref-113)
114. Gregg and Seigworth (2010): 1, emphasis mine. [↑](#footnote-ref-114)
115. Ibid.: 2. [↑](#footnote-ref-115)
116. Ibid.: 5, 6. [↑](#footnote-ref-116)
117. See also Sedgwick (2003). [↑](#footnote-ref-117)
118. Gregg and Seigworth (2010): 11. [↑](#footnote-ref-118)
119. Ibid.: 2. [↑](#footnote-ref-119)
120. Gregg and Seigworth (2010). [↑](#footnote-ref-120)
121. Ibid.: 2, emphasis mine. [↑](#footnote-ref-121)
122. Gregg and Seigworth (2010). [↑](#footnote-ref-122)
123. Ibid.: 1. [↑](#footnote-ref-123)
124. Ibid.: 3. [↑](#footnote-ref-124)
125. Ibid. [↑](#footnote-ref-125)
126. See for example, Nussbaum (2014), and Museum Dr. Guislain (2015a). [↑](#footnote-ref-126)
127. Ibid. [↑](#footnote-ref-127)
128. Ibid. [↑](#footnote-ref-128)
129. Nussbaum (2004) too distinguishes between different types of shame. [↑](#footnote-ref-129)
130. Nussbaum (2004): 176. [↑](#footnote-ref-130)
131. Ibid.: 206. [↑](#footnote-ref-131)
132. Ibid.: 89. [↑](#footnote-ref-132)
133. Ibid.: 206. [↑](#footnote-ref-133)
134. Ibid.: 206-7. [↑](#footnote-ref-134)
135. Ibid.: 206. [↑](#footnote-ref-135)
136. See Nussbaum (2004). [↑](#footnote-ref-136)
137. Cyrulnik (2012): 139, emphasis mine. [↑](#footnote-ref-137)
138. Ibid.: 140. [↑](#footnote-ref-138)
139. Nussbaum (2004). [↑](#footnote-ref-139)
140. Ibid. [↑](#footnote-ref-140)
141. Ibid. [↑](#footnote-ref-141)
142. Cyrulnik (2012): 140, emphasis mine. [↑](#footnote-ref-142)
143. Nussbaum (2004). [↑](#footnote-ref-143)
144. Hacking, Ian. *Historical Ontology* (2002): 108. See also Hacking (1995;1999). Dynamic nominalism is a metaphysical view that shares with nominalism the belief that we cannot objectively know reality (the material world) through language. According to nominalists, humans’ lived reality is a linguistic reality. So there exist abstract terms or predicates while the universals or abstract concepts thought to correspond to these terms do not exist. The danger of nominalism is a far going relativism that denies the existence of the material world as such. Dynamic nominalism counterclaims this far going relativism. It acknowledges that language has a significant ‘authority’ over our lived reality and that there exist categories, which mold the lives we live, that do not correspond with universals. But dynamic nominalism also acknowledges the existence of a set of “real” categories and facts. These categories might be subject to human *perception* but in their essence they cannot be changed. This subject is treated with more depth in the second chapter. [↑](#footnote-ref-144)
145. Nussbaum (2004). [↑](#footnote-ref-145)
146. Nussbaum (2004): 176. [↑](#footnote-ref-146)
147. Nussbaum (2004). [↑](#footnote-ref-147)
148. Ibid.: 36. [↑](#footnote-ref-148)
149. Nussbaum (2004). [↑](#footnote-ref-149)
150. Ibid. [↑](#footnote-ref-150)
151. Nussbaum (2004). [↑](#footnote-ref-151)
152. Ibid. [↑](#footnote-ref-152)
153. See for example, Berlant (2011), Swinton and McIntosh (2000), Peacock, Marian et al. (2014). [↑](#footnote-ref-153)
154. Nussbaum (2004). On the notion of interdependence, see also Nussbaum (2004). [↑](#footnote-ref-154)
155. Nussbaum (2004): 36. [↑](#footnote-ref-155)
156. Freud, “Group Psychology and the Analysis of the Ego (1921)” (2001a): 130. [↑](#footnote-ref-156)
157. Nussbaum (2004). [↑](#footnote-ref-157)
158. Freud, “On Narcissism: An Introduction” (1963): 41-70. [↑](#footnote-ref-158)
159. Freud (1963): 41-70. [↑](#footnote-ref-159)
160. Hendrix, John Shannon. *Unconscious Thought in Philosophy and Psychoanalysis*. New York: Palgrave Macmillan. 2015. Print. [↑](#footnote-ref-160)
161. Gregg and Seigworth (2010). [↑](#footnote-ref-161)
162. Freud (1963; 2001a). [↑](#footnote-ref-162)
163. Ibid. [↑](#footnote-ref-163)
164. Freud (1963): 41-70. [↑](#footnote-ref-164)
165. Freud (1963; 2001a). [↑](#footnote-ref-165)
166. Nussbaum (2004). [↑](#footnote-ref-166)
167. Ibid. [↑](#footnote-ref-167)
168. Ibid.: 177. [↑](#footnote-ref-168)
169. Nussbaum: 180. [↑](#footnote-ref-169)
170. Nussbaum (2004). [↑](#footnote-ref-170)
171. Ibid.: 184, emphasis mine. [↑](#footnote-ref-171)
172. Ibid.: 183, emphasis mine. [↑](#footnote-ref-172)
173. Nussbaum (2004): 184. [↑](#footnote-ref-173)
174. See also Cyrulnik (2012), and Museum Dr. Guislain (2015a). [↑](#footnote-ref-174)
175. Nussbaum (2004): 184. [↑](#footnote-ref-175)
176. Morrison, Andrew P. (1989). [↑](#footnote-ref-176)
177. Morrison (1989): 48-49, emphasis mine. [↑](#footnote-ref-177)
178. For a confrontation and comparison of shame and humiliation, see Nussbaum (2004). [↑](#footnote-ref-178)
179. On shame and diminished self-love, see Cyrulnik (2012), Museum Dr. Guislain (2015a), and Nussbaum (2004). [↑](#footnote-ref-179)
180. On Freud and transference, see Penney, James, *The Structures of Love: Art and Politics Beyond the Transference* (2012). [↑](#footnote-ref-180)
181. Nussbaum (2004): 233. [↑](#footnote-ref-181)
182. Penney (2012). [↑](#footnote-ref-182)
183. Penney (2012). [↑](#footnote-ref-183)
184. Ibid. [↑](#footnote-ref-184)
185. Ibid. [↑](#footnote-ref-185)
186. Ibid.: 8. [↑](#footnote-ref-186)
187. Drawing on Penney (2012). [↑](#footnote-ref-187)
188. Morrison (1989: 48. [↑](#footnote-ref-188)
189. Penney (2012): 10, emphasis in original. [↑](#footnote-ref-189)
190. Penney (2012). [↑](#footnote-ref-190)
191. Penney (2012) [↑](#footnote-ref-191)
192. Ibid.: 12. [↑](#footnote-ref-192)
193. Penney (2012). [↑](#footnote-ref-193)
194. Ibid.: 13. [↑](#footnote-ref-194)
195. Ibid..: 2. [↑](#footnote-ref-195)
196. Ibid.: 13. [↑](#footnote-ref-196)
197. Plato. *Symposium*. Ed., trans. Robin Waterfield. Oxford; New York: Oxford University Press. 1994. Print. [↑](#footnote-ref-197)
198. Penney (2012). [↑](#footnote-ref-198)
199. Nussbaum (2004). [↑](#footnote-ref-199)
200. Ibid.: 186. [↑](#footnote-ref-200)
201. Nussbaum (2004). [↑](#footnote-ref-201)
202. The difference can be outlined as follows. Family or parents—an institution that cannot be separated neatly and entirely from society—have values and norms that draw on different discourses. Their responsibility towards their children tells them they should learn their kin respect and manners. Respect for the parents, respect for near ones and respect for their neighbors. Parents can perfectly well teach their children to treat their close ones—siblings, parents, grandparents and friends—with respect, dignity and companionship. The child learns to take into account the needs and desires of others and not to think uniquely of the self. If there is a person with a disability in the family, the child might learn to treat that person as all other members of his or her family. But the child is also influenced by what he learns outside of the family—and the family itself is not immune to being ‘divided between’ different discourses. The child might learn that there are people who do not deserve this respect and acceptance. Once confronted with a person unfamiliar to him/her on a personal level, the child might treat this person with less humanity than he would give his/her friends and relatives. This outline reveals that shame felt at *difference* and dependence has become normatively differentiated. Our initial shame for dependence is dealt with adequately in the family and in many sections of society. But the ‘disabled’ their dependence is shamed. It appears that certain differences and expressions of dependency are normalized while others are stigmatized and labeled ‘deviant’. This differentiation is the subject of the next chapter. [↑](#footnote-ref-202)
203. Nussbaum (2004): 183. [↑](#footnote-ref-203)
204. It is important to distinguish disability from impairment(s). Disability is a socially lived reality; it is a disabling social condition. One might be born blind into this world and therefore need a white cane, but that this person is perceived as an unfortunate in need of treatment is a social reality. See chapter two. [↑](#footnote-ref-204)
205. Nussbaum (2004): 91. [↑](#footnote-ref-205)
206. Ibid.: 95. Nussbaum recognizes the use of the disgust-danger mapping but also stresses that disgust “does not map precisely onto the dangerous” (95). Disgust its ideational content surpasses that of danger—it will become clear that this is precisely disgust its danger. [↑](#footnote-ref-206)
207. Ibid.: 88. [↑](#footnote-ref-207)
208. Nussbaum (2004). [↑](#footnote-ref-208)
209. Ibid.: 88. [↑](#footnote-ref-209)
210. Ibid.: 89-89. [↑](#footnote-ref-210)
211. Ibid.: 89, emphasis mine. [↑](#footnote-ref-211)
212. Nussbaum: 93. [↑](#footnote-ref-212)
213. Nussbaum (2004). [↑](#footnote-ref-213)
214. Ibid.: 13. [↑](#footnote-ref-214)
215. Nussbaum (2004). [↑](#footnote-ref-215)
216. Ibid. [↑](#footnote-ref-216)
217. Ibid. [↑](#footnote-ref-217)
218. Ibid. [↑](#footnote-ref-218)
219. Ibid. [↑](#footnote-ref-219)
220. See also Sedgwick (2003) and Sedgwick and Frank (1995). [↑](#footnote-ref-220)
221. Sedgwick and Frank (1995). [↑](#footnote-ref-221)
222. Sedgwick (2003): 18. [↑](#footnote-ref-222)
223. Sedgwick and Frank (1995). [↑](#footnote-ref-223)
224. Sedgewick and Frank (1995): 38. [↑](#footnote-ref-224)
225. I draw specifically on Sedgwick (2003). [↑](#footnote-ref-225)
226. Sedgwick and Frank (1995): 38. [↑](#footnote-ref-226)
227. Sedgwick (2003). [↑](#footnote-ref-227)
228. Ibid. [↑](#footnote-ref-228)
229. Ibid. [↑](#footnote-ref-229)
230. Ibid. [↑](#footnote-ref-230)
231. Sedgwick (2003): 5, emphasis mine. [↑](#footnote-ref-231)
232. Sedgwick (2003). [↑](#footnote-ref-232)
233. Sedgwick (2003). [↑](#footnote-ref-233)
234. Ibid. [↑](#footnote-ref-234)
235. I use the word phenomenology in reference to the philosophy that studies the structures of experience and consciousness. On shame and ‘situatedness’, consider also Sedgwick (2003): 38. [↑](#footnote-ref-235)
236. Gregg and Seigworth (2010). [↑](#footnote-ref-236)
237. Sedgwick (2003): 37. [↑](#footnote-ref-237)
238. Ibid., emphasis mine. [↑](#footnote-ref-238)
239. Sedgwick (2003). [↑](#footnote-ref-239)
240. Sedgwick and Frank (1995): 5, emphasis in original. [↑](#footnote-ref-240)
241. Ibid. [↑](#footnote-ref-241)
242. Sedgwick and Frank (1995): 134-5, emphasis mine. [↑](#footnote-ref-242)
243. Nussbaum (2004), and Sedgwick and Frank (1995). [↑](#footnote-ref-243)
244. Sedgwick (2003): 107. [↑](#footnote-ref-244)
245. Ibid.: 107-108. [↑](#footnote-ref-245)
246. I draw on Garland-Thomson, Rosemarie (2002) her notions of the gaze and of to stare. [↑](#footnote-ref-246)
247. See also Garland-Thomson (2002). [↑](#footnote-ref-247)
248. The work of Garland-Thomson (2002; 2009) is but one example. [↑](#footnote-ref-248)
249. See for example Van Gelden, Hilde and Helen Westgeest (2011). [↑](#footnote-ref-249)
250. Ibid. [↑](#footnote-ref-250)
251. Van Gelden and Westgeest (2011). [↑](#footnote-ref-251)
252. Garland-Thomson (2009). [↑](#footnote-ref-252)
253. Ibid. [↑](#footnote-ref-253)
254. Ibid. [↑](#footnote-ref-254)
255. This classification is based on an exposition *Lichtgevoelig* (2015) by Museum Dr. Guislain. In the exposition, and accompanying compendium, the museum distinguishes between portrait photography, photo journalism and art photography. (Museum Dr. Guislain. Sieneart, Pascal et al. *Lichtgevoelig: Psychiaters, patiënten, portretten*. Kortenberg: Vlaamse Vereniging voor Psychiatrie WP. 2015b). [↑](#footnote-ref-255)
256. In 1857, Elizabeth Eastlake claimed that photography’s duty is “to give evidence of facts, as minutely and as impartially as […] only an unreasoning machine can give.” Eastlake, Elizabeth. “Photography.” *Quarterly Review*, 101 (London: April, 1857). 466. [↑](#footnote-ref-256)
257. Garland-Thomson (2002): 37. [↑](#footnote-ref-257)
258. Ibid. [↑](#footnote-ref-258)
259. Examples of this type of photography are found, amongst others, in the work of Valérie Belin, Claire Beckett, Tina Barney, Lee Friedlander and David Hockney. [↑](#footnote-ref-259)
260. Basaglia et al. *Morire di classe: la condizione manicomiale*. Torino: Einaudi. 1969. Print. [↑](#footnote-ref-260)
261. Garland-Thomson (2002). [↑](#footnote-ref-261)
262. Ibid. [↑](#footnote-ref-262)
263. Sedgwick (2003: 38. [↑](#footnote-ref-263)
264. Museum Dr. Guislain, compendium to the exhibition *Lichtgevoelig* (2015) (Museum Dr. Guislain. Sieneart, Pascal et al. *Lichtgevoelig: Psychiaters, patiënten, portretten*. Kortenberg: Vlaamse Vereniging voor Psychiatrie WP. 2015b). [↑](#footnote-ref-264)
265. Ibid. [↑](#footnote-ref-265)
266. The Hôpital de la Salpêtrière, founded in the 17th century in Paris, was one of the most famous psychiatric wards in Europe. The pioneering work of Jean-Martin Charcot helped the hospital grow into one of Europe’s most significant centers for research—neurology and psychiatry—during the second half of the nineteenth century. [↑](#footnote-ref-266)
267. Charcot (1887-1888): 178 [↑](#footnote-ref-267)
268. Quoted in Didi-Huberman, George (2003): 32. [↑](#footnote-ref-268)
269. All images are listed in “Appendix”. For the respective photograph, see Museum Dr. Guislain (2015b). [↑](#footnote-ref-269)
270. Museum Dr. Guislain (2015b). [↑](#footnote-ref-270)
271. Eastlake (1857): 466. [↑](#footnote-ref-271)
272. Foucault points out that medicine, from the beginnings of its history, has exhibited the disabled body as an object that calls for examination, categorization and an ultimately instrumental approach. Foucault calls this the medical “case” of medical theaters and other clinical settings. Foucault, *Birth of the Clinic* (2003): 29. [↑](#footnote-ref-272)
273. Quoted in Museum Dr. Guislain (2015b). [↑](#footnote-ref-273)
274. In Charcot’s time hypnosis was considered a reliable technique for drawing out symptoms of pathologies that were « hiding » or oppressed in the hypnotized subject’s unconscious. Paradoxically, however, what is revealed is a kind of universal unconscious (disclosing vulnerability and to not be in control) that addresses all of humanity, including Charcot. [↑](#footnote-ref-274)
275. Somewhat like a simulacrum. See Baudrillard, Jean (1994). [↑](#footnote-ref-275)
276. Garland-Thomson (2002): 58. [↑](#footnote-ref-276)
277. Ibid.: 59, emphasis mine. [↑](#footnote-ref-277)
278. Ibid.: 57. [↑](#footnote-ref-278)
279. Garland-Thomson (2002). [↑](#footnote-ref-279)
280. Ibid.: 63. [↑](#footnote-ref-280)
281. This (visual) sentimental rhetoric reminds me of a quote by a patient of Donald Winnicott: “The alarming thing about equality is that we are then both children, and the question is, where is father? We know where we are if one of us is the father” (Nussbaum (2004): 192). [↑](#footnote-ref-281)
282. Garland-Thomson (2002). [↑](#footnote-ref-282)
283. Garland-Thomson (2002): 63, emphasis mine. [↑](#footnote-ref-283)
284. Sullivan, Marius, et al. “The integration of people with physical disabilities into the South African National Defence Force: A Photographic Documentary Project.” The Asian Conference on Media and Mass Communication 2013. Official Conference Proceedings. Osaka, Japan. Accessed June 20, 2016. Web. [↑](#footnote-ref-284)
285. Sullivan, et al. (2016): 1. [↑](#footnote-ref-285)
286. Garland-Thomson (2002). [↑](#footnote-ref-286)
287. Sullivan, et al. (2016): 1. [↑](#footnote-ref-287)
288. Ibid. [↑](#footnote-ref-288)
289. Sullivan, et al. (2016): 7. [↑](#footnote-ref-289)
290. Ibid. [↑](#footnote-ref-290)
291. Ibid. [↑](#footnote-ref-291)
292. Ibid. [↑](#footnote-ref-292)
293. Garland-Thomson (2002): 69. [↑](#footnote-ref-293)
294. Walters (2014): 214. [↑](#footnote-ref-294)
295. Northern Officers Group, “Defining Impairment and Disability.” *The Disability Discrimination Act: A Policy and Practical Guide for Local Government and Disabled People*. Sheffield, UK: Northern Officers Group. 1996. Accessed June 24, 2016. Web. Note that in this definition, to function differently does not implicate to dis-function or to deviate from the ‘functional norm’. [↑](#footnote-ref-295)
296. Nussbaum (2004). [↑](#footnote-ref-296)
297. See Walters (2014), and Northern Officers Group (2016). [↑](#footnote-ref-297)
298. Nussbaum too makes the distinction between impairments and disability: “We might say that an impairment in some area or areas of human functioning may exist without human intervention, but it only becomes a handicap when society treats it in certain ways. Human beings are in general disabled: mortal, weak-eyed, weak-kneed, with terrible backs and necks, short memories, and so forth. But when a majority (or the most powerful group) has such disabilities, society will adjust itself to cater for them. Thus we do not find staircases built with step levels so high that only the giants of Brobdingnag can climb them, nor do we find our orchestras playing instruments at frequencies inaudible to the human ear and audible only to dog ears” (306). [↑](#footnote-ref-298)
299. *Making Up People* is a vast project that was started in the early eighties by Hacking. It studies the ways in which categorizations affect people, and the ways in which people in term affect the ways they are classified (the looping effect). [↑](#footnote-ref-299)
300. Hacking (1995; 1999). [↑](#footnote-ref-300)
301. Hacking (1995) argues that the emergence of this category is related to the time’s changing political and socio-cultural definition and understanding of sexual abuse. Secondly, Hacking does not consider it a coincidence that precisely during that moment in history trauma acquired a new meaning. [↑](#footnote-ref-301)
302. Hacking (1995). [↑](#footnote-ref-302)
303. Hacking (1999). [↑](#footnote-ref-303)
304. Hacking (2002). [↑](#footnote-ref-304)
305. See for example, Hacking (1999). [↑](#footnote-ref-305)
306. Hacking (1995). [↑](#footnote-ref-306)
307. Hacking (1999): 124. [↑](#footnote-ref-307)
308. Hacking (1995). [↑](#footnote-ref-308)
309. Ibid.: 238. [↑](#footnote-ref-309)
310. Hacking (1999). [↑](#footnote-ref-310)
311. Hacking (1999): 81. [↑](#footnote-ref-311)
312. Ibid. [↑](#footnote-ref-312)
313. See also Sedgwick (2003). [↑](#footnote-ref-313)
314. Ibid. [↑](#footnote-ref-314)
315. Sedgwick (2003). [↑](#footnote-ref-315)
316. Sedgwick (2003). [↑](#footnote-ref-316)
317. Sedgwick (2003): 38, emphasis in original. [↑](#footnote-ref-317)
318. Ibid. [↑](#footnote-ref-318)
319. Sedgwick (2003): 5-6. [↑](#footnote-ref-319)
320. Cyrulnik (2012), Nussbaum (2002), Sedgwick and Frank (1995). [↑](#footnote-ref-320)
321. Freud (2001b). [↑](#footnote-ref-321)
322. Freud (2001b): 235-6, emphasis mine. [↑](#footnote-ref-322)
323. Ibid.: 236. [↑](#footnote-ref-323)
324. Freud (2001b). [↑](#footnote-ref-324)
325. Ibid.: 236. [↑](#footnote-ref-325)
326. Freud (2001b): 236-7, emphasis mine. [↑](#footnote-ref-326)
327. Ibid.: 237. [↑](#footnote-ref-327)
328. Ibid. [↑](#footnote-ref-328)
329. Ibid., emphasis mine. [↑](#footnote-ref-329)
330. Freud (2001b): 237. [↑](#footnote-ref-330)
331. Ibid.: 237-8, emphasis in original. [↑](#footnote-ref-331)
332. Foucault identifies the “repressive hypothesis” in *History of Sexuality, Volume 1* (1978). According to Foucault sexuality’s history is that of a « negative relation » between power and sex. Negation, denial, prohibition are key words. But also silence, the law, to forbid, to censor. Indeed, Foucault writes about the repressive hypothesis: “Whether one attributes it to the form of the prince who formulates rights, of the father who forbids, of the censor who enforces silence, or of the master who states the law, in any case one schematizes power in a juridical form, and one defines its effects as obedience. Confronted by a power that is law, the subject who is constituted as subject—who is ‘subjected’—is he who obeys” (85). Power is strongly associated with the law. Do bodies that shame and feel shame find some correspondent division alongside juridical and political barriers; can performative shame make a body lawful or prohibited, licit or illicit? [↑](#footnote-ref-332)
333. Artist Lauren Moffatt in the short film *Not Eye* (2013) (Produced by Le Fresnoy, Binocle 3D and Parallax Europe)*.* Quoted in Museum Dr. Guislain (2015a): 92. [↑](#footnote-ref-333)
334. Nussbaum (2004). [↑](#footnote-ref-334)
335. The first chapter dealt with a first question: is there a type of shame that can be re-functionalized into a tool of power? The second chapter addressed a second question: discovering that impairments are universal, what role does shame play in the performance of the binary ability/disability? [↑](#footnote-ref-335)
336. Nussbaum (2004). [↑](#footnote-ref-336)
337. The later work of Foucault moves toward this understanding. Consider Foucault (1980; 1988b; 1995). Consider also the work of Hacking (1995;1999) who in his work enters a dialogue with Foucault and elaborates on a potentiality inherent in the work of Foucault that, however, was never completed by Foucault himself. [↑](#footnote-ref-337)
338. See also Nussbaum (2004). [↑](#footnote-ref-338)
339. See Nussbaum (2004). [↑](#footnote-ref-339)
340. See also Gregg and Seigworth (2010), and Berlant (2011). [↑](#footnote-ref-340)
341. Foucault (1980; 1988b; 1995). [↑](#footnote-ref-341)
342. For Foucault’s analysis of the Panopticon in relation to power, see Foucault (1980; 1995). [↑](#footnote-ref-342)
343. Foucault (1980). [↑](#footnote-ref-343)
344. Foucault (1980; 1988b; 1995). [↑](#footnote-ref-344)
345. On the notion of the gaze, see Foucault (1980; 1995) and also Garland-Thomson (2002). [↑](#footnote-ref-345)
346. See also Berlant (2011). [↑](#footnote-ref-346)
347. On affect theory, rhythm and patterns of behavior, see Gregg and Seigworth (2010) and Berlant (2011). [↑](#footnote-ref-347)
348. Berlant (2011) too relates the notions of the everyday and the normal in affective terms. [↑](#footnote-ref-348)
349. Foucault (1969; 1995). [↑](#footnote-ref-349)
350. A task at hand is to confront the outlined affect-knowledge-power regime with Hacking’s project “Making up People” and his notion of the looping effect. See Hacking (1995; 1999; 2002). [↑](#footnote-ref-350)
351. Foucault (1969; 1995). [↑](#footnote-ref-351)
352. On Foucault and space, see Foucault (1969; 1980; 1995) [↑](#footnote-ref-352)
353. On Foucault’s notion of *savoir*, see Foucault (1969), see also footnote 167. [↑](#footnote-ref-353)
354. For Foucault’s notion of discourse, see Foucault (1969). [↑](#footnote-ref-354)
355. Foucault (1980; 1995). [↑](#footnote-ref-355)
356. Ibid. [↑](#footnote-ref-356)
357. The specific way in which I relate to and elaborate Foucault will be addressed in section 3.2.2. This section will confront Foucault’s knowledge-power regime and affect theory. It underlines a potentiality within the work of Foucault, and his panoptic study of a knowledge-power regime, that is recognized and explored in this dissertation. However, in order to elaborate on Foucault and affect theory, it is useful to first explicate (1) how Bentham envisioned the Panopticon, (2) how Foucault used this architectural building to build his theory on power and (3) in what ways a panopticon architecture has an inherent affective ‘quality’. If the latter observation is exposed, then it will become clear that it is a potentiality that resides within the work of Foucault but that can be further elaborated upon. [↑](#footnote-ref-357)
358. If performative shame implicates the dramatic acts of the ‘synecdoche’ and of denial, then Panoptic shame is the term used to theorize that body, including the dramatic acts, in relation to societal structures: spatial and conceptual. At the interstice of the body and the world it encounters there might arise fixed structures of power. Panoptic shame, which ‘embeds’ or ‘empowers’ and installs performative shame, is explicated in this chapter as such a fixed structure of power. In conclusion: panoptic shame is a normalized, fixed *and ‘social’ or ‘collective’* affective structure. Interestingly, panoptic shame performs its collectivity through its intersection with the everyday, the local and the singular body. [↑](#footnote-ref-358)
359. Berlant (2011): 2. [↑](#footnote-ref-359)
360. The design of the Panopticon is discussed by Foucault (1980; 1995). [↑](#footnote-ref-360)
361. Ibid. [↑](#footnote-ref-361)
362. Ibid. [↑](#footnote-ref-362)
363. Foucault, “The Eye of Power” (1980): 148. [↑](#footnote-ref-363)
364. Foucault (1980): 148. [↑](#footnote-ref-364)
365. Foucault (1980). [↑](#footnote-ref-365)
366. Foucault (1980): 153. [↑](#footnote-ref-366)
367. Foucault (1980). [↑](#footnote-ref-367)
368. Ibid. [↑](#footnote-ref-368)
369. Foucault (1980; 1995). [↑](#footnote-ref-369)
370. Foucault (1980): 156. [↑](#footnote-ref-370)
371. See for example, Foucault (1995). [↑](#footnote-ref-371)
372. This intersection between affects and knowledge can be described in Hacking’s terms of the looping effect. See Hacking (1995). [↑](#footnote-ref-372)
373. See also Berlant (2011): 2. [↑](#footnote-ref-373)
374. Knowledge its investment into normativity and normative categories can explain this. If, for instance, medical knowledge presents certain categories as healthy, then one feels joy perhaps rather than shame. Yet it is shame that motivates the medicalization and pathologization of specific (medical) categories. [↑](#footnote-ref-374)
375. Foucault (1980). [↑](#footnote-ref-375)
376. Berlant (2011). In chapter four, the normative differentiation of shame will be disclosed as an example of a cruel optimistic attachment. [↑](#footnote-ref-376)
377. Berlant (2011). [↑](#footnote-ref-377)
378. Berlant (2011). [↑](#footnote-ref-378)
379. On the notion of the scene, see Berlant (2011). [↑](#footnote-ref-379)
380. Berlant (2011). [↑](#footnote-ref-380)
381. Later shame’s normative differentiation and the attachment to a body-ideal will be exposed as a relation of cruel optimism; it involves an attachment to a body-ideal that proliferates the sites, scenes and doings to which shame can attach itself. See Berlant (2011). [↑](#footnote-ref-381)
382. Museum Dr. Guislain (2015a): 92-93. [↑](#footnote-ref-382)
383. On registration, knowledge and surveillance, see Foucault (1995). [↑](#footnote-ref-383)
384. Foucault (1988b). The analysis of the psychiatric ward will be discussed in more detail in due time. [↑](#footnote-ref-384)
385. Foucault (1988b). [↑](#footnote-ref-385)
386. Foucault (1969; 1980; 1995). [↑](#footnote-ref-386)
387. Foucault (1995). [↑](#footnote-ref-387)
388. Ibid. [↑](#footnote-ref-388)
389. Foucault (1969; 1978; 1980; 1988a; 1995; 2003). [↑](#footnote-ref-389)
390. Ibid. [↑](#footnote-ref-390)
391. See Foucault’s *Madness in Civilization: A History of Insanity in the Age of Reason* (1988a). [↑](#footnote-ref-391)
392. Foucault (1995). [↑](#footnote-ref-392)
393. Foucault, Discipline and Punish: The Birth of the Prison (1995): [↑](#footnote-ref-393)
394. Foucault (1995): 137. [↑](#footnote-ref-394)
395. Foucault (1995): 136. [↑](#footnote-ref-395)
396. Foucault (1995): 138. [↑](#footnote-ref-396)
397. Hertz, Robert (1973): 22. [↑](#footnote-ref-397)
398. Foucault, “Technologies of the Self: A Seminar with Michel Foucault” (1988b): 18, emphasis mine. [↑](#footnote-ref-398)
399. Hacking also attempts to address and readdress some of Foucault’s ‘blind spots’. Hacking uncovers socio-political and socio-cultural structures and categories that inscribe themselves into the body but he is equally invested in studying how bodies in turn affect the categories that have (partially) shaped their (embodied) identities. The latter he calls the looping effect. This notion of the looping effect originated in Goffman, Erving (*Stigma* (1963)). The latter work of Foucault also moved toward this looping effect but it was never finished and it was never published. Hacking picks up at the interstice between Goffman and Foucault in which Foucault himself was already interested. The used notion of the looping effect in Hacking’s work attests of the philosopher his recognition of bodies as not entirely constructed but as living and empowered entities. I too think of bodies as living organisms that intersect, interrelate, reciprocate with its surroundings or discourses. I consider this an approach that does not counterclaim Foucault’s work but is, instead, a continuation of the study of bodies and power. [↑](#footnote-ref-399)
400. *Connaissance* refers to a corpus of knowledge such as medicine, biology or economics. *Savoir*, Foucault explains, “refers to the conditions that are necessary in a particular period for this or that type of object to be given to *connaissance* and for this or that enunciation to be formulated.” In: Foucault’s *Archeology of Knowledge* (1969). [↑](#footnote-ref-400)
401. Another understanding of the interrelation and interaction between ‘body knowledge’ and ‘discursive knowledge’ envisions the historical forces that lie at the basis of the fixation of the affect shame. The selection of knowledge and the construction of *savoir*—the medical, economic, biological and other corpuses of knowledge should all be considered—have fixated the affect shame and underbuilt its differentiation into ability/disability. However, it should also be noted that the specific selection of knowledge and the construction of *savoir* on its own is a consequence of undefeated shame felt at impairments. See also Hacking’s looping effect (Hacking 1995; 1999). [↑](#footnote-ref-401)
402. Foucault (1988a). [↑](#footnote-ref-402)
403. See Foucault (1988a). [↑](#footnote-ref-403)
404. Foucault (1988a): 69. [↑](#footnote-ref-404)
405. Foucault (1988a): 11. [↑](#footnote-ref-405)
406. Foucault (1988a): “Stultifera Navis”: 3-37. [↑](#footnote-ref-406)
407. Foucault (1988a): 10. [↑](#footnote-ref-407)
408. Foucault (1988a). [↑](#footnote-ref-408)
409. Foucault (1988a): 207. [↑](#footnote-ref-409)
410. See, Foucault (1988a), “Stultifera Navis”: 3-37. [↑](#footnote-ref-410)
411. Foucault (1988a): 177. [↑](#footnote-ref-411)
412. Foucault (1988a). [↑](#footnote-ref-412)
413. See for example, De Wachter, Dirk (2012). [↑](#footnote-ref-413)
414. Foucault (1988a): 207 [↑](#footnote-ref-414)
415. Foucault (1969). [↑](#footnote-ref-415)
416. Merriam-Webster Dictionary, “purification”, accessed July 13, 2016. [↑](#footnote-ref-416)
417. Foucault (1988a). [↑](#footnote-ref-417)
418. Museum Dr. Guislain (2015a): 168. [↑](#footnote-ref-418)
419. See Foucault (1980; 1988b; 1995). [↑](#footnote-ref-419)
420. Goffman (1963): 5. The history of stigmatization might thus be likened to the history of shame. [↑](#footnote-ref-420)
421. Goffman (1963): 4. [↑](#footnote-ref-421)
422. Simulacra are self-referential images that are embedded in a self-sustaining network. In other words, these images are simulations of an artificial world—not of the real. Instead of depicting the real, simulacra simulate only each other thus creating a network of images that can be positioned in a virtual world alone. According to Baudrillard’s concept of the simulacrum, these images render both the simulation and the *simulated* world. See Baudrillard’s book *Simulacra and Simulations* (1994) for a more comprehensive explanation of the concept of simulacra. [↑](#footnote-ref-422)
423. Lawrence, Tim. “Grief and Shame: An Unacceptable Combination.” *The Adversity Within: Shining Light on Dark Places*. November 12, 2015. <http://www.timjlawrence.com/blog/2015/11/11/grief-and-shame-an-unacceptable-combination>. Accessed July 8, 2016, emphasis mine. [↑](#footnote-ref-423)
424. American Psychiatric Association. *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing. 2013. Print. [↑](#footnote-ref-424)
425. The pathologization of grief contrasts sharply with the grief culture of the Orthodox-Christian church—a practice widely common in Western society until only some decades ago. It is expected that for one year and six weeks a widow or widower is dressed in black or grey. Other family members do not wear colored clothing for six weeks. [↑](#footnote-ref-425)
426. This trend is a small section of what has been called the ‘molecularisation of medicine’. See Feldman, D. and A. Tauber (1997): 623. [↑](#footnote-ref-426)
427. ten Have, Henk A.M.J. (2001): 295. [↑](#footnote-ref-427)
428. The following outline of Lippman’s comprehensive definition has been taken from Hedgecoe, Adam (1998): 235. [↑](#footnote-ref-428)
429. Remember that shame and stigma were already briefly linked when discussing shaming the appearance of a body. [↑](#footnote-ref-429)
430. Phelan, Jo C. (2002): 430. [↑](#footnote-ref-430)
431. ten Have (2001): 295. [↑](#footnote-ref-431)
432. Hacking (1999): 81. [↑](#footnote-ref-432)
433. See Phelan (2002). [↑](#footnote-ref-433)
434. Ibid. [↑](#footnote-ref-434)
435. Ibid. [↑](#footnote-ref-435)
436. Ibid.: 431. [↑](#footnote-ref-436)
437. Kelves, D.J. (1985). [↑](#footnote-ref-437)
438. Phelan (2002): 430. [↑](#footnote-ref-438)
439. Phelan (2002): 431 [↑](#footnote-ref-439)
440. Ibid. [↑](#footnote-ref-440)
441. See Hedgecoe (1998), Phelan (2005), and ten Have (2001). [↑](#footnote-ref-441)
442. Nelkin, D. and M.S. Lindee (1995): 40, emphasis mine. [↑](#footnote-ref-442)
443. Foucault (1969). [↑](#footnote-ref-443)
444. ten Have (2001): 296 [↑](#footnote-ref-444)
445. Zhiying, Ma (2012): no page numbers. [↑](#footnote-ref-445)
446. See Swinton and McIntosh (2000). [↑](#footnote-ref-446)
447. Ibid. [↑](#footnote-ref-447)
448. Swinton and McIntosh (2000): 177. [↑](#footnote-ref-448)
449. Swinton and McIntosh (2000). [↑](#footnote-ref-449)
450. Swinton and McIntosh (2000): 177. [↑](#footnote-ref-450)
451. Swinton and McIntosh (2000). [↑](#footnote-ref-451)
452. Gregg and Seigworth (2010). [↑](#footnote-ref-452)
453. Swinton and McIntosh (2000): 182. [↑](#footnote-ref-453)
454. Swinton and McIntosh (2000). [↑](#footnote-ref-454)
455. Macmurray, John (1961): xi. [↑](#footnote-ref-455)
456. Museum Dr. Guislain. Roxane Baeyens. “*Getuigenis*—Schaamte in en rond het psychiaterskabinet.” In: *Schaamte/Honte/Shame* (2015a): 79 [↑](#footnote-ref-456)
457. Foucault (1969; 1980; 1988b; 1988a and other works). [↑](#footnote-ref-457)
458. Foucault (1980): 148. [↑](#footnote-ref-458)
459. In what ways an architecture of shame inscribes and sustains other binaries—next to ability/disability—is a topic that still needs to be explored. Although there is still a great amount of research to be done, the recognition of an architecture of shame is already in place. Museum Dr. Guislain in Ghent, for example, mention this architecture in the catalogue that accompanies their exhibition *Shame* (2016): “Schaamte wordt zo goed [*sic*]als altijd in verband gebracht met de blik: het is een reactie op het feit dat we beseffen dat we bekeken worden. Enkel hetgeen zichtbaar is en onthuld kan worden, lijkt dus een aanleiding te kunnen zijn tot schaamte. Zou het vanuit dit perspectief mogelijk zijn de evolutie van schaamte doorheen de tijd in verband te brengen met de wijze waarop intimiteit en transparantie een invulling krijgen? Als de binnenkant van het lichaam plots getoond kan worden door de ontdekking van röntgenstralen, of wanneer hoge torenblokken een inkijk geven in de werkomgeving, vermeerderen dan ook de momenten wanneer, de plaatsen waar, en de redenen waarvoor we ons kunnen schamen? Zouden we een architecturale geschiedenis van de schaamte kunnen schrijven?” (*Shaamte/Honte/Shame* (2015a):66). [↑](#footnote-ref-459)
460. Oxford English Dictionary, “Sport”, Accessed July 11, 2016. [↑](#footnote-ref-460)
461. Oxford English Dictionary, “Sport”, Accessed July 11, 2016. [↑](#footnote-ref-461)
462. Oxford English Dictionary, “Sport”, Accessed July 11, 2016. [↑](#footnote-ref-462)
463. Coffey, Paul. *Brainy Quote*. <http://www.brainyquote.com/quotes/topics/topic_sports.html>. Accessed July 11, 2016. [↑](#footnote-ref-463)
464. Michael Jordan. Quoted in “15 Motivational Quotes from Legends in Sports” by Jason Fell. *Entrepreneur*. April 1, 2015. <https://www.entrepreneur.com/slideshow/244486>. Accessed July 11, 2016. [↑](#footnote-ref-464)
465. Jeter, Derek. Quoted in “15 Motivational Quotes from Legends in Sports” by Jason Fell. *Entrepreneur*. April 1, 2015. <https://www.entrepreneur.com/slideshow/244486>. Accessed July, 11 2016. [↑](#footnote-ref-465)
466. King, Billie Jean. Quoted in “15 Motivational Quotes from Legends in Sports” by Jason Fell. *Entrepreneur*. April 1, 2015. <https://www.entrepreneur.com/slideshow/244486>. Accessed July 11, 2016. [↑](#footnote-ref-466)
467. Jackson, Bo. Quoted in “15 Motivational Quotes from Legends in Sports” by Jason Fell. *Entrepreneur*. April 1, 2015. <https://www.entrepreneur.com/slideshow/244486>. Accessed July 11, 2016. [↑](#footnote-ref-467)
468. Phelps, Michael. Quoted in “15 Motivational Quotes from Legends in Sports” by Jason Fell. *Entrepreneur*. April 1, 2015. <https://www.entrepreneur.com/slideshow/244486>. Accessed July 11, 2016. [↑](#footnote-ref-468)
469. Jenner, Bruce. Quoted in “100 Most Inspirational Sports Quotes of All Times.” *KeepInspiring.Me.* <http://www.keepinspiring.me/100-most-inspirational-sports-quotes-of-all-time/>. Accessed July 11, 2016. [↑](#footnote-ref-469)
470. Doherty, Ken. Quoted in “100 Most Inspirational Sports Quotes of All Times.” *KeepInspiring.Me.* <http://www.keepinspiring.me/100-most-inspirational-sports-quotes-of-all-time/>. Accessed July 11, 2016. [↑](#footnote-ref-470)
471. Will, George F. Quoted in “100 Most Inspirational Sports Quotes of All Times.” *KeepInspiring.Me.* <http://www.keepinspiring.me/100-most-inspirational-sports-quotes-of-all-time/>. Accessed July 11, 2016. [↑](#footnote-ref-471)
472. Schwarzenegger, Arnold. Quoted in “100 Most Inspirational Sports Quotes of All Times.” *KeepInspiring.Me.* [*http://www.keepinspiring.me/100-most-inspirational-sports-quotes-of-all-time/*](http://www.keepinspiring.me/100-most-inspirational-sports-quotes-of-all-time/). Accessed July 11, 2016. [↑](#footnote-ref-472)
473. Free Medical Dictionary. “Movement Therapy.” <http://medical-dictionary.thefreedictionary.com/movement+therapy>. Accessed July 11, 2016. [↑](#footnote-ref-473)
474. Free Medical Dictionary. “Movement Therapy.” <http://medical-dictionary.thefreedictionary.com/movement+therapy>. Accessed July 11, 2016. [↑](#footnote-ref-474)
475. Marie, Jessica. “12 Incredible Athletes with Disabilities.” *Bleacher Report*. August 21, 2013. <http://bleacherreport.com/articles/1743213-12-incredible-athletes-with-disabilities>. Accessed July 11, 2016, emphasis mine. [↑](#footnote-ref-475)
476. Marie, Jessica. “12 Incredible Athletes with Disabilities.” *Bleacher Report*. August 21, 2013. <http://bleacherreport.com/articles/1743213-12-incredible-athletes-with-disabilities>. Accessed July 11, 2016, bold in original, emphasis mine. [↑](#footnote-ref-476)
477. Pareek, Shreya. “16 Famous Indians with Disabilities Who Inspire Us Everyday.” *The Better India*. December 3, 2014. <http://www.thebetterindia.com/16449/famous-indians-with-disability/>. Accessed July 11, 2016, emphasis mine. [↑](#footnote-ref-477)
478. International Paralympic Committee. “Paralympic School Day (Activity Card 17). [www.paralympic.org](http://www.paralympic.org). Accessed July 11, 2016. [↑](#footnote-ref-478)
479. Pareek, Shreya. “16 Famous Indians with Disabilities Who Inspire Us Everyday.” *The Better India*. December 3, 2014. <http://www.thebetterindia.com/16449/famous-indians-with-disability/>. Accessed July 11, 2016, emphasis mine. [↑](#footnote-ref-479)
480. Foucault (1988b): 18. [↑](#footnote-ref-480)
481. Maxson McDowell is a psychiatrist. He is specialized in narcissism and Jungian theory. The citation included in this dissertation was taken from the documentary *A Strange Love Affair with Ego* (2015, directed by Ester Gould), emphasis mine. [↑](#footnote-ref-481)
482. Ibid., emphasis mine. [↑](#footnote-ref-482)
483. Ibid. [↑](#footnote-ref-483)
484. See Berlant (2011). Further, see Rose, Nikolas (1996), Peacock et al. (2014). [↑](#footnote-ref-484)
485. Berlant defines optimism as an affective structure in her book *Cruel Optimism* (2011). [↑](#footnote-ref-485)
486. Foucault (1980). [↑](#footnote-ref-486)
487. See Berlant (2011). [↑](#footnote-ref-487)
488. See Berlant (2011). [↑](#footnote-ref-488)
489. Berlant (2011). [↑](#footnote-ref-489)
490. The Free Dictionary. “Neoliberalism.” Accessed July 12, 2016. [↑](#footnote-ref-490)
491. See, for example, Black, Graham: 78. [↑](#footnote-ref-491)
492. See Rose (1996), Peacock et al. (2014) and Moore, Phoebe, and Andrew Robinson (2015). [↑](#footnote-ref-492)
493. Berlant (2011): 167. [↑](#footnote-ref-493)
494. Berlant (2011): 259, emphasis mine. [↑](#footnote-ref-494)
495. Berlant (2011): 167. [↑](#footnote-ref-495)
496. Berlant (2011); 2, emphasis in original. [↑](#footnote-ref-496)
497. Berlant (2011), “Introduction: Affect in the Present.” [↑](#footnote-ref-497)
498. Berlant (2011) defines fantasy as “the means by which people hoard idealizing theories and tableaux about how they and the world ‘add up to something’” (2). [↑](#footnote-ref-498)
499. Berlant (2011): 2. [↑](#footnote-ref-499)
500. Although I focus on neoliberalism, there exist other discourses, such as Cartesian philosophy of the mind, that solidify a fantasy of human capacity and sovereignty. [↑](#footnote-ref-500)
501. Berlant (2011). Her work on optimism, aspiration and normativity is specifically interesting for this chapter. [↑](#footnote-ref-501)
502. Daurka, Kiran. “Disclosing Mental Health Problems Could Work Against You.” *The Guardian*. June 25, 2010. <https://www.theguardian.com/law/2010/jun/25/mental-health-and-discrimination-work>. Accessed July 13, 2016. [↑](#footnote-ref-502)
503. Quinn, Catherine. “Mind over Matter.” *The Guardian*. January 20, 2009. <https://www.theguardian.com/money/2009/jan/20/mental-illness-discrimination-at-work>. Accessed July 13, 2016. [↑](#footnote-ref-503)
504. Moore and Robinson (2015): 2. [↑](#footnote-ref-504)
505. Moore and Robinson (2015): 3. [↑](#footnote-ref-505)
506. Foucault (1988b): 18. [↑](#footnote-ref-506)
507. Rose (1996): 164. [↑](#footnote-ref-507)
508. As Moore and Robinson (2015) explain, “such processes [of workplace discipline] are increasingly displaced from the enclosed workplace into the expanded spaces of home-based work, outsourced work and the social factory” (2-3). [↑](#footnote-ref-508)
509. Moore and Robinson (2015): 3. [↑](#footnote-ref-509)
510. Moore and Robinson (2015): 5. [↑](#footnote-ref-510)
511. Berlant (2011). [↑](#footnote-ref-511)
512. Nafstad, H.E. et al. (2007): 323. [↑](#footnote-ref-512)
513. Moore and Robinson (2015): 5. [↑](#footnote-ref-513)
514. Museum Dr. Guislain (2015a): 163. [↑](#footnote-ref-514)
515. Museum Dr. Guislain (2015a): 163. [↑](#footnote-ref-515)
516. Museum Dr. Guislain (2015a): 163. [↑](#footnote-ref-516)
517. One such medicine that is claimed to help one lose four time as much weight is called Qsymia. [↑](#footnote-ref-517)
518. Seen Fredrickson, B. L., and Roberts, T. (1997). [↑](#footnote-ref-518)
519. Calogero, R.M. (2009): 396. [↑](#footnote-ref-519)
520. Fredrickson and Roberts (1997): 181. [↑](#footnote-ref-520)
521. It would be interesting to examine in what ways the state of mind to ‘live life to the fullest’ is hindered by the experience of shameful-bodies; a validation that shame has the power to shape and mold a person’s predilection to act in a particular way. [↑](#footnote-ref-521)
522. Black (2012): 78 [↑](#footnote-ref-522)
523. On screening the employee, see Brackett his essay “Screened Out? Pre-Employment Screening, Inequality and Neoliberal Citizenship” (2013). [↑](#footnote-ref-523)
524. Gerin, Philippe. “Stagiairs Vertellen.” *Wijs*. November 2014 – February 2015. <https://wijs.be/nl/stageplaatsen/werkervaringen-stagiairs>. Accessed July 12, 2016. [↑](#footnote-ref-524)
525. Elsbeth. “Depressie als leven overleven wordt.” *Gezondheidsplein*. 2016. <https://www.gezondheidsplein.nl/aandoeningen/depressie/patientverhalen/depressie-als-leven-overleven-wordt/item44512>. Accessed July 12, 2016, emphasis mine. [↑](#footnote-ref-525)
526. See for another testimonial, Quinn, Catherine. “Mind over Matter.” *The Guardian*. January 20, 2009. <https://www.theguardian.com/money/2009/jan/20/mental-illness-discrimination-at-work>. Accessed July 13, 2016. [↑](#footnote-ref-526)
527. Berlant (2011): 106. [↑](#footnote-ref-527)
528. Berlant (2011): 114. [↑](#footnote-ref-528)
529. American Psychiatric Association. *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing. 2013. Print. [↑](#footnote-ref-529)
530. This would be interesting to study in the light of Hacking’s work. See Hacking (1995;199)9. [↑](#footnote-ref-530)
531. Foucault (1969; 1988a). [↑](#footnote-ref-531)
532. In DSM-5 *patterns* of behavior no longer seem the required norm. For example, first-time drug abusers are set on a par with the ‘hardcore’ drug addicts. Or, Childhood Bipolar Disorder is now a legitimate diagnosis. (American Psychiatric Association. *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing. 2013. Print.) [↑](#footnote-ref-532)
533. Note that this is only a very small fraction from the now almost endless list of DSM-5 disorders. [↑](#footnote-ref-533)
534. A condition where a child’s math ability is below normal for their age, intelligence and education. (American Psychiatric Association. *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing. 2013. Print.) [↑](#footnote-ref-534)
535. Berlant (2011). [↑](#footnote-ref-535)
536. Museum Dr. Guislain (2015a): 79. [↑](#footnote-ref-536)
537. Peacock et al. (2014): 177. [↑](#footnote-ref-537)
538. Peacock et al. (2014): 177. [↑](#footnote-ref-538)
539. Peacock et al. (2014). [↑](#footnote-ref-539)
540. Peacock et al. (2014): 176. [↑](#footnote-ref-540)
541. Bister, Natacha. “Burn-Out Testimonial.” *LinkeId.* September 2, 2014. <https://www.linkedin.com/pulse/20140902170707-11908637-burn-out-testimonial>. Accessed July 14, 2016, emphasis mine. [↑](#footnote-ref-541)
542. Peacock et al. (2014). [↑](#footnote-ref-542)
543. A detailed analysis of the intersection between Cartesian philosophy and the neoliberal discourse and what its implications are for shame felt at bodies and vulnerabilities would be very interesting and still needs to conducted. Unfortunately, due to the scope of this dissertation such an analysis will have to be addressed at a different time. [↑](#footnote-ref-543)
544. Bister, Natacha. “Burn-Out Testimonial.” *LinkeId.* September 2, 2014. <https://www.linkedin.com/pulse/20140902170707-11908637-burn-out-testimonial>. Accessed July 14, 2016. [↑](#footnote-ref-544)
545. Bister, Natacha. “Burn-Out Testimonial.” *LinkeId.* September 2, 2014. <https://www.linkedin.com/pulse/20140902170707-11908637-burn-out-testimonial>. Accessed July 14, 2016. [↑](#footnote-ref-545)
546. Gould, Ester, dir. *A Strange Love Affair with Ego*. Distributie Cinema Delicatessen. 2015. Documentary. This documentary deals with injured narcissism and its implications for a person’s well-being. The guiding line is the director Ester Gould’s sister whose story is told in the format of sentences that appear on the display. At the same time Ester Gould follows several women who converse about subjects such as self-esteem, performing and self-confrontation. [↑](#footnote-ref-546)
547. Gould, *A Strange Love Affair with Ego* (2015), emphasis mine. [↑](#footnote-ref-547)
548. From the poem “Before the World was Made” by William Butler Yeats (In: *The Collected Poems of W.B. Yeats*. New York (1956)). [↑](#footnote-ref-548)
549. Maxson McDowell in Gould, Ester, *A Strange Love Affair with Ego* (2015). [↑](#footnote-ref-549)
550. Viviana Sciara in Gould, Ester, *A Strange Love Affair with Ego* (2015). [↑](#footnote-ref-550)
551. Maxson McDowell in Gould, Ester, *A Strange Love Affair with Ego* (2015). [↑](#footnote-ref-551)
552. Maxson McDowell in Gould, Ester, *A Strange Love Affair with Ego* (2015). [↑](#footnote-ref-552)
553. On Foucault’s notion of the heterotopia, see Foucault (1988c), Johnson (2006), and Meininger (2013). [↑](#footnote-ref-553)
554. Foucault (1988c). [↑](#footnote-ref-554)
555. Meinginger (2013). [↑](#footnote-ref-555)
556. Dr. Janos Marton, Director of the Living Museum, Creedmoor Psychiatric Center, Queens New York. Quoted in the film “The Living Museum” by Jessica Yu 1999, emphasis mine. [↑](#footnote-ref-556)
557. When I will refer to art *therapy* I mean to treat, deal with, act *toward* a disorder or medical condition. This does not mean that I do not recognize art its therapeutic qualities, in the sense of relaxation, enjoyment and alleviation of stress, it only means that these therapeutic qualities are not the main perspective in a medical health system of ‘normalization’ to which art therapy is only second and subservient. Dr. Janos Marton explains: “This [art in the Living Museum] is more work rehab and less of a psych therapy program. Just because making art is good for you does not mean it’s therapeutic. So there’s a confusion of terms and a problem with the paradigms. You might be enjoying our conversation right now, but this is not therapy” (Zaringhalam, Maryam, “The Living Museum: Mental Illness Meets Art.” *Artlab*. <http://thisisartlab.com/2014/04/01/living-museum/>. Accessed July 26, 2016). See also, Holt, John (2008). [↑](#footnote-ref-557)
558. Meininger (2013): 36. [↑](#footnote-ref-558)
559. I primarily focus on the haptic for which I draw on Walters (2014). [↑](#footnote-ref-559)
560. Foucault, “Different Spaces.” *Essential Works of Foucault 1954-1984, Vol. 2: Aesthetics, Method, and Epistemology* (1988c). [↑](#footnote-ref-560)
561. Foucault (1988c): 177. [↑](#footnote-ref-561)
562. Foucault (1988c). [↑](#footnote-ref-562)
563. Foucault (1988c): 178. [↑](#footnote-ref-563)
564. Foucault (1988c): 178. [↑](#footnote-ref-564)
565. Foucault (1988c): 177. [↑](#footnote-ref-565)
566. Foucault (1988c): 179. [↑](#footnote-ref-566)
567. Foucault (1988c). [↑](#footnote-ref-567)
568. Meininger (2013): 36. [↑](#footnote-ref-568)
569. Johnson, Peter (2006): 77. [↑](#footnote-ref-569)
570. Merriam-Webster Dictionary, “heterotopia”, accessed July 22, 2016. [↑](#footnote-ref-570)
571. Johnson (2006): 77. [↑](#footnote-ref-571)
572. On introspectively defined Western identity, see Swinton and McIntosh (2000). [↑](#footnote-ref-572)
573. On the autotelic character of affects, see Sedgwick and Frank (1995). On affects, in-between-ness, and mutual to act and be acted upon, see Gregg and Seigworth (2010). [↑](#footnote-ref-573)
574. On the notion of the encounter, see Gregg and Seigworth (2010). [↑](#footnote-ref-574)
575. Gregg and Seigworth (2010). [↑](#footnote-ref-575)
576. See also Meininger (2013). [↑](#footnote-ref-576)
577. Gregg and Seigworth (2010). [↑](#footnote-ref-577)
578. Quoted in Meininger (2013): 32. [↑](#footnote-ref-578)
579. Quoted in Meininger (2013): 32. [↑](#footnote-ref-579)
580. See also Meininger (2013). [↑](#footnote-ref-580)
581. On homotopia, see Meininger (2013): 28. [↑](#footnote-ref-581)
582. On the notion of the scene, see also Berlant (2011). [↑](#footnote-ref-582)
583. On the haptic and third spaces, see Walters (2014). [↑](#footnote-ref-583)
584. Meininger (2013): 33. [↑](#footnote-ref-584)
585. Gregg and Seigworth (2010). [↑](#footnote-ref-585)
586. On normativity and the ‘everyday’, see Berlant (2011). [↑](#footnote-ref-586)
587. On action and meaning-making, see also Swinton and McIntosh (2000). [↑](#footnote-ref-587)
588. On the place of the *beside*, related to that of the *with*, see Sedgwick (2003): 8-9. [↑](#footnote-ref-588)
589. See Lascano Danny his “Art at the Living Museum” (2015). [↑](#footnote-ref-589)
590. Yu, Jessica, dir. *The Living Museum*. HBO. 1999. Documentary. See also, Holt (2005). [↑](#footnote-ref-590)
591. See also Holt (2005). [↑](#footnote-ref-591)
592. Meininger (2013): 30. [↑](#footnote-ref-592)
593. Meininger (2013): 30. [↑](#footnote-ref-593)
594. On inclusion policies, see Meininger (2013): 30. [↑](#footnote-ref-594)
595. See also Holt (2005). [↑](#footnote-ref-595)
596. See footnote 557. [↑](#footnote-ref-596)
597. Dr. Janos Marton, Director of the “Living Museum” Creedmoor Psychiatric Center, Queens New York. Quoted in the film “The Living Museum” by Jessica Yu 1999, emphasis mine. [↑](#footnote-ref-597)
598. See also Sedgwick (2003) on the *beside*. [↑](#footnote-ref-598)
599. See footnote 546. [↑](#footnote-ref-599)
600. Freud (1963; 2001a) [↑](#footnote-ref-600)
601. Ibid. [↑](#footnote-ref-601)
602. Freud (2001a): 124. [↑](#footnote-ref-602)
603. Freud (1963; 2001a). [↑](#footnote-ref-603)
604. On primary narcissism, secondary narcissism and pathological narcissistic disorders, see Freud (1963) and Freud (2001a). [↑](#footnote-ref-604)
605. As much, I argue and stress, as shame can move someone in consideration of the other and incite other-love. [↑](#footnote-ref-605)
606. Meininger (2013): 39. [↑](#footnote-ref-606)
607. Holt (2005). [↑](#footnote-ref-607)
608. Meininger (2013): 39. [↑](#footnote-ref-608)
609. Dr. Janos Marton. Quoted in Holt (2003). [↑](#footnote-ref-609)
610. Dr. Janos Marton. Quoted in Holt (2003). [↑](#footnote-ref-610)
611. McNiff, Shaun (1992): 24, emphasis mine. [↑](#footnote-ref-611)
612. Holt (2005): 47. [↑](#footnote-ref-612)
613. Holt, “A Space for Creativity and Healing: Artists in Mind and Mental Health System” (2008): 156, emphasis mine. [↑](#footnote-ref-613)
614. Gregg and Seigworth (2010), and Sedgwick (2003). [↑](#footnote-ref-614)
615. Meininger (2013): 36. [↑](#footnote-ref-615)
616. McNiff (1992): 25. [↑](#footnote-ref-616)
617. Lascano (2015): 38 [↑](#footnote-ref-617)
618. Ibid. [↑](#footnote-ref-618)
619. Nussbaum (2004): 191. [↑](#footnote-ref-619)
620. Ibid. [↑](#footnote-ref-620)
621. Ibid. [↑](#footnote-ref-621)
622. On interdependence, see Nussbaum (2004). [↑](#footnote-ref-622)
623. Lascano (2015): 38. [↑](#footnote-ref-623)
624. Ibid. 38. [↑](#footnote-ref-624)
625. Gregg and Seigworth (2010). [↑](#footnote-ref-625)
626. Lascano (2015): 39. [↑](#footnote-ref-626)
627. See also Sedgwick (2003): 38. [↑](#footnote-ref-627)
628. Foucault (1988c): 184. [↑](#footnote-ref-628)
629. Meininger (2013): 33 [↑](#footnote-ref-629)
630. Ibid. [↑](#footnote-ref-630)
631. The following listis based on Meinger (2013) his characteristics of spaces of encounter (37-8). [↑](#footnote-ref-631)
632. Lascano (2015): 38. [↑](#footnote-ref-632)
633. Foucault (1988c): 182. [↑](#footnote-ref-633)
634. Meininger (2013): 37 [↑](#footnote-ref-634)
635. Dr. Janos Marton, Director of the “Living Museum” Creedmoor Psychiatric Center, Queens New York. Quote from the film “The Living Museum” by Jecssica Yu 1999. [↑](#footnote-ref-635)
636. On time and the eye, see also Deleuze (2001). Deleuze specifically studies the notions of eye and time in relation to cinema. [↑](#footnote-ref-636)
637. Walters (2014). [↑](#footnote-ref-637)
638. Walters (2014). [↑](#footnote-ref-638)
639. See also Gregg and Seigworth (2010) and Walters (2014). [↑](#footnote-ref-639)
640. Sedgwick (2003), and Sedgwick and Frank (1995). [↑](#footnote-ref-640)
641. See also Sedgwick (2003) on the spatial notion of the *beside*. [↑](#footnote-ref-641)
642. Ibid. [↑](#footnote-ref-642)
643. Ibid. [↑](#footnote-ref-643)
644. Dr. Janos Marton, quoted in Holt (2003). [↑](#footnote-ref-644)
645. In correspondence with the idea of ‘personal style’ and coded or traditional genres. [↑](#footnote-ref-645)
646. Berlant (2011): 4. [↑](#footnote-ref-646)
647. Dr. Janos Marton, quoted in Holt (2003). [↑](#footnote-ref-647)
648. Lotman, YU.M. (1998): 276. [↑](#footnote-ref-648)
649. Sukhanova, Ekaterina (2013): 22. [↑](#footnote-ref-649)
650. Foucault (1988c): 182. [↑](#footnote-ref-650)
651. Berlant (2011). [↑](#footnote-ref-651)
652. Note that to art all the senses share an equal importance. Given the space in this dissertation, I will focus primarily on the haptic. [↑](#footnote-ref-652)
653. Walters (2014). [↑](#footnote-ref-653)
654. Walters (2014). [↑](#footnote-ref-654)
655. Besonen, Julie. “The Living Museum, On the Creedmoor Campus in Queens, Puts’ Patients Work on Display.” *The New York Times*. May 1, 2015. <http://www.nytimes.com/2015/05/03/nyregion/the-living-museum-on-the-creedmoor-campus-in-queens-puts-patients-work-on-display.html?_r=2>. Accessed July 26, 2016. [↑](#footnote-ref-655)
656. Walters (2014). [↑](#footnote-ref-656)
657. Sedgwick (2003): 38. [↑](#footnote-ref-657)
658. Sedgwick (2003): 38. [↑](#footnote-ref-658)
659. Walters (2014). [↑](#footnote-ref-659)
660. Walters (2014). [↑](#footnote-ref-660)
661. Besonen. “The Living Museum, On the Creedmoor Campus in Queens, Puts’ Patients Work on Display.” *The New York Times*. May 1, 2015. <http://www.nytimes.com/2015/05/03/nyregion/the-living-museum-on-the-creedmoor-campus-in-queens-puts-patients-work-on-display.html?_r=1>. Accessed July 26, 2016. [↑](#footnote-ref-661)
662. Walters (2014). [↑](#footnote-ref-662)
663. Walters (2014): 2. [↑](#footnote-ref-663)
664. Ibid.: 4, emphasis mine. [↑](#footnote-ref-664)
665. Ibid. [↑](#footnote-ref-665)
666. Ibid. [↑](#footnote-ref-666)
667. Ibid.: 2. [↑](#footnote-ref-667)
668. Walters (2014). [↑](#footnote-ref-668)
669. Ibid.: 3. [↑](#footnote-ref-669)
670. Walters (2014) explains that “The sense of touch is usually understood as a sensory perception that results from a combination of nerve receptors and nerve endings that relay information concerning pressure, temperature, *pain* and movement” (4, emphasis mine). [↑](#footnote-ref-670)
671. In this regard the encounter must also be read as a third space. It is interesting to compare the idea to Vanheulen (2012) his notion of *ont-moeten*. In “I Would Prefer Not To. Het kritisch vermogen van ateliers,” Leni Van Goidenshoven further explores this notion of *ont-moeten* (Van Goidsenhoven, Leni “I Would Prefer Not To. Het kritisch vermogen van ateliers.” *Facing You*. Ed. Boeckx B. Geel: vzw Pas-sage. 2015. 9-15. Print.). “I would prefer not to” is a quite notorious sentence from Herman Melville’s short story *Bartleby, The Scrivener: A Story of Wall-Street* (1853)*.* Van Goidsenhoven analyses this sentence as the expression of a being that is intrinsically different. Van Goidsenhoven argues that this sentence does not expose structures of power through negation but through an encounter with difference and being different. Read in the light of this story, the notion of *ont-moeten* incorporates both the meanings of to meet and encounter, on the one hand, and that of the permissive and open, on the other. For the notion of *ont-moeten*, see Van Goidsenhoven (2015), and Vanheulen (2012). [↑](#footnote-ref-671)
672. Gluhstrom, Larisa. “The Living Museum, New York.” *Out of Art*. 2006. <http://www.out-of-art.nl/magazine/rubrieken/the-living-museum-new-york>. Accessed July 26, 2016. [↑](#footnote-ref-672)
673. A more detailed analysis of the Living Museum as *organism* would be interesting and still needs to be conducted. [↑](#footnote-ref-673)
674. There is an artist in the Living Museum who in or through his art channels Beethoven’s spirit. See Jessica Yu’s documentary The Living Museum. [↑](#footnote-ref-674)
675. Gluhstrom, Larisa. “The Living Museum, New York.” *Out of Art*. 2006. <http://www.out-of-art.nl/magazine/rubrieken/the-living-museum-new-york>. Accessed July 26, 2016. [↑](#footnote-ref-675)
676. Lascano (2015): 38. [↑](#footnote-ref-676)
677. Meininger (2013): 39. On rhetorical touch, see Walters (2014). [↑](#footnote-ref-677)
678. Nussbaum (2004). [↑](#footnote-ref-678)
679. Ibid. [↑](#footnote-ref-679)
680. Ibid. [↑](#footnote-ref-680)
681. Ibid. [↑](#footnote-ref-681)
682. Nussbaum (2004). On the perception of a self-ideal and narcissism, see Freud (1963; 2001a). [↑](#footnote-ref-682)
683. Nussbaum (2004). On denial, see Freud (2001b). [↑](#footnote-ref-683)
684. Nussbaum (2004). [↑](#footnote-ref-684)
685. Foucault (1995). [↑](#footnote-ref-685)
686. Here Nussbaum (2004) her insights are considered in confrontation with the work of Foucault. On the “docile body”, subjectification and power, see Foucault (1980; 1988b; 1995). [↑](#footnote-ref-686)
687. Nussbaum (2004). [↑](#footnote-ref-687)
688. On non-essentialism and disability and ability, see Garland-Thomson (2002), Hacking (1999), Nussbaum (2004), Sedgwick (2003) and Walters (2014). [↑](#footnote-ref-688)
689. Sedgewick (2003). [↑](#footnote-ref-689)
690. The notion of the scene is also explored by Berlant (2011). [↑](#footnote-ref-690)
691. Nussbaum (2004). [↑](#footnote-ref-691)
692. See also Nussbaum (2004) and Sedgwick (2003). [↑](#footnote-ref-692)
693. On shame, performativity and affect, see also Sedgwick (2003). [↑](#footnote-ref-693)
694. See also Sedgwick (2003): 38. [↑](#footnote-ref-694)
695. On affectivity and optimism, see Berlant (2011). For further reading on the desire to return to a scene of primary narcissism, see Nussbaum (2004). [↑](#footnote-ref-695)
696. On denial, see Freud (2001b). [↑](#footnote-ref-696)
697. On the notion of universal impairments, see also Nussbaum (2004). [↑](#footnote-ref-697)
698. Sedgwick (2003). [↑](#footnote-ref-698)
699. On photography and disability, see Garland-Thomson (2002). [↑](#footnote-ref-699)
700. Garland-Thomson (2002). [↑](#footnote-ref-700)
701. Ibid. [↑](#footnote-ref-701)
702. Ibid. [↑](#footnote-ref-702)
703. On denial, see Freud (2001b). [↑](#footnote-ref-703)
704. See also Cyrulnik (2012). [↑](#footnote-ref-704)
705. Cyrulnik (2012). [↑](#footnote-ref-705)
706. On the notion of the ‘everyday’ and power, see Gregg and Seigworth (2010) and Berlant (2011). [↑](#footnote-ref-706)
707. These notions of to act and an act are theorized in affect theory and performative theory. See for example Gregg and Seigworth (2011) and Sedgwick (2003). [↑](#footnote-ref-707)
708. Gregg and Seigworth (2010). [↑](#footnote-ref-708)
709. Berlant (2011). [↑](#footnote-ref-709)
710. See Gregg and Seigworth (2010) and Sedgwick and Frank (1995). [↑](#footnote-ref-710)
711. Ibid. [↑](#footnote-ref-711)
712. On the fixation of affects, see Gregg and Seigworth (2010) and Berlant (2011). [↑](#footnote-ref-712)
713. Consider also Sedgwick (2003): 38. [↑](#footnote-ref-713)
714. Foucault (1980; 1988b; 1995). [↑](#footnote-ref-714)
715. Consider also Hacking (1995; 1999). [↑](#footnote-ref-715)
716. Foucault (1980; 1995). [↑](#footnote-ref-716)
717. Ibid. [↑](#footnote-ref-717)
718. See Gregg and Seigworth (2010) and Sedgwick and Frank (1995). [↑](#footnote-ref-718)
719. Affects are a motivational system and autotelic, see Sedgwick and Frank (1995). [↑](#footnote-ref-719)
720. On everyday life theory, see Berlant (2011). [↑](#footnote-ref-720)
721. Swinton and McIntosh (2000). [↑](#footnote-ref-721)
722. On the medicalization of the body, see Feldman and Tauber (1997), Hedgecoe (1998), and Phelan (2002). [↑](#footnote-ref-722)
723. Ibid. [↑](#footnote-ref-723)
724. See also Berlant (2011). [↑](#footnote-ref-724)
725. On *savoir*, see Foucault (1969). [↑](#footnote-ref-725)
726. I have argued that this recognition is already present in the later work of Foucault. This dissertation further explored this potentiality. See Foucault (1980; 1988b; 1995). [↑](#footnote-ref-726)
727. Nussbaum (2004). [↑](#footnote-ref-727)
728. Ibid. [↑](#footnote-ref-728)
729. Hacking (1995; 1999). [↑](#footnote-ref-729)
730. *Making Up People* is a vast project that was started in the early eighties by Hacking. It studies the ways in which categorizations affect people, and the ways in which people in term affect the ways they are classified (the looping effect). [↑](#footnote-ref-730)
731. On Cartesian philosophy, see Swinton and McIntosh (2000). [↑](#footnote-ref-731)
732. Swinton and McIntosh (2000). [↑](#footnote-ref-732)
733. Ibid. [↑](#footnote-ref-733)
734. Foucault (1978; 1980; 1988a; 1995; 2003 and still other works of Foucault). [↑](#footnote-ref-734)
735. See also Museum Dr. Guislain (2015a), and Cyrulnik (2012). [↑](#footnote-ref-735)
736. On the notion of ‘being in the world’, see Gregg and Seigworth (2010). [↑](#footnote-ref-736)
737. On the autotelic character of affects, see Sedgwick and Frank (1995). [↑](#footnote-ref-737)
738. On optimism, aspiration and affect, see Berlant (2011). [↑](#footnote-ref-738)
739. On simulacra, see Baudrillard (1994). On panopticism and interiorization, see Foucault (1980; 1995). [↑](#footnote-ref-739)
740. Berlant (2011). [↑](#footnote-ref-740)
741. Ibid. [↑](#footnote-ref-741)
742. Ibid. [↑](#footnote-ref-742)
743. See also Berlant (2011). [↑](#footnote-ref-743)
744. See also Berlant (2011). [↑](#footnote-ref-744)
745. See also Berlant (2011). [↑](#footnote-ref-745)
746. On shame’s experience as disempowering, see Cyrulnik (2012), and Sedgwick and Frank (1995). [↑](#footnote-ref-746)
747. On self-esteem and narcissism, see Maxson McDowell. Quoted in Ester Gould’s documentary *A Strange Love Affair with Ego* (2015). [↑](#footnote-ref-747)
748. On interdependence, see Nussbaum (2004). [↑](#footnote-ref-748)
749. On heterotopia, see Foucault (1988c), Johnson (2006), and Meininger (2013). [↑](#footnote-ref-749)
750. Foucault (1988c). [↑](#footnote-ref-750)
751. On the notion of the encounter, see Gregg and Seigworth (2010). [↑](#footnote-ref-751)
752. Ibid. [↑](#footnote-ref-752)
753. Meininger (2013). [↑](#footnote-ref-753)
754. Walters (2014). [↑](#footnote-ref-754)
755. See also Swinton and McIntosh (2000), and consider Foucault (1980). [↑](#footnote-ref-755)
756. Walters (2014). [↑](#footnote-ref-756)
757. Walters (2014). [↑](#footnote-ref-757)
758. See Meininger (2013) and Swinton and McIntosh (2000). [↑](#footnote-ref-758)
759. Foucault (1969; 1980; 1995). [↑](#footnote-ref-759)
760. Ibid. [↑](#footnote-ref-760)