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The ability to go about without shame
A proposal for internationally comparable indicators of shame and humiliation

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Abstract

Shame and humiliation are central to the understanding of poverty yet internationally comparable data on this dimension are missing. Based on existing indicators from related fields, this article suggests eight indicators to measure specific aspects of shame and humiliation that could start an in-depth debate around this topic. The indicators are the following: whether respondents would feel shame if they were poor; levels of shame proneness; perceptions of respectful treatment, unfair treatment and prejudiced treatment; whether respondents perceive that their ethnic, racial or cultural background affects their chances of getting jobs, services and education; whether respondents perceive that economic conditions affect their chances of getting jobs, services and education; and levels of accumulated humiliation

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"this is not to argue against the need to articulate abstract principles, but rather to suggest that they may best emerge from the clash of interpretations and arguments around less abstract questions" (Lukes 1997:4)

This article proposes a series of indicators to measure aspects of shame and humiliation that could be used to generate internationally comparable data on these dimensions. The indicators represent deprivation in a person's "ability to go about without shame", which is a key social dimension of absolute poverty. The paper is structured as follows. Part 1 provides an introduction. Part 2 provides a definition of shame and humiliation and a brief survey of relevant attempts at data collection on these subjects. Part 3 introduces six domains that emerge as important from this review, and discusses potential indicators and questions that could generate these indicators.

1.   Introduction

After a recent meeting of a Commonwealth Commission, Commission Chair Amartya Sen reported: "We have been trying to see how respect and understanding end up being so important in human relationships."[2] Talk of respect, dignity or understanding may seem a bit mystifying to economists, whose attention, even if it be on multidimensional poverty, is generally drawn to concrete variables such as work, income, educational attainment or mortality rates.

Yet Sen has taken a great deal of care in his conceptual work, to argue consistently that poverty, and in particular that *absolute* poverty, has both material and social dimensions. He repeatedly refers to Adam Smith's remark that linen shirts and leather shoes were necessary, in the England of his day, in order **to go about without shame** (Sen 1990, 1984a, 1984b: 332, 2000).

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[2] http://www.thecommonwealth.org/news/163125/020507rumeeting.htm [accessed 17-5-07]

Smith wrote:

> By necessaries I understand not only the commodities which are indispensably necessary for the support of life, but what ever the custom of the country renders it indecent for creditable people, even the lowest order, to be without. A linen shirt, for example, is, strictly speaking, not a necessary of life. The Greeks and Romans lived, I suppose, very comfortably though they had no linen. But in the present times, through a greater part of Europe, a creditable day-labourer would be ashamed to appear in public without a linen shirt, the want of which would be supposed to denote that disgraceful degree of poverty which, it is presumed, nobody can well fall into without extreme bad conduct. Custom, in the same manner, has rendered leather shoes a necessary of life in England. The poorest creditable person of either sex would be ashamed to appear in public without them (Smith 1776: 351-2).

Sen uses this example regularly to make two points. One is that 'the ability to go about without shame' is a relevant basic capability which should figure in the 'absolutist core' of notions of absolute poverty (Sen 1983: 332-3, 1993a: 36-7). This assertion was at the core of Sen's controversy with Peter Townsend (Sen 1983, Townsend 1985, Sen 1985a).[3] Sen argued that absolute deprivation, while including hunger, also includes "being ashamed to appear in public" and not being able to participate in the life of the community. The distinction between absolute and relative poverty then is not in the elements that either may or may not contain, but rather in the criterion by which poverty is recognised – for example, whether poverty is recognised according to relative disparity in certain capabilities, or according to an absolute lack of certain capabilities (Sen 1985a: 673).

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[3] Townsend argued that "the problem of Sen's reiteration of the virtues of an 'absolutist core' to the meaning of poverty is the underestimation of the importance of needs other than for food" (1985: 664).

What was required to take part in 17th century European social life is very different from what is required in 21st century Nepal, or Beijing, or the Sahel. In Smith's day, poor people who did not own a linen shirt might suffer stares or experienced discomfort. They would be socially isolated, excluded, and as a result may have felt self-conscious and poorly about themselves. And this situation, Sen argued, was indeed an aspect of capability poverty.

The second point Sen makes here is that 'the ability to go about without shame' is 'complex,' that is to say, the commodity requirements to support this capability vary widely (evidently the Greeks and the Romans needed no linen shirts), but like the other basic capabilities, also strongly depends upon material resources. This relates, of course, to our question of how to measure the kinds of poverty that are absolute in capability space but relative in commodity space (Sen 1983: 161).

One of the many literatures that has explored the question of shame is that of social exclusion. Sen wrote, "The helpfulness of the social exclusion approach does not lie, I would argue, in its conceptual newness, but in its practical influence in forcefully emphasizing—and focusing attention on—the role of relational features in deprivation" (Sen 2000: 8). In practice, measures of social exclusion often focus on identifying inequalities between different groups in non-income spaces such as health or educational outcomes (Klasen 2000), on the premise that these inequalities map directly onto exclusion.

But do such measures of exclusion get at the heart of the matter? In part, the answer is yes, for clearly the documented, systemic discriminatory treatment – whether intended or unintended – that poor and marginalised communities experience contributes to their social ostracization and

experience of poverty. At the same time, such measures overlook more direct experiences of indignity, shame and humiliation. These experiences continue to surface and to be cited by poor people and communities as painful components of their deprivation. The Voices of the Poor study conducted in 60 countries, for example, found that the stigma of poverty is a recurring theme among the poor, with people often trying to conceal their poverty to avoid humiliation and shame (Narayan et al 2000a, 2000b). The sense of humiliation and shame that poverty can bring relates to many aspects of life: it can result from being unable to do what is customary in society; from having to accept alms or special treatment; from encounters with officials and those delivering services; or from belonging to segments of society to which negative values are attached (e.g. in many contexts, poverty is associated with laziness, incompetence or criminality.) Furthermore, shame and humiliation can result in increasing isolation as people are "able to participate less and less in the social ceremonies and traditions that once brought people together and helped to create and maintain the social bonds between people" (Narayan et al 2000a: 70), further corroding social relations in society.

Shame and humiliation exert multiple effects on psychological wellbeing too. Shame, for example, is extremely associated with low self-esteem and poor interpersonal relations (Tangney and Dearing 2002). Humiliation, on the other hand, has been associated with numerous psychosocial maladies (including low self-esteem, school-related difficulties, pernicious child-rearing practices, delinquency, social phobia, etc.) and at a macro level, with practices of social control, discrimination, numerous forms of oppression and international conflict[4] (Hartling and Luchetta

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[4] It has been argued that a main cause of World War II is the humiliation the German population suffered as consequence of the peace treaty that formally ended World War I.

1999). Furthermore, recent research points to important links between horizontal inequalities[5] and conflict, especially where group formation – e.g., on the basis of ethnicity, religion, race or region – is strong. Perceptions of horizontal inequalities are importantly fuelled by the discrimination (and thus, the sense of humiliation) that specific groups suffer (Stewart 2001).

For that reason, this article explores tentatively complementary and direct measures of shame and humiliation. Clearly the material triggers for shame vary widely across contexts. So although it is possible to generate comparable data on objective deprivations, the social consequences of objective circumstance to people's dignity and sense of self-respect (or to their isolation, and sense of rejection and shame), are not comparable for they will differ between and within countries. Therefore, instead of measuring 'relative' material situations, this paper explores direct measures of people's experiences of shame, humiliation, stigma and discrimination.

Measuring aspects of shame and humiliation constitutes a formidable challenge both conceptually and technically. At the conceptual level, the topic confronts important debates.[6] Do people need a *sound* reason to feel humiliated? Is a public element necessary for a humiliating situation to arise? Does humiliation need be intentional to be considered as such? Is the concept of humiliation too heterogeneous to be relevant? Should we care about the feelings of *all* vulnerable groups? Is the idea of "injustice" central to the concept of humiliation? Is it necessary to know and understand that one is being disempowered in order to feel humiliated? All of these issues can result in important distortions or underestimation of the effects of these affective states in social relations.

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[5] Inequalities between culturally defined groups, unlike vertical inequality, which depicts inequality between individuals or households (See Stewart 2001).
[6] See Margalit 1996, Quinton 1997, Lukes 1997, Schick 1997.

At the technical level, what Sen refers to frequently as the problem of "lifelong habituation",[7] the unavailability of data, problems inherent to subjective measurement, the fact that affective states are internal phenomena not amenable to direct observation, the fact that some people are inherently more shame prone than others, cultural differences, among others, constitute formidable challenges to any measurement exercise.[8]

This article is aware of these limitations, yet it will argue that some work on concepts related to shame and humiliation provide a solid grounding for the construction of basic indicators to measure specific aspects of shame and humiliation that are relevant to understand the ability to go through life without shame. For this purpose, the article follows two guiding principals. The first is to use exclusively indicators that have been previously tested, which come from an array of different literatures. In most cases, their original form has been maintained. The content of the questions has been mildly modified only in two instances to make them feasible to be introduced within a larger survey. Secondly, the set of indicators have been designed not only to obtain specific information but to be employed together as a group to complement each other, allowing researchers to probe the relationship between aspects of shame and humiliation, as well as between these and other dimensions of poverty.

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[7] Sen 1979, 1985b, 1987, 1993b, 2002.

[8] Particular emphasis should be placed on analysing ethical considerations and particularly to ensure that studies themselves do not induce feelings of shame among participants, or help to perpetuate it.

2.   Relational impoverishment dimensions: shame and humiliation

2.1   Definitions

Shame and humiliation are affective states that define distinct yet related aspects of human psychology. Shame is defined by Tagney as a:

> "global, painful, and devastating experience in which the self, not just behavior, is painfully scrutinized and negatively evaluated. . . This global, negative affect is often accompanied by a sense of shrinking and being small, and by a sense of worthlessness and powerlessness. . . [it] is likely to be accompanied by a desire to hide or escape from the interpersonal situation in question" (quoted in Sabini and Silver 1997: 3).

It is both a moral emotion (in the sense that it acts as an evaluator of self) and has relational aspects (as actions by others, or one's perception of their judgement, may affect one's sense of shame).

Humiliation, on the other hand, can refer to an act (to humiliate someone or feeling humiliated) or to a feeling. In reference to an act (an *external* event), humliation is commonly linked to the feeling or condition of being lessened in dignity or pride and associated with unequal power relations. For Lindner, for example, "humiliation means the enforced lowering of a person or group, a process of subjugation that damages or strips away their pride, honor or dignity." (2007: 3). Hartling and Luchetta, referring to the feeling (an *internal* event) of being humiliated, define humiliation as "the deep dysphoric feeling associated with being, or perceiving oneself as being, unjustly degraded, ridiculed, or put down – in particular, one's identity has been demeaned or devalued" (1999: 7).

Although both are negative emotions that refer to the self, there are several important differences between shame and humiliation. First, shame emphasises an individualistic evaluation, the idea that one has failed according to one's own standards. This evaluation may or may not involve an observing audience; however, the individual feels as if the audience existed nevertheless as the "self splits into observing and observed selves". Humiliation, on the other hand, is inherently interactional. It may entail feeling ashamed or not: one can have the feeling of being humiliated without the sensation that one has failed according to one's own standards. It involves, however, a deeper sense of interaction: one can humiliate or be humiliated, but always in relation to someone or something. Moreover, important distinctions are usually made with respect to the perpetrator of the humiliation (e.g., is it between individuals, or rather an institution humiliating people under its authority?) and to the unequal power relations behind these relationships (Margalit 1996; Lukes 1997; Schick 1997; Quinton 1997; Hartling and Luchetta 1999; Lindner 2007).

Secondly, while shame is the result of a personal judgment of failure (and thus involves the belief that one deserves to feel shame), humiliation tends to involve the belief by the target that he or she does not deserve this treatment (Jackson 1999, Hartling and Luchetta 1999). Finally, an important difference resides in the response that both experiences generate: "while shame experiences typically result in an inwardly directed focus of attention and withdrawal responses (e.g. the desire to sink into the ground and hide), humiliation responses typically arouse an outwardly directed focus and hostility (e.g. anger and the desire for revenge)" (Jackson 1999, i).

Shame and humiliation are, however, complex terms. Not only do they refer to deep internal phenomena affecting particular individuals (with a range of possible variances between individuals) but other factors further complicate a proper understanding of the terms. There are not yet agreed-

upon definitions of the terms, and important controversies surround specific aspects of their definition (e.g., are shame and guilt completely separate constructs?). Further, common use of the terms can differ widely from their scientific use; both terms are frequently considered to be synonymous and used interchangeably; and they are widely used in association or as synonymous with *other* concepts such as guilt and embarrassment. This article will follow the definitions provided above; however, special attention will be placed on the contentious issues highlighted here in order to be theoretically consistent.[9]

2.2   Relevant experiences

There are no internationally comparable data on shame and/or humiliation, nor to the knowledge of the author and workshop participants, any attempts to collect comparable data in developing countries regarding these emotions in a thorough and systematic way. However, specific work on related concepts and important efforts within psychology in recent years can inform this exercise.

Work in related areas such as stigma and discrimination, for example, has resulted in important advances in establishing quantitative measures of these concepts. Efforts to measure HIV/AIDS-related stigma quantitatively, for example, have been growing in the last years (USAID 2005a, 2005b, 2006; UNAID 2000a, 2000b, 2005; Ogden and Nyblade 2005, ICRW 2006; Kalichman et al 2005). Stigma refers to attributes that are "deeply discrediting" (Goffman 1963) which are:

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[9] Some scholars working on the relationship of shame and humiliation with poverty do not emphasise differences between shame and humiliation (it is quite common to see both terms used synonymously). Although the differences of both emotions may not be vital for a conceptual discussion regarding the links between shame, humiliation and poverty, these are crucial for the design of sound indicators that allow generation of a basic set of information

"applied by society and borne or possessed by groups and individuals. [They] may be associated with specific acts, such as adultery or criminal behavior, with inherent qualities such as sex or skin color, or with quasi-inherent qualities such as religion or nationality…[.] some diseases and other health conditions. In addition, stigma is sometimes associated with social stereotypes – sometimes positive, sometimes negative, *short-hand* images that we all use to identify strangers and which determine our reaction to them. Stigma is a means of social control, defining social norms and punishing those who deviate from the norm" (Pan American Health Organization 2003: 11).

Shame and humiliation, thus, are central to the concept of stigma. Therefore, attempts to establish sound comparable quantitative measures of HIV/AIDS-related stigma and discrimination provide some important information for the design of indicators to measure shame and humiliation. First, there is evidence that HIV/AIDS-related stigma is far less varied and context-specific than previously assumed. Qualitative data collected in Ethiopia, Tanzania, Vietnam and Zambia between 2001 and 2004 challenges the common assumption that "stigma is too tied to culture, too context specific and too linked to taboo subjects like sex to be effectively addressed" (ICRW 2006). For example, Kalichman et al (2005) designed a nine-item AIDS-related stigma scale with the objective of establishing a measure that can easily be administered in multiple settings and contexts in South Africa. The scale has been found to be internally consistent, stable over time periods of three months, and reliable in three different languages within the South African context.[10] These findings have provided important support for further research into developing quantitative measures.

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[10] Cronbach's alpha of 0.75 and stability of $r = 0.67$.

Second, four domains have been identified as core areas for measuring HIV/AIDS-related stigma: 1. fear of casual transmission and refusal of contact with people living with HIV/AIDS; 2. values – shame, blame and judgment; 3. enacted stigma, or discrimination; and 4. disclosure. Several organisations (USAID, the International Center for Research on Women – ICRW, and the POLICY project) have argued that a solid measurement of stigma requires assessing the four domains at the same time (USAID 2005a, 2006).

Third, potential questions and indicators already exist. A large study conducted in Tanzania tested a series of potential indicators and questions to measure the different dimensions of HIV/AIDS-related stigma (USAID 2005a). Based on these results, USAID, ICRW, and the POLICY project have proposed 22 indicators covering the four different domains identified above to start collecting quantitative data on HIV/AIDS-related stigma (USAID 2006). The study also identified some relevant research needs: 1) the need to measure all four domains of stigma at the same time; 2) the need for further testing a standardised set of quantitative measures in settings with different prevalence of the epidemic, knowledge of HIV and AIDS, normative and value structures, access to services and treatment options, and official responses, in order to test its accuracy; 3) the need to standardise and refine the wording of data collection items; 4) the need to design appropriate questions for surveys; and 5) the need to develop indicators for understudied aspects of stigma.

A myriad of surveys have sought to measure discrimination in areas such as public services, focusing on factors such as the disabled, particular age groups, race, ethnicity, and poverty status (see British Social Attitudes Survey 2000; Home Office Citizenship Survey 2001; Poverty and Social Exclusion Survey 1999; Centre for Research on Inequality, Security and Ethnicity 2006; New Zealand Social Policy Survey 1987). A major quantitative and qualitative study conducted in Sweden

on self-reported discrimination, for example, provides important insights regarding the overestimation and underestimation of reporting, and how perceptions vary according to education level and ethnicity (Health and Discrimination Project 2006).

Surveys trying to establish cross-national and cross-cultural indicators to measure values and norms also provide valuable information. One of the best established surveys in this area is the European and World Values Survey. This survey, the first round of which was carried out in 1990, has been implemented in at least 60 countries worldwide and includes attitudes, cultural values, opinions of quality of life, and moral judgments, among others topics. The core questionnaire has been developed through rigorous methodological work, some of which has focused on the specific measurement of values.[11] The Personal and Social Well-being module for the European Social Survey (Round 3) offers another particularly interesting example. The module aimed at expanding the measurement of well-being "beyond how people feel (affect and satisfaction) to incorporate also how well they function" (Huppert et al 2006: 2). For this, the module tests personal and inter-personal dimensions of well-being, further divided into feeling (having or being) and functioning (what people do). Extra questions that are believed affect well-being are also incorporated throughout the survey. Several questions relate to or directly influence the sense of shame and humiliation of individuals, such as self-esteem, optimism, depression, competence, respectful treatment and fairness. The module is being currently tested in 25 countries so unfortunately no evaluation has yet been performed. However, the results will certainly shed important light on the feasibility of measuring emotions in cross-country surveys. Other important efforts to measure feelings include the Gross National Happiness Index of the Kingdom of Bhutan and the Happy Planet Index (HPI) of the New Economic Foundation (New Economic Foundation 2006).

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[11] See Chapter 7 of the "Developing the ESS Questionnaire" report at
http://naticent02.uuhost.uk.uu.net/questionnaire/que_development.htm [last accessed 14/05/07].

The social capital literature also provides interesting insights into measuring subjective states. Although there is no agreed upon definition regarding social capital, most authors concur that it pertains to interactions and relationships among individuals in a community, group networks, norms and trust (Putman 2000; Portes 1998; Grootaert et al 2004; Stone 2001; Feldman and Assaf 1999). Surveys attempting to capture social capital data measure values and attitudes through perceptions of the trustworthiness of other people, norms of reciprocity, self-esteem and isolation. Some of these aspects, such as perceptions of fairness, have been used to estimate levels of social trust (Stone 2001) and directly relate to feelings of shame and humiliation. Self evaluative constructs, such as self esteem, are widely used as well. Some social capital questionnaires have been designed to be used alongside major household data surveys, such as The World Bank's Social Capital Integrated Questioner (SC-IQ), which was designed to be linked to the Living Standards Measurements Survey (LSMS). Also, social capital surveys have been used in different cultural settings (including Albania, Australia, Canada, New Zealand, Nigeria, Tanzania, Uganda, United Kingdom and United States), and there is an emerging consensus on a core set of questions needed to collect relevant data (Grootaert et al 2004; Onyx and Bullen 1998; Green and Fletcher 2003; Ruston and Akinrodoye 2002).

Some of the challenges to these efforts have been identified prove useful here. Stone (2001), for example, argues that a problematic aspect of social capital surveys relates to the indiscriminate use of outcomes as indicators of social capital itself without serious analysis regarding the relation (or not) of the outcome with core components of networks, trust and reciprocity. Furthermore, she points to the necessity of measuring all dimensions of social capital at the same time in order to obtain solid results. Meanwhile Grootaert et al (2004) point to some problems that emerged from

pilot tests of the SC-IQ in Albania and Nigeria, which related to translation and the use of challenging concepts, the extensive time needed to complete the survey and the need to adapt specific questions to local contexts.

The question of how to quantitatively measure shame, on the other hand, has posed a challenge to psychologists and psychiatrists for many years. Mainly through the use of psychometric tests, several researchers have proposed measures that attempt to capture aspects of shame through the use of related adjectives, statements and situations that would normally trigger the emotion.[12] As is the case for other more familiar topics – ranging from the measurement of nutrition, to happiness, to education – although some tests are well-established, disagreements over the definition and the techniques proposed continue to evoke controversy. The measurement of humiliation, on the other hand, has been quite neglected (as will be discussed in Section 3). Nevertheless, some attempts to establish scales to measure this emotion provide good grounds for discussion.

3.   Potential indicators

From a review of the literature described above, this section gives a framework for measuring shame and humiliation and a justification for the proposed indicators. The article suggests the following domains as a basis for developing new indicators in this area, then discusses each in turn.

a) Shame

- Shame associated with poverty.

- Shame proneness.

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[12] For a comprehensive discussion of different measures of shame, see Tangney and Dearing (2002).

b) Humiliation

   b.1) External experience of humiliation

   - Respectful treatment.

   - Unfair treatment.

   - Discrimination

   b.2) Internal experience of humiliation

   - Accumulated humiliation.

3.1   Shame

Stigma of poverty

Indicators for measuring shame have been selected from the HIV/AIDS-related stigma literature and from psychometric tests used in psychology to measure specific aspects of shame. The first indicator chosen relates to **shame of being associated with poverty,** or what could arguably be called the *stigma of poverty*. Shame and stigma are intrinsically linked: there are deep feelings of shame involved (feelings of worthlessness, powerlessness, feeling small) if one is stigmatised, and both are concerned with personal and other's evaluations of self. However, the standards for the evaluation of self when stigma is involved are defined to a larger extend by other's evaluation rather than by the individual, emphasising the role of *social conditions* (norms and values) underlying the emotion. Data generated by this indicator can provide important insights to perceptions of poverty in a

specific location and also serve as an important complement to the indicator measuring shame proneness.

The indicator proposed in this paper is an adaptation of an indicator to measure shame of being associated with people living with HIV/AIDS. This indicator belongs to the category of measures that attempt to assess *values* and provide good grounds for designing relevant questions for measuring shame with respect to other sources of stigma, such as poverty (Box 1).

Box 1 – Whether respondents would feel shame if they were poor

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Do you agree/disagree with the following statement:

1. I would be ashamed if I was poor.
2. I would be ashamed if someone in my family was poor.
3. People living in poverty should be ashamed of themselves.
4. People who are not poor make people who are poor feel bad.

How do you think most people in your community would answer the previous questions?

5. I would be ashamed if I was poor.
6. I would be ashamed if someone in my family was poor.
7. People living in poverty should be ashamed of themselves.
8. People who are not poor make people who are poor feel bad.

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Source: Adapted from USAID 2006.

The particular indicator that has been adapted has been recommended by USAID, ICRW and the POLICY project as one of give potentially sound indicators to measure values related to HIV/AIDS-related stigma. Their recommendation was based on a review of published and unpublished studies and the results of a specific field test in Tanzania that tried different quantitative measures for HIV/AIDS-related stigma (USAID 2005a).

However, the measurement of HIV/AIDS-related stigma is not exempt from controversy. Cultural and context-specific aspects (such as socio-economic differences, cultural values, the type of HIV epidemic, the length and stage of the epidemic, and political and social response to it) are usually cited as constraints to effectively addressing this issue (USAID 2005a, 2005b, 2006; ICRW 2006; UNAIDS 2000; Pan American Health Organization 2003). However, as mentioned above, there is emerging evidence that HIV/AIDS-related stigma is far less varied and context-specific than previously assumed.

The most developed and widely used measures of shame used in psychology, on the other hand, generally assess dispositions (e.g. shame proneness) rather than emotional states (shame in a particular moment) and generally take the form of global adjective-rating scales or scenario-based measures (Tangney and Dearing 2002). Examples of widely used tests include the Personal Feelings Questionnaire-2 (PFQ2), the Test of Self-Conscious Affect-2 (TOSCA-2), The Internalized Shame Scale (ESS), Adapted Shame and Guilt Scale (ASGS), and the Experience of Shame Scale (ESS).

The controversies surrounding the measurement of shame revolve around the definition and the design of instruments to accurately capture what has been defined as shame. Most of the controversy regarding the definition concerns the relationship between shame and guilt. Although these two emotions share common characteristics, guilt tends to be associated with less intense feelings and a *particular* behaviour (and thus, the situation in which the emotion occurs becomes extremely relevant), while shame relates to a more global assessment of self and more painful feelings. However the extent to which these two concepts are measuring different constructs remains highly controversial (Tangney and Dearing 2002; Cook 1996; Sabini and Silver 1997; Claesson and Sohlberg 2002; Fontaine et al 2001; Harder and Zalma 1990).

This controversy spurred numerous debates, including whether the survey questions confound shame and guilt (the discriminant validity of specific questions); if situations are specific to one emotion only, or if respondents are able to experience shame or guilt, or both, in connection to the same situation; if an individual is capable of distinguishing between the terms guilt and shame in an abstract context, or if situation-specific descriptions of shame and guilt are more appropriate; if relying on the terms to formulate questions invite defensive denial from some participants given the emotionally-charged connotation of shame and guilt (Andrews et al 2002; Tangney and Dearing 2002). The controversy has of course influenced the design of instruments to measure shame.

Shame proneness

The second indicator chosen to capture data on shame relates to **shame proneness** (Box 2). Shame proneness refers to "the tendency to experience the emotion shame in response to specific negative events" (Tangney and Dearing 2002: 33). The concept is selected for theoretical and operational reasons. It can be argued that dispositional aspects of shame (shame proneness) affect "the ability to go about without shame" in a stronger manner than shame felt at a particular moment: not only is shame proneness a trait that develops from childhood and as a result of interpersonal experiences (and thus, is more indicative of an individual's *life experience*) but it also has a negative impact on interpersonal behaviour: "Shame-prone individuals appear relatively more likely to blame others (as well as themselves) for negative events, more prone to a seething, bitter, resentful kind of anger and hostility, and less able to empathize with others in general" (Tangney and Dearing 2002: 33). Shame proneness can provide important information to test different hypotheses (e.g., does a low economic level correlate with higher levels of shame proneness?) but also serves as a control question for the indicator measuring the shame of being associated with poverty (e.g., are people

feeling stigmatized because they are prone to feel shame?). From the operational side, scales measuring shame proneness are better established and more options are available than scales developed to measure emotional states.

Box 2 – Levels of shame proneness

For each of the following listed feelings please place a number from 0 to 4, reflecting how common the feeling is for you.

    4 = you experience the feeling continuously or almost continuously
    3 = you experience the feeling frequently but not continuously
    2 = you experience the feeling some of the time
    1 = you experience the feeling rarely
    0 = you never experience the feeling

1. Embarrassment
2. Feeling ridiculous
3. Self-consciousness
4. Feeling humiliated
5. Feeling "stupid"
6. Feeling "childish"
7. Feeling helpless, paralyzed
8. Feelings of blushing
9. Feeling laughable
10. Feeling disgusting to others

Source: PFQ2, Harder and Zalma 1990

The questions informing this indicator come from the PFQ2 scale, one of the best established measures of guilt and/or shame proneness (Ferguson and Crowley 1997, Tangney and Dearing 2002). The PFQ2 is a global adjective-rating type of scale that has several advantages. First, it clearly separates questions attempting to capture aspects of shame from those of guilt, preventing the confounding of both emotions. Second, it is easy to administer and requires a short amount of time to be completed, especially in comparison with scenario-based shame scales. Furthermore, questions exclusively related to shame can be selected and thus, a shorter version of the scale can be used without compromising its reliability (an important aspect given that psychometric scales tend

to be too long for use alongside wider surveys).[13] Third, although the use of adjectives presents formidable challenges for translation, their use is still preferable to the alternative option (scenario-based scales are lengthier and have the added complication that culturally-equivalent scenarios must be found). On the downside, the use of adjectives may invite defensive attitudes of denial from the respondent, which might bias results. For example, a respondent in a macho male culture may not admit to shame-proneness. Furthermore, these types of scales have never been used in large surveys and testing has been undertaken mainly among college populations, making its current consistency and test-retest stability prone to significant variation. Finally, although the language used in the PFQ2 is less complex than in similar scales, the use of accurate terms that respondents are familiar with may still be quite challenging.

3.2   Humiliation

As mentioned above, humiliation can refer to an act, and thus, an *external* event, or to a feeling (an *internal* event). Indicators for measuring humiliation have been divided in two groups following these characteristics. In the first group, several indicators aiming at measuring humiliation in reference to external events (to emphasise the *interaction* taking place) have been selected. The second group includes an indicator that has been selected from a psychometric test and aims at measuring the internal experience of humiliation (the *internal assessment* of the individual in the experience of humiliation).

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[13] Correspondence with D. Harding, 16 May 2007

External humiliation

To measure external humiliation, we propose indicators drawn from different surveys that measure humiliation in reference to external events. These indicators emphasise *interaction* and refer to **respectful treatment** (Box 3)**, unfair treatment** (Box 4) **and discrimination** (Box 5)**.** The first two concepts attempt to capture *values* affecting interactions among individuals. The third aims to measure *actions* (or the lack thereof) in particular aspects of daily life that are generally associated with discrimination. Two of these three concepts (respectful treatment and unfair treatment) are currently being tested across 25 European countries in the European Social Survey; the third (discrimination) is informed by three indicators, one of which has been extensively tested in Sweden (The National Institute of Public Health 2006), and two of which have been used in eight developing countries to provide comparable data (CRISE 2006).

Box 3 – People feel that they are treated with respect

> Please circle the rating that best describes your feelings from "Not at all" (0) to "A great deal (6)", including an option for 'Don't know'.
>
> 1) To what extent do you feel that people treat you with respect?

Source: European Social Survey, Round 3 (Personal and Social Well-Being Module).

Box 4 – People feel that they are treated fairly

> Please circle the rating that best describes your feelings from "Not at all" (0) to "A great deal (6)", including an option for 'Don't know'.
>
> 1) To what extent do you feel that people treat you unfairly?
>
> Data for this indicator comes from one negatively framed question. Responses are recorded using a seven-point Likert scale format. The data generated are based on perceptions.

Source: European Social Survey, Round 3 (Personal and Social Well-Being Module).

Respect and fairness are *values* intrinsically linked to the *quality* of interactions. They are also linked to specific feelings associated with humiliation, such as unjust treatment and ridicule. Questions related to fair treatment have been used in social capital surveys (Global Social Capital Survey – Republic of Uganda), in social policy surveys with reference to the provision of health services and the design of the tax system (New Zealand Department of Statistics 1987), and crime surveys (British Crime Survey 2001) in the context of freedoms and basic individual rights. The particular proposed indicators for respectful treatment and unfair treatment are single item measures used in the Personal and Social Well-Being Module of the European Social Survey, Round 3. The question measuring respectful treatment was developed specifically for the ESS survey. The question regarding unfair treatment is adapted from Antonovsky's Sense of Coherence Scale. This scale has the advantage of having being "consciously formulated in terms which are thought to be applicable cross-culturally" (Antonovsky 1993: 725).

The proposed indicators for discrimination aim at measuring *actions* (or the lack thereof) in particular aspects of daily life. To discriminate is to "perpetrate an unjust action or inaction against individuals who belong, or are perceived to belong, to a particular group, in particular stigmatized groups" (Pan American Health Organization 2003). Discrimination has been characterised as the "most overt form of ascriptive humiliation" (Lukes 1997: 44) and is characterised by unequal power relations and actions that affect the dignity and pride of individuals and result in feelings of being unjustly degraded.

The sense of being discriminated against can come from different sources (relationships with individuals or groups of individuals, institutions, a law, social norms, etc.) and therefore this paper proposes a set of indicators to capture this domain. The indicators proposed are **prejudicial**

treatment and the **perception that ethnic, racial, cultural or economic background affects an individual's chances to obtain services, jobs, education, etc.** These indicators thereby allow us to measure discrimination on two levels. The first (prejudicial treatment) involves a more open question that allows capturing multiple *sources* of discrimination (e.g. government offices, private companies, relatives, etc.) and multiple *reasons* (e.g. physical disability, sexual orientation, ethnic background). The second (the perception that ethnic, racial, cultural or economic background affects an individual's chances) emphasises specific sources (the state mainly, and some private institutions) and places more emphasis on specific reasons for discrimination.

The arguments behind emphasising the state and institutions are several. First, humiliation resulting from interactions with the state can be particularly poignant as the state has the potential to make power relations particularly unequal. Secondly, state discrimination is an affront to the basic concept that institutions ought to represent an entire society in an equal and fair way, adding to the intensity of humiliation. Finally, actions involving institutions are easier to measure than alternative sources, as many services are usually regulated or well established (in the sense that one can determine what could be expected if no "special" judgement is passed on the individual). The *reasons* for being discriminated against have been selected because *group* discrimination has been linked to particularly troubling aspect of social relations, and can engender political instability and even violent conflict (Stewart 2001).

Box 5 – Indicators of discrimination

Experiences of prejudiced treatment during the past three months due to one or more grounds for discrimination.

1. Have you been treated in a way that you felt was prejudiced during the past three months? (Response alternatives: No; Yes, occasionally; Yes, on several occasions)

2. Who treated you in a way that you felt was prejudiced? (Response alternatives: Health care services, School/work, Employment office, Police/judicial system, Social services, Social insurance office, Shops/restaurants, Bank/insurance company, Landlord/local housing office, Close relative, Unknown person in a public place, Other – open question).

3. Why were you treated in a way that you felt was prejudiced? (Response alternatives: Ethnic or racial background, Gender, Sexual orientation, Age, Disability, Religion, Other – open question, 'Don't know')

Source: Adapted from The National Institute of Public Health 2006.

Indicator 4: Whether ethnic, racial, or cultural background affect the chances of getting jobs, services and education.

1. Do you think that someone's ethnic, racial, or cultural background affects their chances of getting: (Response alternatives: No, yes, I don't' know)

a. Access to public services/infrastructure
b. Government jobs
c. Government contracts
d. Private sector formal jobs
e. Public housing
f. Educational opportunities at the pre-university level
g. Educational opportunities at the university level

Source: Centre for Research on Inequality, Human Security and Ethnicity (CRISE) 2006.

Indicator 5: Whether economic conditions affect the chances of getting jobs, services and education.

1. Do you think that someone's economic condition affects their chances of getting:
(Response alternatives: No, yes, I don't' know)

a. Access to public services/infrastructure
b. Government jobs
c. Government contracts
d. Private sector formal jobs
e. Public housing
f. Educational opportunities at the pre-university level
g. Educational opportunities at the university level

Source: Centre for Research on Inequality, Human Security and Ethnicity (CRISE) 2006.

Two main methods are used to capture data on discrimination. The first relates to actual, or perceived, *experiences* of discrimination by individuals. The second enquires about the respondent's *opinion* of specific groups or attitudes. This paper proposes to use both. The questions informing the indicator on prejudicial treatment tests actual or perceived experiences of discrimination and has been slightly adapted from the National Public Health Survey, Sweden, for which they were developed on the basis of available international experiences, tested alongside a population survey, and then analysed and re-tested through qualitative studies (Health and Discrimination Project 2006: 20-21). The original questions were designed to measure "offensive treatment" as Swedish legislation defines discrimination as behaviour which is offensive to an individual's dignity. Evaluations of the question, however, have pointed out that the term "offensive" might capture attitudes which may not be related to discrimination and is hence problematic (Health and Discrimination Project 2006). The term thus has been replaced by "prejudiced", which is related to the idea of "premature judgment or opinion", highly linked with feelings of unfairness, and closer to the definition of discrimination used in this article.

The questions informing the perception that specific backgrounds affect the chances of individuals obtaining public services, jobs, education, etc. have been borrowed from the CRISE Perception Survey[14] which has been carried out in eight countries in Africa, Asia and Latin America. One of the questions has been modified from its original form to capture discrimination based on the economic condition of the individual.

There measurement of discrimination is not free from problems. First, perceptions of discrimination can be overestimated or underestimated by individuals. Over-reactions, high sensitivity and low thresholds have been pointed out as potential sources of overestimation (Health and Discrimination Project 2006). Underestimation, on the other hand, can come from a large array of factors, such as unawareness, insensitivity or stoicism, high thresholds and denial of the act being committed (Health and Discrimination Project 2006) or arise from "lifelong habituation" widely used by Sen and adaptive preferences advanced by Nussbaum (2000). Secondly, "folk" notions of race or ethnicity can be highly sensitive areas to enquiry about. Finally, the use of the term "discrimination" in questions requires agreement regarding its definition, which is difficult to achieve. Alternative terms, however, might capture treatment which might not be discriminatory per se while failing to capture others which might constitute discrimination.

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[14] Centre for Research on Inequality, Human Security and Ethnicity, University of Oxford (see http://www.crise.ox.ac.uk).

Internal humiliation

The indicator proposed by this paper to measure the **internal experience of humiliation** is borrowed from the pioneering work of Hartling and Luchetta (1999) and their Humiliation Inventory Scale. This scale consists of two different subscales: the Cumulative Humiliation Subscale (CHS) and the Fear of Humiliation Subscale (FHS), which attempt to capture the cumulative impact of past humiliation and the current fear of humiliation of an individual respectively. The questions that inform the indicator are borrowed entirely from the CHS and are the six items with the greatest explanatory power (Box VI).[15] This decision was made for two reasons. First, the time orientation of the CHS (it is designed to measure humiliation accumulated throughout the individual's life and not only result of specific and current events) is more relevant for our purposes and is probably more linked to the maladies with which humiliation has been implicated. Secondly, the length of the scale (the entire scale has 32 questions) render it unfeasible to be incorporated in its complete form into larger surveys. Unfortunately, humiliation has been quite a neglected construct in the literature (Hartling and Luchetta 1999; Hartling 2005; Lindner 2007),[16] limiting the availability of potential measurement instruments.

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[15] Correspondence with Linda Hartling, 9 May 2007.

[16] Important work related to humiliation is currently being carried out by the Human Dignity and Humiliation Studies group, which "addresses the challenges of studying, preventing and healing humiliation". This group is anchored globally, with a core affiliation to the Columbia University Network of Conflict Resolution (See http://www.humiliationstudies.org).

Box 6 – Indicator of internal humiliation

Indicator 1. Levels of accumulated humiliation.

Data collection questions (Adaptation from Cumulative Humiliation Subscale, Hartling and Luchetta 1999):

Please read each item below carefully and circle the rating that best describes your feelings from "Not at all" (1) to Extremely (5)

Throughout your life how seriously have you felt harmed by being...

1) ...excluded?
2) ...put down?
3) ...ridiculed?
4) ...discounted?
5) ...cruelly criticized?
6) ...called names or referred to in derogatory terms?

---

4.   Conclusion

This paper has proposed indicators of shame and of humiliation that would add a valuable dimension to our understanding and measurement of poverty, and proposed a short list of questions that could be used to capture the necessary information to construct these indicators.

The data generated could provide a starting point to answer some important questions about the relationship between shame and income poverty:

- Are shame and humiliation aspects of absolute poverty, as Sen has argued?

- Do lower economic levels correlate with shame-proneness?

- Does shame increase if poverty worsens, or vice versa, over time?

- Does the stigma of poverty relate to shame-proneness?

- Are ashamed people less likely to take actions to change their lives?

More broadly, these data could feed into a richer multidimensional measure of poverty that includes not only objective criteria but associated perceptions. Though little work has been done – particularly within economics – to measure shame and humiliation, and the concepts are complex and difficult to capture, historical and contemporary evidence highlights their importance to a full understanding of poverty. Their measurement, in an internationally comparable manner, would only increase the value of the concepts.

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Annex 1: Complete shortlist

The Annex presents together the proposed indicators and data collection questions.

A.1. Shame

Indicator 1. Whether respondents would feel shame if they were poor.

Data collection questions (adapted from USAID 2006):

Do you agree/disagree with the following statement:

1. I would be ashamed if I was poor.
2. I would be ashamed if someone in my family was poor.
3. People living in poverty should be ashamed of themselves.
4. People who are not poor make people who are poor feel bad.

How do you think most people in your community would answer the previous questions?

5. I would be ashamed if I was poor.
6. I would be ashamed if someone in my family was poor.
7. People living in poverty should be ashamed of themselves.
8. People who are not poor make people who are poor feel bad.

Indicator 2. Levels of shame proneness.

Data collection questions (from PFQ2, Harder and Zalma 1990):

For each of the following listed feelings please place a number from 0 to 4, reflecting how common the feeling is for you.

    4 = you experience the feeling continuously or almost continuously
    3 = you experience the feeling frequently but not continuously
    2 = you experience the feeling some of the time
    1 = you experience the feeling rarely
    0 = you never experience the feeling

1. Embarrassment
2. Feeling ridiculous
3. Self-consciousness
4. Feeling humiliated
5. Feeling "stupid"
6. Feeling "childish"
7. Feeling helpless, paralyzed
8. Feelings of blushing
9. Feeling laughable
10. Feeling disgusting to others

A.2. Humiliation

A.2.1 External experience of humiliation

Indicator 1. People feel that they are treated with respect.

Data collection question (from European Social Survey, Round 3: Personal and Social Well-Being Module):

Please circle the rating that best describes your feelings from "Not at all" (0) to "A great deal (6)", including an option for 'Don't know'.

1) To what extent do you feel that people treat you with respect?

Indicator 2. People feel that they are treated unfairly.

Data collection question (from European Social Survey, Round 3: Personal and Social Well-Being Module):

Please circle the rating that best describes your feelings from "Not at all" (0) to "A great deal (6)", including an option for 'Don't know'.

1) To what extent do you feel that people treat you unfairly?

Data for this indicator comes from one negatively framed question. Responses are recorded using a seven-point Likert scale format. The data generated are based on perceptions.

Indicator 3: Experiences of prejudiced treatment during the past three months due to one or more grounds for discrimination.

Data collection questions (adapted from The National Institute of Public Health 2006):

1. Have you been treated in a way that you felt was prejudiced during the past three months?
(Response alternatives: No; Yes, occasionally; Yes, on several occasions)

2. Who treated you in a way that you felt was prejudiced?
(Response alternatives: Health care services, School/work, Employment office, Police/judicial system, Social services, Social insurance office, Shops/restaurants, Bank/insurance company, Landlord/local housing office, Close relative, Unknown person in a public place, Other – open question).

3. Why were you treated in a way that you felt was prejudiced?
(Response alternatives: Ethnic or racial background, Gender, Sexual orientation, Age, Disability, Religion, Other – open question, Don't know)

Indicator 4: Whether ethnic, racial, or cultural background affect the chances of getting jobs, services and education.

Data collection questions (from Centre for Research on Inequality, Human Security and Ethnicity 2006):

1. Do you think that someone's ethnic, racial, or cultural background affects their chances of getting: (Response alternatives: No, yes, 'Don't know')

a. Access to public services/infrastructure
b. Government jobs
c. Government contracts
d. Private sector formal jobs
e. Public housing
f. Educational opportunities at the pre-university level
g. Educational opportunities at the university level

Indicator 5: Whether economic conditions affect the chances of getting jobs, services and education.

Data collection questions (adapted from Centre for Research on Inequality, Human Security and Ethnicity 2006):

1. Do you think that someone's economic condition affects their chances of getting:
(Response alternatives: No, yes, 'Don't know')

a. Access to public services/infrastructure
b. Government jobs
c. Government contracts
d. Private sector formal jobs
e. Public housing
f. Educational opportunities at the pre-university level
g. Educational opportunities at the university level

A.2.2 Internal experience of humiliation

Indicator 1. Levels of accumulated humiliation.

Data collection questions (Adaptation from Cumulative Humiliation Subscale, Hartling and Luchetta 1999):

Please read each item below carefully and circle the rating that best describes your feelings from "Not at all" (1) to Extremely (5)

Throughout your life how seriously have you felt harmed by being...

1) ...excluded?
2) ...put down?
3) ...ridiculed?
4) ...discounted?
5) ...cruelly criticized?
6) ...called names or referred to in derogatory terms?

Annex 2: Alternative psychometric scales for measuring shame and humiliation

SHAME			
The Adapted Shame/Guilt Scale (ASGS) (Hoblitzelle, 1982)	**Personal Feelings Questionnaire-2 (PFQ2) (Harder and Zalma 1990)**	**The Internalized Shame Scale (Cook 1996)**	**Experience of Shame Scale (Andrews et al 2002)**
Below are a number of descriptive words that people frequently use to describe themselves in situations. Please use these words to describe yourself. That is, indicate on a scale from 1 to 7 how true of you these various descriptive words are.	Each of the items is a statement of feelings. For each item, circle the number which best indicates how common the feeling is for you. (Never experience; Rarely experience; Sometimes experience; Frequently experience; Continuously or almost continuously experience)	1. I fell like I am never quite good enough. 2. I feel somehow left out. 3. I think that people look down on me. 4. All in all, I am inclined to feel that I am a success. 5. I scold myself and put myself down. 6. I feel insecure about others' opinion of me. 7. Compared to other people, I feel like I somehow never measure up. 8. I see myself as being very small and insignificant. 9. I feel I have much to be proud of. 10. I feel intensely inadequate and full of self-doubt. 11. I feel as if I am somehow defective as a person, like there is something basically wrong with me. 12. When I compare myself to others I am just not as important. 13. I have an overpowering dread that my faults will be revealed in front of others. 14. I feel I have a number of good qualities. 15. I see myself striving for perfection only to continually fall short. 16. I think others are able to see my defects. 17. I could beat myself over the head with a club when I make a mistake. 18. On the whole, I am satisfied with myself. 19. I would like to shrink away when I make a mistake. 20. I replay painful events over and over in my mind until I am	Everybody at times can feel embarrassed, self-conscious or ashamed. These questions are about such feelings if they have occurred at any time in the past year. There are no 'right' or 'wrong' answers. Please indicate the response which applies to you with a tick.(not at all; a little; moderately; very much)
Never or almost never true (1) Usually not true (2) Sometimes but infrequently true (3) Occasionally true (4) Often true (5) Usually true (6) Always or almost always true (7)	1. Embarrassment (S) 2. Mild guilt (G) 3. Feeling ridiculous (S) 4. Worry about hurting or injuring someone (G) 5. Sadness 6. Self-consciousness (S) 7. Feeling humiliated (S) 8. Intense guilt (G) 9. Euphoria 10. Feeling "stupid" (S) 11. Regret (G) 12. Feeling "childish" (S) 13. Mild happiness 14. Feeling helpless, paralyzed (S) 15. Depression 16. Feelings of blushing (S) 17. Feeling you deserve criticism for what you did (G) 18. Feeling laughable (S) 19. Rage 20. Enjoyment 21. Feeling disgusting to others (S) 22. Remorse (G)		1. Have you felt ashamed of any of your personal habits? 2. Have you worried about what other people think of any of your personal habits? 3. Have you tried to cover up or conceal any of your personal habits? 4. Have you felt ashamed of your manner with others? 5. Have you worried about what other people think of your manner with others? 6. Have you avoided people because of your manner? 7. Have you felt ashamed of the sort of person you are? 8. Have you worried about what other people think of the sort of person you are? 9. Have you tried to conceal from others the sort of person you are? 10. Have you felt ashamed of your ability to do things? 11. Have you worried about what other people think of your ability to do things? 12. Have you avoided people because of your inability to do things? 13. Do you feel ashamed when you do something wrong? 14. Have you worried about what other people think of you
Bashful Mortified Guilty Wicked Embarrassed Deprecated Foolish Indecent Liable Depressed Reproached Unscrupulous Humiliated Immoral Abashed Improper Disgraced. Delinquent Inappropriate Unethical Shy Indecorous Ashamed	Note: G = Guilt. S = Shame. The guilt and shame codes in parentheses were not shown in the study participants' questionnaires.		

| Imprudent | | overwhelmed.
21. I feel I am a person of worth at least on an equal plane with others.
22. At times I feel like I will break into a thousand pieces.
23. I feel as if I have lost control over my body functions and my feelings.
24. Sometimes I feel no bigger than a pea.
25. At times, I feel so exposed that I wish the earth will open up and swallow me.
26. I have this painful gap within me that I have not been able to fill.
27. I feel empty and unfulfilled.
28. I take a position attitude towards myself.
29. My loneliness is more like emptiness.
30. I feel like there is something missing. | when you do something wrong?
15. Have you tried to cover up or conceal things you felt ashamed of having done?
16. Have you felt ashamed when you said something stupid?
17. Have you worried about what other people think of you when you said something stupid?
18. Have you avoided contact with anyone who knew you said something stupid?
*19. Have you felt ashamed when you failed in a competitive situation?
*20. Have you worried about what other people think of you when you failed in a competitive situation?
21. Have you avoided people who have seen you fail?
22. Have you felt ashamed of your body or any part of it?
23. Have you worried about what other people think of your appearance?
24. Have you avoided looking at yourself in the mirror?
25. Have you wanted to hide or conceal your body or any part of it?
* Alternatives for populations where competition is not relevant:
19. Have you felt ashamed when you failed at something which was important to you?
20. Have you worried about what other people think of you when you fail? |

SHAME (Cont)	HUMILIATION
Test of Self-Conscious Affect-2 (TOSCA) (Tangney and Dearing 2002)	**Humiliation Inventory Scale (Hartling and Luchetta 1999)**
Q 1. You make plans to meet a friend for lunch. At 5 o'clock, you realize you stood him up. **Not likely..Very likely** a) You cannot apologize enough for forgetting the appointment (RG). b) You would think: "I'm inconsiderate." (S) c) You would think: "Well, they'll understand." (D) d) You think you should make it up to him as soon as possible. (G) e) You would think: "My boss distracted me just before lunch." (E) **Q 2. You break something at work and then hide it.** **Not likely..Very likely** a) You would think: "This is making me anxious I need to either fix it or get someone else to." (G) b) You would think about quitting. (S) c) For days you'd worry about it, repeatedly trying to think of a way to remedy the situation. (RG) d) You would think: "A lot of things aren't made very well these days." (E) e) You would think: "It was only an accident." (D) **Q 3. You are out with friends one evening and you're feeling**	This questionnaire asks you to summarize your feelings about the following questions. Please read each item below carefully and circle the rating that best describes your feelings from "Not at all" (1) to Extremely (5) **a) Cumulative Humiliation Subscale (CHS)** Throughout your life how seriously have you felt harmed by being... (1.)…teased? (2.) ...bullied? (3.)...scorned? (4.) ...excluded? (5.) ...laughed at? (6.) ...put down? (7.) ...ridiculed? (8.) ..harassed? (9.) ...discounted? (10.) ...embarrassed? (11.) ...cruelly criticized? (12.) ...called names or referred to in derogatory terms? **b) Fear of Humiliation Subscale (FHS)** At this point in your life, how much do you fear being... (13.) ...scorned?

especially witty and attractive. Your best friend's spouse seems to particularly enjoy your company.
Not likely...Very likely

a) You would think: "I should have been aware of what my best friend is feeling." (G)
b) You would feel happy with your appearance and personality. (AP)
c) You would feel pleased to have made such a good impression. (BP)
d) You can't stop thinking about the problems you may have caused your friend and their spouse. (RG)
e) You would probably avoid eye-contact for a long time. (S)

Q 4. At work, you wait until the last minute to plan a project, and it turns out badly.
Not likely...Very likely

a) You'd bend over backwards for months to make up for it but fear that it won't make any difference. (RG)
b) You would feel incompetent. (S)
c) You would think: "There are never enough hours in the day." (E)
d) You would feel: "I deserve to be reprimanded for mismanaging the project." (G)
e) You would think: "What's done is done." (D)

Q 5. You make a mistake at work and find out a co-worker is blamed for the error.
Not likely...Very likely

a) You would think the company did not like the co-worker. (E)
b) You would think: "Life is not fair." (D)
c) You would keep quiet and avoid the co-worker. (S)
d) You would feel troubled and preoccupied with what happened but unable to correct the situation. (RG)
e) You would feel unhappy and eager to correct the situation. (G)

Q 6. For several days you put off making a difficult phone call. At the last minute you make the call and are able to manipulate the conversation so that all goes well.
Not likely...Very likely

a) You would think: "I guess I'm more persuasive than I thought." (AP)
b) You would regret that you put it off. (G)
c) You would feel like a coward. (S)
d) You would think: "I did a good job". (BP)
e) You would feel badly about getting off so easily and always feel "funny" whenever you thought about the call. (RG)
f) You would think you shouldn't have to make calls you feel pressured into. (E)

Q 7. While playing around, you throw a ball and it hits your friend in the face.
Not likely...Very likely

a) You would feel inadequate that you can't even throw a ball. (S)
b) You would think maybe your friend needs more practice at catching. (E)
c) You'd replay the incident over and over, wondering what you could have done to avoid it. (RG)
d) You would think: "It was just an accident." (D)
e) You would apologize and make sure your friend feels better. (G)

Q 8. You have recently moved away from your family, and everyone has been very helpful. A few times you have needed to borrow money, but you paid it back as soon as you could.
Not likely...Very likely

a) You would feel immature. (S)
b) You would think: "I sure ran into some bad luck." (D)

(14.) ...bullied?
(15.) ...ridiculed?
(16.) ...powerless?
(17.) ...harassed?
(18.) ...put down?
(19.) ...excluded?
(20.) ...laughed at?
(21.) ...cruelly criticized?
(22.) ...cruelly disciplined?
(23.) ...made to feel like an outsider?

At this point in your life, how concerned are you about being...
(24.) ...teased?
(25.) ...embarrassed?
(26.) ...treated as invisible?
(27.) ...discounted as a person?
(28.) ...made to feel small or insignificant?.
(29.) ...called names or referred to in derogatory terms?
(30.) ...unfairly denied access to some activity, opportunity, or service?

How worried are you about being...
(31.) ...viewed by others as inadequate?
(32.) ...viewed by others as incompetent?

c) You would return the favor as quickly as you could. (G)
d) You would think: "I am a trustworthy person." (AP)
e) You would be proud that you repaid your debts. (BP)
f) You'd still never be able to forgive yourself for putting your family out. (RG)

Q 9. You are driving down the road, and hit a small animal.
Not likely...Very likely

a) You would think the animal shouldn't have been on the road. (E)
b) You would think: "I'm terrible." (S)
c) You would feel: "Well, it was an accident." (D)
d) You'd have trouble getting the image of the animal out of your mind. (RG)
e) You'd feel bad you hadn't been more alert driving down the road. (G)

Q 10. You walk out of an exam thinking you did extremely well. Then you find out you did poorly.
Not likely...Very likely

a) You would think: "Well, it's just a test." (D)
b) You would think: "The instructor doesn't like me." (E)
c) You would think: "I should have studied harder." (G)
d) You would feel stupid. (S)
e) You'd keep thinking back to all of the things you did wrong in preparing for the exam. (RG)

Q 11. You and a group of co-workers worked very hard on a project. Your boss singles you out for a bonus because the project was such a success.
Not likely...Very likely
a) You would feel the boss is rather short-sighted. (E)
b) You would feel alone and apart from your colleagues. (S)
c) You would feel your hard work had paid off. (BP)
d) You would feel competent and proud of yourself. (AP)
e) You would feel you should not accept it. (G)
f) You'd feel compelled to find new ways each day to make it up to your co-workers. (RG)

Q 12. While out with a group of friends, you make fun of a friend who's not there.
Not likely...Very likely

a) You would think: "It was all in fun; it's harmless." (D)
b) You would feel small … like a "rat." (S)
c) You would think that perhaps that friend should have been there to defend himself/herself. (E)
d) You would berate yourself over and over for it and vow never to do it again. (RG)
e) You would apologize and talk about that person's good points. (G)

Q 13. You make a big mistake on an important project at work. People were depending on you, and your boss criticizes you.
Not likely...Very likely

a) You would think your boss should have been more clear about what was expected of you. (E)
b) You would walk around for days kicking yourself, thinking of all the mistakes you made. (RG)
c) You would feel like you wanted to hide. (S)
d) You would think: "I should have recognized the problem and done a better job." (G)
e) You would think: "Well, nobody's perfect." (D)

Q 14. You volunteer to help with the local Special Olympics for handicapped children. It turns out to be frustrating and time-consuming work. You think seriously about quitting, but then you see how happy the kids are.

Not likely..Very likely

a) You would feel selfish and you'd think you are basically lazy. (S)
b) Every time you hear about the kids, you get a gnawing feeling inside, knowing how you almost let them down. (RG)
c) You would feel you were forced into doing something you did not want to do. (E)
d) You would think: "I should be more concerned about people who are less fortunate." (G)
e) You would feel great that you had helped others. (BP)

Q 15. You are taking care of your friend's dog while they are on vacation and the dog runs away.
Not likely..Very likely

a) You would think: "I am irresponsible and incompetent." (S)
b) You would think that your friend must not take very good care of their dog or it wouldn't have run away. (E)
c) You would feel badly every time you saw a dog. (RG)
d) You would vow to be more careful next time. (G)
e) You would think your friend could just get a new dog. (D)

Q 16 You attend your co-worker's housewarming party, and you spill red wine on their new cream-colored carpet, but you think no one notices.
Not likely..Very likely

a) You think your co-worker should have expected some accidents at such a big party. (E)
b) You would stay late to help clean up the stain after the party. (G)
c) Every time you see your co-worker you get a nervous feeling in the pit of your stomach, thinking of that stain on the carpet. (RG)
d) You would wish you were anywhere but at the party. (S)
e) You would wonder why your co-worker chose to serve red wine with the new light carpet. (D)

Note: AP = Alpha Pride. BP = Beta Pride. E = Externalisation. D = Detachment. G = Guilt. S = Shame. RG = Ruminative Guilt. The self-conscious emotion and psychological defence codes in parentheses were not shown in the study participants' questionnaires.

Annex 3: Examples of HIV/AIDS-related stigma and discrimination indicators

HIV/AIDS-related Stigma and Discrimination

<u>**USAID (2006)**</u>

QUESTIONS FOR VALUES (SHAME, BLAME AND JUDGMENT)

Indicator: Percent of people who judge or blame persons living with HIV/AIDS for their illness.

Do you agree/disagree with the following statement:
1. HIV is a punishment from God.
2. HIV/AIDS is a punishment for bad behavior.
3. It is women prostitutes who spread HIV in the community.
4. People with HIV are promiscuous.
How do you think most people in your community would answer the previous questions?

Indicator: Percent of people who would feel shame if they associated with a PLHA.

Do you agree/disagree with the following statement:
1. I would be ashamed if I were infected with HIV.
2. I would be ashamed if someone in my family had HIV/AIDS.
3. People with HIV should be ashamed of themselves.

How do you think most people in your community would answer the previous questions?

QUESTIONS FOR ENACTED STIGMA (DISCRIMINATION)

Indicator: Percent of people who personally know someone who has experienced enacted stigma in the past year because he or she was known or suspected to have HIV or AIDS.

Do you know someone in the past year who has had the following happen to him/her because of HIV or AIDS?

1. Excluded from a social gathering.
2. Lost customers to buy his/her produce/goods or lost a job.
3. Had property taken away.
4. Abandoned by spouse/partner.
5. Abandoned by family/sent away to the village.
6. Teased or sworn at.
7. Lost respect/standing within the family and/or community.
8. Gossiped about.
9. No longer visited, or visited less frequently by family and friends.
10. Visitors increase to "check them out."
11. Isolated within the household.

Indicator: Percent of PLHA who experienced enacted stigma in last year.

In the last year, have you [fill in from list below] because of your HIV status?
1. Been excluded from a social gathering.*
2. Been abandoned by your spouse/partner.
3. Been isolated in your household.
4. Been no longer visited or visited less frequently by family and friends.
5. Been teased, insulted or sworn at.
6. Lost customers to buy produce/goods or lost a job.
7. Lost housing or not been able to rent housing.
8. Been denied religious rites/services.
9. Had property taken away.
10. Been gossiped about.
11. Lost respect/standing within the family and/or community.
12. Been threatened with violence.
13. Been given poorer quality health services.
14. Been physically assaulted.
15. Been denied promotion/further training.
16. Had an increase of visitors to "check out" how you are doing.
17. Been abandoned by your family/sent away to the village.
***(Bolded items indicate the minimum core group of items recommended for the analysis)*

Kalichman, S et al (2005)

Respondents are asked to "Agree" or "Disagree"
1. People who have AIDS are dirty
2. People who have AIDS are cursed
3. People who have AIDS should be ashamed
4. Is safe for people who have AIDS to work with children
5. People who have AIDS must expect some restrictions on their freedom
6. A person with AIDS must have done something wrong and deserves to be punished
7. People who have HIV should be isolated
8. I do not want to be friends with someone who has AIDS
9. People who have AIDS should not be allowed to work

UNAIDS (2000a)

Indicator: Accepting attitudes towards those
living with HIV (The percent of people expressing accepting attitudes towards people with HIV, of all people surveyed aged 15-49)

Respondents in a general population survey are
asked a series of questions about people with
HIV, as follows:

· If a member of your family became sick with the AIDS virus, would you be willing to care for him or her in your household?

· If you knew that a shopkeeper or food seller had the AIDS virus, would you buy fresh vegetables from them?

· If a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in school?

· If a member of your family became infected with the AIDS virus, would you want it to remain a secret?

UNAIDS (2000b)

Indicator: Number of non-discriminatory practices/rules identified

BASIC FORMS OF ARBITRARY DISCRIMINATION IN KEY AREAS

All questions required to tick a box stating if it is "Required by law", "Required by internal regulation or procedure", or "Occurring in practice"

HEALTH CARE

1. Refusal to treat on grounds of HIV/AIDS status, actual or presumed.
2. Different treatment on grounds of HIV/AIDS
status, actual or presumed.
3. Testing without knowledge.
4. Refusal to inform a person of the result of an HIV test.
5. Health controls, quarantine, compulsory
internment, and/or segregation in hospital, clinic,
nursing home etc.
6. Compulsory notification of HIV/AIDS status to sexual partner(s) and/or relative(s).
7. Non-confidentiality: supplying names of
individuals found to be HIV-positive to any other party, or knowingly or negligently allowing confidential files to be consulted.

EMPLOYMENT

8. Mandatory testing at recruitment.
9. Mandatory testing during employment.
10. Questions on recruitment forms and/or during interview related to HIV/AIDS status and/or 'lifestyle'.
11. Lack of confidentiality regarding HIV/AIDS status.
12. Dismissal, or change(s) in conditions of
employment, on the grounds of HIV/AIDS status, actual or presumed.
13. Restrictions due to HIV/AIDS status, actual or presumed (e.g., promotion, job location, training and/or employment benefits).
14. Denial of employment on grounds of HIV/AIDS status, actual or presumed.

JUSTICE/LEGAL PROCESS

15. Criminalization of behaviour (such as prostitution or men having sex with men) considered to be conducive to spreading HIV.
16. Creation of specific criminal offences for
deliberate transmission of HIV/AIDS.
17. Inequality before the law for persons living with HIV/AIDS, actual or presumed, and in relation to groups regarded as at risk of HIV/AIDS
(e.g., refusal to pursue a prosecution where victim is a PLWHA; denial or limitation of due process protections, including rights of review and appeal, and rights of representation, notice and privacy).
18. Difference in conviction and/or sentencing on the grounds of HIV/AIDS status, actual or presumed.

ADMINISTRATION

Prison administration
19. Mandatory testing on entry.
20. Mandatory testing during prison term.
21. Mandatory testing on release.
22. Special conditions of detention on grounds of
HIV/AIDS status, actual or presumed (e.g.,
segregation; and/or denial of, or reduced access to, prison facilities, privileges and release
programmes).
23. Restrictions in access to care and treatment.
Entry and/or stay
24. Mandatory testing, declaration of status, HIV free certificate required as condition of entry, stay, or freedom of movement.
25. Expulsion on the grounds of HIV/AIDS status, actual or presumed, without appropriate
procedures.

SOCIAL WELFARE

26. Denial of, or restrictions on, access to benefits.

HOUSING

27. Mandatory testing, declaration of status, HIV-free certificate as condition of access to housing or of the right to remain.

EDUCATION

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28. Denial of access to education on the grounds of HIV/AIDS status, actual or presumed.
29. Restrictions imposed in an educational setting on the grounds of HIV/AIDS status, actual or presumed (e.g., segregation).

FAMILY & REPRODUCTIVE LIFE

30. Mandatory premarital testing.
31. Mandatory prenatal testing.
32. Mandatory abortion/sterilization of women with HIV/AIDS.
33. Withdrawal, or modification, of conditions of
exercise of parental custody, support, inheritance
rights due to HIV/AIDS status, actual or presumed.

**INSURANCE AND OTHER FINANCIAL
SERVICES**

34. Denial of, or restrictions on, the granting of social security, or national insurance, on the grounds of HIV/AIDS status, actual or presumed.
35. Denial of, or restrictions on, acceptance for
insurance (e.g., life insurance) on the grounds of
HIV/AIDS status, actual or presumed, or
membership of a group regarded as at risk of HIV.
36. Denial of, or restrictions, on access to credit (e.g., bank loan) on the grounds of HIV/AIDS status, actual or presumed, or membership of a
group regarded as at risk of HIV.

**OTHER PUBLIC ACCOMMODATIONS &
SERVICES**

37. Denial of, or restrictions on, access to other public accommodations or services (e.g., burial services, transport, or sports and leisure facilities) on the grounds of HIV/AIDS, actual or presumed.