



What the COVID-19 reveals about the role of honor in human behavior

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Dear Editor

The research recently published by S. Nomura et al in your journal is of particular interest to us. Indeed, the quality of the work carried out and the material put at our disposal is somewhat impressive. The scope of this article, based on the singularity of the Japanese situation, is very interesting in regard to the global health context. As part of our research on the increased suicide rate among Japanese women (all social categories combined) following COVID-19, we were also interested for the trial of M. Ueda et al. which covered the same scientific field. M. Ueda et al. study focuses on the social categories most affected by this growing suicide rate among Japanese women; the latest data published in October seems to indicate that housewives and employees are the most affected by this phenomenon. In addition, this article suggests the same potential causes, consecutive to the pandemic: economic precariousness, isolation, media influence.

However, we believe that the socio-economic crisis arising from this health context is not the cause of this phenomenon, but a catalyst revealing in the foreground the tortured relationship between the subject and himself. As the real drama is not death, but the guilt of giving up on dignity. Beyond the emotional distress resulting from financial insecurity, we would be tempted to think that it is humiliation, combined with social marginalization, that creates trauma. This humiliation has traumatic value because it crushes the subject, weakens his self-esteem and alters his relationship to his ego ideal. The subject's dignity, thus violated, plunges him into a state of confusion tinged with silence. The resulting pain is more insidious, cruel, and deeper than the mere shame of a desire from a fantasy: It is the shame of being alive. This social feeling that we name shame touches the subject in his most intimate

layers; it becomes the traumatic origin of the narcissistic wound causing a crisis between oneself and his ego ideal. If in the material reality, shame becomes a bodily sensation of unease, it manifests itself in the imagination through the resulting feeling of guilt. As Lacan once said: "Faced with this permanent humiliation of a system dehumanized by a (false) war situation, the patient is reduced to the "supreme embarrassment". Shame, as a psychic construct, would operate this cruel destitution of the subject where the latter perceives himself as a misfit in this world. This shame of being alive would therefore be this "embarrassment" pushed to a paroxysmal form where the "embarrassment" would seize the whole subject's body. This "embarrassment" is the result of accumulated suffering, laden with revolt, whose sublimation leads to the formation of an ideal of honour in the subject's psyche, the latter taking his own body as the object of humiliation and harm he has suffered. Therefore, the acting-out becomes acting-in where violence is not directed toward others but rather inflicted upon the subject himself, sometimes leading to suicide. Acting-in represents a way for the trauma to express itself. This modern form of shame is at the base of a new conception of the discontents in the civilization, more akin to a form of ill in the civilization. If the body's revolt takes here a harmful form through suicide, it may appear as the only way out allowing the subject to recover its dignity and avoid dishonor. In light of the elements previously observed, a new pattern emerges: for the first time in humankind's history, civilization flourishes at human beings' expenses. imposing social precariousness in the name of economic imperatives. Could all this explain the irrepressible need for the subject to express himself in such a pathological way? This clinical question prompts us not to emphasize a desire for death, but rather to acknowledge the possibility of a harmful reverse of the super-ego imposing its most absolute demands.

For these reasons, we believe that this

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Japanese research you recently published could join ours, confirm our hypotheses and clinical questions, and perhaps allow us to identify conceptual tools that would help us decipher this suicidal trend without necessarily correlating it with psychosis. It is essential for us to grasp this unbearable torture emanating from the ideal, this ideal of honour holding a prominent place in Japanese culture. This Japanese-specific knowledge could teach us about the same phenomenon occurring in Europe, and inspire European research teams. Despite the lack of figures regarding suicide in France, we can also observe an increase in depressive trends correlated to the current health situation.

The acting out clinic, as well as the question of femininity in its psychopathological aspect, being our main research topic, we would like to open a dialogue with other researchers about these subjects. A dialogue which will allow us to highlight universal forms of symptomatic expressions, transcending cultures. It will also come to understanding how civilization, and modern societies ensuing from it, has an impact on the internal reality of women. Therefore, we would like to offer the authors of this research a collaboration in which Japanese culture would be able to chart the path towards a modern approach of the feminine clinic.