

Humiliation: an excluded emotion

L'umiliazione: un'emozione "esclusa"

A. Collazzoni, C. Capanna, C. Marucci, M. Bustini, I. Riccardi, P. Stratta¹, A. Rossi

Dipartimento di Scienze Cliniche Applicate e Biotecnologie (DISCAB), Università de L'Aquila; ¹ Dipartimento di Salute Mentale, ASL 1, L'Aquila

Summary

Objectives

Herein the authors review the literature on humiliation, focusing on the relationship with psychopathology and neuroscience.

Methods

A literature search was conducted on Pubmed and Google Scholar using "humiliation", "psychopathology", "social neuroscience" and "social neurobiology" as key words.

Results

Twenty-nine internationally published articles were found.

Conclusions

The paucity of studies demonstrate an overall lack of interest in Neuroscience and Psychopathology research for humiliation, even if several investigations have found humiliation to be an important risk factor that is linked to an increase in and maintenance of mental disorders. Further research on humiliation is encouraged.

Key words

Humiliation • Social emotions • Psychopathology and neuroscience

Introduction

Humiliation is a social emotion that has an important negative influence on the person and his social dynamics (family, school, work), and should therefore be considered as dangerous for mental health ¹⁻³, although it has not been extensively studied from a clinical standpoint. Linda Hartling affirmed that the reason for this likely lies in the fact that several important psychological theories on human personality have minimised, omitted or negated certain forms of humiliating experiences since they were not explainable with theories of intrapsychic and individualistic personality matrices due to their interpersonal origin ². Other reasons for the lack of overall interest include the possibility to confuse humiliation with other emotions, and to not even consider it as an emotion ¹⁻³. An additional motivation is that some humiliating emotions are profoundly embedded in society and can be shared by all: the sufferer often does not react, and passively accepts humiliation, which is considered to be necessary for maintaining an equilibrium in the home, school or workplace ²⁻³. Herein, following a definition of humiliation, the authors will explore its relationships with psychopathology and neuroscience,

with the intention of stimulating greater interest in this "excluded" emotion.

What is humiliation?

It is possible to understand humiliation by referring to the underlying relational components. According to the hypothesis of Klein, there are at least three interpretations of the dynamics of humiliation: humiliator, witness and victim (humiliated). Between the humiliated and he who humiliates, there is a difference on a social level that favours the strongest, but which degrades, confuses and renders one vulnerable to humiliation; one feels helpless and deprived of identity. Statman has explored the characteristics of these two protagonists, defining the humiliated as one who is unable to render himself independent of others out of acceptance and respect for oneself. The person committing the act of humiliation has the intention to benefit from the humiliation of others. The intention of the latter is a fundamental requisite for the act of humiliation ⁴. Gerson goes beyond the definition of Klein to consider the consequences of humiliation, which are not only at an individual level, but at a social level as well. He sustains, in fact, that it is not only the positive image of oneself that

Correspondence

Alberto Collazzoni, Località Coppito II, 67100 L'Aquila, Italy • Tel. +39 0862433604 • E-mail: eddycollazzoni@hotmail.it

is injured, but also the positive image that the others have of the humiliated that is at the basis of the negative consequences that the humiliated fears⁵. The third component in the dynamics of humiliation, according to Klein, is that witnesses of the act of humiliation can flee for the fear to be humiliated as well; the fear of humiliation has a strong influence on human behaviour that can provoke avoidance in certain social situations considered at risk³.

Leider affirms that the consequences of humiliation are more important when there is a greater difference between the bargaining power of the person who commits an act of humiliation and the humiliated and the number of witnesses¹. Humiliating situations include, according to Klein, being made fun of, made to be submissive, insulted, harshly criticised, being unfairly excluded from activities, discrimination due to sex, race, age, religion or mental or physical disability. At a scholastic level, the most common form of humiliation is bullying, while that in the workplace is referred to as mobbing. Metzger specifies that bullying is not an act that has negative consequences only for childhood or adolescence, but that the experience of suffering a humiliation predisposes the individual to experience depression and hopelessness, which are factors for increased risk of suicide⁶. Duffy, considering the relation between mobbing and humiliation, describes the victim of mobbing as a person, who due to his competencies, work abilities, intelligence and dedication to work, is psychologically abused by peers and managers through isolation or being assigned degrading tasks. The consequences of psychological abuse are similar to those described by Klein, as long as the individual feels undervalued, degraded and without an identity in the workplace. Duffy, as does Klein, highlights that mobbing, considered as a humiliating dynamic, has the objective of maintaining a pre-existing hierarchy, and annihilating those who are perceived as a threat⁷. Silver, in contrast to the above-cited authors, affirms that the individual is humiliated not only if maltreated, ignored or controlled but also if he is helped or pitied by others, if this can diminish the personal value⁸. Both Klein and Silver share the idea that beyond a microsocial level, humiliation is also utilised to control social minorities as a form of oppression in international conflicts, where a recurrent humiliating dynamic can be considered as "mass" rape.

An additional reflection by Klein is on the relationship between humiliation and its social role, or the role that it has in social relations. According to Klein, maintaining a stable social role is part of human development and psychological well-being in moments of crisis. He adds, however, that our present social system is characterised by competition and humiliating relations between the winner and loser. These dynamics can negatively influence the social role and provoke sensations of social de-

feat. In this regard, Torres affirms that the loss or lack of reaching a social role within a community can render the humiliated a nullity within the community⁹. In fact, as reported by Gilbert, an individual without a proper social role in a community cannot continue to live without it, as there are fewer objectives and resources to allow for continuation¹⁰. Kendler adds that to be the recipient of humiliation in important social situations is the equivalent of receiving a lower position in the social hierarchy, provoking a sensation of entrapment without the possibility of resolution¹¹.

Lastly, humiliation must be distinguished from other emotions with which it shares some characteristics. According to the hypothesis of Klein, humiliation is often confused with shame. In both, an individual lives a situation as either humiliating or shameful, and in both cases the self pervades in its entirety resulting in similar responses such as the sensation of being helpless, as claimed by Leider¹. However, humiliation is more focused on the interaction between the individual who is constrained to an inferior position. In shame, there is greater negative self-reflection, while humiliation is completely dependent on interpersonal interactions. Even the evaluation that the individual makes about the emotion is different, since shame is felt when an individual has a behaviour that is not consistent with one's own ideals, as seen by both oneself and others, and in this case is perceived as being appropriate and egosyntonic. Meanwhile, during the humiliation dynamics, humiliated people feel humiliation as a undeserved and egodystonic emotion, because humiliated people undergo negative judgments on their person and not on their behavior. Klein stresses that humiliation and guilt seem to be linked by a causal relation. From an interpersonal standpoint, the two emotions share transgression against another person, which can negatively influence the relationship. Moreover, if an individual feels helpless following humiliation, it is likely that in the future he will feel guilty for not having been able to defend himself. This sense of guilt can negatively influence the ability of the individual to affront future humiliations³. Anger may be the ideal reaction to humiliation since the individual feels that the humiliation is not deserved, although anger requires an energy to react that the individual does not have, since he feels helpless, as in shame. It is likely that the sense of helplessness causes a delay in the reaction towards the individual causing the humiliation that may occur immediately in the anger as defined by Leider, but which may manifest later as aggressiveness and violence, overcoming the intensity of the initial anger¹. In individuals with paranoid personality disorders and in subjects with paranoid psychoses, anger represents one of the possible reactions in a situation that is perceived as dangerous and potentially humiliating (see

below). Table I lists several definitions and descriptions of humiliation.

Humiliation and psychopathology

Humiliation is a very powerful social emotion that can easily influence an individual. It is undeniable that there is a close relationship between humiliation and psychopathology, even if the available data is limited. In some cases, humiliation can be considered aetiopathological, while in other cases it can be considered as a consequence of a mental disorder¹². Obviously, not everyone who is humiliated will develop a mental disorder, and various factors related and unrelated to the humiliation (e.g. frequency and intensity) must be considered such as the level of individual resilience, given that humiliation can be considered a social stress factor¹³, while increased resilience is a protective factor¹⁴.

Humiliating experiences are regarded as a source for depression in both men¹⁵ and women¹⁶. In particular, individuals who are humiliated by people with higher social standing can perceive the loss of a social role and feel penalised. The consequent humiliation is linked to a strong risk of the onset of depressive episodes^{9 11 16}. The onset of depression may be caused by the breakup of a love relationship decided by one's partner or caused by delinquent actions made by close relatives (other humiliation dynamics)^{15 16}. A humiliating experience, present or past, for example bullying, can lead an individual to lose future hopes with an increased risk of suicide^{2 3 6 9}. The fear of living a humiliating and embarrassing experience can influence the behaviour of people with social phobia. Indeed, some individuals tend to avoid situations considered at-risk for humiliation¹⁷. Avoidance of such situations can also be influenced by the fear of receiving humiliation^{2 3}.

TABLE I.
Primary definitions of humiliation. *Principali definizioni di umiliazione.*

Author	Year	Definition
Klein DC	1991	Humiliating dynamics: the collection of behaviour associated with the experience of humiliation (academic failure, mental disorder, family arguments, racism, rape, etc.)
Statman D	2000	Humiliation arises from the inability of the individual to be independent from others in accepting and respecting oneself. People who humiliate others take advantage of this situation and try to diminish the self-respect of the humiliated individual through rejection, exclusion and attempts at submission. The victim will be humiliated only if there is explicit intention to humiliate
Gerson S	2011	The humiliating experience is harmful to the humiliated in that he fears that his social image is negatively influenced
Leidner B, Sheikh H, Ginges J	2012	The term humiliation is used to explain a collection of interpersonal negative behaviour, caused by academic failures, family quarrels and psychological problems. The greater the difference in social status between the person who humiliates, the greater the suffering
Meltzer H, Vostanis P, Ford T, et al.	2011	Humiliating experiences at school during childhood can provoke a sense of entrapment and long-lasting desperation over the lifetime of an individual
Duffy M, Sperry L	2007	Mobbing is non-sexual abuse by colleagues or superiors at work who have the intention to eliminate an individual from the workplace. Mobbing provokes humiliation, devaluation, discredit and loss of professional reputation
Silver M, Conte P, Miceli M, et al.	1986	An instrument for social control, present in everyday life, which undermines the sense of identity of an individual. The individual is not humiliated only if maltreated, but also if helped and pitied
Torres WJ, Bergner RM	2010	An individual is humiliated when he attempts to maintain or reach a particular status through specific actions, but fails due to the intervention of people with a higher social status. The humiliation will be more damaging when the failure is rendered public to several people
Gilbert P, Irons C, Olsen K, et al.	2006	When an individual is humiliated he experiences a lowering in his social role, and thus both resources and objectives are at risk
Kendler KS, Hettema JS, Butera F, et al.	2003	A sense of devaluation on an individual and social levels, usually resulting from relationship rejection or a sense of failure in a social role

An explicative model of paranoia involves both embarrassment and humiliation. Paranoia can be considered as a defence mechanism against feelings of inferiority and the fear of humiliation, in both paranoid personality disorder^{18,19} and paranoid psychoses²⁰. Paranoia is activated in situations in which the non-paranoid individual feels shame or responsibility for some negative performed actions, but instead of feeling these emotions, the paranoid individual interprets the situations as dangerous for one's own person because he is afraid that these situations may be the source of humiliating criticism^{18,19}. It is possible that the paranoid individual confuses the emotion of shame (internal emotion) and humiliation (external emotion), and "chooses" the latter, reacting with anger and indignation towards others and the external world^{3,18,19}. Paranoia is linked to previous emotional stress, and is characterised by former negative interpersonal experiences, isolation and bullying²⁰. This type of experience conditions the belief of the individual regarding self (vulnerable), the others (potentially dangerous) and the world (malicious), thus facilitating the formation of suspicious thoughts^{18,20}. In fact, the lack of trust in others, not wanting to share and discuss one's emotions and the onset of social isolation lead the individual to not communicate feelings of perceived threats to others; he broods and reflects on his own, thus preventing the disconfirmation of the origin of persecution. Such a condition can provoke formation of a cognitive biases like "jumping to conclusions" in psychotic paranoid subjects. In fact, this can lead the individual to draw the wrong conclusions about social situations as it does not allow sufficient information to be gathered²⁰. The link between humiliation and psychosis is also related to the assessment that schizophrenic patients have with their disease. A severe mental disorder is seen as a loss of a social role and as a failure; events related to the disease, such as hospitalisation, are thus seen as humiliating. When taken together, such disease-related situations can be a source of depression¹². To exposure to humiliating situations in public seems to be a central component in a "pathologic" narcissistic personality²¹. This type of personality is characterised by a feeling of grandiosity and vulnerability that the individual can express either together or individually in alternate phases. Grandiose narcissism is characterised by exhibitionism, arrogance and by feeling entitled to exploit others. In contrast to grandiose narcissism, vulnerable narcissism is characterised by feelings of inferiority, low self-esteem, desperation and an interpersonal tendency of submission^{22,23}. Humiliation plays an important role in the response of individuals with pathologic forms of narcissism to negative events. Indeed, in grandiose narcissism, the strong desire for respect and admiration from others is linked to self-esteem. In this light, negative events such as failure and social rejection can be experienced

very destructively since they threaten the respect and social prestige at the foundations of self-esteem. When confronted with humiliating events, an individual with grandiose narcissism can have a violent reaction towards those responsible for humiliation in order to preserve self-esteem²¹. Specifically, grandiose narcissism is associated with higher levels of humiliation following events that occur in public, while vulnerable narcissism is generally associated with higher levels of humiliation following events that transpire in private situations where only a few people, especially family members, are present.

Being exposed can be especially important to people with high levels of grandiose narcissism due to their desire to be respected and admired by others. In particular, grandiose narcissism can be associated with sensitivity to humiliating events that occur in public as they can undermine one's social reputation and admiration of others, which is so desperately needed. On the contrary, if humiliating events occur in a private setting they would not be seen as negative since there would be no threat to self-esteem by others.

Therefore, humiliation can be considered as a social construct of considerable importance in the pathophysiology and maintenance of mental disorders. Future research should hold greater consideration for this emotion in order to better understand various disorders in a clinical setting.

Neuroscientific perspectives in humiliation

During the last decades, the interest in humiliation has involved mostly clinical and social psychology. The overall interest in neural systems and neurobiology of social behaviour has created a new line of research in social neurosciences, allowing for better understanding of the link between neurobiology and social psychology. Even humiliation, and in particular the resulting "social pain", has been investigated. Some investigators hold that social pain can be defined as an emotional reaction to a humiliating situation, and that it has the same neurobiological basis as physical pain²⁴. Physical pain has two components: sensory and affective. The former – or the intensity, duration and localisation – is processed by the primary somatosensory cortex (S1), secondary somatosensory cortex (S2) and the posterior insula. The affective component – or the suffering and anxiety provoked by pain – is processed by the dorsal part of the anterior cingulate cortex (dACC) and the anterior insula²⁵.

An initial study on social pain examined the reaction of a group of subjects to an experimental task involving social exclusion. In particular, subjects were scanned with functional magnetic resonance while playing a virtual ball tossing game (cyberball). People were made to believe that they were playing with other people via internet, but in reality were playing with the computer.

Participants played a round in which other “virtual participants” included them in the game. Subsequently participants played a round in which “virtual participants” excluded them from the game. Compared to the round in which participants were included in the game, when participants were excluded from the game, they were characterized by an increase in activity of the dACC and anterior insula, with results similar to those observed in a study on physical pain²⁶.

Social rejection is another dynamic of humiliation that has also been studied by functional magnetic resonance. In that investigation, subjects with a recent, unwanted break-up experience with their partners were involved in two exercises during a session of cerebral visualisation. In the first exercise, subjects were asked to look at a photograph of their ex-partner and think about the end of the relationship. In the second, subjects received painful stimulation. In both sessions, cerebral visualisation recorded an increase in the activation of the dACC at the anterior insula, in addition to an obvious activation S2 and the posterior insula during the second exercise²⁷.

Negative social feelings have also been investigated. Subjects were firstly subjected to an interview, and successively told that the interview would be evaluated by a third person. Subjects received three types of feedback: boring (negative), spontaneous (neutral) or intelligent (positive). After listening to the feedback, subjects were asked to express their level of self-esteem. Those receiving a negative feedback showed greater activation of the dACC and anterior insula, and individuals who had poorer self-esteem following a negative judgement showed greater cerebral activation of the same areas²⁸.

From an evolutionary standpoint, the idea that the loss or lack of social bonds creates pain is rational. In fact, as for other mammals, even humans are born immature and unable to procure food or defend themselves from external threats. Parents have the job of providing care and food. Because of this period of immaturity in the development of the ability to defend oneself and obtain food, the system of attachment has adopted the physical pain reaction system to prevent the harmful consequences of social separation. Pain is thus functional in avoiding threats to social relations by encouraging survival²⁹.

Conclusions

Humiliation can be considered as a factor that is linked with several mental disorders such as depression, anxiety, paranoia and narcissistic personality disorder. Notwithstanding, clinical research has been inadequate in this area. In particular, there is a lack of studies with instruments that measure the subjective experience of a humiliating episode and the relation with other personal and social

constructs, risk and psychopathological protection. Additional investigations on humiliation could help to better understand the relationship dynamics that favour the onset of some mental disorders. Improved knowledge of the dynamics of humiliation may also be useful in order for its avoidance in a variety of situations (school, workplace, family) and to minimise the negative effects that it can have on an individual. Future studies on the neurobiological characteristics of the consequences of humiliation would be of interest through the use of tasks that probe a variety of humiliating situations to further evaluate the entity and areas of cerebral activation.

References

- Leidner B, Sheikh H, Ginges J. *Affective dimensions of inter-group humiliation*. PLoS One 2012;7:e46375.
- Hartling LM, Luchetta T. *Humiliation: assessing the impact of derision, degradation, and debasement*. J Prim Prev 1999;19:259-78.
- Klein DC. *The humiliation dynamic: an overview*. J Prim Prev 1991;12:93-121.
- Statman D. *Humiliation, dignity and self-respect*. Philos psychol 2000;13:523-40.
- Gerson S. *Hysteria and humiliation*. Psychoanal Dialogues 2011;21:517-30.
- Meltzer H, Vostanis P, Ford T, et al. *Victims of bullying in childhood and suicide attempts in adulthood*. Eur Psychiatry 2011;26:498-503.
- Duffy M, Sperry L. *Workplace mobbing: individual and family health consequences*. The Family Journal 2007;15:398.
- Silver M, Conte R, Miceli M, et al. *Humiliation: feeling, social control and the construction of identity*. J Theory Soc Behav 1986;16:269-83.
- Torres WJ, Bergner RM. *Humiliation: its nature and consequences*. J Am Acad Psychiatry Law 2010;38:195-204.
- Gilbert P, Irons C, Olsen K, et al. *Interpersonal sensitivities: Their links to mood, anger and gender*. Psychol Psychother 2006;79:37-51.
- Kendler KS, Hettema JM, Butera F, et al. *Life event dimensions of loss, humiliation, entrapment, and danger in the prediction of onsets of major depression and generalized anxiety*. Arch Gen Psychiatry 2003;60:789-96.
- Rooke O, Birchwood M. *Loss, humiliation and entrapment as appraisals of schizophrenic illness: a prospective study of depressed and non depressed patients*. Br J Clin Psychol 1998;37:259-68.
- Bjorkqvist K. *Social defeat as a stressor in humans*. Physiol Behav 2001;73:435-42.
- Hjemdal O, Friborg O, Stiles CT, et al. *Resilience predicting psychiatric symptoms: a prospective study of protective factors and their role in adjustment to stressful life events*. Clin Psychol Psychother 2006;13:194-201.
- Farmer AE, McGuffin P. *Humiliation, loss and other types*

- of life events and difficulties: a comparison of depressed subjects, healthy controls and their siblings. *Psychol Med* 2003;33:1169-75.
- ¹⁶ Brown GW, Harris TO, Hepworth C. *Loss, humiliation and entrapment among women developing depression: a patient and non-patient comparison*. *Psychol Med* 1995;25:7-21.
 - ¹⁷ den Boer JA. *Social anxiety disorder/social phobia: epidemiology, diagnosis, neurobiology, and treatment*. *Compr Psychiatry* 2000;41:405-15.
 - ¹⁸ Nicolò G, Nobile MS. *Paranoid personality disorder: model and treatment*. In: Dimaggio G, Semerari A, Carcione A, et al., editors. *Psychotherapy of personality disorders: metacognition, states of mind and interpersonal cycles*. New York, NY: Routledge/Taylor and Francis 2007, pp. 188-220.
 - ¹⁹ Dimaggio G, Catania D, Salvatore G, et al. *Psychotherapy of paranoid personality disorder from the perspective of dialogical self theory*. *Counselling Psychology Quarterly* 2006;19:69-87.
 - ²⁰ Freeman D, Garety P. *Helping patients with paranoid and suspicious thoughts: a cognitive-behavioural approach*. *APT* 2006;12:404-15.
 - ²¹ Besser A, Zeigler-Hill V. *The influence of pathological narcissism on emotional and motivational responses to negative events: the roles of visibility and concern about humiliation*. *J Res Pers* 2010;44:520-34.
 - ²² Gabbard GO. *Two subtypes of narcissistic personality disorder*. *Bull Menninger Clin* 1989;53:527-32.
 - ²³ Gabbard GO. *Transference and countertransference in the treatment of narcissistic patients*. In: Ronningstam E, ed. *Disorders of narcissism: Diagnostic, clinical, and empirical implications*. Washington, DC: American Psychiatric Press 1998.
 - ²⁴ Eisenberger NI. *The neural bases of social pain: evidence for shared representations with physical pain*. *Psychosom Med* 2012;74:126-35.
 - ²⁵ Apkarian AV, Bushnell MC, Treede R-D, et al. *Human brain mechanisms of pain perception and regulation in health and disease*. *J Pain* 2005;9:463-84.
 - ²⁶ Eisenberger NI, Lieberman MD, Williams KD. *Does rejection hurt? An fMRI study of social exclusion*. *Science* 2003;302:290-2.
 - ²⁷ Kross E, Berman MG, Mischel W, et al. *Social rejection shares somatosensory representations with physical pain*. *P Natl A Sci* 2011;108:6270-5.
 - ²⁸ Eisenberger NI, Inagaki TK, Muscatell KA, et al. *The neural sociometer: brain mechanisms underlying state self-esteem*. *J Cogn Neurosci* 2011;23:3448-55.
 - ²⁹ Panksepp J. *Affective Neuroscience. The foundation of human and animal emotions*. New York: Oxford University Press 1998.