

Fear: The Roots of Dehumanization Among Human Beings

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Abstract

Currently available research on dehumanization suggests that the antecedents of dehumanization can be attributed to two intrinsic causes at the cognitive and emotional levels, and three extrinsic causes at the level of power of others, external threats, and social relations. Such behavior of dehumanization and objectification of others, where we spend some attention to discover the common ground, may eventually lead us in one direction: Fear. When a person feels weak and threatened, he/she tends to do things that don't see others as human beings to vent their aggression. In modern civilization, all human behavior stems from only two different, most fundamental motives, one of which is motivated by love and one by fear. Love is a product of the evolution of the human mind and consciousness, while fear governs the most basic physiological and survival needs of human beings.

Keywords: dehumanization, fear, aggression

1. Introduction

Dehumanization, in some ways, is like a monster outside, a wounded and fragile child inside be like. If we take a look at the current summary of the causes of dehumanization, many attributions point things to the correlation between fear and dehumanization.

We take two typical situations, including external causes and internal causes to explain this finding: the dehumanization among narcissistic individuals (who are widely known as the very likely group to dehumanize and objectify others) and the discrimination towards foreign ethnic groups.

The reason why narcissistic personality easily has strong jealousy and like to push others for

their own service is that people struggling with narcissistic personality always experience a fragile low self-esteem for a long time. And a large part of the reason for this is that they have been abused and beaten by their foster carers or others. We could say that they were once treated as objects of dehumanization. They pass this dehumanization to others. Otherwise, they may not be able to survive and chose suicide or depersonalization. As the result, the aggression which causes the dehumanization to circulate in the society. We can see the fear behind the narcissistic individuals: the fear of not being recognised, the fear of losing control, the fear of having false sense of superiority dismantled. All these fears are linked to their questioning of their own existence. Because of the trauma they

have experienced, they may believe that they do not deserve to live normally in the world. Dehumanisation is for them not so much an attack as a last resort of protection, and the most obvious cry for help. That is to say, when one's personality is very weak and dangerous, such as narcissists, extreme egocentrism, he/she tends to do things like dehumanization to make his personality survive.

As for the discrimination towards foreign ethnic groups, *The Economics of Discrimination* from Gary Becker, University of Chicago explains this phenomenon in economical way. In his research, there is actually more discrimination in a small town in Texas. According to his book, the cost of dehumanization is far more less in small town comparing with that in big cities like New York City. In Texas, people's abilities and resources are scarce. When there are alien races, people's only survival resources will be more easily occupied, and their ability to create resources and the environment is very limited, so they easily feel threatened. While in New York City, people have more abilities and resources to making money, they are not that easily to feel threatened. It is true that when people are inclined to attack when they believe that their resources are being taken over and that their existence or interests are being violated and affected by other races.

In fact, there are only two underlying motives for all human behaviour: love or fear. If the reason for an act is motivated by love, it will bring about a more peaceful response for the individual and for society. If the reason for an act is out of fear, it will bring more conflict and contradiction to the individual and to society. The ability to be calm is motivated by love, whereas the habit of entering into fight or flight is motivated by fear. Peace and aggression are two opposite and symmetrical states for a person. So we can deduce that the underlying cause of dehumanization and objectification, which is fraught with conflict rather than peace is fear. And the vast majority of the time, this fear is not easily recognisable. Because fear always wears a variety of "clothes". Dehumanization is one of its "clothes". Who would have thought that a person who is cruel and treats others like animals would have a fear-filled, shivering child living inside? Of course, this is not an excuse or justification to go to dehumanization. It's just for every incident of cruel abuse, there must be more than one abuser

behind the one who eventually do the movement to dehumanize others. What makes things difficult to control and resolve is that in addition to the various clothes people like to put on their fears, they also tend to avoid and refuse to acknowledge their own fears, and this avoidance and resistance to their own fears is itself an even greater fear. Therefore, this own aggressiveness and ambivalence cannot be self-digested and sublimated, and can only be turned to other objects and societies.

In our assumption, if a person could have more sense of secure, he/she is less likely or even impossible to do things like dehumanization and objectification. Conversely, if a person is easily to get attach with the sense of fear, no matter for what reason, he/she has more possibility to dehumanize others.

2. The Present Research

The aim of the present work is to test that whether a person's level of fear correlates with the propensity to do the dehumanization. We use controlled experiments and several scales to investigate their correlation.

Study 1

Study 1 use several scales to measure a person's levels of anxiety and fear in everyday life, and his level of aggressiveness. We chose the Rosen Berg Self-Esteem Scale, Self-compassion Scale, Hamilton Anxiety Scale and Buss Perry Aggression Questionnaire.

The Self-Esteem Scale, the Self-compassion Scale, and the Hamilton Anxiety Scale aim to measure a person's levels of anxiety and fear in everyday life, while the Buss Perry Aggression Questionnaire aims to measure a person's tendency to engage in dehumanizing behavior towards others.

We expected participants who show more self-esteem and self-compassion and less anxiety in the scales to present less tendency of aggression. We believe that people who show less tendency of aggression also have a lower likelihood of engaging in dehumanizing behaviors towards others.

Study 2

We invited 200 participants and give them appropriate compensation.

Participants are first invited into a dark house full of horrible decoration, such as skull, zombie. Then we play some gruesome music to raise the

terror atmosphere. And participants will wear some medical instruments that can measure heart rate, blood pressure and respiratory rate to assess their level of fear and anxiety. And after participants stayed in the “scary room” for about 10-30 minutes, we let them watch the video of the Itaewon Stampede in South Korea to see their reaction about the video.

We expected there was little empathic response.

A month after (after they fully released the anxiety and fear from the previous experiment, especially from the “scary room”. We invited them to watch the Itaewon Stampede video again, the video is exactly the same from they saw last month. We observe their reaction when they watch the video.

We expect participants to show more empathic responses like weeping, put their hands over their heart, etc. When people are more sensitive about other people’s suffering, they are less likely to do the dehumanisation and objectification.

3. Practical Implication

A large part of the current research on dehumanization and objectification tends to identify such behaviour as pathological and difficult to understand, and tends to condemn and punish it. Sometimes, however, dehumanization and objectification are actually the result of a person’s inability to fight back against the harm immediately after severe trauma to their personality, breeding a natural aggression, or even a reaction of necessity. Fighting back is the natural reaction of people in response to danger and attack, a reaction that is used to protect humans and ensure survival, and it is because everyone has this natural aggression that constrains people from hurting each other, because hurting others is met with a backlash. And if this aggression is not released in a healthy way, people tend to repress it into the subconscious, creating a fear. Over time, this fear grows, people’s compassion and self-esteem for themselves and others decreases, and the tendency to dehumanisation grows.

We certainly recommend above all that the ability to identify dehumanisation be improved in all parts of society, such as social workers, schools and the workplace. In terms of legislation, relaxing the conditions for what constitutes the crime of assault and abuse. It is not only physical mutilation and abuse that are typical of dehumanisation, but bullying,

isolation and verbal abuse at school and in the workplace should be identified and investigated more vigorously.

At the same time, we should pay more attention to prevention before dehumanisation. Actively identify the person who tends to dehumanize and invest time and methods in restoring and psychologically treating that person. The therapeutic approach focuses on reducing the client’s fear of setbacks and traumatic events by rebuilding their self-confidence, developing a sense of security and soothing the trauma, thus reducing their unease and fear of themselves and their external environment, which in turn reduces the likelihood that they will dehumanize others in the future.

References

- Bastian B, Laham S, Wilson S, Haslam N, Koval P., (2011). Blaming, praising, and protecting our humanity: the implications of everyday dehumanization for judgments of moral status. *Br. J. Soc. Psychol.* 50, 469-83.
- Baron RA, Richardson DR., (1994). *Human Aggression*. New York: Plenum, 2nd ed.
- Baron RA., (1999). Social and personal determinants of workplace aggression: evidence for the impact of perceived injustice and the Type A behavior pattern. *Aggressive Behavior*, 25, 281-296.
- Capozza D, Andrighetto L, Di Bernardo G, Falvo R., (2012a). Does status affect intergroup perceptions of humanity? *Group Process. Intergr. Relat.* 15, 363-77.
- Capozza D, Trifiletti E, Vezzali L, Favara I., (2012b). Can intergroup contact improve humanity attributions? *Int. J. Psychol.* 48, 527-41.
- Greenwald, A.G., Banaji, M.R., (1995). Implicit social cognition: Attitudes, self-esteem, and stereotypes. *Psychological Review*, 102(1), 4-27.
- Greenwald, A.G., Farnham, S.D., (2000). Using the Implicit Association Test to measure self-esteem and self-concept. *Journal of Personality and Social Psychology.* 79, 1022-1038
- Hartup W.W., (1974). Aggression in childhood: Developmental perspective. *American Psychologist*, 29, 336-341.
- Hillibrand M, Spitz RJ, Foster HG. (1995). Serum cholesterol and aggression in hospitalized

- male forensic patients. *J Behav Med*, 18, 33-43
- Horowitz R, Schwartz G., (1974). Honor, normative ambiguity, and gang violence, *American Sociological Review*, 39, 238-51.
- Huesmann LR, Guerra NG., (1997). Children's normative beliefs about aggression and aggressive behavior. *Journal of Personality and Social Psychology*, 72, 408-19.
- Huesmann LR., (1998). The role of social information processing and cognitive schema in the acquisition and maintenance of habitual aggressive behavior.
- Kiefer, M., (2005). Repetition priming modulates category-related effects on event-related potentials: Further evidence for multiple cortical semantic systems. *Journal of Cognitive Neuroscience*, 17, 199-211.
- Kiefer, M., Spitzer, M., (2000). Time course of conscious and unconscious semantic brain activation. *NeuroReport*, 11, 2401-2407.
- Lang, S.F., Nelson, C.A., Collins, P.F., (1990). Event-related potentials to emotional and neutral stimuli. *Journal of Clinical and Experimental Neuropsychology*, 12, 946-958.
- Lieberman JD, Solomon S, Greenberg J, McGregor H, (1999). A hot new way to measure aggression: Hot sauce allocation. *Aggressive Behaviour*, 25, 331-348, 100.
- Wang Yi, Huang Yong-feng, (2011). An Economic Explanation of the Evolution of Liabilities for Infringement. *Journal of East China Normal University (Humanities and Social Sciences)*, 43(1), 70-76, 82.
- Yudofsky, S.C., Silver, J.M., Jackson, W., Endicott, J., Williams, D., (1986). The Overt Aggression Scale for the objective rating of verbal and physical aggression. *American Journal of Psychiatry*, 143, 35-39.
- Zillmann D., (1983). Arousal and aggression. *Geenand Donnerstein*, 75-102.
- Zillmann D., (1988). Cognition-excitation interdependencies in aggressive behavior. *Aggressive Behavior*, 14, 51-64.
- Strongly disagree
2. I think I have many good qualities.
(1) Strongly agree (2) Agree (3) Disagree (4) Strongly disagree
3. In general, I tend to think of myself as a loser.
(1) Strongly agree (2) Agree (3) Disagree (4) Strongly disagree
4. I can do things as well as most people.
(1) Strongly agree (2) Agree (3) Disagree (4) Strongly disagree
5. I don't think I have anything to be proud of.
(1) Strongly agree (2) Agree (3) Disagree (4) Strongly disagree
6. I hold a positive attitude toward myself.
(1) Strongly agree (2) Agree (3) Disagree (4) Strongly disagree
7. Overall, I feel very satisfied with myself.
(1) Strongly agree (2) Agree (3) Disagree (4) Strongly disagree
8. It would be nice if I could see myself more highly.
(1) Strongly agree (2) Agree (3) Disagree (4) Strongly disagree
9. Sometimes I do feel useless.
(1) Strongly agree (2) Agree (3) Disagree (4) Strongly disagree
10. Sometimes I feel useless.
(1) Strongly agree (2) Agree (3) Disagree (4) Strongly disagree
- The scale has four levels of scoring, "strongly agree" scores 4, "agree" scores 3, "disagree" scores 2, "strongly disagree" scored 1, 1, 2, 4, 6, 7 positive score, 3, 5, 8, 9, 10 reverse score, the total score range is 10-40, the higher the score, the higher the degree of self-esteem.

Buss Perry Aggression Questionnaire (BPAQ)

Please judge the following descriptions based on your usual actual situation. "Very much not in line with" option 1, "somewhat not in line with" option 2, "not sure" option 3, "somewhat in line with" option 4, "very much in line with" option 5. Choose 4, "very consistent" choose 5.

Appendix

Rosen Berg Self-Esteem Scale (SES)

1. I consider myself to be a valuable person, at least not on par with others.
(1) Strongly agree (2) Agree (3) Disagree (4)
1. Some of my friends think I am reckless.
2. If I have to secure my rights by force, I am willing to do so.
3. If someone is especially nice to me, I suspect

their intentions.

4. When I disagree with my friends, I tell them plainly.
5. I used to get very angry and even break things.
6. I can't help but argue if someone disagrees with me.
7. I don't know why I sometimes get very angry about things.
8. I used to be unable to control the urge to hit people.
9. I am a peaceful person.
10. I am suspicious of strangers who are too friendly.
11. I have threatened people I know.
12. My anger comes and goes quickly.
13. If someone keeps provoking me, I may hit them.
14. If someone provokes me, I may tell them what I really think.
15. Sometimes I am full of jealousy.
16. I think it's wrong to hit someone for whatever reason.
17. Sometimes I feel that life is unfair to me.
18. I have trouble controlling my emotions.
19. When frustrated, I show anger.
20. There are times when I feel someone is laughing at me behind my back.
21. I find myself often disagreeing with others.
22. If someone hits me, I will hit back.
23. I sometimes feel like a gunpowder pack ready to explode.
24. Other people always have good luck.
25. I once got into a fight with someone because he pushed me hard.
26. I know "friends" talk about me behind my back.
27. Friends say I'm a bit argumentative.
28. I sometimes get angry for no reason.
29. I'm more likely to get into a fight than the average person.

Hamilton Anxiety Inventory (HAMA)

The Hamilton Anxiety Inventory (HAMA) is a common anxiety scale used by physicians that provides a good measure of treatment

effectiveness, is fairly consistent, moderate in length, easy to administer and is suitable for adults with anxiety symptoms. It consists of 14 items on a 5-point scale from 0 to 4: (0) no symptoms; (1) mild; (2) moderate; (3) severe; and (4) very severe.

1. Anxious state of mind: worry, concern, feeling that the worst is about to happen, easily agitated.
2. Nervousness: feeling tense, easily fatigued, unable to relax, crying easily, trembling, feeling restless.
3. Fear: fear of the dark, strangers, being alone, animals, travelling in cars or on trips, and crowded situations.
4. Insomnia: difficulty falling asleep, waking easily, not sleeping deeply, excessive dreaming, nightmares, night terrors, feeling tired after waking up.

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5. Cognitive function: inability to concentrate, poor memory, or memory and attention disorders.
6. Depressed state of mind: loss of interest, lack of pleasure in past hobbies, depression, early awakening, heavy daytime and light nighttime.
7. Muscular system symptoms: muscle aches and pains, immobility, muscle twitching, limb twitching, teeth chattering, voice shaking.
8. Sensory system symptoms: blurred vision, chills and fever, feeling of weakness, tingling all over the body.
9. Cardiovascular symptoms: tachycardia, palpitations, chest pain, feeling of pounding blood vessels, feeling of fainting, pounding heart.
10. Respiratory symptoms: chest tightness, choking sensation, sighing, difficulty breathing.
11. Gastrointestinal symptoms: dysphagia, belching, dyspepsia (abdominal pain after eating, burning pain in the stomach, bloating, nausea, feeling of fullness in the stomach), bowel sounds, diarrhoea, weight loss, constipation.
12. Genitourinary symptoms: frequent urination, urgency to urinate, menopause, frigidity, premature ejaculation, erectile dysfunction, impotence.
13. Vegetative nervous system symptoms: dry mouth, flushing, pallor, sweating, goose bumps,

tension headache, hair standing on end.

14. Behaviour during the interview 1) General: nervousness, inability to relax, apprehension, finger biting, clenching of fists, etc. 2) Physiological manifestations: swallowing, eructations, rapid heart rate in silence, rapid breathing (more than 20 breaths/min), etc.

Analysis of the results: A total score of >14 can be considered as having definite anxiety; >7 may have anxiety; <6 no anxiety.