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Enlarging the victim's perspective on dehumanization

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Abstract

Much of the research work on victims of dehumanization has focused on the conditions under which meta- and/or self-dehumanization occur among those who are the direct targets of dehumanizing treatments. We propose to enlarge this victim's perspective by considering it more holistically, extending it to perpetrators and observers of dehumanizing treatments.

First, we suggest that when a dehumanizing treatment induces ethical dissonance in perpetrators, it is likely to generate subsequent meta or self-dehumanization among them.

Second, we argue that a dehumanizing treatment is likely to foster subsequent meta- or self-dehumanization among observers when it elicits negative emotions such as fear and guilt.

Keywords: Meta-dehumanization, self-dehumanization, victim, target, perpetrator, observer

Enlarging the victim's perspective on dehumanization

Introduction

For over 20 years, dehumanization has been of great interest to researchers and has been the subject of an impressive amount of research. While most scholars in this domain have focused their attention on the perpetrator side of the dehumanization process, little work has been done comparatively on the victim's perspective. Recently, however, several authors have begun to specifically and purposefully adopt the victim perspective and to explore the dehumanization processes from that point of view [1, 2].

The victim's perspective on dehumanization has explored two different aspects: meta-dehumanization and self-dehumanization. Extending the intergroup definition provided by Kteily and colleagues [3] to interpersonal relationships, Demoulin et al. [4**] defined meta-dehumanization as the feeling of being treated as less than fully human because of membership in a dehumanized group or because of one's personal characteristics. As such meta-dehumanization corresponds to the experience of being dehumanized by others. In contrast, self-dehumanization refers to the perception and consideration that one's own ingroup or self is less human than other groups or other individuals, and as such corresponds to the incorporation of the dehumanizing view into the self-concept [5]³.

To date, much of the research work on victims has focused on the conditions under which meta- and self-dehumanization occur among those who are the direct targets of dehumanizing treatments. For instance, ample research has shown that *meta-dehumanization* arises when individuals or groups have been the target of maltreatments such as ostracism or humiliation [2, 7] or when they face situations or environments that are inherently dehumanizing because they thwart their fundamental human needs ([8*]; for reviews see [4**] and [9]). Similarly, research has shown that individuals who perform repetitive,

³ Although both meta- and self-dehumanization can still be divided into animalistic and mechanistic forms [6], for the sake of clarity and simplicity, we will leave aside this second level of distinction in this article.

fragmented and other-directed tasks [10] or who are placed in powerless positions [11] are prone to *self-dehumanization*. Finally, empirical evidence has highlighted that meta-dehumanization triggers self-dehumanization, that is, when targets feel that they are treated as less than human by others, they come to perceive themselves in a dehumanized way [12].

While assessing meta- and self-dehumanization among targets of dehumanizing treatments is an obvious first step, research up until now has largely ignored the fact that individuals may also suffer from meta- or self-dehumanization when they play the role of perpetrators or observers. In other words, we propose to enlarge the victim's perspective by considering it more holistically, extending it to (a) perpetrators and (b) observers of dehumanizing treatments. Figure 1 presents the hypotheses that we offer and explain below.

Perpetrators as victims

We propose that individuals can suffer from meta- and/or self-dehumanization as a result of a dehumanizing treatment in which they are the perpetrators, not the targets. At a first glance, the idea that a perpetrator can feel dehumanized by others and/or self-dehumanize may seem curious. Nonetheless, this may indeed be the case in two relevant ways depending on the conditions under which they perpetrate the dehumanizing treatment.

First, perpetrators may initiate dehumanizing treatment on their own, **without any explicit pressure or coercion** to point to⁴. Whether the treatment was more or less planned, more or less predictable, whether it involved a greater or lesser loss of behavioral control, it is carried out of perpetrators' own willingness, without them being able to blame someone else or some external circumstances for it. Consider, for example, the case where perpetrators engage in dehumanizing treatment in order to fit in with the norms, or because their actions are supported by a crowd. Of course, if the dehumanizing treatment is in conflict with

⁴ As suggested by an anonymous reviewer, it is much more sensitive to assign the label "victim" to a perpetrator who dehumanizes others without being coerced or forced to do so. By "victim" in the title of this article, however, we mean individuals who may be suffering from meta-dehumanization or self-dehumanization. As such, we believe that perpetrators of dehumanizing treatments can be considered as victims.

perpetrators' own values and ethical standards, perpetrators may expect recipients of the dehumanizing treatment to dehumanize them, that is to perceive them as lacking human qualities, in a process of reciprocal dehumanization [3]. However, in this case, because the dehumanizing treatment cannot be attributed to situational constraints or external pressure, the tendency for perpetrators to **self-dehumanize** should be stronger. The same argument is made by Tang and Harris ([13], p. 100) who state that self-dehumanization "may occur when it is difficult to rationalize away or justify one's harmful behavior". Empirical evidence supports this view. Bastian et al. [14] found that the more individuals perceived that they had acted immorally by perpetrating ostracism, the more they tended to perceive themselves as less human. Similarly, Bastian et al. [15] also observed self-dehumanization tendencies among those playing violent cybergames. Uncomfortable and hurt by their own actions that violate their own standards of behavior [16], perpetrators would therefore come to dehumanize themselves.

Second, perpetrators may face **explicit pressures or coercions** that cause them to behave in ways that are not fully consistent with their values or ethical standards. For instance, after having been socialized to a strong set of professional values which underpin their ideal of compassionate care, nurses are sometimes confronted with a number of organizational factors and policies (e.g., time pressure, work overload, staff shortages, etc.) that sabotage the implementation of these values [17, 18]. For many, this reality shock leads them to act less humanly and compassionately than what their values would require, resulting in professional disillusionment and cynical attitudes about the caring aspect of their job [19]. In a similar vein, soldiers are coerced to follow the orders of superiors. This could "simply" involve fighting on the front lines and kill the enemy before this enemy kills you. Yet, as we have learned from Milgram's [20] studies, the pressure to obey is often immense and may also lead to commit dehumanizing acts of cruelty and horror that go against their own values

and ethical standards. While it is possible that the nurse or soldier exemplified above self-dehumanize in response to some of their basic human needs being thwarted (i.e., need for autonomy; see [8*]), we argue that, in such situations, perpetrators' primary tendency will be to experience **meta-dehumanization**. First, much like we stated it here above, perpetrators may expect recipients of the dehumanizing treatment to dehumanize them, that is to perceive them as lacking humanity [21**]. Second, because there is someone or some entity to blame and to whom they can attribute responsibility for their actions, they may also feel dehumanized by this person or entity, which treats them as instruments or tools to serve its purposes.

In both cases, whether or not there is pressure, situational constraint or coercion, we argue that for dehumanizing treatment to generate meta- and/or self-dehumanization in perpetrators, it is necessary that the maltreatment violates their personal or professional ideal. That is, **ethical dissonance** should act as an important mechanism underlying these effects.

Observers as victims

Individuals can also suffer from meta- and/or self-dehumanization as a result of a dehumanizing treatment to which they are the observers, not the targets. Witnessing or standing by a situation in which dehumanization occurs should unlikely let individuals indifferent to the situation. Specifically, we propose that observers' reaction in terms of meta- and/or self-dehumanization will strongly depend on the links and relationships they feel with one of the two parties involved in the dehumanizing treatment.

First, observers may witness or stand by dehumanizing treatments while sharing **connection with the target** of these maltreatments. Indeed, various literatures have pointed to the fact that harmful behaviors do not solely affect targets but also individuals that surround these targets. For instance, Glomb et al. [22] found that indirect exposure to sexual harassment, measured as the frequency of sexually harassing behaviors experienced by others

in a workgroup, produces among women who witness or simply hear about these sexual harassments negative outcomes equivalent to those of the harassed. The proposal to enlarge the victim's perspective to observers who are close to the primary victims also echoes the concept of co-victimization that is reported in literature on domestic and community violence [23] and that of secondary (or even tertiary) victim that can be found in the literature on hate crimes [24]. Finally, literature on organizational downsizing (e.g., [25, 26]) is also particularly illuminating. It shows that "survivors", i.e., those employees that keep their job despite of the restructuring process, develop negative reactions after getting to keep their job. These reactions include feelings of anger, depression, distrust, but also fear that they will be similarly victimized in the future (by their current employer or another one) and the guilt of having seen their friends lost their jobs while they kept theirs (e.g., [27, 28]).

In line with this prior literature, we suggest that having a connection to the target is likely to generate fear as the predominant emotion. The fear of becoming the next victim of similar or equivalent dehumanizing treatment would thus take precedence and primarily elicit **meta-dehumanization** in the observer. If fear seems to us to be the dominant emotion, it is however possible that an emotion of guilt would also gain the observer close to the target. He or she may feel guilty for having "unduly" escaped to the maltreatment, for not having reacted to the maltreatment, for having let the perpetration occur and, as a result, for being accused of complicity with the perpetrator. In this case, his/her identity with the target may gradually shift to that of the perpetrator, leading to a greater risk of self-dehumanization.

Second, witnessing or standing by dehumanizing treatments while sharing **connection with the perpetrator** of these maltreatments may also provoke reactions among observers. We propose that having ties with perpetrators primarily produces guilt and, in particular, guilt for not standing up against the maltreatment one witnesses or by simply sharing characteristics with the perpetrator. Such occurrence of collective guilt has been observed in

many contexts among which white people in America and has been shown to promote, for instance, support for policies that profit African Americans [29]. This guilt by association should elicit **self-dehumanization** in the observer. Mirroring what we said before, one cannot however exclude the possibility that fear would also overwhelm observers who are connected to perpetrators. They might, for instance, being afraid of being forced into the role of perpetrator in the future or of siding with the victims if one refuses. Again, in case of fear, the observer's identity with the perpetrator may gradually shift to that of the target, thus leading to a greater risk of meta-dehumanization.

In both cases, whether there is a connection with the target or the perpetrator, we argue that for dehumanizing treatment to generate meta- and/or self-dehumanization in observers, it is necessary that the maltreatment elicits fear or guilt. That is, **negative emotions** should act as important mechanisms underlying these effects.

Conclusion

By proposing that perpetrators or observers of dehumanizing treatments can also be considered to be suffering from meta- and/or self-dehumanization, we have enlarged victims' perspectives to all individuals and groups that participate, actively or passively, to instances in which dehumanizing treatments are displayed. While, given space constraints, we limited here the discussion to situations in which dehumanizing treatments are at play, the same reasoning should also apply and be considered with regards to humanizing instances. Indeed, humanizing treatments in which, for instance, people feel supported or experience justice [30, 31, 32], have been shown to be effective at reducing meta-dehumanization among targets. In line with the proposed extension of the victim's perspective, one could argue that targets of humanizing treatment are not the sole beneficiaries of such treatments and that perpetrators and observers could also be impacted and profit for an increase in humanity meta- or self-perception. This is all the more important as recent research investigating the consequences of

meta-humanization has shown, for instance, that when an ingroup is humanized by an outgroup, individuals come to perceive outgroup members as more empathic and prosocial and increase their willingness to engage in intergroup contact [33], an important antecedent of intergroup forgiveness in post-conflict contexts [34].

Finally, future studies on these topics should also consider the variables that could moderate the hypothesized effects. For instance, among perpetrators, the effects of dehumanizing treatments on meta- and/or self-dehumanization should be stronger the higher the perpetrators' score on moral attentiveness or ethical sensitivity and should also be enhanced by the dehumanizing treatment's severity. Similarly, among observers, the impact of dehumanizing treatments on meta- and/or self-dehumanization should highly depend on the strength of the connection observers share with either the perpetrator or the target of the treatment.

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*** of special interest**

**** of outstanding interest**

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This chapter focuses on the distinction between meta-dehumanization and self-dehumanization to explore dehumanization processes from a target perspective. After reviewing the current literature on the antecedents and consequences of meta- and self-dehumanization, the authors propose a conceptual model in which meta-dehumanization is triggered when targets feel that their fundamental human needs have been thwarted and self-dehumanization occurs both as a consequence of meta-dehumanization and following one's own immoral actions.
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In this paper, the authors empirically investigate dehumanization processes from a target perspective. Using three different samples (i.e., women, patients with severe alcohol use disorder and employees), they examine the conditions under which meta-dehumanization occurs among those who are the direct targets of dehumanizing treatments and its effects on targets' functioning.

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Figure 1*An Overall Picture of the Proposed Hypotheses.*