

Healing Humiliation: From Reaction to Creative Action

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In the midst of global crises, feelings of humiliation are intensified (Lindner, 2008; Moïsi, 2009). Counselors are often on the front lines of suffering during turbulent times. This article explores how the dynamics of humiliation are coming to the forefront of concern around the globe. Applying a relational framework, the authors examine the impact of humiliation, offering a case example that illustrates how counselors can lead their clients out of destructive reactions into creative action.

Keywords: humiliation, shame, relational-cultural theory, counseling

Society is in the midst of a confluence of global crises that threaten, inflict, and intensify feelings of humiliation in the lives of countless numbers of individuals, families, and communities at home and around the world (Lindner, 2008; Moïsi, 2009). To name just a few, there is the growing economic gap between the rich and poor (Wilkinson & Pickett, 2009); the struggle to make a living wage in an unstable economy (Gould, Michel, & Shierolz, 2013); obstacles to health care (World Health Organization, 2010); the escalating costs of higher education (Baum & Ma, 2012); the human and economic price of intractable conflict (Mehta, 2012); the social and economic consequences of disasters (Awotona, 2012); and the emerging impact of global climate change (Intergovernmental Panel on Climate Change, 2012). These crises force individuals, communities, and whole nations to struggle with feelings of demoralization (Briggs, 2013; Briggs & Macleod, 2010), disrespect (S. M. Miller & Savoie, 2002), and deprivation (Mullainathan & Sharif, 2013).

Counselors are on the front lines of today's complex crises. They provide crucial services to millions of displaced and disconnected casualties of these turbulent times. This article is designed to help counselors understand the disabling impact of one form of human experience that is intensified during times of turmoil: the experience of humiliation. We will briefly explore the history of humiliation research and explain how this experience is moving to the forefront of concern. We will apply a relational perspective to examine how degrading and derisive interactions inflict traumatic stress and social pain. Finally, we will offer a case example to illustrate specific ways counselors can help victims of humiliation heal, leading them out of destructive reactions into creative action.

How Could the Study of Humiliation Be Overlooked?

Research on humiliation was virtually nonexistent in the literature on counseling until the early 1990s, when Donald C. Klein (1991a, 1991b, 1992), a pioneer in the field of community psychology, edited two special issues of the *Journal of Primary Prevention*. These journals featured articles from leading scholars exploring the impact of humiliation from diverse perspectives, including the perspective of race (Griffin, 1991), gender (Swift, 1991), disabilities (Kirshbaum, 1991), homelessness (Duhl, 1992), aging (Secouler, 1992), and incarceration (Smith, 1992). Klein (1991b) described what he called *the humiliation dynamic*—a “powerful factor . . . a pervasive and all too often destructive influence in the behavior of individuals, groups, organizations, and nations” (p. 93).

Linda Hartling (1996), who worked with Klein to develop the first instrument to assess the internal experience of humiliation, observed that one of the key reasons why this experience was largely overlooked was because humiliation is a relational experience. According to Cushman (1995), the mental health professions tended to prioritize the study of individual and internal experiences. The experience of humiliation, Hartling (1996) observed, occurs within a relational landscape—the interaction of a humiliator, a victim, and a witness (Klein, 1991b) influenced by the cultural context in which the interaction occurs (Hartling & Luchetta, 1999). Consequently, Hartling began using relational-cultural theory (RCT) as a theoretical foundation to study this experience (see Jordan, 1997, 2010; Jordan, Kaplan, Miller, Stiver, &

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Surrey, 1991; Jordan, Walker, & Hartling, 2004). Within an RCT framework, humiliation stands out as a serious disconnection (Hartling, Rosen, Walker, & Jordan, 2004) because of a relational violation that can put victims on a painful path to what J. B. Miller (1988) described as *condemned isolation*—"feeling locked out of the possibility of human connection" (p. 5).

In another part of the world, transdisciplinary social scientist Evelin Lindner (2000) was exploring the roots of violent conflict through her fieldwork in Somalia, Rwanda, and Burundi. She, too, came to recognize the relationally devastating dynamics of humiliation, concluding that humiliation may be "the strongest force that creates rifts between people and breaks down relationships" (Lindner, 2006, p. 171). In 2003, Lindner founded Human Dignity and Humiliation Studies (HumanDHS), inviting Klein, Hartling, and others to join her in building a diverse global network of scholars and practitioners to advance the study of humiliation (Lindner, Hartling, & Spalhoff, 2011).

Just as HumanDHS efforts were beginning to develop, the world awoke to the images of American soldiers humiliating Iraqi prisoners in Abu Ghraib prison (Hersh, 2004). This event, following the 9/11 terrorist attack in New York City, led many around the globe to recognize that the dangers of humiliation can no longer be overlooked (Saurette, 2006). Pulitzer Prize-winning author and *New York Times* columnist Thomas Friedman observed, "Humiliation is the single most underestimated force in politics" (2003, para 1). Kofi Annan, Nobel Peace Prize Laureate and former Secretary-General of the United Nations, recently observed: "All the cruel and brutal things, even genocide, starts with the humiliation of one individual" (Whack, 2013). These developments are propelling new efforts to find effective ways to prevent and repair the destructive consequences of humiliation.

■ The Difference Between Shame and Humiliation

Many professionals use the words "shame" and "humiliation" interchangeably. Others conceptualize humiliation as a variant of shame (Lewis, 1987; Stolorow, 2010). Still others recognize humiliation as part of a family of shame-related emotions, called "self-conscious emotions" (Fischer & Tangney, 1995, p. 4)—emotions that cause an individual to reflect upon himself or herself. Although all of these conceptualizations of humiliation are useful and understandable, they are also limited. They tend to focus on the individual as the unit of study, emphasizing internal experience rather than seeking a more comprehensive, broad-based perspective. Using a relational lens—focusing on relationships as the unit of study—it becomes apparent that the study of humiliation requires an examination of three broad, overlapping categories of experience:

- The internal impact of real or perceived humiliation, for example, the impact on self-esteem (Walker & Knauer, 2011), on affect (Leidner, Sheikh, & Ginges, 2012), and on mental health (Elison & Harter, 2007; Torres & Bergner, 2012).
- The external interactions that trigger feelings of humiliation, for example, power, social exclusion, and rejection (Leask, 2013); bullying (Copeland, Angold, & Constello, 2013); interpersonal violence (Jennings & Murphy, 2000; Strauchler et al., 2004); and traumatic mistreatment and torture (Phillips, 2011; Vorbrüggen & Baer, 2007).
- The systemic social conditions that foster feelings of humiliation, for example, poverty (Reyles, 2007), racism (Jones, 2006), unstable economic conditions (Lindner, 2012), coerced labor and migration (Gas-anabo, 2006; O'Neill, 2010; Stark & Fan, 2011), and global insecurity and intractable conflict (Coleman, Goldman, & Kugler, 2009; Lindner, 2006, 2009, 2010).

A broad-based, relational perspective brings the experience of humiliation out from under the shadow of shame. For example, Klein (1991b) noted that people who feel shame tend to believe that they brought this experience upon themselves; they feel a sense of self-blame (i.e., internalizing). In contrast, people who have been humiliated tend to feel they have been unjustly mistreated (i.e., relational-external); they do not blame themselves for their experience. Although humiliation and shame often overlap, humiliation can be viewed as distinct. Torture is one example of an experience in which victims may feel humiliated without feeling shame. As Jackson (1999) observed, "those that are forced to endure torture generally do not believe that they are deserving of the experience" (p. 12).

In this article, the authors posit that humiliation and shame are not the same. Furthermore, the authors suggest that the distinct dynamics of humiliation have become more apparent in recent years. This has occurred, in large part, because of a dramatic shift in our understanding of human development (Cozolino, 2006; Seigle, 1999). This shift is key to comprehending the complex, multifaceted characteristics and consequences of humiliation.

■ Human Development and the Impact of Humiliation

The mental health professions have a long history of conceptualizing human development as a process of separation—separating from relationships, and becoming independent and self-sufficient (Cushman, 1995). In a complete change of course, research today is emphasizing the importance of connection and the centrality of relationships throughout



people's lives (Baumeister, Leary, Higgins, & Kruglanski, 2000; Uchino et al., 2007). As Putnam (2000) concluded, "studies have established beyond reasonable doubt that social connectedness is one of the most powerful determinants of our well-being" (p. 326). A growing awareness of the importance of social connection helps researchers understand that humiliation inflicts feelings of disconnection and isolation that can lead to psychological problems.

Although the research is limited (Elison & Harter, 2007), there is compelling evidence linking humiliation with stress and disabling depression. Kendler, Hettema, Butera, Gardner, & Prescott (2003) conducted a study of over 7,300 twins that explored stressful life events predicting the onset of major depression. They found that, second only to the loss of an important relationship, humiliation was the most significant predictor of major depression. Moreover, the combination of loss and humiliation was a more significant predictor of major depression than loss alone.

Additional research relevant to understanding the impact of humiliation comes from the emerging field of social neuroscience. The laboratory studies of social exclusion using functional magnetic resonance imaging of the brain provided evidence that there is a significant overlap between the areas of our brain that process physical and social pain (Eisenberger, 2012; Eisenberger, Lieberman, & Williams, 2003). This overlap—the social pain/physical pain overlap—is an evolutionary development that reflects humans' fundamental need for physical safety and human connection. These researchers found that the anterior cingulate cortex (ACC)—a neuro alarm system of the brain—is particularly active during the processing of physical and social pain. Furthermore, the ACC is activated when there is the possibility of physical and social pain (Chen & Williams, 2011). Therefore, not only do direct experiences of humiliation trigger social pain but also the possibility of humiliation (i.e., the threat and fear of humiliation) and being the witness of humiliation (e.g., via media). The continued study of social pain offers a window into the neurological mechanisms associated with processing humiliation (MacDonald & Jensen-Campbell, 2011).

Violent aggression is the most devastating outcome of humiliation (Lindner, 2006). Examples of this are illustrated in incidents ranging from school shootings (Leary, Kowalski, Smith, & Phillips, 2003) to suicide bombings (Sarraj, 2002). To begin exploring the psychological dynamics leading from humiliation to violence, Hartling (2007) proposed a theoretical pathway that builds on the emerging research on social pain and social exclusion, a form of humiliating experience. The social pain of exclusion leads people to withdraw into a deconstructed state characterized by numbness or an inability to empathize with others (Twenge, Catanese, & Baumeister, 2003). In a state of social pain and psychological numbness, people will take greater risks and engage in more self-defeat-

ing behavior, reducing their inhibitions to engage in violence (Twenge, Catanese, & Baumeister, 2002). These conditions lead to a diminished self-regulation (Baumeister, DeWall, Ciarocco, & Twenge, 2005), diminishing one's capacity to reject violence as an option.

As more research is conducted, the links between humiliation, depression, social pain, and violence may lead researchers toward effective ways to prevent many human tragedies, such as the mass shootings that have occurred around the United States and elsewhere—including the shooting of 20 children and six adults at Sandy Hook Elementary School in Newtown, Connecticut (Mass Shootings in the U.S., 2012). Moreover, new research may help counselors work more effectively with victims of humiliation before their behaviors lead to dire consequences. The following case example is an illustration of the crucial role counselors can have leading clients out of feelings of humiliation, toward healing and creative action. A pseudonym has been used and identifying details have been changed to protect the identity of the participant.

■ Stacy's Story

Stacy had a million reasons for feeling humiliated. Her mother left her in an inner-city homeless shelter not long after attempting to strangle her. At age 16, she entered foster care with a history of severe abuse, neglect, and now abandonment. Stacy was referred to counseling on the verge of being kicked out of foster care because of her aggressive behavior. Her history of failed relationships, trauma, and abandonment provided the counselor with substantial evidence that her behaviors could be conceptualized and explored as the outcome of acute and chronic humiliation.

For many years, Stacy witnessed her mother's life as a fugitive on the run from U.S. Marshals over the custody of Stacy's half-sisters who were fathered by a foreign national. During this time, Stacy had to live with the daily fear that her mother would be apprehended by law enforcement. After being attacked by her mother and then abandoned in a homeless shelter, Stacy's deeply troubled relationship with her mother continued to oscillate between hoping for reconciliation and feeling profoundly humiliated by her mother's cruelty. Indeed, being rejected and abandoned appeared to be more traumatic and humiliating than the physical violence Stacy endured (Negrao, Bonanno, Noll, Putnam, & Trickett, 2005).

When Stacy began therapy, she was free-falling in foster care, looking at a dark future in the juvenile justice system. Her short life was filled with failed relationships and traumatic humiliations followed by reactive aggression. When asked, she could not name one relationship that gave her a sense of safety and connection. She was drowning in rejection, with no relational lifelines on the horizon.

■ Building a New Relational Foundation

Stacy suffered profoundly humiliating childhood trauma, the betrayal of her parents—a violent mother and an uninvolved, unknown father. As Freyd (1996) noted, “Betrayal is the violation of implicit or explicit trust. The closer and more necessary the relationship, the greater the degree of betrayal. Extensive betrayal is traumatic” (p. 9). In addition to being profoundly humiliating, being a victim of parental violence and abandonment forces a child into a humiliated position, a position in which the child feels deeply degraded, devalued, and even dehumanized (A. Miller, 1983). When a child is made to feel unworthy of connection to a parent—the one person in the world who should love them—with whom can they connect? Before Stacy could begin to address her traumatic humiliations, she needed to build a new relational foundation. This was the first goal of counseling.

For Stacy, this was a slow process and involved introducing her to the possibility of positive relationships and working with her to develop a sustainable, mutually empathic, mutually empowering counseling relationship—what J. B. Miller (1986b) identified as a “growth-fostering relationship” (p. 1). When people are engaged in a growth-fostering relationship, they experience zest, empowerment, clarity, an increased sense of worth, and a desire for more connection. J. B. Miller’s description of these types of relationships gave Stacy’s counselor the relational landmarks to recognize when Stacy was moving in a constructive direction and when she had fallen off track.

Stacy had developed many “strategies of survival”—which RCT refers to as “strategies of disconnection” (J. B. Miller & Stiver, 1997, p. 106)—that made it difficult for her to build stable relationships. Within the context of a supportive counseling relationship, Stacy could begin to constructively reflect upon these strategies. Most notable was her combative response to real and perceived insults. When Stacy felt mistreated or devalued in some way (humiliated), she would respond with verbal attacks. She would threaten physical aggression, alienating those around her. Stacy’s combative strategy likely helped her survive, but she desperately needed new strategies—new ways of engaging in relationships. In particular, she needed a new way of responding to conflict.

J. B. Miller (1986a) observed that many people struggle with conflict, but she suggested that conflict is not the real problem; rather, it is the way people conduct conflict that is the problem. The images of conflict seen in the media (e.g., images of aggression, violence, death, and war) are, in reality, images of failed conflict, or in other words, bad conflict. J. B. Miller proposed that we can “wage good conflict” (p. 132)—constructive conflict—by separating the energy of anger from the behavioral response of aggression. Anger without aggression can motivate people to clarify their interests and concerns and mobilize their energy to work for constructive

change. For example, effective parenting requires waging good conflict with children; aggression is not an option in the parent–child relationship. Part of the task of creating a new relational foundation for Stacy was helping her learn how to use her energy to wage good conflict to create constructive change in her life.

■ Healing and Creativity

Within a context of growth-fostering connection in counseling, one of Stacy’s strengths began to emerge. She rediscovered her passion for art, a creative interest that had been lost during the traumatic humiliations of her life (Byron, Nazarian, & Khazanchi, 2010). As Stacy began building new relational skills, leading her to new relational experiences, she opened herself to a relationship with a teacher who recognized and cultivated her talent. This, combined with her continuing work in counseling, gave Stacy a foothold, not only on a personal passion, but also on the healing and energizing potential of growth-fostering relationships. This carried her toward increasingly positive relationships.

■ Reflecting on Healing the Hurt of Humiliation

If Stacy’s counseling experience had only been informed by an understanding of shame, she and her counselor may have spent time trying to undo her feelings of shame, which would assume that Stacy felt responsibility for what had happened to her. On some level, she knew that she was not responsible for being victimized, and she was not responsible for being abandoned and mistreated by her parents. Rather than internalizing her experience, Stacy exhibited externalizing behaviors of someone fighting back in the face of a confluence of humiliating relational violations. Carlos Sluzki (2005) offered a useful way to conceptualize internalizing versus externalizing responses to humiliation. In the presence of a hostile witness (or perpetrator), some victims of humiliation may internalize their experience as shame, blaming themselves for their experience in a way that prompts hiding behavior. Crippling victims by triggering their self-protective sense of shame is precisely what perpetrators of humiliation attempt to accomplish, often successfully, even though there is no reason for these victims to feel ashamed (Hartling, Lindner, Spalthoff, & Britton, 2013). Other victims of humiliation may externalize their experience, viewing the experience as a personally degrading or insulting event that requires retaliation or revenge.

In the presence of hostile witnesses—abusive, abandoning parents and foster parents threatening to kick her out of their home—Stacy fought back. Aggression and revenge are dubious, and destructive, ways to restore one’s sense of worth and dignity (Gilligan, 1996; Trumbull, 2008). Rather than revers-

ing feelings of humiliation, aggression tends to put people (and nations) on a path of escalating hostility in relationships (Lindner, 2006, 2009). When Stacy entered counseling, she was on this path of escalating aggression.

Stacy's progress in counseling was a slow process of moving beyond her externalizing response to humiliation (reactive aggression), which began with building a new relational foundation that allowed her to constructively reflect upon her reactive strategies of survival, rather than externalizing or internalizing the degrading mistreatment she endured. She learned new relational skills (e.g., waging good conflict) that led her to new relational experiences (see Figure 1). By establishing a growth-fostering relationship with her counselor and others, Stacy began to see that she could sustain positive relationships, and these relationships led her toward a creative way to take action in her life through art.

Healing Humiliation in an Age of Change

Society is in an era of dramatic global transformation that can trigger humiliation (Lindner, 2008; Moisi, 2009). Counselors are wise to remember that they are on the front lines of this global transformation. This article offers an example of how counselors can play a lifesaving role by guiding clients' efforts to heal in the wake of degrading mistreatment, but much more research needs to be conducted. Ideally, the best intervention is prevention, but, when humiliation occurs, as Anita Brookner (2001) offered, "Humiliations, though in-eradicable, must be repaired before they take root" (p. 127).

Epilogue

After turning 18 years old, Stacy was almost immediately dropped from the foster care system and from social services in general (another humiliation). Despite this, her counselor attempted to keep periodic contact with Stacy. This lasted

until Stacy left a message from a phone that had been disconnected. The counselor's efforts to find a working number failed. Stacy had disappeared.

Twelve years later, the counselor had moved on to a position in another institution. By chance, while deleting e-mail messages in her spam folder, she recognized a familiar name attached to a Facebook alert. Upon opening, the message said, "Hi. I don't know if you remember me. But you saved my life as a teenager." It was Stacy! In a follow-up message, Stacy described how she had progressed to having a "wonderful marriage and children . . . filled with lots of love and laughter." At that point, Stacy became a living example of how one can turn reactive aggression into creative action—healing her humiliation.

Concluding Comments

The study of humiliation is in its early stages. As the research develops, counselors need to apply their most sophisticated relational skills to read and repair the complex intrapersonal and interpersonal damage that can lead victims of humiliation to react with aggression or despair. Furthermore, counselors can use these same skills to detect the earliest symptoms of humiliation and humiliating social conditions that might ultimately convert a victim into a ticking time bomb (Hartling et al., 2013; Lindner, 2006, 2009, 2010). According to Leask (2013), "recognizing the specific nature of humiliation, the [counselor] can provide the necessary place of safety in which the [client] can start to think about and articulate what it means to be a victim of humiliation" (p. 141), before his or her actions become destructive. Victims of derision, degradation, and debasement need a safe relational space to begin the journey of transforming the pain of humiliation into constructive and creative action. By providing this healing space, counselors may find they are not only saving the life of a client, they are healing society.

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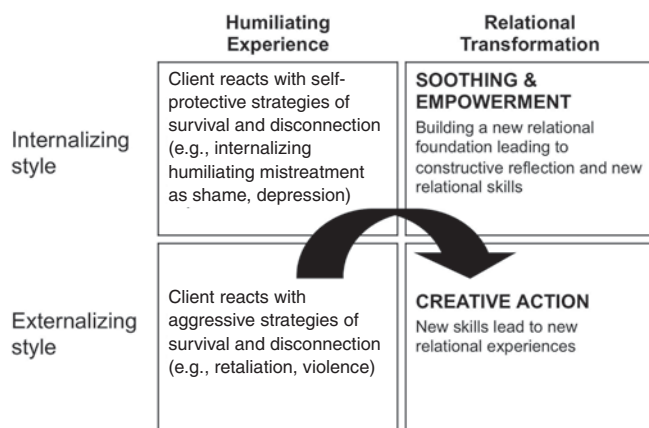


FIGURE 1

Reactions to Humiliation Transformed Through Healing Relationships

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