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**SHAME AND GELOTOPHOBIA:
NOTES AND COMMENTS ON IMPORTANT HUMAN FEELINGS**

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Abstract

Gelotophobia may be considered a specific variant of shame-bound fear that, in turn, becomes a part of secondary feelings. It is defined as the pathological fear of being an object of laughter. This fear can be traced back to experiences of intense and repeated exposure to put-down, mockery and ridicule in course of early socialization. As a consequence, gelotophobes constantly fear of being screened by others for evidences of ridiculousness. Thus, they carefully avoid situations in which they might be critically objectified by others. Gelotophobia at its extreme involves a pronounced paranoid tendency, a marked sensitivity to offense, and a resulting social withdrawal. In this article, the shame-bound origins and consequences of gelotophobia are described. The possibility of a psychometric measuring of gelotophobia has been presented here as well.

Keywords

INFERIORITY COMPLEX, SOCIAL COMPARISON, SOCIAL PHOBIA, QUESTIONNAIRE GELOPH

Riassunto

La gelotofobia può essere considerata come una variante specifica di vergogna, che è uno dei sentimenti secondari. La gelotofobia è definita come la paura patologica di essere oggetto di risate. Questa paura può provenire da esperienze di esposizione intensa e ripetuta alla derisione e al ridicolo da parte degli altri nel corso delle prime forme di socializzazione. Di conseguenza, i gelotofobici temono costantemente di essere sottoposti alla prova del ridicolo da parte dell'altro. Così, essi evitano accuratamente le situazioni in cui si sentono esposti alla derisione degli altri. La gelotofobia, al suo estremo, quindi, comporta una tendenza pronunciata paranoica, una spiccata sensibilità allo svergognamento e un conseguente ritiro sociale. In questo articolo vengono descritte le origini e le conseguenze della gelotofobia.

Parole chiave

COMPLESSO D'INFERIORITÀ, PARAGONI SOCIALI, FOBIA SOCIALE, QUESTIONNAIO GELOPH

I. Primary emotions and secondary feelings

Emotions constitute the organizing principle of mental processes: they are not conceivable in terms of separation because they extend across the whole psycho-physical functioning of human life. Emotions are intimately associated with bodily sensations. There is a difference, however, between primary emotions and their conscious perception: the latter may be denominated as (secondary) *feelings*.

Primary emotions are experienced as the first response to an agitating emotional situation. Such reactions are unconscious processes. Thus, when we experience ourselves as being threatened, we may experience fear. When we witness the death of a related person, we may bear feelings of sadness. Typical primary emotions include fear, anger, sadness, disgust and joy (Titze, 1983, 2011).

II. Secondary feelings

Secondary feelings appear after primary emotions. Typical secondary feelings are shame, guilt and pride. The precondition for experiencing these feelings is that the person in question is conscious of himself or herself. This requires the capability to form a concept of one's own self. Therefore, secondary feelings may also be referred to as *self-conscious feelings*.¹ This, again, has the precondition that the person in question is able

¹ The child acquires the ability to form a concept of himself in the age between 18 and 36 months.

- to assess or evaluate his or her behavior (evaluation of the total self);
- to make a distinction between allowed and not allowed conduct, which only is possible, if this person has internalized norms, rules and objectives of his or her social environment;
- to understand the conditions and consequences of success and failure in life (self-criticism).

III. Shame and guilt as self-critical and protective tendencies

The feelings of shame and guilt are *self-critical feelings*. They represent a crucial element of our *conscience*. In this context, the linkage between moral norms and suitable behaviors is monitored by that inner guard. The tendency to self-punishment is a constituent part of these corrective feelings. Thus, shame is associated with feelings of humiliation, inferiority, defeat, self-hate, and alienation. Therefore, a person who feels shame also experiences weakness and helplessness.

On the other hand, shame is an emotional signal that performs an important protective function at directing its receiver against societal rejection. That mode of action might come about when the self is overexposed. Therefore, shame guards the boundary of privacy and intimacy while guilt limits the possibility of a ruthless exercise of power.

Shame represents the incorporated gaze of reference persons, whereas guilt expresses their internalized voice. Both feelings are inseparably connected with the development of self-consciousness and self-reflection.

IV. Body shame

Body shame helps to define and maintain physical dignity that is conformable to establish moral norms. These norms are particularly related to the universal forbiddance of nakedness.

Specifically, body shame involves:

- experiencing or anticipating a painful awareness of oneself as being an object of an appetent or transgressive observation by others;
- relating this awareness to physical nakedness;
- believing that others have or will react negatively to one's exposed naked body;
- a compelling wish to withdraw or hide that embarrassing body.

A person who does not observe that universal norm is liable to be denounced as displaying indecent and immodest conduct. This, again, is connected with guilty feelings.

V. Guilty feelings

Guilty feelings and shame are both linked up with self-evaluation. Shame is related to the person, whereas guilt is associated with specific actions or failures. Shame means, "I *am* bad," guilty feelings say, "I *did* something bad".

Guilty feelings, on principle, point to a compensatory corrective action, because such feelings are oriented towards social rules and commandments that are internalized in the person's conscience.

Guilty feelings are communicated by means of rational argumentation. This will be not earlier

the case until the child is able to understand verbal messages. Therefore, guilty feelings are related to the spoken word—to that which has been imparted or learned by auditory means, i.e. by *hearing*.

VI. Self-centered shame

Self-centered shame is a painful emotion that arises when the individual is not appreciated adequately or esteemed by his social partners. The ashamed individual, thus, is evaluating himself or herself as being less valued in comparison to his fellows. Thus, the ashamed person experiences an elementary self-devaluation that makes him or her lose the interpersonal connection to others.

Pierre Janet (1909), in this context, was the first to speak about the “Obsession et impulsion de la honte de soi”. He writes: «This is the patient’s own contempt and discontent with his own actions and mental capacities. He permanently suffers from his conviction that everything he is doing and everything that concerns his personality or is a part of him is fundamentally bad. This essential fact I have called *sentiment d’incomplétude*» (p. 241).

In French, “Honte de soi” means exactly that type of shame that is related to the *global self*. Thus, the *sentiment d’incomplétude* is an expression of self-related shame. Alfred Adler acknowledged Janet’s *sentiment d’incomplétude*, to be a precedent of his own teachings. Adler adapted this concept but called it “inferiority feelings” or in particular, “*inferiority complex*.” Adler assumed, in this context, that all human motivation can be reduced to a general striving for overcoming such inferiority feelings through gaining superiority of any kind (Titze, 1983).

Table 1: Comparison of shame and guilt (according to Blankenburg 1997, p. 54)

| SHAME | GUILT |
|--|---|
| Image-related | Value-related |
| Appearing/being ▶ in front of others (= bad impression) | Acting ▶ in regard to an ought (= moral duty) I |
| related to visual sense (face perception) less rational | related to auditory sense (educational commandments) rationally comprehensible |
| | ontogenetically |
| ▶ earlier | ▶ later |
| | Spontaneity |
| ▶ “as if paralyzed” ▶ not controllable ▶ related to present experience | ▶ only functionally inhibited ▶ more controllable ▶ related to past experience |

VII. Genesis of primary shame

Self-centered shame relates to early shame experiences that are referred to as *primary shame*. That feeling is rooted in childhood experiences of having been unloved and being rejected by others. This disastrous experience goes along with the fear of being completely abandoned and being condemned to irreversible loneliness and alienation (Titze, 1995; Wurmser, 1981).

That primary shame is experienced emotionally in early (partially pre-verbal) phases of socialization. This happens in the frame of immediate reaction while refusing, being skeptical as well as disinterested in reference persons. Such experiences go along with a profound feeling of failure, disapproval and annihilation in front of the reference person's critical, derogatory or hateful eyes. Therefore, a fundamental feeling of inadequacy or inferiority is supposed to emerge from the young child's heart and it is therefore, unable to evoke an empathic response from the psychological parent.

For the child, a permanent contact with eyes that are empty or filled with rejection will usually be accompanied by a petrified face on the side of the reference person that reminds of the blank countenance of a sphinx. This image will be internalized unconsciously by the child as an "internal object" that will generate henceforth a pathological shame. This image, correspondingly, will be projected (externalized) on current reference persons who, unconsciously, are "manipulated" to behave in a similarly shameful way.² Thus, the emergence of shame is, so to speak, "objectivized".

VIII. The objectification of the shameful contemptuous gaze²

For Jean-Paul Sartre (1943), in encounters with the other, there is always a conflict: In looking at me, the other is treating me as an object. In this gaze I get objectivized. Recognizing, that the look of the other is directed towards myself, is alienating because I have no control over which character traits the other is going to ascribe to me.

Once grasped by the other's judging look, the living body changes fundamentally: Henceforth, the objectivized body bears the imprint of others; it becomes a naked body-for-others—i.e., a mere object. This relates specifically to the cold, scrutinizing, contemptuous, voyeuristic or disparaging gaze that paralyzes the living body, similar to the basilisk glance of Gorgon Medusa in Greek mythology.

Therefore, an objectivized person experiences himself or herself as being the center of a shameful inspection as everyone seems to be carefully looking for embarrassing defects and faults of others. In this context, Friedrich Nietzsche (1982) wrote: «When someone is overwhelmed by shame, he feels like having been dazed in the midst of surging waves. He feels like being dazzled by a big eye whose look goes right through him» (p. 1204).

Shameful experiences are not often specifically described but are referred to metaphorically or symbolically. Patients, for instance, might state: "I just wish the ground would open up and swallow me". Such statements are often accompanied by non-verbal messages, such as blushing, and a lowering of eyes and head.

² Brain research has attempted to explain this phenomenon through the concept of "mirror neurons".

IX. Facial expressions

We only can come to view ourselves through the eyes of those who look at us. All affective impulses, including disgust and contempt, can manifest themselves in the reference person's face. That face communicates to the child: "You are bad", "you are not loveable", and "you are without any value". This global attribution is not related to specific actions. Rather, it is referring to the child's entire self.

Paul Ekman (1974) noted that primary emotions and secondary feelings are communicated mainly through specific facial expressions. In this context, the non-verbally communicated emotion can evoke corresponding emotions on the receiver's side.

Gleaming eyes and a face are lit up with joy while they communicate love, sympathy and delight. For the baby, this is an incentive to build up an "interpersonal bridge" (Titze, 1995, 2007). Exclusively in this condition, the child may perceive smiling and laughing as a positive message.

Shame, on the other hand, can be elicited when negative messages reach the child. This might be transmitted, for instance, by an "icy look" combined with a facial expression that signalizes dislike, disapproval, disdain or scorn.

X. The face as a means of education

Parents use a variety of non-verbal techniques of education. In this context, the disgusted face serves to inhibit those actions that the parent does not want to be performed by the child. Thus, the disgusted face indicates a failure against some educationally relevant standard (norm, ideal). Parents usually are not aware of the fact that the consistent use of a disgusted face may be triggering shame (Titze, 2011).

The smiling or laughing face, on the other hand, signalizes sympathy and friendship. On the other hand, that same face may communicate scorn, contempt and disdain when it appears expressionlessly, so that no indication of sympathy is present. A child who has been repeatedly humiliated in this way, wants to hide from the sight of such a face, even if it might smile. This can be accomplished by lowering his eyes and bowing his head.

XI. Emotional freezing and "mechanical incrustation"

Faced with such humiliating messages, the child, understandably, tries to protect him- or herself. In this context, Léon Wurmser (1981) describes a typical strategy for the prevention of shame: the excessive control of facial muscles. This control produces emotional tension and may result in emotional freezing that is a congealment of facial expression, thus producing the "mask of shame" (Wurmser). The gestures of the person in question then will harden to a wooden posture that reminds of a marionette (Titze, 1996, 1998, 2013). Eventually, that person will lose the elasticity of liveliness. He or she gets stuck, that is to say: psychologically frozen.

Henri Bergson (1900) explained this phenomenon through "mechanical encrustation" of living dynamics, i.e., of the flexibility and elasticity of the body's motions. This, on the other hand, is a main

condition for appearing “comical” or ridiculous because the living body will appear now as a “mere mechanism.” As a result, the fundamental contrast of man and machine will inevitably create a funny impression.

Bergson illustrated this phenomenon through the example of the unlucky person slipping on a banana peel, or the actor in a tragedy having violent hiccups, or a patient suffering from a nervous twitch: In all of these cases, voluntary control of the harmonious interplay of vital functions is lost. Instead, an involuntary fright comes about, accompanied with the freezing of physical motility: The living body takes on a peculiar “robotic appearance,” and the natural claim of being a part of human community is, in this moment, suspended.

XII. The Pinocchio-Complex

Henri Bergson (1900) compared individuals who are the butt of ridicule or are subject to disparaging laughter with wooden puppets or marionettes. Such individuals constantly send nonverbal signals that indicate that they feel very uneasy. Therefore, muscular tension and stiffness, as a consequence of emotional panic, are frequently developed. The arms and legs of these individuals may not always move in a spontaneous way as they try deliberately to control their spontaneous body movements. This “wooden appearance” has been referred to as the “Pinocchio-Complex” (Titze, 1995, 1996, 1998, 2007, 2013). This is a central feature of *gelotophobia*.

XIII. Inferiority feelings and social comparison

Experiencing one’s body as lacking vividness, being wooden and awkward, easily might elicit a self-evaluation that reinforces an already existing shameful self-contempt. This, again, may result in increasing feelings of inferiority (Ansbacher & Ansbacher, 1956; Titze, 1983).

Rudolf Dreikurs (1935), one of the successors of Alfred Adler, writes: «The inferiority feeling is a subjective feeling. The alleged inferiority may exist only in the imagination of the individual when he compares himself with others. The inferiority feeling is in a very deep sense quite independent of a man’s value, because when he compares himself with other people he gives them fictive value» (p. 48).

An important compensatory means for getting along with inferiority feelings is to arrange a situation for *downward comparison*. When a person suffers from an inferiority complex, he or she considers himself or herself being less valuable in comparison to other persons. Ernst Kretschmer (who had close contacts with Alfred Adler) writes: «**The inferiority feeling results from the individual’s speculation how others would judge him or how he is assessing himself in regard to common moral or performance-related standards. All acts of self-assessment are, at principle, dependent from relating oneself to fellow-humans. Therefore, comparison is the original source of the feeling of inferiority**» (Kretschmer 1922, p. 136).

The need to compare oneself with others is, phylogenetically, very old, and biologically very powerful. If someone compares him or herself in an unfavorable manner to more successful persons, then the probability is high that an inferiority complex might be developed. This has been elaborated

uniquely by Alfred Adler (Ansbacher & Ansbacher, 1956). In order to feel superior the respective individual has to look for someone else who is – in comparison with that individual – in an inferior position. Generally, this downward comparison will evoke amusement and mirth and may be accompanied by laughter. The Adlerian Oliver Brachfeld (1953) comes to the conclusion: «People assess one another each time when they meet. And a feeling of funniness arises after one is aware of being superior in comparison to the other».

Thomas Hobbes (1651) states in his book “*Leviathan*” that experiencing someone to be the weak object of ridicule gives rise to the “sudden glory” of unexpected superiority. This, on the other hand, stimulates triumphant laughter. Hobbes grounded his insights on Plato’s (1993) theory of comedy. In his *Philebos*, Plato argues that physical and mental deficiencies are the permanent source of ridicule. Those who detect such deficiencies in the other will inevitably go into laughter. This laughter is the clear expression of a *downward comparison*. The correspondent feeling of elation can be elicited by professional comedians who play the role of such deficient individuals.

Aristotle (2013, Section 1, Part V) specified this theory. He stated clearly that ridiculous behavior falls into the category of imperfection and inferiority. If shamed individuals are analyzed in the frame of this theory, one can state that these individuals behave as involuntary comedians. Because of their ubiquitous physical tension they gradually take on a wooden appearance and may develop, eventually, the *Pinocchio-Complex* (XII).

The academic *social comparison theory* has been formulated in 1954 by Leon Festinger. According to this theory, human beings possess a constant drive for self-evaluation: An *upward comparison* will occur when an individual compares himself or herself to someone who is better off. An amateur swimmer comparing his lap times to those of an Olympic swimmer is an example of an upward comparison (Wills, 1981).

A *downward comparison* will occur when an individual compares himself or herself to someone who is worse off. The spectator experiences himself, thereby, as being richer, more attractive and intelligent as he is in reality. This type of comparison generally makes the person in question feel better about himself or herself.

XIV. Gelotophobia

Gelotophobia is an intense and irrational fear of being laughed at or being the involuntary object of ridicule. This concept was described in 1995 for the first time and is considered as a specific *subtype of social phobia* (Titze, 1995, 2009). The key to understanding a manifest gelotophobia is laughter. On the one hand, the individuals in question never have learned to appreciate laughter as an indispensable precondition for a life filled with joy, happiness and exuberance. On the other hand, every form of laughter has a strictly negative meaning for gelotophobes in question. The reason for this bias is due to the fact that all types of laughter - even those that clearly express interpersonal warmth and friendliness - are misinterpreted by these individuals as expressions of clear hostility that could threaten their self-esteem. Thus, laughter has no positive meaning in their lives.

XV. Shame-bound anxiety

Wurmser (1981, p. 73) maintains that shame, analytically seen, is a type of anxiety, namely shame-bound anxiety. This anxiety may reveal itself “in form of a slight signal or an overwhelming panic. Gelotophobia can be considered as a specific variant of such shame-bound anxiety. In biographical regard, it is related to experiences of intense and repeated forms of disparaging laughter that took place in the course of socialization. Thus, gelotophobes live in constant fear of being evaluated by others in a mocking manner. Paradoxically, exactly this suspiciousness will give rise to what they fear so much: to appear to others as ridiculous objects.

Therefore, the underlying shame-bound anxiety coerces the patients into a pronounced self-observation, which aims to control all behaviors that might give an embarrassing (awkward, weird, “comical”) impression. In general, gelotophobes are constantly afraid of being put down, mocked or ridiculed by others. As a consequence, they suffer from feelings of inferiority, insecurity, self-loathing and, above all, shame. In this context, every occasion in which an embarrassing exposure could come about, is closely examined.

Their underlying shame-bound anxiety coerces gelotophobes into avoiding social activities because it is their pathologically biased conviction that such situations invite ridicule and, thus, could disclose the concealed stigma of being a contemptible outsider. Consequently, the main purpose of individuals suffering from gelotophobia is to protect themselves from being laughed at by others.

Because of this excessive self-control, the “natural elasticity” (Bergson, 1900) of their living body is inhibited. This aspect results in an uptight, wooden posture that gives these individuals an embarrassing appearance: Exactly this appearance is another source of ridiculousness.

XVI. Social phobia and shame-anxiety

The concept of “social phobia” was introduced into literature by Isaac M. Marks in 1969. Since then, extensive research has been carried out to determine both the emotional and physical symptoms as well the causes of this anxiety disorder. In 1980, the research results were incorporated into the “Diagnostic and Statistical Manual of Mental Disorders.” Meanwhile, the revised edition of this manual (DSM-IV: APA 1994) defines social phobia as «[...] a marked and persistent fear of one or more social or performance situations in which a person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way (or show anxiety symptoms) that will be humiliating or embarrassing ... The feared social and performance situations are avoided or else are endured with intense anxiety or distress. [This] interferes significantly with the person’s normal routine, occupational functioning, or social activities or relationships ...» (p. 349).

Veale (2003) notes that «social phobia overlaps with the concept of shame, although the two sets of literature have largely ignored one other» (p. 259). Social phobia and shame have certain common features (e.g., preoccupation with fear of negative evaluation or embarrassment, a tendency to avoid social situations, and physiological dysfunctions such as palpitations, trembling, nausea, and blushing). Yet no special efforts have been made to synthesize the common element of

these two disorders. Even prominent publications on social phobia (Heimberg et al., 1995; Schneier et al., 2004) do not refer to shame-specific literatures. This may be because shame-bound anxiety focuses on the self as the central object of evaluation, thereby constantly confirming the shameful conviction that this self is fundamentally damaged. Correspondingly, gelotophobia (as a specific variant of shame-bound anxiety) is derived from the person's biased belief that his or her self is intolerably ridiculous.

Social phobia, as defined by the *Diagnostic and Statistic Manual of Mental Disorders* (American Psychiatric Association, DSM-IV: 300.23), does not meet this requirement. It is, instead, directed to the evaluation of specific embarrassing failures and inexcusable lapses, subsequently giving rise to severe self-reproach. In this context, the patient's respective soliloquy could be: "I failed miserably in a social or performance situation. Therefore, the humiliation I have to endure is the punishment for this failure." In regard to such function disorders, the self is evaluated only in a secondary step; it is not itself the primary focus of negative evaluation. This seems to suggest that the theory of social phobia focuses on specific inexcusable failures of the person concerned (cf. Lewis, 1992).

Ivanova et al., (2012) found that gelotophobia has some overlappings with social phobia. This finding has been specified by Carretero et al., (2010) who came to the conclusion that gelotophobia and two indicators of social phobia (SAD, FNE) share between 38% and 57% of the variance. Edwards, Martin and Dozois (2010) discovered that gelotophobia is related to but distinct from social phobia and that the derisive laughter of others is the specific factor that is of characteristic importance for identifying gelotophobia.

XVII. The parental style that induces gelotophobia and its impact

The parental style of education in the families of gelotophobes is usually *overprotective* and *controlling* (Titze, 1995, 2007, 2011). This contributes to the emergence of primary shame in the child. In this connection, specific means of shaming may come into effect: for example, love withdrawal, excessive ignoring (combined with an "icy look" and a petrified face), and derisive mocking (sarcastic derision) about behaviors that are not conforming to parental expectations and rules (Titze & Kühn, 2010, 2014).

Children who are being mocked and ridiculed in this way generally develop a defensive and avoiding life-style: They are inclined to unconditionally submit to their parents' normative expectations. In doing so, they adapt to their family's idiosyncratic microcosm unconditionally (Titze, 1995, 1996, 1998, 2009). This blind devotion is a permanent source of feelings of guilt and shame.

Owing to this strong bond with the family, appropriate social activities are neglected or are not developed appropriately. Thus, the extra-familial socialization generally fails. The child or young person in question does not acquire that common sense that could facilitate a successful participation in peer groups' activities. Rather, in social situations, these individuals reveal specific symptoms of stress, such as clumsiness, awkward movements and other forms of inappropriate behavior. In this way, these youngsters get, especially during their puberty, into the role of funny and ridiculous objects.

XVIII. In-group behavior during puberty

Laughter is the “positive modus” of shame. Shame and laughter both overcome us involuntarily and intermittently. It is as hard to control an attack of shame as it is impossible to stop a fit of laughter. But shame and laughter occupy two opposite poles (Karasev, 1996).

Shame is the polar opposite of an attitude that is characterized by self-confidence, joy and pride. This attitude manifests itself specifically in laughter. The convulsions of severe shame are implosive and are “covered up.” This, generally, is associated with depressing feelings that trigger a “downward spiral.” Laughter, in contrast, opens the gate for a temporary getting out from this downward spiral. The spasms of laughter burst out like powerful explosions, expressing the body’s superiority. This brings forth a vigorous feeling of relief and self-affirmation, whereby an “upward spiral” is set off.

Laughter is of crucial importance for the formation of juvenile peer groups. In this context, common laughter exerts a strong cohesive function. The laughing group, inevitably, forms an affective unity. While experiencing this bonding power, each member of such laughing communities gets bolstered.

Those who do not follow the peer group’s fixed rules of conduct, usually have to undergo through unpleasant experiences. This is always the case when the funny outsider does not observe the group’s implicit habits and norms. The simple reason is that he or she does not know or understand the respective “unwritten laws.” This, then, stimulates the group’s common laughter that is experienced by the outsider as being derisive.

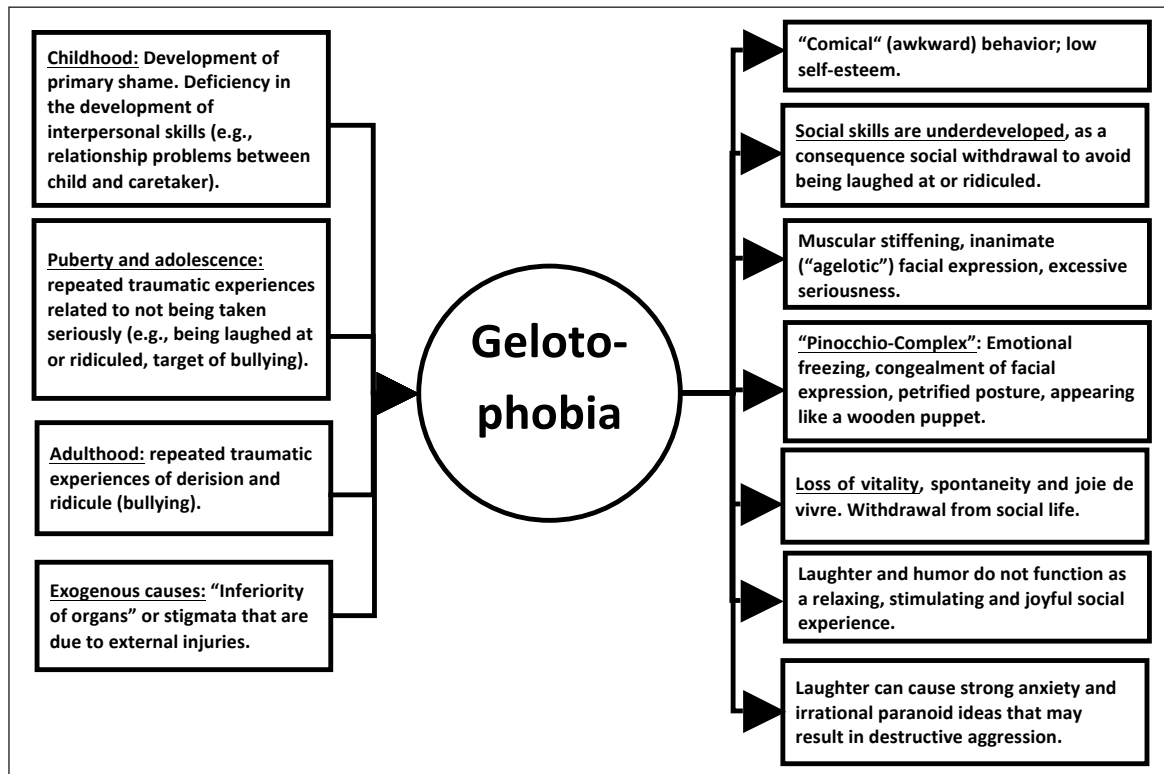
While laughing at the ridiculous outsider (who functions as a scapegoat), the group members experience themselves as a superior community. This creates a powerful community feeling that, in turn, is connected with joyful vigor.

In contrast, the ridiculed outsider feels weak, inferior and threatened. These traumatic experiences have been described by Henri Bergson (1900) as the “social baptism of fire”: This is the expression of a chastisement that is being carried out when the ridiculous outsider has failed to observe the “iron laws of community” (Adler, 1912). As a consequence, that outsider will experience a continuous traumatization that puts him into the position of a “permanent victim.” In this context, he or she will suffer from chronic emotional pain, thereby developing symptoms such as

- blushing;
- dizzy spells;
- trembling;
- disturbed speech;
- muscle twitches;
- “black outs.”

Such symptoms motivate a pronounced tendency towards social withdrawal and isolation. The purpose of such evasive actions is to protect the self against further traumatization.

Table 2: Causes and consequences of gelotophobia



XIX. The GELOPH: A facet model derived from prototypical statements

Based on the clinical work with gelotophobic patients, specific criteria for the assessment of gelotophobia were defined. This was achieved by associating the constitutive nosological elements of gelotophobia with typical statements of gelotophobic patients (Titze, 2009):

- a) **Traumatizing experiences with laughter and mockery in the past:** "During puberty I avoided contact with peers so that I wouldn't be teased by them". – "When I was in school, I was teased quite often".
- b) **Fear of the humor of others:** "Others seem to find pleasure in putting me on the spot and embarrassing me". – "It takes me very long to recover from having been laughed at".
- c) **Discouragement and envy when comparing oneself with the humor competence of others:** "I feel inferior around quick-witted and humorous people". – "When I participate in discussions I often think that my statements are ridiculous".
- d) **Paranoid sensitivity towards alleged mockery by others:** "I get suspicious when people laugh in my presence". – "When strangers laugh in my presence, I often think that they could be laughing at me".
- e) **Dysfunction of the harmonious interplay of physical motions:** "When I smile in someone's company, I feel like my facial muscles are cramping". – "My posture and my movements are somehow peculiar or funny".
- f) **Dysfunction in appropriately expressing verbal and non-verbal communications:** "If I wasn't afraid of making a fool of myself, I would speak much more in public". – "It is very difficult for me to come up and meet others in a free and easy way".

g) Social withdrawal: “When I feel I’ve made an embarrassing impression somewhere, I never return to the same place again”. – “I avoid participating in funny activities at festivals because I feel myself becoming cramped inside”.

These criteria were shown to converge very well and to be largely unidimensional. Only traumatizing experiences with laughter and mockery in the past yielded slightly lower intercorrelations with the other facets (Ruch, 2004; Ruch & Proyer, 2008b).

Out of these facets of gelotophobia, a list of 46 statements was compiled and used to explore differences between various clinical groups and normal controls (Ruch & Titze, 1998). This compilation is the body of the questionnaire GELOPH <46>. It turned out that most of the items were suitable to discriminate well between gelotophobes (as assessed by clinical judgment) and shame-based and non-shame-based neurotics (Ruch and Proyer, 2008a). The re-analysis of that data pool pursued with the aim to identify a limited set of items is also optimally convenient to identify gelotophobia. This intention resulted in an abridgment of 15 items. This is the short form of a questionnaire that has been designated as GELOPH <15>. This scale is clearly unidimensional and has a high internal consistency (Proyer et al., 2009b).

XX. An international study

Proyer and co-workers (2009) investigated about 23,000 people in 73 countries with regard to their susceptibility to gelotophobia. In this context, the GELOPH <15> has been translated into more than 40 languages and has been used worldwide. The main hypothesis to be tested was: laughter functions in some countries as a means of social control. The most important result was that gelotophobia could be found in every single country. Another important result of this study was that the specificity of gelotophobia in different countries is nowadays varying considerably. The prevalence of gelotophobia is particularly high in Asia, where the community’s well-being has high priority, while the individual’s interests are subordinated. Furthermore, the results show that the rate of overall prevalence of gelotophobia comprises a percentage between 2 and 30 % of the respective population. In this context, the probands have been differentiated by two basic dimensions, namely (a) insecure vs. avoidant-restrictive tendencies and (b) low vs. high suspicious tendencies towards the laughter of others. Insecure gelotophobes try to hide from others because they fear of being constantly ridiculed by them. (This is especially the case in Turkmenistan and Cambodia). Avoidant gelotophobes, on the other hand, are suspicious if others laugh in their presence because they fear to be evaluated scornfully. This is why they try to escape from social situations in which laughter could be an instant threat to their self-esteem. (This is particularly the case in Iraq, Egypt, Jordan and Thailand).

XXI. Gelotophobia in Italy

Forabosco et al., (2009) reported data from an empirical study that has been conducted in Italy with a sample of 334 subjects. This survey utilized the Italian translation of GELOPH<15>. This version showed good psychometric properties in terms of a high internal consistency ($=.82$) and a one-dimensional factor solution. The mean score for Geloph<15> for all subjects was 1.72 (SD=.42).

Gelotophobia was more prevalent among females than males. Age and marital status did not contribute to the fear of being laughed at. More than 7% exceeded a cut-off score indicating at least a slight expression of gelotophobic symptoms.

The authors state that the use of ridicule as an educational mean is not uncommon in Italy: This refers both to families as well to institutional entities like schools. With regard to social comparisons, it is typical to express through ridicule the antagonist.

With regarding to social comparison, ridiculing the adversary is, especially in adolescence, not untypical for Italian culture. In such a relational and cultural network that utilizes mocking and being mocked in both benign and aggressive meanings, it can be easily expected that particularly vulnerable individuals might develop a specific sensitization towards laughing that, eventually, could cause gelotophobia. However, as to the factual prevalence and impact of gelotophobia in present Italian society, sufficient data and conclusions are still lacking.

XXII. The psychometric assessment of gelotophobia: results

With regard to the personality structure of gelotophobes, important evidence has been found on the basis of empirical studies. For example, Ruch (2004) reported that gelotophobes tend to be introverted and neurotic. In Jürgen Eysenck's PEN model of personality³ gelotophobia is strongly correlated with the size of introversion and neuroticism. And on the old P-Scale, gelotophobic subjects scored higher score in the dimension of psychoticism (Proyer & Ruch, 2009). In addition, the results of this study show that gelotophobes have experienced intense shame in the course of their lives. Therefore, gelotophobes also feel threatened when facing laughing people (Ruch, Altfreder & Proyer, 2009).

Tracey Platt (2008) investigated the emotional responses to ridicule and teasing. She found that gelotophobes are not able to distinguish between good-natured teasing and a scornful laughter. They do not recognize laughter generated by positive motivation as such. They attribute more negative motivations to any kind of laughter.

Therefore, they use to respond to every laugh with negative feelings such as shame, fear or anger. In addition, the ability to feel pleasure and to develop forms of socially unifying humor is clearly limited (Ruch, Beermann & Proyer, 2009). Most gelotophobes recall embarrassing childhood situations in which they were ridiculed and mocked by their attachment figure (Proyer, Hempelmann & Ruch, 2009).

Anger, shame and fear are the emotions of the main gelotophobia. There is a distinct interplay with these three dominant emotions. These emotions reveal low levels of joy and high levels of fear and shame. Platt and Ruch (2009) have reported that during a typical week, gelotophobes experience shame and fear with a high intensity and long duration. On the other hand, their experience of happiness is less intense and of a shorter duration. In addition (Papousek et al., 2009) showed that gelotophobes are relatively weak at regulating their emotions in a facile way and that they can be easily influenced by their fellows' negative feelings. Additionally, they tend to meticulously control their

³ The PEN System is a factor analytically based descriptive taxonomy of personality containing the three superfactors Psychoticism, Extraversion, and Neuroticism.

emotions and they are, simultaneously, unable to easily communicate their own feelings to others.

In addition, specific tests show that gelotophobes tend to have lower self-estimations of their own skills and they underestimate their true capability. Consequently, they underestimate their intellectual capacities up to 6 points of IQ. In addition they tend to assess themselves as less virtuous than people they know personally (Proyer & Ruch, 2009).

Ruch, Altfreder & Proyer (2009) found that gelotophobes have a negative attitude towards laughter in general. They experience positively motivated laughter as more unpleasant than non-gelotophobics and they have difficulties in attaining a happy mood. When faced with pictures showing people who laugh in various situations, gelotophobes find it difficult to distinguish faked laughing from a really sarcastic or malicious laugh. Generally, they tend to believe that the genuine object of all laughter must be their own person.

XXIII. Conclusion

In its original meaning, laughter is an expression of a naive joy in life, which needs no rational justification or normative regulation. Laughter reveals human emotional vitality in its most original manner. The laughing individual is self-sufficient because he or she is immediately experiencing “basic thrust towards being alive” (Titze, 2005). From an ethological point of view, an offensive force is manifested in laughter. This vigor releases most vital effects, so that the laughing individual is dominated by his or her body, without being able to exercise control over that body. Thus, the laughing individual will inevitably appear as threatening to those persons who try to control their bodies in an excessive manner. These persons are, generally, susceptible to shame.

Shame attenuates the natural joy of life. This results in an emotional numbness that is expressed in a petrified “mask of shame” on the face. Shame arises when a person feels of being controlled and evaluated by the skeptical look of others. If this look is connected with derisive smiling/laughter, this can affect certain shame-bound individuals in a particularly harmful way. In this context, a specific shame-fear will rise that is centered on the ridiculousness of the person’s own self. These gelotophobes permanently look out for any indications of scornful laughter in their fellows’ faces in a highly sensitive manner. Altogether, gelotophobes assume that they are completely ridiculous in the eyes of their peers. Their underlying shame-bound anxiety coerces them into avoiding social activities because of their pathologically biased conviction that such situations invite derision. Consequently, their survival strategy is to protect themselves from being laughed at by others. This precise obsession then throws up the risk of being the permanent butt of mockery and derisive laughter.

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