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Exploring metadehumanization and self-dehumanization from a target perspective

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Introduction

Dehumanization is a quite recent topic in social psychological research. It refers to the tendency to perceive others as not entirely human, depriving them from some uniquely human characteristics or from their human nature (Haslam, 2006). Current knowledge on dehumanization includes information regarding the different types of dehumanization, the categories of people that are most likely to be actors of dehumanization instances, and the antecedents (individual and situational) and consequences of its occurrence (Haslam & Loughnan, 2014).

Scholars in this domain have focused their attention on the perpetrator side of the dehumanization process. That is, paralleling traditional research trends on general prejudice and discrimination (Yzerbyt & Demoulin, 2010), most research efforts have been made at understanding what creates the perception that others (individuals or groups) are less human than oneself (or one's ingroup) (Fiske, this Volume), and at examining the influence that these perceptions have on the differential behaviors one displays towards dehumanized targets (Haslam, this Volume). Much less is known regarding the psychological functioning of those who are the targets of dehumanization. Indeed, only a handful of studies have so far examined people's cognitive, emotional, behavioral, and interpersonal reactions when they are exposed to dehumanization instances, and we are still ignorant regarding whether and how dehumanizing experiences contaminates targets' self-concept.

The current chapter proposes to explore dehumanization processes from a target perspective. Such an attention on targets will not only allow us appreciating targets' singular experience of dehumanization as well as its incorporation in targets' self-concept. By attending "to targets not only as objects of dehumanization but also as subjects in dehumanization processes" (Moradi, 2013), it will also offer a dynamic, rather than static, understanding of the phenomenon and will inform us about the various ways in which dehumanization can develop in real-life interactive contexts (see also Abbattista, this Volume).

Targeting the target's perspective

The target perspective on dehumanization can take multiple forms. In particular, one can distinguish, on the one hand, animalistic versus mechanistic experiences and, on the other hand, metadehumanization (MD) versus self-dehumanization (SD). First, the broad literature on dehumanization has put forward that the phenomenon is not unitary and that dehumanization targets can be approached along two human-nonhuman contrasts (Haslam & Loughnan, 2014). On the one hand, animalistic dehumanization (Haslam, 2006; see also the infra-humanization concept, Leyens, Rodriguez, Rodriguez, Gaunt, Paladino, Vaes, & Demoulin, 2001) refers to the treatment of targets as childlike, unevolved animals that lack refinement, civility, and higher cognitive and moral abilities. On the other hand, mechanistic dehumanization associates targets with robots or objects that are deprived of interpersonal warmth, depth, individuality, and emotionality (Haslam, 2006). In line with this conceptualization, a dual model of dehumanization at the perpetrator level might translate into a similar dual approach in the target perspective.

Second, the target perspective on dehumanization also distinguishes itself in terms of MD- and SD. Kteily, Hodson, and Bruneau (2016) defined MD as a target's perception that his/her own group is perceived by another as less than fully human. We propose to extend this group-level definition to the individual level to also account for interpersonal dehumanizing interactions. That is, MD should correspond to the feeling of being treated as less than fully human, because of membership in a dehumanized group or because of one's personal characteristics. In contrast, with SD, targets do not only experience being dehumanized by others, they further incorporate this dehumanizing view into their self-concept, temporarily or permanently (Bastian & Haslam, 2010; Loughnan, Baldissarri, Spaccatini, & Elder, 2017). This distinction between MD and SD is reminiscent of the literature on homosexual stigma which differentiates felt stigma (i.e., expectations about the probability that society's collective, negative reactions to homosexuality will be enacted), from self-stigma (i.e., homosexuals' acceptance of and agreement with society's negative evaluation of homosexuality)

(Herek, 2007). To the same extent that MD processes can be applied at both the interpersonal and the intergroup levels, SD can concern both the personal and the social identity of any given individual. That is, when the social (vs. personal) identity is at play, the person comes to perceive and consider his/her own ingroup (vs. him/herself) as less human than other groups (vs. individuals).

In the present chapter, we focus on the later distinction between MD and SD and will only allude to the former (animalistic/mechanistic distinction). We will review the current literature on the antecedents and consequences of MD and SD; will also propose a conceptual model (see Figure 1) in which MD is triggered when targets feel that their fundamental human needs have been thwarted (see also Frick, this Volume); and will suggest that SD can occur both as a consequence of MD and following one's own immoral actions. Finally, we will open avenues for future research on these two phenomena.

Metadehumanization

"Growing up with narcissists in my family, I often felt like I didn't matter or like I wasn't really a "real" person. I was an object, something to be played with or thrown away on a whim."[1]

As stated above, MD occurs when people perceive that they are targets of dehumanizing treatments (Kteily, et al. 2016). Research efforts on MD have recently emerged to isolate the concrete antecedents of MD and the various related consequences. For instance, Bastian and Haslam (2011) examined how interpersonal maltreatments triggered dehumanizing experiences. In two studies, they showed that interpersonal maltreatments can trigger either mechanistic or animalistic MD. Caesens, Nguyen, and Stinglhamber (2018) confirmed the important role of interpersonal maltreatments in triggering MD. These authors conducted three studies in an organizational context and showed that MD is increased for employees who report suffering from abusive supervision. In addition, their results indicate that the relationship between abusive supervision and important organizational variables (i.e., job satisfaction, affective commitment, and turnover intention) is mediated by employees' dehumanization experiences.

MD is also a core experience among rape victims and, to a lesser extent, sexual harassment victims. Moor, Ben-Meir, Golan-Shapira, and Harchi (2013) examined MD among victims of different traumas (e.g., rape, sexual harassment, terror accident, combat stress, car accident, and sudden loss). They showed that, unlike what victims declare in relation to other kinds of trauma, rape and sexual harassment victims report high levels of peritraumatic MD. In other words, these victims had a strong feeling of having been "stripped from their humanity" during the event and felt "used like an object".

In organizational contexts, Caesens, Stinglhamber, Demoulin, and De Wilde (2017) investigated the effect of perceived organizational support on organizational MD. These authors found that the higher the employees perceive that their "organization values their contribution and cares for their well-being" (i.e., perceived organizational support; Eisenberger, Huntington, Hutchison, & Sowa, 1986), the lower their feeling that their organization treats them as a tool to reach its specific ends and, consequently, the higher their well-being. The same is also true for perceived procedural justice in organizations. Bell and Kourhy (2016) found for instance that women who perceived high organizational justice reported lower organizational dehumanization feelings. The latter result, however, did not hold for male employees (for similar ideas, see also Bell & Khoury, 2011).

Many common but dehumanizing practices should also be considered in the clinical and psychiatric contexts: dressing patients with the same outfits, forcing them to share a standardized room with strangers or favoring physical promiscuity are all common practices in hospitals. All of these have economic and practical roots but they might strongly favor the emergence of dehumanization feelings among patients. Indeed, these practices increase dehumanization-related factors such as deindividuation, patients' fungibility and dissimilarity perceptions between medical staff and patients (Haque & Waytz, 2012).

A main objective of the seminal studies in the domain of MD conducted so far has been to determine its link with fundamental needs' satisfaction (Zadro, Williams, & Richardson, 2004). In one

of the first papers on the topic, Bastian and Haslam (2010) showed that when their fundamental human need of belonging is put at stake via social ostracism manipulation, targets felt that their interlocutor perceived them as dehumanized object-like entities. A similar dehumanization experience is triggered when another fundamental human need is perceived as thwarted, namely the need for control and autonomy. Yang and collaborators (Yang, Jin, He, Fan, & Zhu, 2015) showed, for instance, that people placed in situation of powerlessness believed they are viewed by both powerful interlocutors and external observers as lacking uniquely human traits, an animalistic form of MD. Finally, a qualitative study among patients in dental school settings showed that such patients report feeling dehumanized when they have the perception that caregivers consider their needs as secondary (Raja et al., 2015).

All this literature suggests that a special link can be postulated between fundamental human needs' thwarting and MD. This proposition is also in line with Self-Determination theory, which identified fundamental psychological needs as energizing states that contribute to human effectiveness and well-being (Ryan & Deci, 2000). In a series of studies, we tested and analyzed the respective contribution of three fundamental psychological needs' thwarting (control, belonging, and self-esteem) in the emergence of MD (Demoulin et al., in press). We explored MD in three different populations presenting a high risk of dehumanizing experiences: women, patients recently treated for severe alcohol use disorders, and employees in organizations. Across all samples, we showed that individuals reported higher MD when they perceive that their fundamental psychological needs are endangered.

Beyond the review of the specific antecedents of MD that we have just proposed, every context in which dehumanization occurs might also constitute a fertile ground for the emergence of MD. The well-established antecedents of dehumanization should thus also be explored in MD studies, as they might offer complementary insights to obtain a comprehensive view of the antecedents of MD.

MD experiences can have massive consequences on the targets. For instance, in our three-population study, MD experiences were shown to trigger important consequences for individuals, at cognitive (reduced self-esteem), emotional (increased negative emotions), and behavioral (diminished use of functional coping strategies) levels (Demoulin et al., in press; see also Fontesse et al., 2019). At the cognitive level, research by Bastian and Haslam (2011) further found that animalistic and mechanistic MD produced aversive self-awareness and cognitive deconstructive states among lay individuals, respectively. At the emotional level, the same authors observed that animalistic MD triggered a rise in shame and guilt while experiences of mechanistic MD led to feelings of anger and sadness (for partial replication, see also Zhang, Chan, Xia, Tian, & Zhu, 2017). In addition, Caesens and colleagues (2017) found that, in the organizational domain, increased levels of MD were related to lower levels of employees' well-being. Finally, in terms of behavioral tendencies, the study by Moore and colleagues (2013) on rape victims showed that MD feelings were related to an increase in freeze responses (i.e., behavioral inhibition during the event), higher levels of post-rape self-blame and of post-traumatic stress disorder.

Consequences of MD at the intergroup (rather than interpersonal) level have also been explored. Kteily, Hodson, and Bruneau (2016) explored the effects of MD among socially advantaged groups on outgroup perception and outgroup aggression. These authors convincingly showed that when advantaged group members perceive that a relevant minority outgroup dehumanizes them, they dehumanize this minority group in return and such dehumanization increases group members' aggressive attitudes, behaviors, and support for aggressive policies (e.g., torture). This mechanism of behavioral reciprocity is a quite standard reaction in human interactions as people often respond in kind to the way they are being treated by others (Klein & Snyder, 2003). Importantly, these effects of MD on aggression did hold over and above metaprejudice (i.e., the perception of outgroup members' dislike). Not to be outdone, minorities and disadvantaged groups also tend to respond negatively to experiences of dehumanization coming from their relevant majority group. Kteily and Bruneau (2017) have for instance shown that, in the context of the 2016 US Republican Primaries, Latinos and

Muslims who felt dehumanized by Americans increased their support for violent (vs. non-violent) collective actions and reduced their willingness to assist counterterrorism efforts. According to these authors, the combined reactions of advantaged and disadvantaged group members to dehumanizing experiences lead to a vicious circle of intergroup violence.

As a whole, MD is thus a pervasive phenomenon at both intergroup and interindividual levels, leading to widespread consequences for the targets. Beyond the above-mentioned cognitive, emotional and behavioral effects, MD can also end up in the integration of dehumanization experience in the self-concept of the target, i.e. SD.

Self-dehumanization

"I often have feelings or thoughts that I am something less than "human". (That was the rationale for my username – pseudohuman - at the time I made this account). Somehow my experiences are less vivid and less valuable than those of other genuine "people". And my uncertainties about well, a lot of things only confirm that I don't have a real personality. Heck, I even doubt how I feel and what I truly think. All the time I'm second-guessing myself because I don't have any concept of a real "me"."

SD occurs when an individual integrates dehumanization feelings, in his/her self, i.e. when he/she perceives or treats him/herself in a less human way than other people. Research efforts on SD are quite recent, which might be in part due to the fact that early studies, which have measured associations between the self and humanness, have shown that people usually see themselves as more human than others (Haslam, Bain, Douge, & Bastian, 2005). Yet, social psychology has long suggested that we often respond in line with the perception that other people hold towards us (see for instance the self-fulfilling prophecy phenomenon; Word, Zanna, & Cooper, 1974 or the concept of looking-glass self, Cooley, 1972), and recent research has evidenced that SD does occur and that one of its primary determinant might be MD.

Several studies have initially shown MD and SD co-occurrences (see for instance, Bastian et al., 2010, 2011; Renger, Mommert, Renger, & Simon, 2016). More centrally, research findings have also shown direct evidence that MD triggers SD, and thus corroborate the idea that when targets are perceived and treated in a dehumanized way, they might come to see themselves in line with this derogatory and dehumanized image. At the theoretical level, scholars exploring sexual objectification have long postulated that women's sexual self-objectification (i.e., women's internalization of their status of passive, inert, sexual objects) results from the repeated exposure to other women's representation as sexual objects (Fredrickson & Roberts, 1997). This proposition was validated by Loughnan, Baldissarri, Spaccatini, and Elder (2017). In one study, these authors showed that when women experience being the object of sexual attention, they start perceiving their self as lacking some important human characteristics such as warmth, competence, morality, and humanity. The same is true in work contexts when people feel that they are being utilized as working tools. Such perceived instrumentalization decreases people's propensity to assign important human characteristics to their self, such as human mental states (Baldissarri, Andrighetto, & Volpato, 2014; see also Loughnan et al., 2017).

In the clinical domain, Griffiths, Mitchison, Murray, Mond, and Bastian (2018) found that patients suffering from eating disorders report increased feelings of "being less than full member of society" when they experience instances of patronizing behaviors towards them or believe that they are treated as children because of their disorder. Finally, research conducted among elderly people has shown that the use of baby talk has potential harmful consequences on them. In particular, for those who hold negative perceptions on baby talk, higher perceived frequency of use was related to lower feelings that their self is a person of equal worth in comparison with other people (O'Connor & Rigby, 1996).

Recent studies have refined the links between MD and SD by suggesting that they can be observed on different humanness traits. For instance, examining MD and SD in work contexts, Yang

and collaborators (2015) found that powerless people believe that they receive animalistic MD treatments from their supervisor but see themselves in a mechanistically dehumanized way. Nevertheless, considering the above presented literature, it makes little doubts that SD potentially emerges as the consequence of perceiving a dehumanizing treatment from other, i.e., MD.

Although probably a primary determinant, MD is not the only antecedent of SD that has been considered in the literature. One important line of research has shown that SD can also increase when one's actions are tainted negatively or judged as immoral. Indeed, people often consider perpetrators of harmful behaviors in a lesser human way (Bastian, Denson, & Haslam, 2013) and morality is intrinsically related to humanness (Haslam, Bastian, Laham, & Loughnan, 2011, see also Machery, this Volume). The link between immorality and SD was recently evidenced in a series of eight studies conducted by Kouchaki, Dobson, Waytz, and Kteily (2018). Using several paradigms, these authors showed that people report SD tendencies when behaving unethically (i.e., cheating, lying).

In the same line, Bastian et al. (2013) focused their attention on ostracizing actions as immoral behaviors. They had participants recalling an event in which they had ostracized someone else or to play a Cyberball Game in the laboratory during which they were explicitly instructed to exclude a fellow participant. Both biographical recall and Cyberball playing were sufficient to trigger SD perceptions among participants. These perceptions were partly explained by participants' acknowledgement that they had committed an immoral act. In other words, the more individuals perceived that they had acted immorally, the more they tended to self-dehumanize. The same argument is put forward by Tang and Harris (2015) who suggest that SD "may occur when it is difficult to rationalize away or justify one's harmful behavior" (see also Bandura, 1999).

The link between immorality and SD seems to materialize independently of whether the behavior is directed towards another person or not. Other studies that corroborate these findings are the ones reported in Bastian, Jetten, and Radke (2012). These authors examined player's self-

perceptions following their engagement in violent cyber games. In all their studies, violent game players self-perceived in a less human way than those that played non-violent competitive games. These results held whether the game was played by means of an avatar or not, and whether people were playing against other players or against the computer. Interestingly, the influence of violent video games on SD was not accounted for by potential changes in participants' mood or self-esteem. There seems to be a unique relationship between immorality and SD, independent from how the individual feels about him/herself or the situation and from the interpersonal nature of the negative, unethical or immoral act.

Yet, SD following immoral acts is not a fatality. For instance, Tang and Harris (2015) did not observe effects of moral or value-violations on SD. In their studies, participants recalled instances of past moral or value violations and later reflected on both other- and self-dehumanization. While they did find an influence of their manipulation on other-dehumanization, the impact on SD was absent. As the authors suggest, these null results could be due to floor effects and a lack of power of their manipulation. Nevertheless, the possibility also exists that one's perceived level of humanness following unethical acts is preserved when the possibility is offered to dehumanize the target of one's behavior. This latter proposition is consistent with Castano and Giner-Sorolla's (2006) findings that reminders of one's ingroup responsibility in outgroup atrocities (e.g., mass killing) leads people to further dehumanize the outgroup in order to reestablish psychological equanimity.

The above reviewed literature clearly suggests that immoral acts performed by the self strongly influence people's propensity to self-dehumanize. But other negatively tainted experiences can also relate to SD. In one study, Sakalaki, Richardson, and Fousiani (2017) showed, for instance, that SD positively correlates with people's anxiety level, negative affects and somatization tendency. In contrast, individuals that report high levels of self-actualization, positive well-being and high degrees of vitality tend to suffer less from SD tendencies. However, the correlational design prevents from drawing causal relationships between the variables at stake.

People also experience SD in the face of intragroup disrespect (Renger et al., 2016). That is, when fellow ingroup members discount one's opinion and treat one as less than an equal, one's self-view in terms of humanness is negatively affected. Disrespect is quite a common experience for those who are powerless in society, and research that has examined the influence of power on SD confirms that powerless people view themselves as less human than their powerful counterparts (Yang et al., 2015).

In addition, SD varies along with some personality variables. For instance, Sakalaki, Richardson, and Fousiani (2016) explored the links between SD and people's levels of machiavellism (i.e., cold-blooded individuals, mainly motivated by the outcomes of their actions) and opportunism (i.e., individuals who attempt at promoting their personal economic interests by any means). They found that the attribution of human nature traits to the self decreased as a function of participants' levels of machiavellism and opportunism. In addition, machiavellist and opportunist people associated themselves to machines more than people with low scores on these scales. In a similar vein, Ruttan and Lucas (2018) showed a bidirectional relationship between money prioritization and SD. Specifically, when they experimentally induced participants to prioritize money (vs. not), the latter tended to attribute less human traits to their self. Again, this tendency was especially clear on human nature traits, thereby confirming that SD was more mechanistic than animalistic in its form. Interestingly, when participants were led to humanize themselves by describing what it means to be human and recalling a time in which they experienced feeling human in that way, money prioritization over other kinds of goals was reduced.

Finally, research has pointed out the important role that situational variables play in triggering SD. For instance, Baldissarri, Andrighetto, Gabbiadini and Volpato (2017) reasoned that job activities that request workers to perform repetitive, fragmented, and other-directed tasks, because of the workers' instrumentalization that they convey (Andrighetto, Baldissarri, & Volpato, 2017), could lead workers to self-dehumanize[2]. In their studies, they asked participants to use wooden pieces either to

build, in a repetitive and well-controlled manner, windows that would subsequently be combined with other wooden pieces to form a house (instrumentalization condition), or to build a wooden house with no further instructions (control condition). Their results showed that repetitive, fragmented and other-directed tasks lead performers to attribute less mental states to their selves, to perceive themselves as more similar to a tool or a machine and less similar to a human being or an individual than less-controlled, less fragmented and less repetitive actions. Importantly, the SD triggered by the task influenced participants' beliefs in personal free will. Hereafter, we consider other consequences of SD evidenced in the literature.

Most researchers who have investigated SD have focused on its interpersonal consequences. For instance, after having shown that people report SD tendencies when behaving unethically, Kouchaki and collaborators (2018) also established that SD increases the use of immoral and antisocial behaviors. That is, reciprocal causal relationships were found between immorality and SD, which led the authors to argue for a potential downward spiral of immorality in which unethical behaviors trigger SD which, in turn, increases the probability of occurrence of subsequent unethical behaviors. Their findings are reminiscent of Bandura's work on moral disengagement, which postulated that people justify immoral actions via the target of behavior's dehumanization (Bandura, 1999; Bandura, Barbaranelli, Caprara, & Pastorelli, 1996). Here, on top of target's dehumanization, it is the perpetrator's self-perceived inhumanity that acts as a psychological mechanism facilitating the engagement in immoral behaviors. Similar findings were obtained by Renger et al. (2016), who showed that SD triggers the subsequent use of unethical behaviors among disrespected individuals, and by Ruttan and Lucas (2018) who showed that SD led participants to distance themselves from a coworker.

While it appears that SD can translate in an increased use of negative or immoral interpersonal behaviors, it does not always need to be so. Bastian and colleagues (2013) in their work on social ostracism actually found quite the opposite. In their third study, these authors found a positive

correlation between SD tendencies and participants' willingness to help another individual after the experiment. More precisely, SD mediated the relationship between ostracism actions and subsequent pro-social behaviors. In order to account for these discrepant results on the consequences of SD, future research should explore the moderating factors of the relationship between SD and interpersonal (mal)treatments.

The future of metadehumanization and self-dehumanization

Research on MD and SD is progressing rapidly. Yet, scientific knowledge in this domain is still in its infancy and more research efforts are necessary for scholars to develop a better understanding of dehumanization processes from a target perspective. In the following sections, we will develop three directions that could be undertaken by scholars in their exploration of MD and SD, and further elaborate on our working model (see Figure 1).

What strikes anyone who is interested in MD and SD is the high heterogeneity that research in this domain faces. This heterogeneity marks itself at three levels: in terms of naming, operationalization, and conceptualization. All these three elements are, in fact, intertwined as conceptualization problems often underlie naming and operationalization pitfalls. Yet, for clarity reasons we detail these in separate subsections.

Towards more systematic naming. The literature on dehumanization from a target perspective has either used a plethora of terms to refer to a same phenomenon or, *a contrario*, has used similar names to refer to different kinds of phenomena. For instance, to refer to experiences and feelings of being dehumanized by others, different scholars have used different terms: MD (Kteily et al., 2016), peritraumatic dehumanization (Moore et al., 2013) or even SD in meta-perceptions (Yang et al., 2015). Inversely, SD has been interchangeably used to refer to experiences of dehumanization (e.g., Yang et al., 2015) as well as to the internalization of the dehumanized image within one self-concept (e.g., Bastian & Haslam, 2010). Dehumanization from the target's perspective is also sometimes named after related concepts (e.g., self-objectification, Baldissarri et al., 2014, 2017). It sometimes

refers to context-free broad perceptions (e.g., MD, Kteily et al., 2016) and sometimes points to the very specific situation at hand (e.g., organizational dehumanization, Caesens et al., 2017; peritraumatic dehumanization, Moore et al., 2013). All these naming problems can create confusions and misunderstandings among researchers. Future research establishing a clear typology of the many faces that dehumanization from the target perspective can take is thus a necessity in this growing literature.

Towards more systematic operationalization. As is the case for the broad research on dehumanization from the perpetrator's perspective (see Haslam, this Volume), MD and SD measures strongly vary across studies. While some researchers have used trait attributions (e.g., Yang et al., 2015), other preferred self-reported scale responses (e.g., Bastian & Haslam, 2011) or even figural associations with animal, objects, robots or machines (e.g., Sakalaki et al., 2016). Although the latter variability speaks to the methodological generalization of these concepts, it is not always clear whether what is measured in one study, via for instance trait attribution, is indeed directly comparable to what is assessed in another study via another measure, e.g., a self-reported scale. Moreover, more information is needed on the advantages and pitfalls related to each of these methodologies or of crossing methodologies within the same study. Say, for instance, that one scholar needs to explore within the same sample both MD and SD, would it be better to use different or similar measures to assess both concepts? Should one establish SD via trait attributions and MD via Likert-type scales, or conversely? Developing expertise on the methodologies and instruments related to MD and SD measuring is not just desirable, it is essential if one wants to precisely assess these concepts and ensure intra- and inter-studies valid comparisons.

Towards more systematic conceptualization. In the preceding sections, we have sometimes alluded to different possible forms of MD and SD. In line with the dehumanization literature, a first distinction that comes to mind is the one between animalistic and mechanistic MD and SD. Obviously, being perceived or seeing oneself close to an animal is different from being perceived or

seeing oneself as an object. Yet, while some research findings clearly differentiate between these two forms of perceptions (e.g., Bastian & Haslam, 2011; Yang et al., 2015), other studies had difficulties to empirically establish such a distinction (e.g., Bastian, Jetten, & Radke, 2012). In our own studies, we had similar inconclusive findings on the presupposed bidimensionality of MD (e.g., Chevallereau, Maurage, Stinglhamber, & Demoulin, 2019). Furthermore, mechanistic dehumanization might actually encompass two different subdimensions: one associating the individual with an object (and thus focusing on the lack of self-will and agency) and the other relating him/her to a robot (and thus insisting on the lack of emotions). Research is therefore needed to develop an understanding on the conditions that lead to dimension-specific experience of dehumanization (as well as SD) and the conditions that produce undifferentiated dehumanizing treatment.

One further conceptualization issue that should be considered in future research concerns the distinction between metadehumanizing and self-dehumanizing perceptions, on the one hand, and metadehumanizing and self-dehumanizing treatments, on the other hand. Thus far, researchers have mainly focused on the perceptive level. That is, they have explored the way people perceive others, the self, or are perceived by others as lesser human entities. Although dehumanized perceptions have proven to affect behavior in various ways (e.g., reducing pro-sociality or increasing aggression), a dehumanized perception does not necessarily entail a dehumanized treatment. A better consideration of behavioral aspects would then offer us a more complete picture of MD and SD.

Broadly speaking, we have seen that MD often occurs as a consequence of the maltreatments one receives from other (individuals or groups). We have further argued that such maltreatments trigger MD because targets feel that some of their basic human needs were thwarted. The theoretical link between needs thwarting and MD has often been made in the literature and indeed, research conducted in our laboratory confirms that need thwarting is an important mechanism of MD feelings (Demoulin et al., in press). Yet, while our proposed model considers fundamental needs

thwarting as an antecedent of MD, it cannot be excluded that some overlap and inverse causal relationships exist between the successive steps of our model (see Figure 1). This is particularly true for fundamental needs, which might not only constitute an antecedent of MD, but might also reversely be impacted by lowered MD, and/or correlate with it in view of their common antecedents. Longitudinal designs with repeated measures could clarify such causal relations across the model's variables. Experimental studies proposing a direct manipulation of the model's components, and particularly of fundamental needs, would also constitute promising way to test the model.

Aside from maltreatments, other antecedents of MD should be considered in future research. That is, we argue that people can experience dehumanization as a consequence of situational (e.g., accomplishing fragmented, repetitive tasks; Baldissarri et al., 2014), of environmental (e.g., living in an environment that restrains one's control over one's own life like in prisons or psychiatric hospitals, Stinglhamber, , Nguyen, Josse, & Demoulin, 2020), or of broader cultural variables (materialist cultures or cultural climate that undermine people's justice feelings; Sakalaki et al., 2016). In addition, attention should be drawn on the moderators that qualify the relationship between MD and its antecedents. While some moderators could act as protecting variables, other might aggravate dehumanization feelings. For instance, Caesens et al. (2018) showed that workers who suffer from abusive supervision report enhanced feelings of MD under high colleague support.

With regards to SD, we have acknowledged that SD results broadly from two main antecedents: MD and immoral acts perpetrated by the self. Yet, the links between SD and its two main antecedents need to be further explored. In particular, we argue that it is unlikely that SD always emerge as a consequence of MD or immoral acts. Moderators of these relationships certainly exist and future research should aim at identifying them. For instance, MD should not lead to SD when dehumanization targets have the opportunity to discount the perpetrator's behavior or to attribute this behavior to some (negative) attribute of the actor. Such discounting effect has been evidenced in the literature on victims' reactions to discrimination (Crocker, Voelkl, Testa, & Major,

1991). To the extent that the perpetrator is perceived as a highly prejudiced person and that the discrimination experience is punctual rather than pervasive, research has shown that victim's self-esteem is generally preserved. In contrast, when discrimination experience taints all aspects of a victim's life, it tends to influence a victim's self-esteem in dramatic negative ways. The same kind of pattern could be postulated in the relationship between MD and SD, with higher impact of MD on SD when the experience is multi-situational or when many perpetrating individuals are involved. The role played by the repetition and ubiquity of dehumanizing experience on MD and SD should thus be more thoroughly understood, as most previous studies either focused on specific dehumanizing situations or did not measure the intensity/frequency of such situations.

Similarly, moderators should be explored that qualify the relationship between immoral acts and SD. Indeed, whereas some studies have clearly shown effects of unethical behavior perpetration on one's human self-perception (Kouchaki et al., 2018), others found no relationship between the two variables (Tang & Harris, 2015). As suggested above, and consistent with the findings of Bastian and colleagues (2013), one such moderator could be the individual's own recognition of having performed an immoral act. Again, if the immoral quality of the act can be discounted by the target, there might be no reason to expect the self to be contaminated by a dehumanizing attribute.

In Figure 1, we propose a working model of dehumanization from a target perspective that links MD and SD processes. This model suggests that MD is likely to be triggered by interpersonal, situational, environmental, or cultural antecedents. These antecedents would lead to MD when a target's fundamental needs have been thwarted. Conditions that prevent needs thwarting should also prevent MD to emerge. MD, in turn, can rise to SD to the extent that experiences of dehumanization are pervasive, both situationally and across social interlocutors. Yet, SD can also arise as a consequence of one's immoral act at least to the extent that the target recognizes the immoral qualification of her behavior.

Both MD and SD might have broad consequences on all aspects of human functioning. We have already acknowledged that MD and SD affect a target's cognitive, emotional, behavioral, as well as physical (health) reactions. Predictions regarding MD's and SD's consequences should however vary considerably.

Turning first to MD, some of the consequences of the experience of being treated in a dehumanized way could be similar whether one refers to animalistic or mechanistic MD. For instance, targets could report enhanced stress and anxiety levels. Dehumanized targets could also display aggression towards their perpetrators and such aggression could result from a dehumanized perception of the aggressor (Kteily et al., 2016, 2017). MD could also give rise to trickle down effects (Mayer, Kuenzi, Greenbaum, Bardes, & Salvador, 2009) or displaced aggression behaviors. That is, when dehumanization treatments come from a superior perpetrator who cannot be directly fought against, dehumanized targets could report their frustration on subordinates or clients/patients. We obtained preliminary evidence of such displaced aggression in a study conducted among correctional officers in prisons. Specifically, the more correctional officers felt that their organization treated them in a dehumanized way, the more they tended to act towards inmates in dehumanized ways and to depersonalize them (Stinglhamber et al. 2020).

MD could moreover produce differential patterns of responses depending on the type of dehumanization at hand. For instance, Bastian and Haslam (2011) showed that whereas mechanistic MD triggers sadness, anger, and cognitive deconstructive states, animalistic MD leads to shame and guilt, and to aversive self-awareness (but see Zhang et al., 2017). Similarly, whereas mechanistic MD could lead to the activation of pro-social behaviors aiming at one's social reconnection (e.g., Bastian et al, 2013), animalistic MD in which people are the target of perpetrators' contempt could lead victims to engage in self-promotion behaviors or to increase their identification with relevant social groups (Bourguignon, Seron, Yzerbyt, & Herman, 2006).

Animalistic and mechanistic dehumanization should also trigger quite different reactions to SD. Specifically, when one self-dehumanizes in an animalistic way, one tends to consider the self as an unevolved individual that is mainly driven by his/her instinct. As a consequence, emotions that should primarily arise are primary (unevolved) emotions (Demoulin et al., 2004). Cognitive processes should be simple, the target should favor heuristic thinking, and SD should produce submissiveness behaviors in interpersonal interactions as well as relationships development that are instinctive and emotional. In contrast, mechanistic SD, in which the self is considered as an object, a robot, or a machine, should be characterized by a lack of emotional reaction, a loss in agency and a reduction in deconstructive cognitive thinking. Targets' experience should involve numbness, coldness and inertia. This difference regarding the reactions to the two forms of SD are well-represented in the two following quotes:

"I always think I am subhuman, and every other living thing (yes including flies, spiders etc), as having worth, but I have none. I am less than subhuman, I am nothing. Every time I breathe I feel such deep shame for even being alive."

"For me, it feels like a numbness. Probably brought on by overthinking. How can I ever live in the moment and have genuine human experiences when I'm always detached, interrupted by the never ending thoughts?"

Conclusion

The global picture offered by this chapter leads to the emergence of two major conclusions. First, while dehumanization research focusing on the perpetrator's perspective has been blooming during the last decades, the exploration of the target's perspective is still in its infancy. A re-orientation of the research focus in this domain should thus urgently be initiated to explore how dehumanization impacts targets in various contexts, and to finally unveiling the other side of the "dehumanization story". Second, the development of the knowledge on MD, SD, and their interactions should constitute a priority for future research. Beyond the mere observation of

dehumanization occurrences, it is crucial to know how such dehumanization experiences are converted into feelings by the targets, and how they can even be integrated in their self. As underlined above, preliminary data clearly show the ubiquitous presence of MD and SD in a wide range of dehumanized populations, but their antecedents, moderators and consequences should be thoroughly characterized. Importantly though, this expansion of the field through the focus on targets should not be a mere transcription of the research already conducted among perpetrators, as the variables involved, as well as their relationships, are most likely not identical. A key challenge for upcoming studies will thus be to disentangle the commonalities and differences between perpetrator's and target's perspective in dehumanization. On the one hand, clarifying the homology of relationships across perspectives would contribute to the parsimony of dehumanization theory. On the other hand, differences of relationships across perspectives will lead to its refinement.

Endnotes

1. All citations in the chapter were retrieved on June 2019 from http://www.psychforums.com/avoidant-personality/topic102834.html
2. In their research program, Baldissarri, Andrighetto and their colleagues preferred the term "self-objectification" when referring to a person's lesser attribution of mental states to the self. Yet, self-objectification is a peculiar form of SD and, for simplicity reasons, we opted for consistently using SD in the present chapter.

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Figure 1. A working conceptual model for metadehumanization and self-dehumanization