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WHEN LAUGHTER CAUSES SHAME: THE PATH TO GELOTOPHOBIA

In: Lockhart, K. G. (Ed.): Psychology of Shame: New Research, Hauppauge NY: Nova Science Publishers, 2014, pp. 141-156

ABSTRACT

Gelotophobia may be considered as a specific variant of shame-bound anxiety. It is defined as the pathological fear of being the ridiculous object of laughter. Therefore, an important criterion for the assessment of gelotophobia is the patients' pronounced sensitivity with regard to any kind of humorous remark. Gelotophobia can be traced back to early childhood experiences of intense and repeated exposure to mockery and ridicule in the course of socialization. Gelotophobes constantly fear being screened by others for evidence of ridiculousness. Thus, they carefully avoid situations in which they feel exposed to others. Gelotophobia at its extreme involves a pronounced paranoid tendency, a marked sensitivity to offense, and a resulting social withdrawal. In this chapter, the origins and consequences of gelotophobia are described.

INTRODUCTION

This chapter will address a specific variant of shame-bound anxiety that is focused on the obsessive avoidance of ridiculousness. Shame-bound patients who suffer from the fear of being laughed at have been denominated as gelotophobes¹ [1]. These people have never learned to appreciate laughter and even smiling in a positive sense [4]. They react to the mimic and vocal expressions constituting laughter and/or smiling in a way that indicates their fear of being put down or being otherwise humiliated by those who face them laughing and/or smiling—irrespective of their true motives. By reacting in this inappropriate way, gelotophobes make a “comical” impression in every respect. They communicate—especially by their physical expression—that they feel very uneasy by being faced in a laughing or smiling way. In this context, their muscles may stiffen as a consequence of an emotional panic.

Therefore, the persons concerned exhibit a pronounced tendency to keep inappropriate (“comical”) activities strictly under control. This effort, in turn, is accompanied by increased self-observation and scrupulous self-control. Overall, gelotophobes constantly fear being derided or ridiculed by others, and so they suffer from specific feelings of inferiority, insecurity, self-contempt, and other facets of shame [2, 37].

Gelotophobia can be traced back to repeated experiences with disparaging forms of laughter that took place over the course of socialization. There are etiological indications that

¹ This term is derived from two Greek terms, “gelos” (γέλως) meaning laughter and “phobos” (φόβος) meaning fear.

these traumatic experiences are facilitated by specific childhood conditions, which have their roots in early parent-child interactions [1, 2, 38, 57]. Consequently, all expressions of exhilaration in others are, on principle, evaluated by gelotophobes in a negative way—regardless of the actual motives [3, 48, 59].

At its extreme, gelotophobia involves a pronounced paranoid tendency, a marked sensitivity to offense, and a resulting social withdrawal [42, 59]. Clinicians, who meet gelotophobic patients for the first time, generally recognize their typically bashful bearing [2]. This defensive attitude may be expressed by pronounced formal conduct, difficulty in maintaining eye contact, speaking in a low voice, displaying an obsequious demeanor, and even by an awkward posture [13]. After all, gelotophobic patients are not able to deal in an uninhibited way with humorous material: in this context, they mostly will react “agelotically”—i.e., their face will grow stiff and their possible polite smile will freeze.

SHAME AND LAUGHTER

Shame arises when the person concerned feels he or she is not sufficiently esteemed [47]. Ashamed humans feel degraded and disparaged by their social peers. Therefore, they evaluate themselves as less worthy in comparison to others [1, 37]. Hence, shame is a painful self-conscious emotion. It signifies indignity, defeat, powerlessness, and inferiority. According to Leonid V. Karasev [5], shame is the “negative modus” of laughter. Shame and laughter both overcome us involuntarily and intermittently. It is as hard to control an outburst of shame as it is to stop a laughing fit. But shame and laughter occupy two opposite poles: The cramps of severe shame are implosive and covered up. On the other hand, the spasms of laughter burst out like explosions, expressing a bodily-experienced supremacy mixed with relish and self-affirmation. Thus, shame reflects an emotional state of inferiority, whereas laughter is a powerful signal indicating feelings of superiority.

According to Léon Wurmser [6], the function of shame is to hide the self from critical and contemptuous looks. In this context, a typical concealing maneuver comes into effect: the excessive control of facial muscles that produces tension and results, ultimately, in a mimic “petrification”—i.e., the congelation of facial muscles [13]. Thus, the mimic expressions stiffen and harden into a “mask of shame”. In this context, the person concerned loses the original “elasticity of liveliness”, a phenomenon that was first described by Henri Bergson [7]. The cause of this congelation is, according to Bergson, a “mechanical encrustation” of living dynamics—i.e. of the flexibility and elasticity of the body’s postures, gestures, and motions. Now the living body will appear as a mere mechanism. Consequently, Bergson [7] compared individuals who are the butt of ridicule or disparaging laughter with wooden puppets or marionettes. Their arms and legs may not always move in a spontaneous way as these individuals try to deliberately control their spontaneous body movements. This encrustation of living dynamics is, according to Bergson, the specific cause of ridiculousness because the fundamental contrast of man and machine will inevitably create a funny or “comical” impression.

Bergson [7] illustrated this phenomenon through the example of a nervous public speaker repeating head and hand movements stereotypically. Thus, this individual is giving the impression of a mechanical automatism. One may also imagine 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, so to speak, 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, at such moments, suspended.² Therefore, the person’s genuine subjectivity is lost, separating this person from the inter-subjective community. Instead, he or she is integrated into the inanimate world of objects. And that, precisely, is a cause of shame.

BEING OBJECTIVIZED

For Jean-Paul Sartre [8], personal subjectivity is jeopardized if the individual in question feels being judged by his or her social partners. To be looked at in this way causes the person concerned to become objectivized and, thus, lose control over the attributes that others ascribe to him or her. Therefore, the objectivized person is literally at the mercy of the others.

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 him- or herself as being the center of a shameful inspection as everyone seems to be carefully looking for embarrassing defects and faults. In this context, Friedrich Nietzsche [9] 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.”

THE EYES OF SHAME

According to Günter Seidler [10], shame is evoked by means of the fantasized eyes of others that are mercilessly judging the physical appearance of the person in question. Thereby, a general internal cause is assumed which reveals itself in the bodily sphere of that person [11]. Therefore shame, on principle, is connected with the questions: How do I appear to others? Which impression will they have of me while they are looking at me? How will be their corresponding evaluation? The answer to these questions will be disclosed in the evaluating person’s face. If a positive facial feedback³ is absent, this can be deeply disturbing and bring about a primal shame response, such as averting the face.

Patients suffering from shame problems, therefore, often speak of “the eyes of shame” [1, 6, 10, 37], thus indicating that the world is full of judging eyes. They endorse by this statement that the point of anguish and despair in the world of shame is that element of exposure [12].

Hence, in many shame-bound patients being critically objectivized by others leads to emotional panic, which in turn causes muscular tension or even immobility. The arms and

² That “wooden appearance” has been referred to as the “Pinocchio Syndrome.” This is a central feature of gelotophobia [1, 2, 13, 37].

³ This already is the requirement for the development of self-confidence in the child.

legs of the affected individuals, consequently, may not always move in a spontaneous way as they try to deliberately control their spontaneous body movements. This may result in a wooden posture that reminds of a marionette. This, in turn, causes a ridiculous response that is “comical” in appearance [7]. This psychosomatic phenomenon is referred to as the “Pinocchio Syndrome” [2, 13].

NON-VERBAL INDICATORS OF SHAME

According to Paul Ekman [14], shame belongs to a group of emotions that have common signal characteristics. Not only are the mimic movements of importance, but so are the position of the head and the viewing direction. Furthermore, the individual’s posture and specific hand movements play essential roles [15]. Therefore, shame experiences are often not described specifically but are referred to in a metaphorical or symbolic way, such as: “I just wish the ground would open up and swallow me” [1]. There are also nonverbal clues such as blushing, and a lowering of the eyes and head.

According to Reto Volkart and Isabelle Heri [15, p. 183]⁴, severely shamed individuals constantly display some of these nonverbal messages that indicate their feeling of unease.⁵

Facial expressions

- The forehead skin is laid into horizontal or vertical wrinkles
- The lips are drawn back into the mouth
- Licking the lips with the tongue
- Biting lips
- Swallowing
- Masked affects, for example, fake smiling (false smiling)

Eye movements

- Eyes are averted, turned downward or sideway
- Eyes move from side to side
- The lower eyelids are raised, the upper lowered or closed
- The look is averted and makes for a rigid impression (averted gaze)

RECIPROCAL SHAME EXPERIENCE

Thus, ashamed individuals constantly send nonverbal cues that indicate that they feel very uneasy. On the one hand, the facial expression of these individuals is typically motionless and inanimate: This has been designated by Léon Wurmser [6] as the “mask of shame”. On the other hand, they lack impassive self-composure and poised body control. Thus, they may appear to be nervous and fidgety people who do not know how to control their body functions. In this way, the persons concerned obtain a weird and “comical” appearance that will inevitably affect the respective social partners [1, 13, 37].

⁴ In accordance with Ekman & Friesen [16]

⁵ On the one hand, these are nonverbal indicators of submissiveness that, on the other hand, are typical for a low status as well [17, p. 92].

In psychoanalysis, such an evocation of specific emotions, generally is referred to as (*counter-*)*transference*⁶. With regard to shame, the social partners will intuitively re-enact essential facets of the patient's specific shame experience on their own side [18, p. 64]. The patient thereby "inserts" (in the course of a projective identification) all of these shame-specific feelings into the other who is serving as a "container" [19, p. 31].

An affect-centered explanation of this phenomenon is presented in Michel Henry's *Phenomenology of Life* [20]. In this context, the term "intropathy" is used to designate the affective exchange that causes us to respond to "hatred with hatred, to aggression with aggression and to shame with shame" [21]. This intropathic exchange exceeds the efficacy of the act of psychological identification [21]. Rather, it signifies an affective immanence of one's own self within the "being of the other" [23].

This interactive phenomenon is similarly generated by the so-called *mirror neurons*⁷ [24]. These neurons are nerve cells that help to revive in the observer many behavior facets of his or her social partner.⁸ In this context, Vittorio Gallese [25] concludes: "There is evidence that the same neural structures that are active during sensations and emotions are also active when the same emotions are detected in others". This assumption has been confirmed by Marco Iacoboni [26] who states that neural mirroring facilitates the access and the understanding of the other's mind, thus making inter-subjective and, respectively, social behavior possible. In this connection, the phenomenon of *vicarious shame* may become effective.

Vicarious shaming is an interactive phenomenon. A study by Sören Krachand and co-workers [27, 28] reveals that identical sets of neurons can be activated in an individual who is simply witnessing another person's embarrassing performance. Thus, genuine shame dynamics are set in motion when the already ashamed individual, reciprocally, is noticing that another person is shamed because of his or her wrongdoing: That unease felt by the observer, often triggers an abashed smile that may be misinterpreted, especially by the gelotophobe, as a scornful grin. And just this erroneous mimic signal may cause a further strengthening of the actual shame [1].

This assumption has been confirmed by the results of a study by Brian Lickel and co-workers [30] that refers to occasions in which an observer experiences shame without being the proximal agent of the embarrassing wrongdoing. The authors speculate that the mere observation of shameful conduct in others might be detrimental for a social identity that the wrongdoer and the observer have in common. In this context, the wrongdoer's embarrassment might cause a shaming threat to the observer's appropriate self-image—especially when it is associated with an embarrassing smirk.

THE COMICAL AS A SOURCE OF SHAME

The function of comedy is to mimic the body's disharmonious forms of appearance by using derogatory words, songs, and dancing [31, 32]. By that fleering at the comedian's embarrassing appearance, a scenario is set up that dissolves the empathic connection with the

⁶ In this context, patients "transfer" feelings about important attachment figures onto a therapist. Similarly, in "counter transference", a therapist's reactions to a client are shaped by the therapist's own earlier relationships.

⁷ Neurons are nerve cells that transmit information throughout the body.

⁸ The domains of behavior currently under investigation span motoric, psychosocial and cognitive functions, including specific psychosocial issues related to attunement, attachment theory and empathy.

shameful wrongdoer. Thus, the triggering of vicarious shame is replaced in ancient comedy by uninhibited pleasure with regard to the wrongdoer's embarrassing behaviors. This involves a pleasurable *downward comparison*⁹ that may cause an "anesthesia of the heart" [7]. In this connection, the observer can pitilessly look down on the respective "comical" flaws of the comedians. As a result, a malicious glee may arise that will be accompanied by gloating laughter. (This, basically, applies as well to unintentionally funny individuals who suffer from being laughed at.)¹⁰ That immoral act of laughing at the embarrassing flaws of comical persons is clearly self-enhancing.

In this context, Tracey Platt and Giovanantonio Forabosco [3] assume that laughing at others' impairments was among the earliest forms of laughter. This special sort of laughter is an essential ingredient of the so-called superiority or disparagement theories [34, 35, 36]. Such theories are in accord that laughter is the consequence of a feeling of superiority over those fellow humans who are perceived to be ridiculous [2, 39].

SHAME-BOUND ANXIETY

Shame basically functions as an important protective mechanism: Faced with a concrete threat to the self-esteem, the shamed individual becomes highly sensitized as to the causative external factors [1, 6]. In this context, one of the most important eliciting factors is derisive laughter. Therefore, shame-bound individuals practice excessive self-observation and meticulous self-control. This habitual obsessive behavior serves the general purpose of avoiding inappropriate ("comical") performance in social situations that might elicit laughter [37]. In this context, all clues of possible contempt from the social partners at hand are scanned very carefully. The source of the corresponding messages is to be found in the human face [16].

Thus, being looked at in a sneering manner is the main reason for shame-bound individuals to behave distrustfully. The underlying (unconscious) purpose of this defensive conduct is to protect the self from enduring, once again, the shock of being scoffed at in an insufferable manner. Thus, the preventive function of shame-bound anxiety is to avoid those social situations that, subjectively (and frequently by mistake), are evaluated as being harmful for one's self-esteem [6, 11].

THE FEAR OF BEING LAUGHED AT (GELOTOPHOBIA¹¹)

A common trait among individuals who experience shame-bound anxiety is the deep conviction that something essential is wrong with them. In addition, some of those being affected by shame-bound anxiety strongly believe that any face-to-face encounter invites ridicule and, thus, could disclose the concealed stigma of being fundamentally ridiculous. Therefore, these individuals fear any kind of laughter as a threat, because this would again

⁹ The empirical evidence for this phenomenon has been yielded by Leon Festinger's [33] theory of *social comparison*. This theory says that a "downward comparison" (in which the self is evaluated favorably in comparison to other people) is suitable to strengthen one's own self-esteem.

¹⁰ This includes all forms of bullying [44, 52, 60].

¹¹ Overviews on this subject have been submitted by Robert Durka [40] and Tracey Platt [3]

confirm their fixed idea of being ridiculous [48]. These patients even misconceive that sort of laughter as being threatening that is perceived by other people as harmless or even friendly [2, 38]. In short, these individuals suffer from a specific *fear of being laughed at* (gelotophobia). William F. Fry [41] states:

“In gelotophobia, shame plays an important role (i.e. the fear of being ridiculed by others). Gelotophobia has to be understood as a serious disturbance. For those affected by gelotophobia, the closeness and the intimacy that occur when laughing with others have such an uncontrollable and menacing effect that they become deeply frightened.”

Hence, the central survival strategy of gelotophobes is to protect themselves against being ridiculed [1, 2, 13, 37]. This biased precaution, however, throws up the risk of really being the permanent butt of derisive laughter, because such inept social behavior might facilitate the further development of shame-anxiety [42, 48, 51]. The following vignette¹² may illustrate this interrelation:

A 30-year-old female patient sought clinical treatment because of multiple psychosomatic problems: tension headache, sleep disorder, stomach-cramps, vertigo, hot flashes, and trembling. Gradually it became evident that the patient was suffering from severe shame-bound anxiety, accompanied by paranoid fears, problems with blushing and psychomotor stiffness. In her medical history, there had been aggravating problems with colleagues and superiors in the patient's professional life. She described this as bullying.

Altogether, the patient gave the impression of being affectively restrained and awkward. Thus the diagnosis of a “Pinocchio syndrome” was appropriate. Further investigation into her medical history revealed no definite biographical hints that could have explained the gravity of the syndrome. The patient was brought up as an only child by her single mother, a refugee from Eastern Europe. Her mother never adjusted to her new homeland and was quite isolated. Thus, her daughter was the only reference person for her. The connection between them was very close or, in other words, symbiotic. The patient had to function as a substitute partner for her lonely, grieving mother. Thus, the child had to identify with her mother, whose unmet needs, which stemmed from the loss of the customs and roles of her former homeland, the patient tried to fulfill, causing her to become her mother's alter ego. Thus, the patient behaved differently from other children in her surroundings. This must have given a strange or even odd impression to her peers. In this context, she gradually got into the position of a weird outsider. The consequence was that, since pre-school, other children made fun of her.

The following experiences were so humiliating that the patient could not share them with the therapist until one year after psychotherapy had begun. She did this by writing the following report:

“This was the beginning of my suffering: A classmate started to call me ‘Miss Garlike’. The reason could have been that my mother used to flavor all her meals with garlic. She did this irrespective of the fact that this causes a bad odor. I must have reacted in an inappropriate, strange way, but I was not aggressive at all. Anyway, soon other mates joined in making fun of me. They cried ‘boo!’, ‘yuk!’ and ‘fie!’ whenever they caught sight of me. This derision spread in such a way that even youngsters who hardly knew me started scoffing at me. As soon as they caught sight of me they started grinning in a filthy way. Frequently they cried things like ‘ugh!’ At the schoolyard and even on an open street they turned off. They did not stop pretending to be horrified by catching sight

¹² Adapted from a self-report in [2]. An authentic autobiographical report has also been presented by Jodee Blanco [61]. More information can be found in [47].

of me. Some covered their face with their cap or their school bag, only to demonstrate that they could not ‘endure’ my look. Their diabolic laughter is still sounding in my ears! After the break was finished in the schoolyard, they joined in a race—just to arrive before me in the classroom. When I passed the door they imputed that I had infected the door. Those arriving later at the classroom pretended that they didn’t dare to enter the classroom. And the others who were already in the classroom held, with a scornful laugh, crossed pencils against me—as if I were a vampire!

I grew more and more stiff out of shame. And I constantly asked myself the question, ‘What is so terrible with me? Am I a complete monster?’ This negative soliloquizing resulted in a rapid decreasing of my self-confidence. The result was that I grew more and more awkward. During school lessons I was completely passive and dejected. I grew increasingly sensitive. Everyone facing me with a smiling face caused me to panic. Therefore, I carefully avoided eye contact. This went along with my head and my shoulders hanging down. I did not disclose myself to any reference person, not to my teachers and, especially, not to my mother. She would have remonstrated me by saying, ‘You simply have to be friendlier to others, instead of behaving in that stuck-up way, etc.’ For this reason, I avoided going into town with my mother: She should never witness how I was derided by my fellows. Therefore, I always stayed at home and faked being unwell, having stomachaches, etc. The reason for all these furtive maneuvers was my burning shame. Until a few months ago, I was convinced that all of this had inevitably ruined my life and had broken me inside. So this derision remained for all these years a big secret. I felt no one on earth, even you, as my therapist, should be informed about it. So strong was my shame!”

Hence, gelotophobes feel uneasy when they hear any kind of laughter and they are highly sensitive to the laughter of others [43, 44, 45, 46]. René Proyer and coworkers [47] found evidence that with increasing level of gelotophobia, there is a decline in the ability to positively appreciate laughter and smiling by others. This is to say that gelotophobes do not interpret laughter as a positive element of shared identity and react to the mimic and vocal expressions of laughter in aversion [48].

Generally, gelotophobes believe that there is something enormously ridiculous that resides within them that draws the laughter [49]. As a result, they try hard to control their physical sphere so that they might not attract any negative attention [2]. In this context, gelotophobes tend to avoid situations that will give rise to other embarrassing experiences, possibly because their self-esteem is fragile [46, 47, 50]. Generally, they are inclined to regard all kinds of laughter as a means to put them down. Hence, they tend to screen their environment for even the slightest indications of ridicule.

Here is another self-report by a teenager who is affected by gelotophobia:

“When I hear someone laughing and don’t know what they are laughing about, I always think they are laughing at me. I’m really terrified of being laughed at. Then after I hear someone laughing, I try to get away and hide and then start checking myself to see if there’s anything wrong with my clothes, hair or something is on me. It’s horrible. No matter whatever the situation, if I hear laughing but didn’t hear the entire conversation, I get extremely freaked out because **I know** that they are laughing at me.”

As such, gelotophobes also display a marked paranoid tendency [46, 51, 52]. Once they have been ridiculed at a particular location, they will avoid that specific place for a long time [50]. Thus, a tendency towards social withdrawal is a characteristic feature of the lifestyles of gelotophobes [53].

ORIGINS OF GELOTOPHOBIA

According to the life histories of gelotophobes, face-to-face interactions with other important persons have malfunctioned frequently [1, 2]. Many gelotophobes recall their specific caregivers' faces being blank, constantly disinterested, and cold as ice: such a face represents shameful love withdrawal, disregard and emotional rejection [2]. When infants are confronted with that face, the "interpersonal bridge" [54] cannot be built. Thus, these children perceive themselves as being unconnected to others. Especially, they do not interpret laughter as a positive means of shared identity.

In this context, parental figures also tend to misapply shame-inducing forms of derisive laughter for the purpose of punishment. This specific disciplinary tactic is to ensure conformity to the parental demands and thereby stabilize the idiosyncratic structure of the family [1, 2, 39]. Not fitting into this normative configuration will evoke a fear of failing which, on the other hand, strengthens the readiness for adaptation to familial demands. Leslie M. Janes and James M. Olson [55, p. 478] confirm that ridiculed individuals are more conforming and more afraid of failing: "Ridicule shapes children's behavior."

Sarcastic mocking is a powerful means to control and/or punish a child's conduct. Children being mocked, scoffed at and ridiculed generally develop a defensive and shunned life style. In the long run, they are used to submitting to the parents' normative expectations. In doing so, they unconditionally adapt to the family's microcosm. This way, a rigid and compulsive super-ego is formed. In turn, this becomes a source of permanent feelings of guilt and shame [1, 37]. Thus, a child who is systematically ridiculed for educational reasons will fit more and more into the family's normative micro-universe. At the same time, the child eventually loses connections with extra-familial socialization agents. Thus, a firm sense of belonging to a larger community will fail to develop during childhood, and the acquisition of social competence is poor [1, 2, 37, 50].

A SHAME-BOUND IDENTITY

Early experiences of being ridiculed can produce primal shame [6, 37, 56] which, in turn, negatively affects the child's communicative capability. The way a child or young person communicates, what he or she talks about and how she or he may argue have direct consequences on social relationships. If one's own communication style does not match with the peer group's implicit rules, the consequence will usually be a repellent reaction from the peers [1, 2, 13]. Generally, this is conveyed by means of aversive body language, with a focus on the facial area [1, 37]. For the respective youngsters, the corresponding messages will have profoundly shameful effects, especially if they are connected with a disparaging grin or laugh. Due to this reason, these young persons will most probably shun communal activities in order to protect themselves against additional rejections. This, however, will result in the failure to acquire social skills in an adequate way [1, 2].

Thus, the shaming self-evaluation of being ridiculous everywhere is based on the course of identity formation. In this context, defensive lifestyles develop in all likelihood. The

strategy is to withdraw from social life in order to protect the sufferer against further traumatization [2].

INGROUP BEHAVIOR DURING PUBERTY AND ADULTHOOD

Laughter, overall, has a cohesive function and is of decisive importance with regard to the formation of juvenile peer-groups [1, 2]. Mutual laughter is a strong bonding power so that a laughing peer group can quickly form an affective unity [59]. By experiencing this bonding power, each member of the group strengthens his or her self-esteem. In laughing at an inferior outsider who functions as a scapegoat, the group members perceive themselves as a superior community [7, 57].

The “comical” outsider, however, is unable to observe the group’s habits and norms. The simple reason for this is that he or she does not know or understand the respective “unwritten laws” of the group [12]. This, in turn, stimulates the group’s common laughter. Henri Bergson has pointed out that this initially is nothing more than a disciplinary sanction [7]. If the derided outsider does not change that behavior, he or she will inevitably earn the position of an *involuntary comedian*—an individual who makes others laugh. This is the exact position that causes suffering for gelotophobes because they do not want to be funny figures by any means. Hence, they display an increased will to not become objects of laughter. Paradoxically, this is the exact effort that triggers others’ laughter, which is a traumatizing experience for the comical outsider. In this context, he or she will suffer from definite shame and display signs of distress such as blushing, dizzy spells, trembling, disturbed speech, and muscle twitches.

Such symptoms, in turn, put in motion a pronounced tendency towards social withdrawal and isolation. The purpose for such an evasive maneuver is to guard the individuals concerned against further traumatization.

CONCLUSION

The aim of this chapter was to highlight the close connection between shame and laughter. Shame is the polar opposite of an attitude that is characterized by self-confidence, joy and pride. This attitude manifests itself specifically in guffaws of laughter. 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” [58]. From an ethological point of view, an offensive force is manifested in laughter. This vigor releases most vital affects, 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 will arise when a person feels

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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