

# *Shame Competence*

## *Why We Need to Understand Shame and Its Effects*

Trauma Informed Partnership Conference, Leicester 09.11.23

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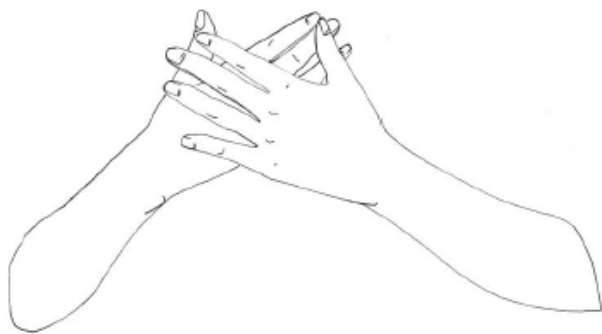
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# THE BODY AND SHAME

PHENOMENOLOGY, FEMINISM,  
AND THE SOCIALLY SHAPED BODY



LUNA DOLEZAL

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# SHAME AND MEDICINE

Interdisciplinary research  
into the role of shame in  
health and medicine

## WELCOME TO THE SHAME AND MEDICINE PROJECT

Shame and Medicine is an interdisciplinary research project that is based at the University of Exeter and the University of Birmingham, with a collaboration with a clinical partner at Children's Health, Ireland, in Dublin.

The overall aim of the project is to research the role of shame in various aspects of health and medicine, including clinical practice, patient experience and medical student education.

<https://shameandmedicine.org/>





OPEN ACCESS

# Health-related shame: an affective determinant of health?

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Accepted 28 March 2017

Published Online First

8 June 2017

**ABSTRACT**

Despite shame being recognised as a powerful force in the clinical encounter, it is underacknowledged, under-researched and undertheorised in the contexts of health and medicine. In this paper we make two claims. The first is that emotional or affective states, in particular shame, can have a significant impact on health, illness and health-related behaviours. We outline four possible processes through which this might occur: (1) acute shame avoidance behaviour; (2) chronic shame health-related behaviours; (3) stigma and social status threat and (4) biological mechanisms. Second, we postulate that shame's influence is so insidious, pervasive and pernicious, and so critical to clinical and political discourse around health, that it is imperative that its vital role in health, health-related behaviours and illness be recognised and assimilated into medical, social and political consciousness and practice. In essence, we argue that its impact is sufficiently powerful for it to be considered an affective determinant of health, and provide three justifications for this. We conclude with a proposal for a research agenda that aims to extend the state of knowledge of health-related shame.

through which shame may act on the health of individuals. We schematise these as follows: (1) acute shame avoidance behaviour; (2) chronic shame health-related behaviours; (3) stigma and social status threat and (4) biological mechanisms. These headings are simple descriptors and are not intended to convey the impression that they refer to stand-alone entities. Rather, all are substantially interlinked but have been individuated here in order to provide conceptual clarity.

Second, we postulate that there is a plausible case to be made for shame to be considered as a determinant of health. WHO defines health determinants as 'the range of behavioural, biological, socioeconomic and environmental factors that influence the health status of individuals or populations'.<sup>5</sup> Among the array of determinants that are identified are the social, physical and economic environment, and a person's individual characteristics. Although emotional traits or behaviours are not mentioned, there seems no good reason to disallow affective states from being regarded as significantly health impacting. In essence, we argue that shame is so pervasive, so corrosive of the self and

# Shame as a Treatment Barrier



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- Shame is a “potent treatment barrier” (Saraiya and Lopez-Castro 2016)
- The ‘necessity’ to avoid shame or shameful exposure can interfere with individuals accessing healthcare, social care and other services.
- Individuals who are anxious about shameful exposure may avoid seeking help in the first place, may regularly miss appointments, may avoid disclosing honest details about lifestyle or circumstances, may fail to follow through with treatments or interventions, may conceal diagnoses and coping behaviours from friends, family and professionals (Dolezal and Gibson 2022).

# Shame can be incited & exacerbated in encounters with services and professionals



Image by Hannah Mumby

- Professional practice (such as healthcare, policing, social work) and public policy (such as public health) are frequently “vectors of shame, humiliation, and inequality” (Salter and Hall, 2020 p. 10).
- Interactions with care professionals can create or compound feelings of shame, as these interactions often involve unequal power relationships, a fear of being judged, the scrutiny and exposure of one’s potentially ‘shameful’ past, circumstances, lifestyle, coping behaviours, body, illnesses, along with other vulnerabilities.
- Organisations routinely shame (both purposefully and inadvertently) clients/patients/service users through policies and practices.

One patient participant offered that social service agencies strategically shamed patients to discourage use: “There is an implication in society that it’s a bad thing [to get assistance]. It makes people bad, lazy, and a freeloader. [At the] doctor’s office and social service [agencies], they play up that shame and use it to keep people from utilizing their services. It’s why people don’t proactively engage in social services.” During a focus group with patients, participants discussed these linked themes: “When you ask [for help], people talk down to you. They’re shaming people. They don’t have to say [anything]. [It’s] their body language and facial expressions . . . [The problem] is the way the help is being offered.”

- Pfeiffer, et al. 2022

American Journal of  
**Preventive Medicine**

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Barriers to Patients’ Acceptance of Social Care Interventions in Clinic Settings

Elizabeth J. Pfeiffer, PhD,<sup>1</sup> Chelsea L. De Paula, MPH,<sup>2</sup> Wilson O. Flores, BS,<sup>1,2</sup> Alexandria J. Lavalley, BA<sup>1</sup>

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ACPM American College of Preventive Medicine

APTR American Public Health Training Review Board

This article is available for CME credit at [www.ajpmonline.org](http://www.ajpmonline.org)

# What is 'shame'?



- Shame is a complex and negative emotional experience that can take many forms. It occurs when: we feel negatively judged or 'less than' others; or where we feel unworthy, unloved or as though we might be rejected; or where we feel we have let down our own internal standards or expectations.
- Emotions in the shame family: humiliation, mortification, embarrassment, disgrace, etc.
- Examples of 'shame' experiences (Gilligan 2003): "feelings of being slighted, insulted, disrespected, dishonoured, disgraced, disdained, demeaned, slandered, treated with contempt, ridiculed, teased, taunted, mocked, rejected, defeated, subjected to indignity or ignominy; feelings of inferiority, inadequacy, incompetence; feelings of being weak, ugly, ignorant, or poor; of being a failure, 'losing face', and being treated as if you were insignificant, unimportant, or worthless."



# The experience of shame



Image by Hannah Mumby

- Shame makes us feel that our social bonds are under threat and that we may be rejected, shunned or ostracized.
- As a result, shame is an intensely difficult and threatening experience.
- Shame itself is shameful and taboo. As a result, shame is often hidden, unspoken, repressed, bypassed, kept secret, or goes ‘underground’, both individually and collectively.
- Because shame can powerfully shape behaviour, identity and actions it is often called the “master emotion” (Scheff 2004).

# Healthy shame



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- While shame is a negative experience for an individual, it is a normal and necessary part of human life.
- Healthy shame can lead to the expression of positive characteristics such as modesty, humility and gratitude, along with respect for oneself and for others. It is central to creating social harmony and social cohesion.
- Healthy shame can also be a powerful motivating force for personal growth and change, and in forging harmonious and meaningful relationships with others (Sanderson 2015, Ng 2020).

# Unhealthy shame



Image from Unsplash

- Instead of being pro-social and helping maintain connections to others, unhealthy shame can lead to behaviours and actions that are personally and socially harmful.
- Unhealthy shame is also called ‘toxic shame’ or ‘chronic shame’
- Chronic shame is correlated with experiences of being lower down on the social hierarchy (because of one’s class, socio-economic status, race, disability, chronic illness, gender identity, ethnicity, etc.).
- Having an identity which is deemed ‘stigmatized’, ‘inferior’ or ‘less than’ in relation to dominant social norms can mean that one lives with a sense of chronic shame characterized by feelings of chronic inferiority, self-consciousness and low self-worth.

# What causes chronic or unhealthy shame?



Image from Unsplash

- A significant cause of chronic shame is **trauma**, where childhood relational trauma, adverse childhood experiences and traumatic experiences in adolescent or adult life are strongly correlated with experiences of chronic shame and shame anxiety.
- Other significant causes of chronic shame are **stigma, social harms** and **social disadvantage** (Pemberton 2016, Wilkinson and Pickett 2010).
- Experiences and circumstances such as **poverty, social deprivation, abuse, childhood trauma, discrimination**, among others, are strongly correlated to chronic shame experiences.

# Chronic Shame and Trauma

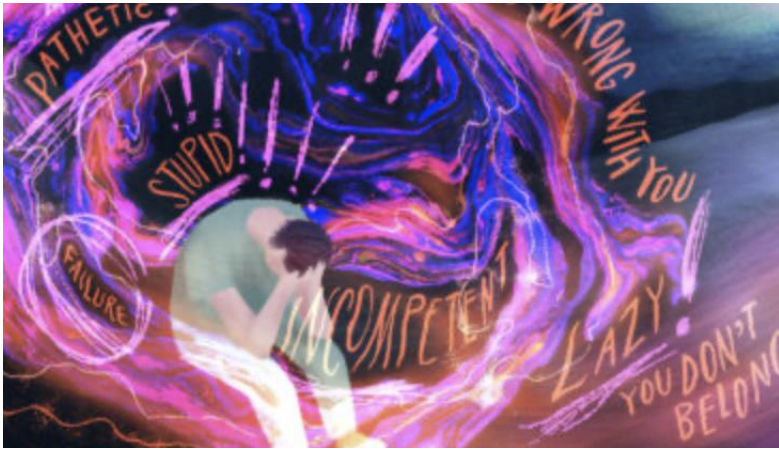


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- Trauma research has seen the development of the idea that “shame and trauma are inextricably linked” (Theisen-Womersley 2021, 211), where some argue that “post-traumatic shame” is a key experience that shapes the post-traumatic state (Theisen-Womersley 2021), while others have come to theorise and describe PTSD as a “shame disorder” (Herman 2011, Salter and Hall 2020).
- The cause of shame in the post-traumatic state is complex, but there seem to be a multitude of overlapping factors which render shame a predominant, if not *the* dominant, emotional experience following trauma.

# The Difficulty of Identifying Shame in Trauma Experiences



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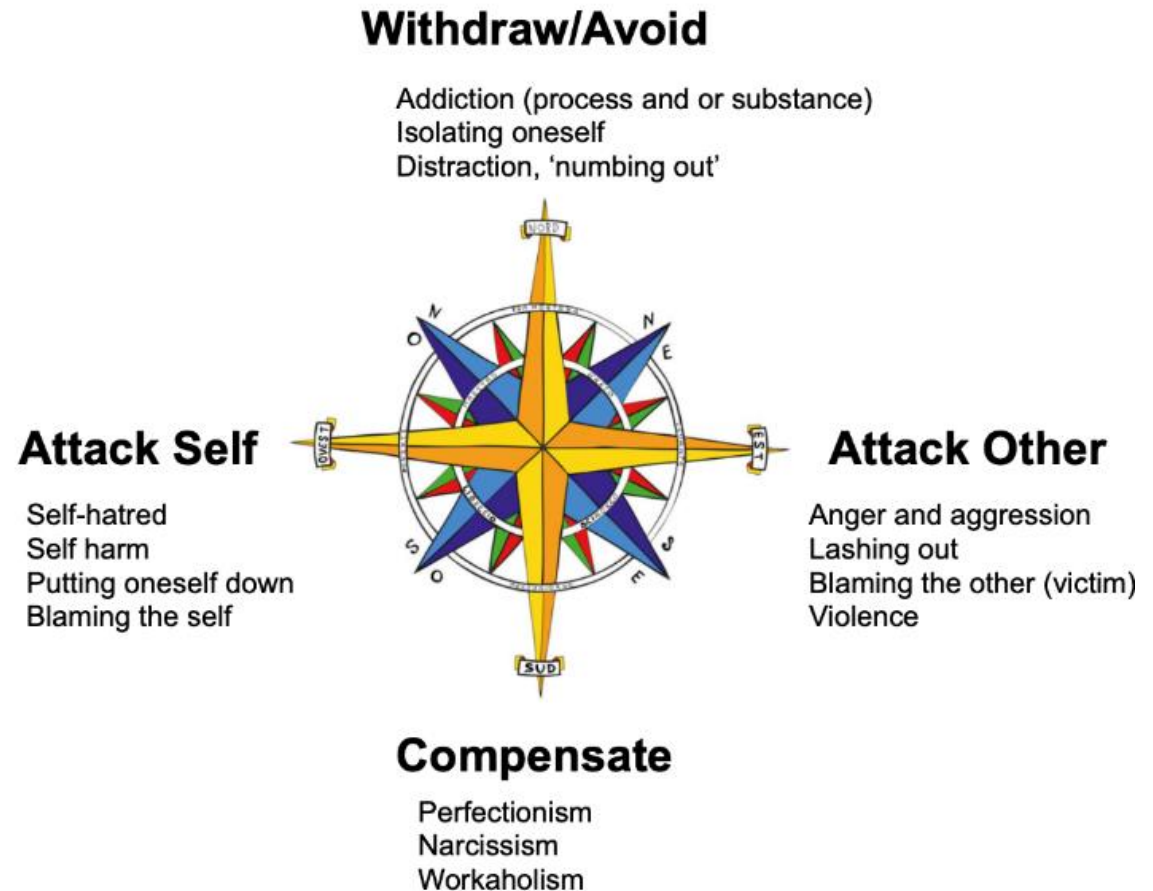
- Chronic shame is difficult to identify and ‘diagnose’.
- Patricia DeYoung notes that what those who suffer from chronic shame, “may not daily or consciously expect to be annihilated by shame. However, the threat is always around somewhere, just out of awareness, kept at bay” (DeYoung 2015, 19). What individuals live with is not shame, but “what it costs them to keep from falling into shame” (DeYoung 2015, 19).
- In experiences of chronic shame, shame *itself* often becomes invisible and what dominates experience is other behaviour or feelings which are used to help circumvent or avoid shame, or to mask or cope with the pain of shame.

“Because shame is so global and its consequences so devastating, human beings automatically erect walls to hide their shame, making it one of the most challenging emotions to examine, much less confront” (Ofri, 2013).

# Defensive strategies to avoid shame



Image from Unsplash



Adapted from Nathanson 1992 & Sanderson 2015.

# Understanding shame



Image from Unsplash

- Understanding shame, and in particular chronic shame, as a keystone after effect of trauma experiences has the potential to elucidate the root cause of a range of maladaptive behaviours associated with trauma and post-trauma states.
- People will go to great lengths to avoid shame and shameful exposure, even when this means hurting, harming or disadvantaging themselves.
- Shame drives decision-making and shapes behaviour.





Someone in shame, or who fears shameful exposure, or who is actively being shamed, may...

- Avoid seeking help
- Withdraw or drop out of services
- Conceal, be dishonest or not disclose
- Fail to follow through with appointments or interventions
- Be wary or distrustful
- Get defensive, aggressive or violent
- Lose trust in a professional, an organisation or a service
- Engage in unlawful or harmful behaviour to attempt to avoid shame or restore respect or status

Image from Unsplash

# Why is understanding shame important for Policing?

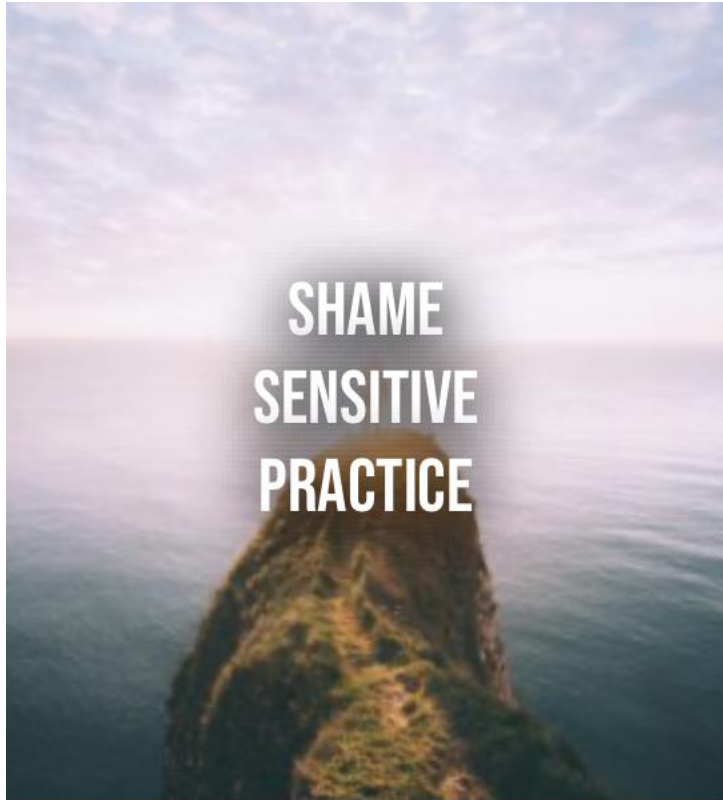


- There is evidence that shame is correlated to a range of Police-relevant issues (e.g., violence, gang affiliation, radicalization, domestic abuse, etc.)
- Shaming is used as a punishment in policing and criminal justice
- Police officers and the Police force are recipients of shame and shaming
- Police officers and the force have substantial power to incite shame in others
- Shame can inhibit people from reporting crimes
- Shame can drive people to commit crimes
- Shame is intimately linked to trauma

Interventions to address  
shame in policing,  
clinical, care and other  
professional encounters

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# What is Shame-sensitive Practice?



Image from Unsplash

- Shame-sensitive practice is a way to organize the professional delivery of services, with a focus through a “shame lens”.
- This means evaluating interactions, policies, practices and the material conditions of organizations and institutions for shame and shaming.
- Much like the trauma-informed paradigm organizes care and services through a ‘trauma lens’, shame-sensitive practice uses shame as an important focus that will improve outcomes and make services more sensitive and humane.

# What is Shame-sensitive Practice?



Image from Unsplash

- Shame-sensitive practice involves not only attempts at minimizing unhealthy shame, thereby reducing the potentially damaging and “debilitating effects of shame” (Gibson 2015, 339), but also an awareness of shame dynamics, where practitioners are more attuned to bypassed, deflected or invisibilised shame and its consequences, while also being alert to ways that shame and shaming may be produced through organizational practices and policies.
- Understanding shame, and being aware of how it circulates between individuals and within institutional culture, can help diffuse its potentially negative effects.
- To achieve shame-sensitive practice, healthcare workers need to be trained to be **shame competent**.

# What is shame competence?

- Shame competence is a set of skills and knowledge that an individual has, and can be taught, which makes them more adept at identifying shame, managing shame dynamics and preventing shame from leading to damaging, negative or anti-social outcomes.



Image by Hannah Mumby

# What is shame competence?



Image by Hannah Mumby

*Shame competence involves:*

- Understanding shame (e.g., what it is, its various forms, why we experience it, why it drives behaviour and decision making, what causes shame, how shame manifests personally, interpersonally and societally).
- Being able to identify shame and shame dynamics in interpersonal interactions.
- Knowing about and being able to identify common shame defenses (e.g., using tools like the shame compass).
- Being able to respond appropriately to shame (in oneself and in others).
- Being able to identify explicit and implicit shaming, and being able to identify ways to eliminate or attenuate shaming practices and policies.
- Understanding how there are systemic and structural drivers of chronic/unhealthy shame (e.g., trauma, racism, stigma, poverty, social deprivation, discrimination, marginalization etc.).

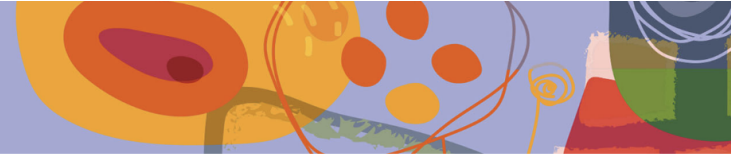
# Shame competence



Image by Hannah Mumby

- Professionals working in policing and care and social services having a systematic and evidence-based understanding of shame and its effects – or having *shame competence* – has the potential to **reduce harm and improve outcomes**.
- **Shame competence** will enable professionals: to create shame-sensitive interactions; to design practices and policies to minimise shame and shaming; to break shame cycles (e.g. shame-disengagement cycle); to create more psychological safety; to improve institutional and workplace cultures; to enhance trauma-informed approaches.






ARTICLE



<https://doi.org/10.1057/s41599-022-01227-z>

OPEN

# Beyond a trauma-informed approach and towards shame-sensitive practice

Luna Dolezal <sup>1✉</sup> & Matthew Gibson<sup>2</sup>

In this article, we outline and define for the first time the concept of shame-sensitivity and principles for shame-sensitive practice. We argue that shame-sensitive practice is essential for the trauma-informed approach. Experiences of trauma are widespread, and there exists a wealth of evidence directly correlating trauma to a range of poor social and health outcomes which incur substantial costs to individuals and to society. As such, trauma has been positioned as a significant public health issue which many argue necessitates a trauma-informed approach to health, care and social services along with public health. Shame is key emotional after effect of experiences of trauma, and an emerging literature argues that we may 'have failed to see the obvious' by neglecting to acknowledge the influence of shame on post-trauma states. We argue that the trauma-informed approach fails to adequately theorise and address shame, and that many of the aims of the trauma-informed are more effectively addressed through the concept and practice of shame-sensitivity. We begin by giving an overview of the trauma-informed paradigm, then consider shame as part of trauma, looking particularly at how shame manifests in post-trauma states in a chronic form. We explore how shame becomes a barrier to successful engagement with services, and finally conclude with a definition of the shame-sensitive concept and the principles for its practice.

Open Access and available online: <https://rdcu.be/cQlfx>

# Delivering shame competence training for professionals

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# Training Packages on 'Shame Competence' in collaboration with the OPCC and the Devon & Cornwall Police.

## Shame Competence Training for Police

Luna Dolezal & Haley Peckham  
University of Exeter



## Shame Competence Training for Trauma-Informed Practitioners

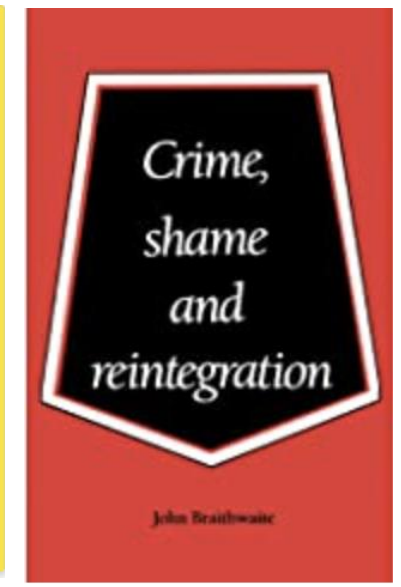
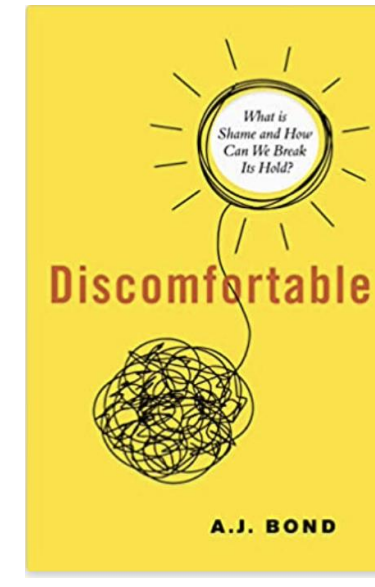
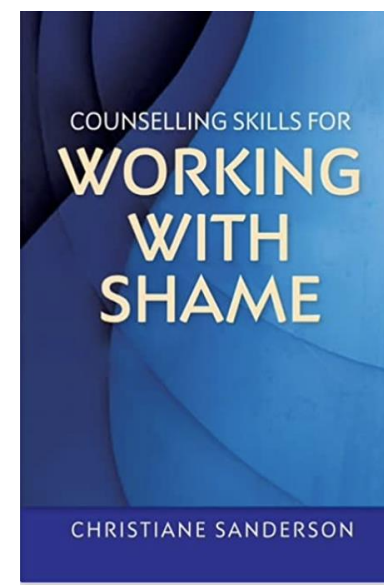
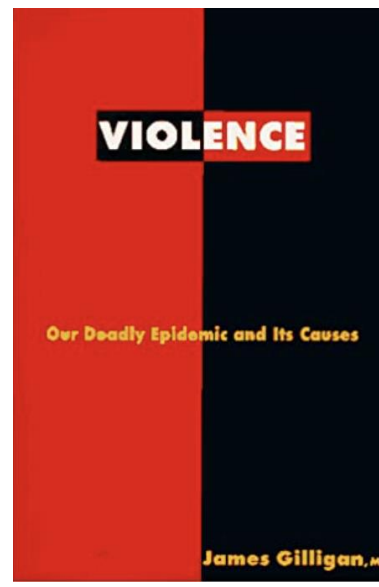
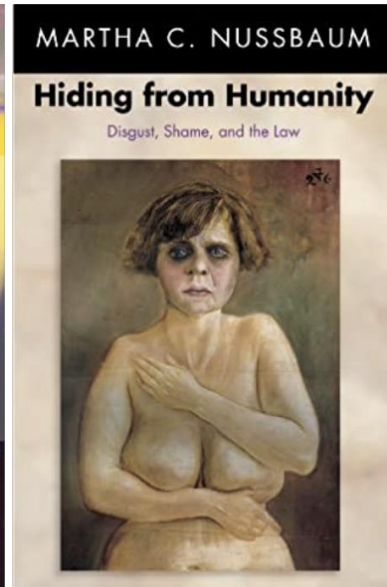
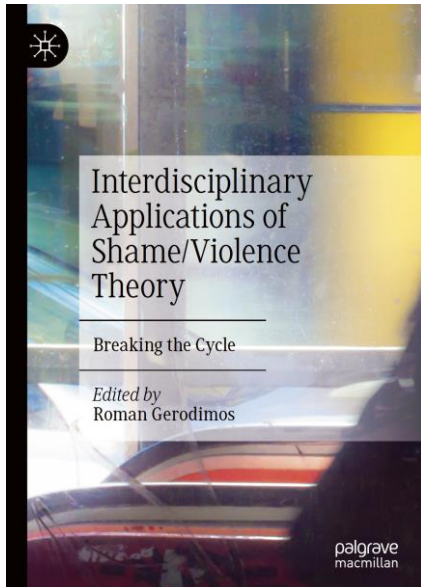
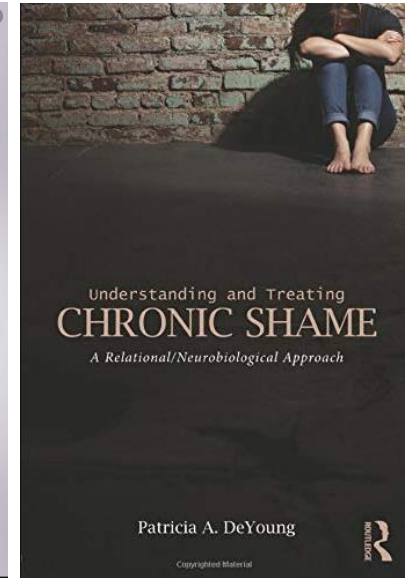
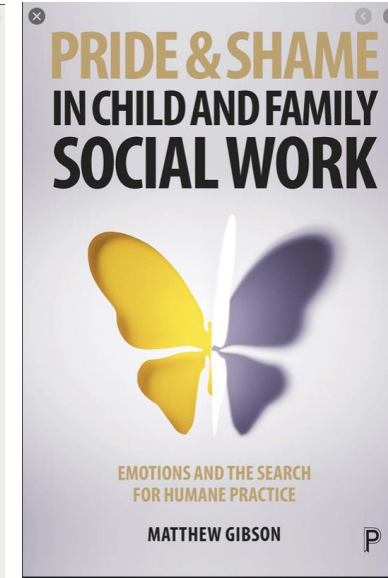
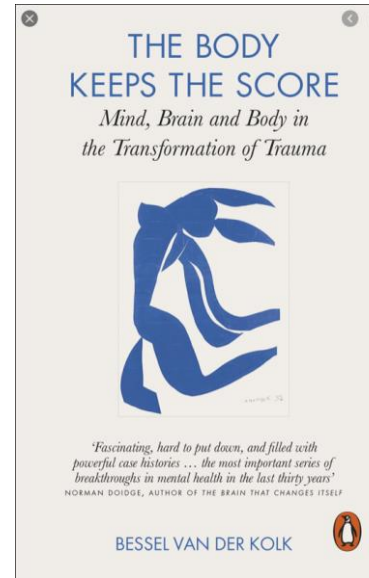
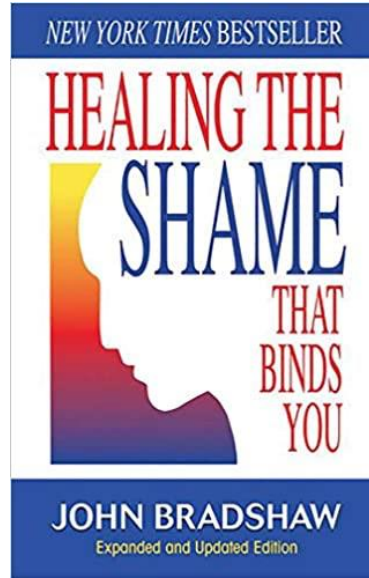
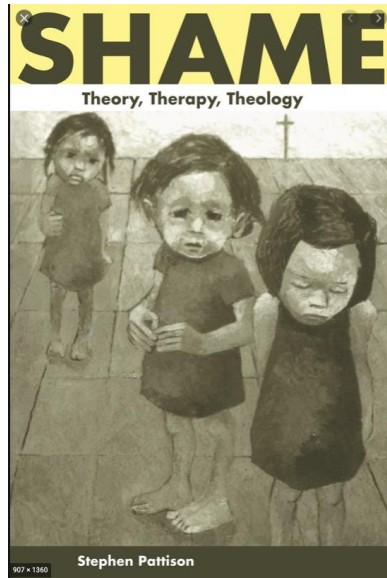
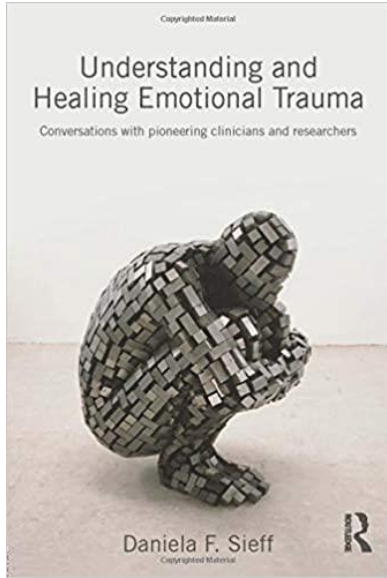
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# Thank you!

- [Luna Dolezal](#), Professor of Philosophy & Medical Humanities,  
University of Exeter
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