

Health and social services should be designed to be sensitive to people's shame, experts urge

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Health and social services should be designed to be more sensitive to the shame felt by their clients, patients and service users, experts have said. Using a "shame lens" can transform interactions between professionals

and those they work with, according to a new study.

The research says being more aware of the impact of shame will help doctors and other care professionals manage interactions and relationships with more empathy, humanity and sensitivity. This is particularly relevant for professionals working with trauma-informed approaches. Training care professionals to have "shame competence" would involve giving them a theoretical and practical understanding of what shame is, how it operates, how it is evoked, how it can be hidden, and understand the behaviors that are used to cope with shame.

The study, published in the journal *Humanities and Social Sciences Communications*, was conducted by Luna Dolezal, from the University of Exeter, and Matthew Gibson, from the University of Birmingham.

Dr. Dolezal says that "not only is shame a barrier to accessing services, but it is also very easily exacerbated and incited in the context of seeking help from professionals. Interactions with care professionals can 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, coping behaviors, body, illnesses, along with other vulnerabilities."

Dr. Gibson says that "having the capacity, on the levels of policy, organizations and individual practitioners, to address shame directly is imperative considering the how impactful shame can be for those who have experienced trauma and post-traumatic states. Being attentive to shame, and acknowledging its significance for individuals, in health and social care contexts can improve both engagement and outcomes."

"Using a 'shame lens' can help those who work with people to redesign services to be more sensitive and supportive, with the ultimate aim of avoiding additional trauma and harm."

The study says doctors, [social workers](#) and other care professionals should become aware of common verbal and [nonverbal cues](#) that may indicate shame. This includes physical tics such as covering the face, blushing and downcast eyes. They should also be aware of words people use instead of shame—'self-conscious', 'embarrassed', 'foolish', 'worthless', 'inept', 'inferior' and stammering, silence, long pauses.

They must remain alert to, and continuously assess, how the language they use, their demeanor, questioning style, emotional expression and other interpersonal dynamics may inadvertently produce a shame response. Organizations must also continuously assess for implicit and explicit shaming, endeavoring to eliminate intentional or inadvertent shaming from their policies and practices.

More information: Luna Dolezal et al, Beyond a trauma-informed approach and towards shame-sensitive practice, *Humanities and Social Sciences Communications* (2022). [DOI: 10.1057/s41599-022-01227-z](https://doi.org/10.1057/s41599-022-01227-z)

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