Shame and Violence

Considering Shame and Shame-Sensitive Practice in Policing

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“The emotion of shame is the primary or ultimate cause of all violence...”

“Shame is probably the most carefully guarded secret held by violent men...”

- James Gilligan, psychiatrist. Quotes from Violence: Reflections on Our Deadliest Epidemic
Shame is a powerful experience that shapes behaviour and action.
Shame is a driver for anti-social behaviour and violence.
However, the connection between shame and violence is often not recognized or understood.
Chronic shame is common among individuals who have suffered trauma or who live with stigma or on-going social harms such as poverty, discrimination, social deprivation, etc.
Understanding shame, and the behaviours that arise because of shame responses, can be helpful in guiding prevention and policing practices.
Deploying shame-sensitive practice in approaches to policing will be effective in ensuring more humane practice, helping address and understand some of the root causes of anti-social, criminal and violent behaviours.
The Purpose of This Document

- To provide an introduction to shame.
- To provide some basic ‘shame competence’.
- To understand how chronic shame is connected to stigma, social harms and trauma.
- To raise awareness of the links between shame and violence, shame and violent crime, and shame and other criminal and anti-social behaviours.
- To outline some principles of shame-sensitive practice.
What is Shame?

- Shame is a negative self-conscious emotion.
- Shame happens when we are concerned about how we are seen and judged by others, because we feel we are flawed in some crucial way, or when some part of our core self is perceived to be inadequate, abnormal, inappropriate, or immoral.
- 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).
Shame and Social Norms

- Shame is an individual emotional experience.
- Shame makes us feel that we are being judged and that we are falling short of what is expected by others, by society, by our culture, or by ourselves.
- When one experiences shame, it often feels as though one is isolated and also to blame for the shame.
- However, shame is always connected to social and cultural norms (these are what determine what is shameful or otherwise ‘normal’ or ‘acceptable’).
- Every individual shame experience is determined by external social norms and connects an individual to their society, culture and political sphere.
- Hence, shame is always social and political (Dolezal 2015).
Shame

- 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.
- **There are a lot of experiences that can be understood to fall under the umbrella term of “shame”.**
  - Experiences like losing face, feeling inferior, being subjugated, being disrespected, being mocked, ridiculed, slighted or degraded can be understood as shame experiences.
  - ‘Shame’ also includes related emotions and experiences such as embarrassment, humiliation, mortification, chagrin, self-consciousness, social anxiety, etc.
Healthy Shame

- 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.
- 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).
- Healthy shame can help one learn and grow, setting important boundaries for pro-social behaviour and health relationships.
Toxic Shame

- However, healthy shame is very easily distorted and can become ‘unhealthy’, “maladaptive” or “destructive” (Sanderson 2015, 22).

- John Bradshaw notes, “shame as a healthy human emotion can be transformed into shame as a state of being… [which] is to believe that one’s being is flawed, that one is defective as a human being. [Shame] becomes toxic and dehumanizing” (Bradshaw 2005, xvii).

- Toxic shame, Sanderson notes, “paradoxically severs connections, destroys social bonds and can lead to antisocial behaviour, hostility, rage and violence” (Sanderson 2015, 22).

- Toxic shame is corrosive and extremely damaging. It can lead to a pervasive and enduring sense of inferiority, inadequacy, defectiveness, along with a sense of not being worthy of respect, love or connection.

Image by Hannah Mumby; https://www.hannahmumby.co.uk
Maladaptive Shame

- Instead of being pro-social and helping maintain connections to others, maladaptive (or toxic) shame can lead to behaviours and actions that are personally and socially harmful.

- For example, research demonstrates links between shame and:
  1. Violence and violent crime
  2. Domestic abuse
  3. Sexual violence
  4. Addiction
  5. Eating Disorders
  6. Exploitation, including child exploitation
  7. Self harm and suicide
  8. Terrorism and radicalization
  9. Offender decision making
Maladaptive and toxic shame usually occur in a chronic form.

Stephen Pattison writes: “There is an enormous difference between acute, reactive shame and the chronic shame that shapes a whole personality and may last a lifetime. When individuals appear to experience the whole of life as actually or potentially shame-productive and manifest such symptoms as withdrawal, self-contempt, inferiority and gaze aversion as a matter of course throughout their everyday lives, shame has become pathological and chronic.” (Pattison 2000, 83).

Chronic shame can be characterised by a “shame attitude” (Pattison 2000, 85), where one's entire personality and character is structured around shame and shame avoidance.

Shame avoidance can take many forms, but generally involves conscious and unconscious strategies to ‘save face’ or avoid situations where one might anticipate shame arising (such as encounters with professionals like doctors or social workers, or situations where one may have to reveal something ‘shameful’ e.g., poverty, food insecurity, addiction, trauma, low-literacy levels, etc.).
What Causes Chronic Shame?

- Chronic shame has many causes.
- 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).
- 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.
- Experiences and circumstances such as **poverty, social deprivation, abuse, childhood trauma, discrimination**, among others, are strongly correlated to chronic shame experiences.
Chronic Shame and Public Health

- Populations that are subject to inequalities are more susceptible to chronic shame.
- There is evidence that shame can directly impact on health and health outcomes (Dolezal & Lyons 2017) and that experiences related to shame, such as racism, status anxiety and minority stress, have direct impacts on health and health-relevant behaviours (Harris-Perry 2011, Wilkinson & Pickett).
- In healthcare contexts, shame may cause individuals to avoid seeking help in the first place, to regularly miss appointments, to avoid disclosing honest details about symptoms, lifestyle or circumstances, to fail to follow through with treatments and to conceal diagnoses and coping behaviours from friends, family and professionals (Dolezal & Lyons 2017).
- Overall, shame can inhibit engagement with individuals, organizations and programmes that are trying to ‘help’.
- For instance, high levels of shame and stigma around experiences such as addiction, food insecurity, social deprivation, low literacy levels, domestic abuse, sexual violence, sexual abuse, being a ‘victim’, may inhibit individuals from contacting or engaging with professionals and services which are designed to help them.
Chronic shame is commonly characterised by the nagging and persistent possibility of shame, where, for the most part, shame itself is not necessarily realised in experience.

Instead, what comes to dominate experience is a pernicious form of anticipated shame, or a persistent and heightened “shame anxiety,” of which an individual may, or may not, be aware (Pattison 2000, Dolezal 2021).

Shame anxiety appears in experience as a corrosive, undermining and persistent fear or anxiety about being objectified, judged, labelled and rejected by others; it is a persistent “fear of disgrace and being looked at by others with contempt” (Wilson, Droždek, and Turkovic 2006, 125).

Shame anxiety is difficult to observe in others. Outwardly an individual might seen fearful, shy, hesitant, nervous, embarrassed, they may avoid eye contact, be evasive or defensive.
Chronic shame is difficult to identify and ‘diagnose’; it is an elusive experience that is often ‘disguised’ or ‘camouflaged’ by other experiences and feelings (DeYoung 2015, xii).

The relational psychotherapist 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). John Bradshaw concurs writing, “everything is organized around preventing exposure” (Bradshaw 2005, 139).

This means that an individual’s behaviour and actions will be shaped and guided by shame avoidance, even when this may be harmful, or challenge rationality or reason.
Shame Avoidance

- Shame signals weakness, flaws and vulnerability. As a result, shame itself is shameful and taboo.

- Individuals go to great lengths both consciously and unconsciously to avoid and bypass shame. In fact, it often feels like a ‘necessity’ to avoid shame.

- Pattison notes, individuals who experience chronic shame “live their lives trying to avoid occasions and relationships that might provoke painful shame experiences” (Pattison 2000, 83).

- As a result, shame itself often becomes invisible and what dominates experience is other behaviour or feelings which are used to help avoid shame, or to mask or cope with the pain of shame.

- As a result, living with chronic shame can lead to a range of compensatory behaviours; these are powerful strategies, or rules and habits of interaction, which make it possible for an individual to avoid the social threat, pain and emotional anguish that comes with shame.
Shame Avoidance Behaviours

- Shame avoidance behaviours include a wide range of strategies and behaviours, some of which are short-term, insofar as they address a particular anticipated shame episode or shameful incident, and some which are long-term, insofar as they attempt to ‘numb’ or ‘repress’ the long-term pain of chronic shame.

- Shame avoidance behaviours can be hard to identify as they include such a wide range of strategies, actions and behaviours.

- Shame avoidance strategies include: avoidance, withdrawal, defensiveness, violence, addiction, perfectionism, narcissism, excessive self-confidence, denial, lashing out, blaming, self-hatred, self-criticism, self-harm, bullying, drug and alcohol abuse, chronic lying, among others.
The psychiatrist Donald Nathanson (1992) theorises “the compass of shame”, where shame-avoidance behaviours follow four common patterns:

- withdrawal,
- avoidance,
- attack other
- attack self

The **attack other** response to shame is a key root of violence.

Image credit: https://mstowerp.wordpress.com/2016/03/21/what-is-the-difference-between-shame-and-guilt/
Bypassing Shame for Violence and Aggression

- **Attack Other** is a common defensive reaction to shame, where a response of anger, lashing out, aggression or violence towards another arises to protect an individual from a shame response.

- The ‘attack other’ response can manifest as violence, verbal or physical abuse or assault, blaming others, hostility, resentment, bullying, revenge or the desire to lash out (e.g., online through revenge porn).

- The ‘attack other’ response is an attempt to boost one’s own self-image and self-esteem, externalizing shame by making someone else feel inferior.

- The psychiatrist Donald Nathanson (1992) suggests that the ‘attack other’ response to shame is responsible for the predominance of violence in modern life.
Shame as a Root Cause of Violence

- The psychiatrist James Gilligan worked for 30 years in the US prison system and has written extensively on the deep connections between adverse childhood events, chronic shame and violent behaviour in adult life.

- He writes: “In my experience, the men who had been most rejected and humiliated and abused … behaved as if they could not emotionally afford to love others … And since the capacity to love others appears to be a prerequisite for the capacity to feel guilty about hurting them, the person is who is overwhelmed by feelings of shame is incapable both of the feelings of guilt and remorse and of love and empathy that would inhibit most of us from injuring others no matter how egregiously they had insulted us.”

- “These observations … convinced me that the basic psychological motive, or cause, of violent behaviour is the wish to ward off or eliminate the feeling of shame and humiliation—a feeling that is painful and can even be intolerable and overwhelming—and replace it with its opposite, the feeling of pride” (2001, 1154).
During the past 35 years I have used prisons and prison mental hospitals as “laboratories” in which to investigate the causes and prevention of the various forms of violence and the relationships between these forms and to what I will call (with a nod to William James) “the varieties of moral experience.” In the course of that work, I have been struck by the frequency with which I received the same answer when I asked prisoners, or mental patients, why they assaulted or even killed someone. Time after time, they would reply “because he disrespected me” or “he disrespected my visitor [or wife, mother, sister, girl-friend, daughter, etc.].” In fact, they used that phrase so often that they abbreviated it into the slang phrase, “He dis’ed me.”

Whenever people use a word so often that they abbreviate it, it is clearly central to their moral and emotional vocabulary. But even when they did not abbreviate it, references to the desire for respect as the motive for violence kept recurring. For example, I used to think that people committed armed robberies in order to get money; and indeed, that is the superficial explanation that they would often prefer to give, to themselves and to us. But when I actually sat down and spoke at length with men who had repeatedly committed such crimes, I would start to hear comments like “I never got so much respect before in my life as I did when I pointed a gun at some dude’s face.”
The term ‘shame’ encompasses a range of negative experiences such as: “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…” (Gilligan 2003, 1155).

As James Gilligan notes, in the same way “that we use the term ‘flower’ as a generic term to refer to a wide variety of different but related plants” then the term ‘shame’ covers a wide range of experiences, or a “family of feelings”.

Hence, shame is a useful term to capture these negative self-conscious emotions/experiences where an individual feels socially discredited and ‘less than’ others.
Individual shame and collective shame

- Shame can also be experienced collectively, by a group, gang or community, where violent behaviour can be enacted to try and restore collective honour, respect and pride.

- Experiences of social deprivation and poverty can be deeply humiliating (especially in a society where poverty is cast as a moral failure and as a result of a deficit of positive personal qualities, rather than as a structural and societal problem).

- Violence and violent crime can feel like a means to restore respect and honour in situations of socio-economic disadvantage.

- Shame is a potent force in radicalization (Kriner 2008, Ilardi 2021) and gang membership, where the desire for belonging, honour and respect can be exploited to ensure gang or group affiliation (Parker 2001).

- Adolescents are more sensitive to shame (Gilbert & Irons 2008) and, hence, may be more susceptible to shame and shaming as a driver for gang or group affiliation.
Examples from Research of shame-related violence (see further readings)

- Honour killings
- Domestic Abuse
- Sexual Violence
- Violence related to revenge
- Mass shootings
- Terrorism
- Gang violence
- Anti-police attitudes
- Looting and spontaneous street violence
Connections between shame, trauma and incarceration

- This video [Step inside the Circle](#) illustrates the strong connections between shame, trauma and incarceration.
Preconditions for Shame and Violence

- Not all shame results in violence. So why do some people ‘attack others’ in response to shame?

- Gilligan suggests that “while shame is a necessary condition for the causation of violence, it is not a sufficient condition” (2003, 1165). He proposes four preconditions underlying shame and violence:

  1. The individual has not developed a capacity for guilt or remorse (due to trauma or adverse childhood events) or the situation and circumstances at the time of violence have lessened guilt feelings.

  2. The degree of shame and humiliation the individual is experiencing is so intense that it is overwhelming to the point of feeling like there one has had a social death and there is nothing left to lose.

  3. The individual feels that they have no non-violent means to restore their self-esteem and social standing. Experiences such as poverty, illiteracy, homelessness, stigma, discrimination, unemployment and other social harms and social disadvantage mean that there are less social barriers to violence as a recourse.

  4. The individual has been socialized in a male gender role where violence is seen as a means to maintain one’s masculinity and sense of being ‘strong enough’ or ‘good enough’.
Triggers for Shame and Violence

- Feeling disrespected
- Being insulted or humiliated
- Wanting to feel a sense of belonging to a community or group
- Protecting the honour of one’s family, community or group
- Wanting to restore honour or respect
- Lashing out to avoid shame or shameful exposure
- Lashing out as retaliation for shame or shaming
- Needing to prove or demonstrate one’s masculinity or social power
There is a strong gendered dimension to violence.

Most violent acts and violent crime are committed by men.

It is not the case that men experience more shame, however, shame is perhaps more shameful and taboo for men.

As Aneta Stepień (2014) notes, “Shame operates differently in men and women which relates to distinct approaches to masculinity and femininity, and … the different social roles ascribed to each sex.”

For men, to admit to shame signals weakness, emotionality, vulnerability and a lack of power – all of which are deeply shameful and threatening for a prototypical masculine identity.

Bonnie Mann discusses the “shame-to-power” conversion, where prototypical masculinity is so destabilized and threatened by shame that it must be converted to ‘power’, that is violence, aggression, hostility, domination (Mann 2015).
Public shaming has enjoyed a revival in some legal systems. For instance, in the US, offenders are sometimes offered shaming sentences in lieu of serving prison time or fines.

Shaming is a cost-effective punishment tactic, in contrast to the high costs involved in incarceration and the prison system more generally (Stearns, 2017: 114).

Research has shown that shaming strategies often ‘backfire’ (Nussbaum, 2004, 227-250), and that very specific social conditions are needed for shaming to be reintegrative, rather than disintegrative (Braithwaite 1989).

Shaming punishments can exacerbate pre-existing shame and maladaptive responses to it. Considering the demographics of the majority of individuals who are engaged in the criminal justice system, it is not surprising that the individuals who are singled out for formal and informal shaming punishments are often already experiencing high levels of shame (because of poverty, social deprivation, racism, discrimination, etc.), or living with chronic shame.

In these cases, shame and shaming have the strong potential to cause an individual more harm than good and perhaps further entrench the maladaptive social and personal behaviours.
Shame-Sensitive Practice

- Having the capacity, on the levels of policing policy, organizations and individual practitioners, to identify and address shame directly is imperative considering how impactful shame can be in terms of driving violence and crime.

- Using a ‘shame lens’ may help guide interaction, investigation, prevention and intervention strategies.

- Shame-sensitive practice can enrich and inform ‘trauma-informed approaches’ to policing.

- Drawing from the pioneering work of Matthew Gibson (2015, 2019), shame-sensitive practice involves not only attempts at minimizing unhealthy shame, but also an awareness of shame dynamics, where practitioners are more attuned to bypassed shame and its consequences, while also being alert to ways that shame and shaming may be produced through organizational practices and policies.
Principles for Shame-Sensitive Practice for Practitioners and within Organizations

- Creating Individual Shame competence
- Creating Organizational Shame Competence
- Avoiding Shaming in Policy and Practice
- Continuous Assessment of Practice for Shame and Shaming
- Creating a Culture of Engaged Practice in order to address Social Harms and Stigma
Principles for Shame-Sensitive Practice when Engaging with Individuals

- Having Shame Competence to Recognise Shame and Shame Dynamics
- Avoiding Explicit Shaming
- Avoiding Implicit Shaming
- Addressing Shame with Sensitivity
- Understanding the Particularities of Shame for Different groups
- Creating Sustainable Connection and Supportive Networks for those Engaged with and Working Within the Criminal Justice System.
How might a ‘shame lens’ be relevant for different aspects of policing?

- **Interviewing** – A ‘shame lens’ may help to understand motives, to guide effective questioning and to ensure sensitive treatment in interview situations through ‘shame competence’.

- **Interactions** – A ‘shame lens’ will lead to enhanced communication with the public, help with community engagement, particularly with hard to reach or vulnerable populations and communities. It may improve how police engage and deliver policing services sensitively to individuals or populations isolated by shame and stigma, for instance victims of sexual violence.

- **Prevention** – A ‘shame lens’ may lead to systemic awareness and changes regarding the factors that can create toxic and maladaptive shame, such as poverty, inequality, abuse, trauma. Developing ‘shame competence’ among practitioners may reduce the burden and negative impact of shame, with the view to mitigate the ‘attack other’ violence response. Understanding shame’s role in gang membership, radicalization and violent crime, for example, may lead to more nuanced understanding of motivations and social dynamics which may guide prevention strategies.

- **Investigation** – A ‘shame lens’ may help recognize shame factors that may impede getting best evidence and make clear why people may avoid, withdraw or not disclose relevant information. Understanding shame and shame dynamics can aid in getting a true picture of circumstances and motivations.

- **Intervention** – A ‘shame lens’ may help identify, signpost and dismantle negative shame dynamics, for example in diversionary programmes at youth and adult level. Addressing shame effectively may reduce the risk of reoffending.
Principles for Practice and Call to Action...

- Integrating the principles of ‘shame-sensitive practice’ along side the trauma-informed approaches within policing practice, policy and risk assessment frameworks.
- Developing CPD training in ‘shame-sensitive practice’.
- Training frontline officers to have ‘shame competence’.
- Ensuring all aspects of policing have ‘shame competence’ and consider the ‘shame lens’.
- Investing in research to more fully understand the effects and impacts of shame in policing and the criminal justice system.
Conclusions

- Shame is a powerful experience that shapes behaviour and action.
- Shame is a driver for anti-social behaviour and violence.
- However, the connection between shame and violence is often not recognized or understood.
- Chronic shame is common among individuals who have suffered trauma or who live with stigma or on-going social harms such as poverty, discrimination, social deprivation, etc.
- Understanding shame, and the behaviours that arise because of shame responses, can be helpful in guiding prevention and policing practices.
- Deploying shame-sensitive practice in approaches to policing will be effective in ensuring more humane practice, helping address and understand some of the root causes of anti-social, criminal and violent behaviours, and work towards reducing violence.
Key Readings

Shame and Violence


Health-Related Shame


Shame and Trauma

Works Cited & Further Readings (1)

Works Cited & Further Readings (2)

Contact

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I am an academic at the University of Exeter and lead two major research projects that investigate how shame is relevant in healthcare and public health: **Shame and Medicine** and **Scenes of Shame and Stigma in COVID-19**.

Along with my research team, the aim of my present research is to develop principles of ‘shame-sensitive practice’ that can be applied within healthcare contexts, and also within other care and social services, such as policing and social work.

Please get in touch if you are interested in this research or have ideas about how this work on ‘shame-sensitive practice’ might be relevant to your field or practice.