

We can persist - Exploring the phenomena of stigma and shame as experienced by people with lived experience of homelessness and diabetes through the lens of Shame Resilience Theory

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Background

- The stigma associated with diabetes and homelessness can give rise to intense feelings of shame, ultimately leading to depression.
- Depression can significantly inhibit one's motivation to engage in self-care. This is especially problematic when one has diabetes, a chronic illness that requires consistent attention in order to avoid potentially disastrous complications.

General methods

- This study aims to explore the experiences of people with lived experience of homelessness and diabetes (PWLEHD) with a focus on how these individuals cope with stigma and shame.
- Study participants will be interviewed in order to explore which coping methods appear to increase resilience to shame in this population.
- Hermeneutic phenomenology will be employed in the analysis and interpretation of interview transcripts.

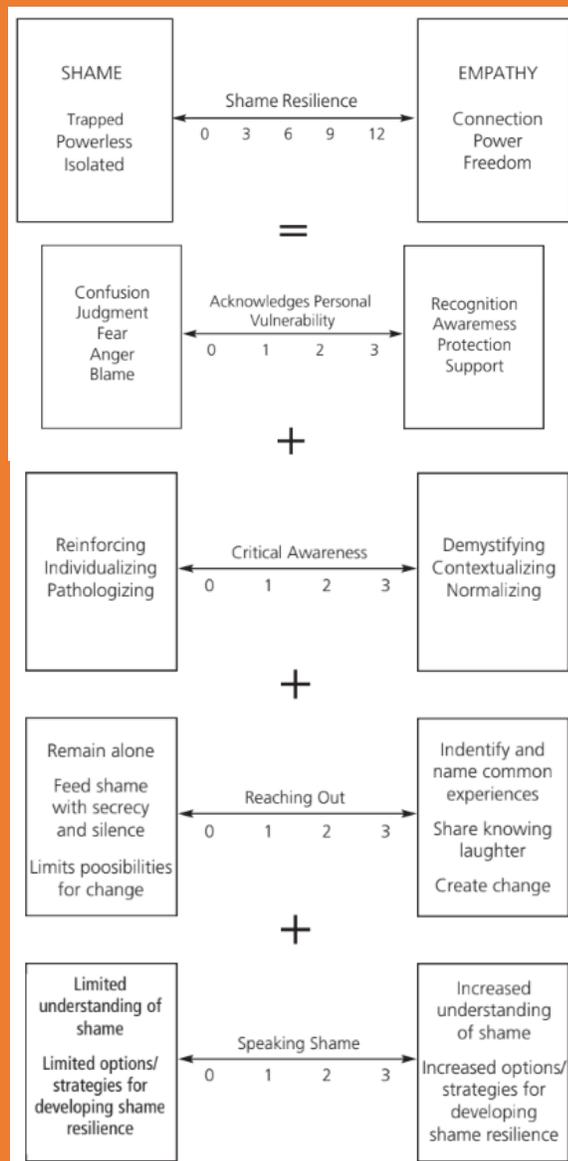
Results

- The principles of Shame Resilience Theory (SRT) will inform the implementation of study findings.
- SRT is based on the notion that an individual can build resilience to shame through self-understanding and by establishing empathetic relationships with others. (Figure A)

Conclusions

- For those employed in homeless serving sectors, increased understanding of the stigma and shame experienced by their clientele can help them engage more fruitfully with PWLEHD.
- Improved knowledge of the experiences of PWLEHD in relation to SRT can help to develop programs and policies which encourage adaptive coping mechanisms. Thoughtfully developed programs that consider the lived experiences of PWLEHD and diabetes will likely both aid in the management of one's chronic illness and will also help individuals secure stable housing and employment.
- By learning to become more resilient to shame PWLEHD are bound to become more motivated, better convinced of their personal autonomy, and better able to respond to their medical and social complexity.

Figure A¹-Shame Resilience Theory



EDI and SGBA+ Considerations

- Members of the Calgary Diabetes Advocacy Committee (CDAC) will actively participate in all stages of the research project, from the gathering and analysis of interview data to the dissemination of our findings.
- The CDAC (figure B) is composed of individuals who all have lived experience of diabetes and homelessness but who are diverse in terms of age, gender, race, education, and physical/mental health comorbidities.
- Our purposive recruitment of study participants will ensure representation of people with varied gender identities. We will consider the impact of gender in the context of our data analysis by assessing whether the coping mechanisms vary between men, women, and non-binary participants.

Figure B- The Calgary Diabetes Advocacy Committee



1. Brown B. Shame Resilience Theory: A Grounded Theory Study on Women and Shame. *Families in Society: The Journal of Contemporary Social Services*. 2006 Jan 3;87(1):43–52. Matt Larsen is a recipient of the 2023 Alberta SPOR Graduate Studentship in Patient-Oriented Research. Alberta SPOR Graduate Studentships in Patient-Oriented Research are jointly funded by Alberta Innovates and the Canadian Institute of Health Research.