

# Between 耻辱, Shame, and Honte: Listening To What Shame Does

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## **Abstract**

This paper explores how the meaning and function of shame shift across Mandarin, English, and French, and how moving between these languages has shaped the way I listen and communicate in healthcare settings. Drawing on a family conversation in which my parents describe substance use through the Mandarin concept of 耻辱 (chǐrǔ), I examine shame as a relational force tied to reputation, morality, and protection. I then contrast this with my harm reduction work with NaloxHome, where I emphasize that shaming language can push people to increase the risk of drug poisoning. Finally, I turn to a TEC4HOME hypertension research study enrollment with a Congolese French-speaking refugee who expresses « honte », revealing shame not as condemnation or a word to eliminate, but as an embodied signal of feeling unseen within an English-dominant healthcare system. Across these vignettes, I argue that trilingualism is not only a communication skill but a way of navigating competing cultural logics of responsibility and care. By tracing shame through three languages, the paper shows how language can assign blame, prevent harm, or make space for recognition, and it reflects on what it means to build care that responds to the moral weight inside patients' words rather than translating them into clinical categories alone.

The paper uses APA citation style.

### 耻辱: The Shame That Stains

“If they choose to use drugs, they choose 耻辱 (chǐrǔ) for themselves and their families!” That is what my parents told me when I asked them what harm reduction might look like in Chinese communities. While the direct English translation for 耻辱 is “shame,” in Mandarin, 耻辱 does not describe a short feeling of shame after a mistake. Instead, 耻辱 describes a deep disgrace that clings to the family name, a moral stain that is meant to be seen and remembered forever. Hearing my parents say that “吸毒的人应该背负耻辱” (people who use drugs should carry shame as disgrace), I felt how tightly shame is woven into their understanding of survival as immigrants who believe that any misstep can undo years of sacrifice. Because I move between Mandarin, English and French, that sentence became a tension I carried across settings, following me into my NaloxHome work, where we strip shame out of our language to keep people alive, and into my hypertension research, where shame resurfaced as the pain of being unseen.

### When Shame Becomes a Risk Factor

In my harm reduction education outreach with NaloxHome, I stand in front of communities and teach almost the exact opposite of what my parents believe in. In my presentations, I emphasize that language truly matters and that we should never use the word “shame” to describe people who use substances. I often explain how the word “shame” creates stigma, where people are more likely to use alone and suffer a drug poisoning. We have studied research showing that a single label like “substance abuser” can make people see someone as more deserving of punishment than treatment, so we practice phrases that separate the person from their condition (Snoek et al., 2021). In those English workshops, shame is not a tool for teaching lessons, it is a measurable risk factor that increases the likelihood of a drug poisoning. Sitting at the dinner table after a NaloxHome presentation, listening to my parents speak about 耻辱 as something people deserve and must feel, I felt myself pulled between two moral worlds that are both fundamental to my identity. In one, shame is used as a means of protection for a vulnerable immigrant family. In the other, shame is a threat to the livelihood of people who use substances.

### Shame as Protection, Shame as Order

Bedford and Hwang (2003) describe shame in Chinese contexts as a relational emotion that protects social identity and family reputation rather than a private inner feeling. Reading their work helped me understand why my parents reached for 耻辱 so quickly when I mentioned people who use drugs. Part of that reflex makes sense in the legal world they grew up with, because China's drug laws can carry severe criminal penalties, and in the most serious cases, punishment can extend up to the death penalty (Criminal Law of the People's Republic of China, art. 347, 2007). Thus, for my parents, substance use is not just a health topic, it is evidence that someone has brought dishonour to those around them. In that framework, feeling ashamed is how social order operates and how boundaries of acceptable behaviour are policed. When I tried to explain harm reduction in English, my words did not quite land. Translating “non-judgmental,” “trauma-informed,” and “person-centred care” into Mandarin, I could hear how unfamiliar they sounded next to 耻辱, as if I were asking my parents to give up one of the few tools they trust to keep their children safe in a country that still feels precarious to them. The point is not that my parents are unreasonably judgmental, but that 耻辱 carries the weight of protection, where shame is meant to prevent danger and preserve dignity, even if that same shame can collide with the kind of lifesaving care harm reduction is trying to make possible.

### French and the First Exhale

French opened another dimension of this tension during my work with the TEC4HOME hypertension research study. One afternoon, I met Marie, a Congolese French-speaking refugee who let out a long exhale when she heard me switch to French for her enrollment appointment. Evidence highlights that language barriers lead to misunderstandings among minority Francophone immigrants, leading to incomplete assessment and care avoidance, even when their needs are urgent (de Moissac & Bowen, 2017; Bowen, 2015). As we worked through the enrollment questionnaire, Marie whispered, « J'ai honte d'avoir l'hypertension si tôt. J'ai seulement cinquante-quatre ans, et on dirait que les médecins ne comprennent pas ma vie. » She was telling me she felt ashamed to have chronic hypertension so early in her life, and that doctors did not seem to understand her identity beyond her clinical diagnosis. She spoke about how she had survived military conflict, migration and years of unstable work, and now felt

betrayed by her own body. When Marie said « j'ai honte », it felt like she was not simply naming embarrassment about a diagnosis, but she was naming the feeling of being evaluated by a system that did not recognize her entire identity. Hypertension, in the study intake, is a number and a risk category. But in Marie's life, hypertension was intertwined with the stress of displacement, the exhaustion of starting life over in a new country, and the strain of unpaid caregiving. On the study forms in English, Marie's story became checkboxes and numeric values: "hypertension at 54," "refugee," "moderate medication adherence." Ticking these boxes made it feel like I was compressing her nuanced life into data points that do not capture the complexity of her identity. In that moment, I realized that language was the hinge that allowed for her story to breathe, and her exhale was the sound of that door finally opening.

### **« Honte » as Misrecognition**

For me, « honte » added a third meaning of shame that neither Mandarin nor English could fully capture. « Honte » is not disgrace assigned to someone else, and not a word to eliminate, but a sign that someone feels neglected by the system they live in. In that intake appointment, Marie's « honte » was a way of naming how misunderstood she felt in a system that reduced her identity to her blood pressure readings. The English intake questionnaire could record her blood pressure data, but it could not fully capture the life experiences that shaped those readings. I left that conversation with a better understanding that language is not only about communication, it is about recognition, and that sometimes what people need most is not more instructions, but proof that their story has been fully attended to. That is why « honte » matters. Because it shows shame not as a moral punishment or a forbidden word, but as evidence of misrecognition, what happens when care can measure the body but cannot understand the person.

### **Holding Three Meanings at Once**

The first time I heard my parents say that people who use drugs should feel 耻辱, I felt extremely taken aback and frustrated by the certainty in their voices. But since then, I have learned to listen for what shame is doing in a moment, whether it is being used to judge, to protect, or to ask to be understood. Moreover, I have watched those meanings shift from the dinner table, to a NaloxHome presentation, to a TEC4HOME intake. In my head, "shame," 耻辱,

and « honte » collide like traffic at an intersection with no crosswalk because they all point me toward different rules of care and responsibility, and there is no simple way to let one pass without cutting off what the others are trying to say. 耻辱 points toward judgement that protects a family's sense of order. Shame, in harm reduction, is treated as a danger to be removed because it drives people into isolation. « Honte » points to the ache of being misunderstood, of carrying an identity that systemic institutions keep simplifying. Holding all three meanings at once is uncomfortable, but it forces me to embrace that responsibility and care are not universal ideas, and that the same word can assign blame, signal risk, or reveal pain depending on the language that carries it. As I wrap up my final semester of undergraduate studies and move into my professional development in healthcare, I want my trilingualism to stay active, not just as a skill I list on my resume, but as a way of listening that makes room for what English alone can miss. If I can learn to answer across Mandarin, English and French, then the care I help build will do more than translate instructions. It will recognize the shame that harms, refuse the shame that kills, and make space for the shame that is, in fact, a request to be seen, before it hardens into a stain that someone is forced to carry alone.

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