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### To shame or not to shame-that is the sanitation question

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### Abstract

The Community-Led Total Sanitation (CLTS) programme aims to end open defecation through facilitating activities that evoke a sense of shame, shock and disgust. The programme's initial success and low-cost design has seen it become hegemonic in donor-supported rural sanitation. However, the theoretical basis of the use of shame has not been critically evaluated. Supporters claim that shame helps form and maintain social relationships, yet contemporary psychosocial literature highlights that it is a volatile and often harmful emotion, particularly in conditions of poverty. Using a case study of Cambodia, which rejected the coercive elements of shame in CLTS, we explore the problems of shame and limits of local ownership of development.

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# To Shame or Not to Shame - that is the Sanitation Question

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## Abstract

The Community-Led Total Sanitation (CLTS) program aims to end open defecation through facilitating activities that evoke a sense of shame, shock and disgust. The program's initial success and low cost design has seen it become hegemonic in donor-supported rural sanitation. However, the theoretical basis of the use of shame has not been critically evaluated. Supporters claim that shame helps form and maintain social relationships, yet contemporary psycho-social literature highlights that it is a volatile and often harmful emotion, particularly in conditions of poverty. Using a case study of Cambodia, which rejected the coercive elements of shame in CLTS, we explore the problems of shame and limits of local ownership of development.

**Keywords:** behaviour change, Cambodia, Community-Led Total Sanitation, emotions, sanitation, shame.

## 1. Introduction

Some 2.4 billion people are estimated to still use unimproved sanitation facilities and 946 million people practice open defecation and this has severe health impacts.<sup>3</sup> The main policy for addressing open defecation in the rural areas of developing countries is called Community-Led Total Sanitation (CLTS). The program uses a participatory rural appraisal (PRA)-based design but uses shame and public humiliation as a key pathway toward improved community sanitation standards. This tactic is designed to change the behaviour and attitude of communities around sanitation, without the use of incentives or subsidies.

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<sup>3</sup> The illnesses that develop from being in contact with raw, untreated human waste account for over 650,000 infant mortalities under the age of five annually (UNICEF, 2013). Chronic illnesses that follow from extended contact with this waste have adverse physical impacts and directly affect working capacity. Of those who defecate in the open, 90% live in developing countries (WHO/UNICEF JMP, 2015). This is not only a concerning geo-demographic divide, but also an obvious socio-economic inequality.

CLTS uses shame to evoke a sense of collective duty amongst community members towards improving their standards of sanitation. As CLTS does not use subsidies, it encourages the construction of makeshift latrines under autonomous, community-based regulation. These design components substantially lower the costs of intervention. CLTS has enjoyed widespread endorsement by international Non-Government Organisations (INGOs) like WaterAID and PLAN International and international organisations like the World Bank and UNICEF. It has been put to scale in over 56 countries across the developing world and is considered to be hegemonic in rural sanitation development (Galvin, 2015).

Supporters claim spectacular results for the approach focusing mostly on the percentage of triggered communities that are declared Open Defecation Free (ODF) (Bongartz, et al., 2010; Harvey, 2011; Kar, 2003). Yet, there is remarkably little series data demonstrating CLTS effectiveness over the medium to long-term and questions about its success have emerged (Narayanan et al., 2012; Tyndale-Biscoe et al., 2013; Davis, 2012; WSP, 2012). Others have questioned the quality of the latrines built, which for the most part, do not meet the UN's definition of improved sanitation (Wells and Sijbesma, 2012).<sup>4</sup> Bardosh (2015) and O'Reilly and Louis (2014) have thus questioned whether CLTS fundamentally grasps the political ecology of sanitation. Another major question is whether CLTS undermines individual human rights in the name of the common good? Serious breaches of the fundamental civil rights of its participants have been reported (Chatterjee, 2011; Bartram et al., 2014; Galvin, 2015). In a related vein, Engel and Susilo (2014) posit that its techniques mimic colonial public health practices based on derogatory labelling and punitive routines.

This article follows in the path of analyses focused on the human rights of participants in the program. This is done primarily by focusing on the intellectual underpinnings of the use of shame in CLTS. Thus, we assess the validity of shame as a sanitation policy tool by viewing it against emerging psycho-social literature on the impacts of shame. The link between manners and bodily function and emotions was established by Norbert Elias who argued that one key way that Western civilisation evolved was through the increased salience of shame, repugnance and embarrassment as a means of establishing social order (Elias, 1982). Those who did not follow social etiquette and proper behaviour were subject to increased shaming and stigmatisation.

CLTS suggests that increased shame is precisely what rural communities using open defecation need. Yet, emotions research now sees shame as a problematic emotion as it is perceived to be a direct attack on a person's self-conception or identity and it tends to produce a range of negative psychological outcomes including low self-esteem, anxiety, depression, anger and even suicide (Turner, 2000, 2009;

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<sup>4</sup> Improved sanitation is defined by WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation as a: flush toilet; piped sewer system; septic tank; flush/pour flush to pit latrine; ventilated improved pit latrine; pit latrine with slab; composting toilet; or special case (WHO/UNICEF JMP, 2015).

Scheff, 1988, 2000). The assumptions underpinning CLTS appears to suffer both cultural and psycho-social limitations. In the cultural arena, the repugnance of bodily functions and the expectation that the topic of open defecation produces shame originates from Western norms around sanitation. Further, new developments in psycho-social literature on shame indicate that the emotion is already prevalent in the communities that CLTS is most likely to target, but that it does not contribute to wellbeing and harmony.<sup>5</sup>

In 2013, the Royal Government of Cambodia's (RGC) Ministry of Rural Development (MRD) decided to remove shame from its CLTS program. This was an unexpected, yet important development. The major reason for this amendment was shame being regarded as a culturally unacceptable form of social coercion in the country (MRD/DRHC, 2013; Venkataramanan, 2014, 2016). This significant contribution to the debate about cultural norms and shame has not been acknowledged outside Cambodia. However, and of equal importance is the fact that shame – despite its cultural incongruence – has not yet been totally removed from Cambodia's program because it is inherent in the CLTS approach, which has not been abandoned. We argue the continuing use of CLTS reflects the support of major donors. As a result, light is shed on the real level of commitment to local ownership of development programs, even by INGOs, in the face of hegemonic norms, which shaming has become.

The first part of this article explores the ambiguities of shame and details the key investigations that have contributed to the establishment of what can be called contemporary shame theory. It identifies key cross-disciplinary literature that has been instrumental in forming this theory and reviews cross-cultural analyses detailing the polarised views of the effect of shame in individualist and collectivist societies. This view is critically evaluated using emerging shame-poverty literature. The second section of the paper uses this framework to deconstruct the origins and design of the CLTS program, in particular through *The Handbook on Community-Led Total Sanitation* (Kar and Chambers, 2008), a global policy and procedure manual for CLTS implementation. This section identifies the role of shame and how it becomes integrated into development discourse through CLTS. The third section explores the debate around the use of shame in Cambodia's CLTS. After initially being run by donors, the government has now taken a greater role in CLTS and, in that process, shame has been defined as inappropriate in the Cambodian context. Yet, given its centrality to CLTS and to donor funding, shaming has not disappeared. Thus, the case study reveals significant tensions between national and international commitments to local ownership of development programs.

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<sup>5</sup> There is indeed a curious lacunae between psycho-social theory generally and shame theory specifically and development academia. This is not only disconcerting but also a little perplexing as programs like CLTS are being put to scale despite the limited knowledge about the impact of the use shame, particularly in conditions poverty. The justification for this practice appears to be based on a questionable understanding of cultural differences surrounding the reception of shame, discussed later in the paper.

## 2. Psycho-Social Dimensions of Shame: an Introduction

This section briefly unpacks the concept of shame in psycho-social theory and, in particular, the presence of shame in the process of socialisation. Early sociology had curiously little engagement with emotion.<sup>6</sup> It was not until the rise in popularity of interdisciplinary social investigation that more fluid and cohesive literature began to emerge. Using key literature to outline contemporary thinking about shame, the section introduces the emerging shame-poverty literature that challenges some aspects of the theory, in particular the key contention that shame is a culturally relative experience. Further, in showing that shame is psycho-socially detrimental, and that shame and poverty are inextricably linked, this section provides a theoretical framework through which to analyse the CLTS program's use of shame.

One of the first cross-disciplinary empirical studies of shame was Helen Lynd's *On Shame and the Search for Identity* (1958). Using a sociological and psychological approach, Lynd (1958: 16) noted that shame had previously been ignored or simply misinterpreted as a more common psychoanalytical emotional construct, such as anxiety. She found shame to be a deeply complex and hidden emotion that is pervasive in human affairs. Helen Lewis's *Shame and Guilt in Neurosis* (1971) was an important development in understanding shame as her meta-analysis of psychotherapy transcripts found a remarkable frequency of shame-related cues. This frequency far outperformed other emotions such as anger, fear, grief or anxiety. This produced a re-evaluation of the ontological understanding of emotion in socialisation and has created a contemporary approach to shame, which we label shame theory.

Symbolic interactionism has been the main theoretical influence on the study of emotions in sociology.<sup>7</sup> Central to the theory of symbolic interactionism in emotions research, is the idea that individuals attempt to sustain a self-identity through socialisation (Turner, 2009: 344). Turner (2000) posits that emotions are received under two basic conditions: 1) the receipt of positive and negative sanctions and, 2) meeting or failing to meet expectations (Turner, 2000: 49-52). When a person receives positive sanctions or meets expectations about what they did, the person will experience positive emotions. Conversely, receiving negative sanctions or failing to meet expectations will result in the experience of negative emotions (Turner, 2009: 345). To the symbolic interactionist, the experience of shame is seen to be the most damaging emotion in the process of socialisation. This is because the experience of shame is perceived to be direct attack on a person's self-conception or identity (Turner, 2000, 2009; Scheff, 1988, 2000).

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<sup>6</sup> On the history of the emergence of emotions research see Collins (1990), Scheff (1988) and Turner (2009).

<sup>7</sup> Social constructivism has also influenced the debate, it views social and cultural systems as constructed through social exchange. Thus, emotions hold a symbolic meaning in relation to the ideologies, norms and values expressed by a society (Clark, 1990). An extreme social constructivist interpretation like Gordon (1981) posits that all emotions are socially constructed. A moderate view does not so much discount the biological or neurological phenomenon of emotion, rather it explains that the effects of emotions are differentiated based on the specific structure of a society.

Drawing on Lynd (1959), shame theory draws a clear distinction between shame and guilt (see also Lewis, 1971; Scheff, 2000, 2003; Tangney et al., 1995; Tangney and Dearing, 2003; Tangney et al., 2007; Turner and Stets, 2005; Wallbott and Scherer, 1995). This distinction is based significantly on the ways in which an individual obtains the feelings of shame and guilt. Guilt is usually developed internally, as a reflection of one's actions (what one did) and an acknowledgement of remorse for deviating from personal or social norms (Kitayama et al., 1995; Wallbott and Scherer, 1995). The experience of guilt typically motivates positive reparative action; such an emotive response can boost self-esteem and increase empathy (Turner and Stets, 2005; Leith and Baumeister, 1998; Tangney et al. 1992).

Conversely, shame typically involves being negatively evaluated by others, it is about who one is (Smith et al., 2002). The emotion is generated from an external source of real or imagined audiences (Johnson et al., 1987: 359; Scheff, 2003; Smith et al., 2002; Tangney et al., 1995). This implies that shame is a reaction to the risk of public exposure to an individual's defects (Tangney and Dearing, 2003; Kitayama et al., 1995). The effect of shame is considered to be wholly detrimental to the self-esteem of the individual. The negative effects of shame have created a normative psychological response to avoid, repress and oppose the emotion (Lewis, 1971; Scheff, 2000; Tangney et al., 1995). Despite this cognitive defence, the detrimental effect of shame on both physical and mental capabilities has been well documented in psycho-social studies (Turner and Maryanski, 2013; Tangney et al., 2007; Turner and Stets, 2005; Link and Phelan, 2001; Tangney et al., 1995).

This model does well to explain the pervasive and important nature of shame and guilt in social relationships. However, the bulk of research conducted in this field has been performed in Western societies. In an attempt to rectify this, cross-cultural analyses attempted to find differences between collectivist and individualist cultures in their reception to shame (Wong and Tsai, 2007; Bedford and Hwang, 2003; Wallbot and Scherer, 1995). In these studies, it was found that the interdependent position of the self in collectivist cultures accounts for a higher prevalence of, and therefore more positive response to, shame. This is due to a supposed difference in the orientation of the self in collectivist social relationships. In individualist cultures, the self exists autonomously in society. This autonomy creates a clear internal and external orientation of the self that can separate a person from their actions (Wong and Tsai, 2007: 212).

In contrast, the self in collectivist cultures holds an interdependent, fluid form. An individual's actions and reactions are inseparable and context-specific (Kondo, 1990: 29; Wikan, 1984). This means the perception of what is considered to be moral behaviour varies across situations and is determined by a higher sense of collective duty to others. The interconnected self-construal also means an individual is bound by duty for his/her own actions and the actions of others in the community (Bedford and Hwang, 2003: 136-7). In this way, individuals in collectivist cultures are said to be more susceptible to instances of shame. However, the experience of shame in these communities is not seen as wholly negative, nor an

emotion that should be avoided. This is primarily due to a difference in philosophical and spiritual beliefs in collectivist cultures. Such cultural beliefs encourage shame as a method to aid in self-development (Wong and Tsai, 2007: 212).

The positive effect of shame is said to be most prominent in collectivist cultures of East and South East Asia. This is where Confucianism and Confucian related teachings are a dominant philosophical tradition. The Confucian and Buddhist belief system values shame as a necessary component of self-development (Cho, 2000: 307). In this belief system, self-improvement and cultivation are expected. Shame is seen as an effective tool for guiding and encouraging such evaluation (Cho, 2000: 307-308). Further, this literature finds that the prominent distinction between shame and guilt present in individualist cultures is far less pronounced in collectivist societies. In collectivist cultures, the concept of guilt is strongly associated with shame and it is common for the two concepts to interplay (Bedford, 2004). Research investigating the anatomy of shame across cultures discussed in this section exemplifies how emotions can be a socially constructed experience. Further, this difference is contingent on the socio-cultural dynamics of a society.

There is, however, some danger in this emerging cross-cultural literature. The seemingly clear-cut difference in the experience of shame comes close to ideating a form of orientalism, viewing culture as eternal and devoid of change and variation (Said, 1978/2003). The literature seems to suggest that colonialism, postcolonialism and the processes of globalisation have had no impact on collectivist societies. Further, the corollary is that that they risk caricaturing Western nations solely as individualist. CLTS appears to be based on this individualist/collectivist distinction, which sees shame as acceptable and useful in collectivist societies. This is not only based on a problematic binary, it also ignores new research about the universal prevalence of shame and its link to poverty.

Amartya Sen wrote about the link between shame and poverty. He made this link through Adam Smith quoting a passage where Smith differentiates between luxuries and necessities on the basis of shame. In discussing absolute versus relative poverty measures, Sen (1983: 161) concludes that one of the absolute requirements or capabilities for 'escape from poverty' is avoidance of shame, '[n]ot so much having equal shame as others, but just not being ashamed, absolutely.' This component of Sen's work was not forgotten: it was cited in the well-known World Bank *Voices of the Poor* study, which also identified shame as a key means through which the poor experience poverty (Narayan et al., 1999: 6-7, 15).<sup>8</sup> Despite these studies,

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<sup>8</sup> The series extended the problem of poverty beyond economic incapability, instead framing it as a deeply complex social phenomenon. The report recommended development of new policies designed to empower communities rather than pressure for economic growth (Wade, 2001). These recommendations proved far too radical for the World Bank, who published the aptly named *World Development Report (WDR): Attacking Poverty* (Kanbur et al., 2001) with a diluted reference to asset empowerment. At the time of this WDR, the CLTS program was reaching the end of its trial phase in Bangladesh. The program reported huge successes in rural and peri-urban villages. The results of the trial, along with the program's bottom-up, low cost, no subsidy design received huge endorsement by the World Bank,



shame has not had much attention in development scholarship, however, a recent set of three volumes led by Robert Walker explored this relationship.<sup>9</sup>

The seven-country study examined the lived experience of poverty in both collectivist and individualist societies and found that, in all the countries studied, there was a high prevalence of shame (Walker et al., 2013: 224-226). The emotional effects of shame both through individual and institutional mechanisms, played an important role in regulating poverty (Walker et al. 2013: 223). Walker (et al., 2013, 2014) note that what makes shame so complex is that the experience is generated externally and may originate from factors that the individual cannot address. The capacity to acknowledge and deal with shame therefore stems from the emotional capability of the individual. This ability is based on the level of self-esteem the individual exhibits. Extreme poverty hinders the development of self-esteem through financial deficiency, inadequate education, poor health and poor living standards. Because of this lack of resources and capabilities, the poor are seen to be transgressors of dominant social norms and thus shamed. The individual then internalises the shame, manifesting further social aversion and psychological damage (Walker et al., 2013: 216-7). This relationship, in essence, revitalises and unravels the meaning behind Amartya Sen's view that shame lies at the '...irreducible absolutist core... of poverty' (Sen, 1983: 159). It demonstrates that there is a poverty-shame nexus and that, ignoring it through policies and programs that utilise shame, further harms the most vulnerable in society.

Walker (2014) challenged too the idea of difference in cultural perceptions of shame by showing that living in conditions of relative poverty in any country produce similar negative responses to shame. Further, Gubrium (2013: 8) in a critique of current models of cross-cultural psychology, makes the important point that whilst the literature may consider normative social structures, it ignores the experience of shame in conditions of extreme poverty. In analysing shame in conditions of extreme poverty across developing and industrialised societies, Walker (2014) and Gubrium (2013) have observed shame to be a universally negative and damaging experience.

### **3. Community-Led Total Sanitation and Shame**

This section deconstructs the process by which CLTS attempts to coerce small communities to improve their standards of sanitation in the light of shame theory and poverty-shame. The major source of this coercion is the tactics of generating shock and shame. CLTS was created by Dr Kamal Kar and first implemented in Bangladesh through the Village Education Research Centre (VERC) and WaterAid in 1999

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UNICEF and other international aid organisations. It is here that the name of the World Bank's *Attacking Poverty* takes on a slightly darker meaning. Utilising shame as its central ethos to generating behavioural change, the program's so called 'radical' design was pushed to the forefront of sanitation initiatives across the developing world.

<sup>9</sup> The summary volume is Walker (2014), plus there are two edited collections Chaise and Bantebya-Kyomuhendo (2015) and Gubrium, Pellissery and Lødemel (2013). For a review see Engel (2017).

(Kar, 2003; 2005).<sup>10</sup> The CLTS methodology has been hailed as a radical participatory approach that subverts previous top-down, supply and subsidy-driven programs in the sanitation sector. CLTS also emphasises the importance of social enterprise, demanding participant responsibility and market interaction for the construction, improvement and maintenance of latrines.

The main focus of this analysis is *The Handbook on Community-Led Total Sanitation* (Kar and Chambers, 2008), which is the key instruction manual that guides program facilitators through basic procedures of the program across the globe. The contents advise how and where the program should be administered; it provides a benchmark for CLTS implementation. It also provides valuable insight into the program's logic and dynamics as envisaged for both recipients and facilitators in a range of areas, though our focus is on the logic of shame. The implementation structure of CLTS is designed in four progressive phases, pre-triggering, triggering, post-triggering and scaling up, our focus here is on the logic of shame in the first three phases.

### **3.1 Pre-Triggering**

This phase outlines the process by which communities or villages are targeted and deemed acceptable to receive CLTS. They are selected using criterion designed to identify villages most likely to respond to the CLTS program. The pre-triggering phase is said to take from half a day to one week, depending on the size of the village and how well it fits the criteria. Favourable target communities are judged by the following criteria (among others):

More favourable:

- small settlement (hamlet rather than big village)
- remoter rather than closer to towns and big roads
- lack of cover in the surrounding area
- wet/moist conditions which wash excreta around and keep it smelly and nasty
- no current, previous, nearby or national programme of hardware subsidies to households
- visibly filthy conditions
- high incidence of diarrhoeal diseases and child mortality

(Kar and Chambers, 2008: 15)

The program's logic is that demand will be highest in the dirtiest communities that have not been 'ruined' through previous subsidy-based programs. Conversely, it implies that villages who have grown accustomed

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<sup>10</sup> It was directly based on Robert Chamber's participatory rural appraisal approach, whose key methods are: 1) transects (systematic walks and observation); 2) informal mapping (sketch maps drawn on site); 3) diagramming (seasonal calendars, flow and causal diagrams, bar charts); and 4) innovation assessment (scoring and ranking different actions) (Chambers, 1994: 955). However, the process by which CLTS shocks and shames its participants questions its authenticity as a true PRA approach (Galvin, 2015; Bartram et al., 2014; Engel and Susilo, 2014; Chatterjee, 2011).

to financial or material subsidy will not respond to the program as they as they will either not want, or will be too lazy, to help themselves through CLTS. The view that the poor are too lazy or have been ruined by welfare is a common stigmatisation that acts to rationalise aggressive policies toward poverty reduction strategies (Walker, 2014: 57).

The criterion seeks small, remote and socially or culturally homogenous communities to trigger. Here we see another common tendency in development projects, which is to render communities as natural and unified entities meaning they are supposedly better sites for development interventions. As Li (2007: 267) suggests, development projects wrongly view community as ‘...a bounded domain of social relations that could be optimized by calculated technique.’ Whilst this view assimilates well with donor needs, constructing community in this way discounts the inevitable myriad of socio-economic factors that produce individual differences in a village social structure. Li (2007) finds that this process often leads to unequal access to potentially beneficial resources within communities.

These are not just natural units ripe for development intervention, they are, by the criteria, traditional and thus collectivist villages supposedly insulated from modern influences by their remoteness. In framing communities in this way, the use of shame for the purpose of behavioural change appears rationalised. This is because, as discussed above, some sociological literature has argued that shame is more effective and appropriate for traditional collectivist cultures. Thus while contemporary understandings of shame suggest the explicit use of shame in the CLTS program design are likely to be counterproductive (in Western societies at least), Western donors endorse its implementation in poor ‘collectivist’ communities.<sup>11</sup> Yet, as noted earlier, poverty-shame is universal and conditions of extreme poverty exacerbate its damage (Gubrium, 2013: 8).

### **3.2 Triggering**

Once a village has been identified, CLTS moves in into the triggering phase. Both stages are implemented by facilitators trained in CLTS and this is the major cost of the program for donors. The triggering phase is the most important phase in the CLTS program as it:

...is based on stimulating a collective sense of disgust and shame among community members as they confront the crude facts about mass open defecation and its negative impacts on the entire community. The basic assumption is that no human being can stay unmoved once they have learned that they are ingesting other people’s shit. The goal of the facilitator is purely to help community members see for themselves that open

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<sup>11</sup> This is not to say that shame does not exist as part of social policy in Western countries. Indeed its use has been growing in recent decades as it contributes to neoliberal goals of limiting government expenditure (Gubrium et al., 2013). Walker (2014) notes how the welfare systems in many Western states are increasingly building in stigma around receiving benefits. This stigmatisation is a part of the neoliberal focus on individual responsibility, a concept that actively blames the poor for their poverty.

defecation has disgusting consequences and creates an unpleasant environment. It is then up to community members to decide how to deal with the problem and to take action (Kar and Chambers, 2008: 22).

CLTS uses disgust and shame to frame the natural function of defecation. In many cases, framing open defecation in this way is incongruent with the target audience's cultural, social or religious beliefs (Banda et al., 2007; Dittmer, 2009). The question here, of course, is not whether open defecation has negative consequences in these communities, but more whether CLTS engages with communities in a respectful and constructive manner. The creation of shame in the CLTS exchange is problematic for two reasons. First, the CLTS design lacks sufficient mechanisms to regulate how far the coercion should go. Second, shame also has the potential to hinder the receptiveness of a community toward CLTS' aims.<sup>12</sup> This can be observed in Cambodia where the application of shame in a social context is seen to be culturally unacceptable and therefore avoided (Venkataramanan, 2014, 2016; Macpherson, 2011).

There are three main techniques designed to create shame in the triggering phase. The transect walk, neighbourhood mapping and a simplified explanation of how faeces is ingested through the process of cross-contamination. In the transect walk the manual instructs:

Do not avoid the defecation areas, but rather spend as much time there as possible in them, asking questions, while people inhale the smell of their shit and feel uncomfortable at having brought an outsider there. This will help to trigger the sense of disgust and shame that will make them want to do something to change (Kar and Chambers, 2008: 27).

These components reflect the core PRA methodologies developed by Gordon Conway (1985) and Robert Chambers (1980) during the paradigmatic shift in development research. Chambers has endorsed CLTS despite the fact that the extent to which these tools empower and dignify its participants is questionable.

The expectation that an acute experience of a shame, originating from an external and foreign source (the CLTS facilitator), will positively mobilise an individual contradicts contemporary shame theory. This is because the psycho-social effect of shame depends heavily on broader socio-economic factors that the poor, in particular, cannot control. Further, the experience of poverty is already major contributor to the formation of acute shame (Walker 2014). Analyses on shame suggest that poorer individuals are likely to experience negative emotions from shame and, as a result, use varied tactics of avoidance to deflect or reject the shame. Finally and worryingly, prolonged experiences of shame, like those found in conditions of extreme poverty, are highly likely to induce or exacerbate depressive states (Tangney et al., 1995; Lewis,

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<sup>12</sup> Communities in developing countries have a long history of active and passive resistance to imposed development intervention including in sanitation. In the colonial era and beyond, latrines constructed at the behest of sanitary regulations or interventions were often not used for example (Engel and Susilo, 2014).

1971). All of this suggests that many poor people are unlikely to respond positively to CLTS shame and that it may, indeed, cause them harm.

Shaming is also present in the mapping exercise, where participants depict the village identifying open defecation areas. Using this map, villagers are encouraged to identify the 'dirtiest neighbourhoods,' that are often inhabited by poorer and lower status people (Kar and Chambers, 2008: 33). Yet CLTS assumes that villages are homogenous, thus it does not consider its own impact on power relations within the community, which means it is likely to exacerbate existing unequal relations, or even create new ones, by segregating communities. This structure undermines the supposed participatory logic of the program.

Further, there is a troubling contradiction here between the aim of community empowerment and the process of categorising communities based on their cleanliness (Galvin, 2015; Engel and Susilo, 2014). The process of shaming and mapping areas in communities, especially in marking neighbourhoods as 'clean' or 'dirty', is likely to stimulate inter-community stigmatisation. This stigma may act to further marginalise the targeted sub-section of the community (Courtwright, 2013; Lupton, 2015). Such marginalisation, as noted in the earlier discussion on shame theory, is highly likely to negatively impact that group.

The transect walk and mapping is then followed by a simplified explanation of faecal contamination through poor hygiene and environmental factors, which aims to trigger participant disgust - at their community. It aims to explain the natural process of cross contamination so '...people can analyse how they eat their own shit... [and]... bath in the shit of others' (Kar and Chambers, 2008: 15). The whole triggering phase raises clear human rights issues about the balance between individual dignity and community rights. Yet, even for those who support community over individual rights, there is a large public health literature demonstrating that the long-term efficacy of disgust and shame in behaviour change is very dubious (see Lupton, 2015 for an overview). For those who aim to balance individual and community rights, the issue becomes whether shame is required for social good and whether a degree of shame be utilised without causing lasting negative effects. In defence of CLTS, Musyoki and Winarta (2012) argued that whilst people may experience shame and humiliation in the short term, the effect is not lasting – especially when the health benefits of living in an ODF community are observed. However, they did not provide any solid evidence to support this claim. Contrast this to the detailed studies of Scheff (2003; 2000; 1988), who found that the negative experience of shame, deliberate or otherwise, does not simply disappear, rather it is likely to be internalised.

### **3.3 Post-Triggering**

The post-triggering phase also raises challenges to an individual's right to dignity. This phase focuses on the monitoring and maintenance of community initiatives to end open defecation. During this phase, a range of shaming techniques have been encouraged to gain 100% ODF status. This component of the CLTS design

displays a classic PRA approach to monitoring and regulating community behaviour, yet the lengths to which official facilitators and community leaders will go to obtain ODF status indicate a lack of understanding of human rights. Bartram et al. (2014: 500-1) cite multiple breaches of civil rights that have occurred in the post-triggering phase:

- Getting children and adults to blow whistles and even throw stones at people found openly defecating and other forms of taunting and mocking;
- Photographing people open defecating and displaying their photos publicly;
- Flagging piles of faeces with the owners' names;
- Monetary or labour fines and social sanctions;
- Local government threatening to cut off households' water and electricity supplies;
- Locking up people's houses or pull carts when they were out defecating;
- Collecting faeces and dumping them on the person's kitchen table; and
- No arbitration held if a young women or adolescent girl was raped during open defecating.

CLTS supporters like to attribute this and other CLTS failures primarily to variations in the quality of training that facilitators across the developing world have received (Kar and Chambers, 2008; Kar, 2010) rather than to the logic of shame. There may be some truth in this argument and the extremity of some rights violations is likely to have been exacerbated by the speed at which the program has been put to scale and, its reliance on the community's own partially trained 'natural' leaders to facilitate ongoing support on behalf of CLTS. However, CLTS supporters never make any link between these abuses and the use of shame and disgust. In contrast, Bartram et al. (2014: 502) argue that the CLTS method, as a program devoted to public health, is bound by a code of ethical and legal standards covering its legal, ethical and moral aspects (United Nations Commission on Human Rights, 1984). It should be designed to protect the rights of participants. Yet, the shaming in CLTS clearly targets the poor and marginalised and these groups know when they are being positioned as the objects of disgust (Lupton, 2015).<sup>13</sup>

#### **4. Cambodia, Shame and CLTS**

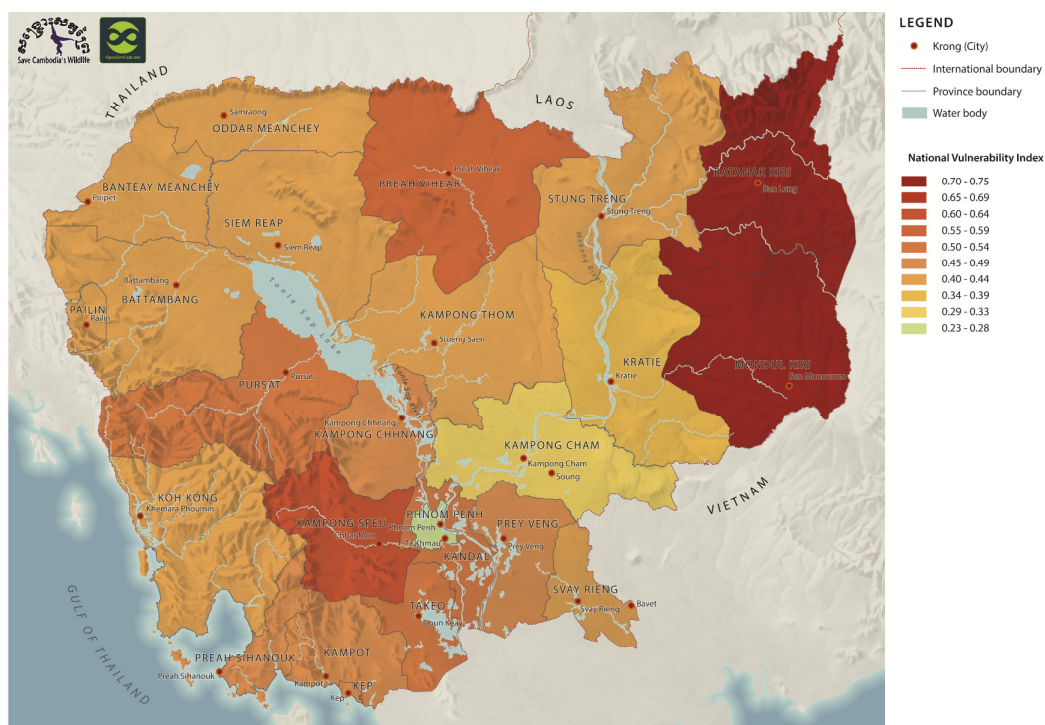
Cambodia was devastated by the extension of the Vietnam War into the country and the rise of the Khmer Rouge (1975-1979), which saw between 1.5 and two million people, of a population of around eight million, die. It remains a predominately rural society with just under 80% of its 15.67 million people living in rural areas as of 2016 (World Bank, 2017). The rate of poverty was very high into the 2000s but it dropped rapidly thereafter, though the rate of fall has recently slowed. In 2012, the poverty rate was 17.7% with 90% of the poor living in rural communities; yet some 32% of children under the age of five still suffer

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<sup>13</sup> This is made all too clear in the CLTS-funded social marketing material, which uses images of deformed, dirty and clearly poor open defecators who engage in other deviant behaviour such as voyeurism (Engel and Susilo, 2014).

from malnutrition (World Bank, 2017). Map 1 shows the disparities between regions with only the capital region of Phnom Penh having a low vulnerability index. Further, a high proportion of the population is vulnerable to slipping below the poverty line – in 2011, “41% of the population still lived on less than \$2 per day, and 72% lived on less than \$3 per day” (Asian Development Bank, 2014, p.x). Poverty is also overwhelmingly concentrated in rural areas.

Map 1. National Vulnerability Index, Cambodia, source: Open Development Cambodia 2016



Since 1990, access to improved water sources has increased by 53% across the country reaching 76% nationally. Access to improved sanitation has only increased by 39% and the distribution of this coverage is markedly skewed toward urban centres (WHO/UNICEF JMP 2015). The WHO/UNICEF Joint Monitoring Programme (2015) calculates around 58% of the population do not have access to improved sanitation. The distribution of this access is vastly highly between rural and urban populations - over 88% of the urban population have access to improved sanitation, compared to less than 30% of the rural population (WHO/UNICEF JMP, 2015). In other words sanitation remains a major challenge and CLTS has been the main approach to address rural sanitation challenges. However, despite being the first country in Southeast Asia to adopt CLTS, Cambodia remains the worst performing country in the region in terms of its access to basic sanitation (UNICEF, 2013b: 15).

In this section, we use a brief case study of CLTS policy in Cambodia to illustrate how shame has been negotiated there. The evolution of Cambodia’s CLTS approach displays a unique power struggle between international donor expectations and Cambodia’s own cultural politics around the use of shame.

There is an evident disjuncture between donor and participant expectations of the outcomes of CLTS and little discussion of concerns of participating communities. This brings into question CLTS's participatory tag and displays the limited donor acceptance in practice of local ownership of development initiatives. The formal exclusion of shame based on cultural unacceptability was presented in the *National Guidelines on CLTS* (MRD/DRHC 2013), wherein the Royal Government of Cambodia (RGC) took on increased accountability for the program. However, the extent to which shame has been excluded remains contentious, as Cambodia's new CLTS strategy still promote forms of shaming in the 'triggering' process.

CLTS was first introduced into Cambodia by Concern Worldwide in 2004. Plan International Cambodia (hereafter Plan) then became major donors to the program and, in partnership with UNICEF, they put the program to scale across Cambodia in 2006. The RGC Ministry of Rural Development (MRD) was only partially included in CLTS implementation during its early years, but they have since become a core figure in the administration and regulation of the program. The publication of the Ministry of Rural Development's *Rural Water Supply, Sanitation and Hygiene Strategy 2011-2025* (MRD, 2011) signified increased government involvement. This strategy became a catalyst in the creation of Cambodia's *National Guidelines on CLTS* (MRD/DRHC, 2013). One of the main outcomes of this guide has been a partial exclusion of overly coercive methods of behaviour change, specifically shame.

Estimates by UNICEF (2015) indicate 6,160 Cambodian villages have been triggered by CLTS since its introduction in 2006. This resulted in the creation of 1,494 ODF communities, equating to a 24% success rate (UNICEF, 2015: 5). However, it must be noted that these numbers are only loose estimates as, up until 2014, there was no formal definition of ODF, nor a legitimate verification process to validate the ODF declarations (Venkataramanan, 2014; 2016; UNICEF, 2013b'; 2015). The rate of success in achieving ODF is quite low compared to those claimed in other countries, nevertheless, independent reports studying the effect of CLTS in Cambodia have found that triggered communities can revert back to open defecation (slippage) at a rate of up to 85% (WSP, 2012; Davis, 2012). The major reasons for this slippage are said to be poor facilitator training, a lack of ongoing follow-up and monitoring, as well as the propensity for CLTS-triggered dry-pit latrines to collapse in the wet season (Kar, 2010; Narayanan et al., 2012; Tyndale-Biscoe et al., 2013; Davis, 2012; WSP, 2012).<sup>14</sup>

#### **4.1 Shame and Stigma in Cambodia's CLTS**

The approved implementation approach, published in *National Guidelines on CLTS* (MRD/DRHC, 2013), demonstrates that shame has not been completely excluded from the program. Further, there appears to be confusion around how shame is perceived by facilitators. Activities designed around the traditional CLTS

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<sup>14</sup> The wet and unstable, sand-based soils of Cambodia make pit-latrines designs both unsafe and unsanitary (Cavill et al., 2015).



program that evoke shame, such as the transect walk and neighbourhood mapping, have been included in Cambodia's CLTS strategy:

The facilitator requests the villagers to share in drawing a large village map... to identify where their houses are located... The facilitator then asks the participants them to draw arrows on the map sketched on the ground showing how many meters from home to the defecation area in the forest and indicating defecation areas close to their houses (MRD/DRHC, 2013, Annex 2: 2).

The facilitator requests that the participants, villagers, village representatives or others who are more active and interested take them to open defecation places habitually used by the community. After arriving at such a place, the facilitator shall call the participants together and have them stand around the fresh shit and ask them some questions so that they will feel embarrassed about open defecation (MRD/DRHC, 2013, Annex 2: 3).

Thus, although shame has been formally excluded at the policy level, there remains the potential for shaming in practice. Neighbourhood mapping and the transect walk both have the high potential to evoke a sense of shame and to stigmatise sections of the community.

Perplexingly, in MRD/DRHC (2013) 'Dos and Don'ts Section', shame appears to be an encouraged (or at the very least, not discouraged) practice:

[Don't] Interrupt when charged up community member's start shaming their own people for open defecation practices or other hygiene behaviour... [Don't] Discourage members of the community from arguing amongst themselves or shaming each other, or quickly conclude that the 'shaming' element between community members should be avoided as culturally insensitive (MRD/DRHC, 2013, Annex 3: 5).

As such, shame has not disappeared, but has simply been reduced. The reason it was reduced is that local facilitators and provincial government officials hesitated to employ such techniques, as they view them as culturally unacceptable (Macpherson, 2011; MRD/DRHC, 2013; Venkataramanan, 2014, 2016). Cultural norms cannot be simplistically described or defined, nevertheless social relations are governed by informal codes of conduct, norms, etc., though these change over time (Kim, 2011: 167). It is safe to say that politeness is highly regarded in Cambodia (and across much of Southeast Asia) and, in particular, causing people to lose face or to be embarrassed is simply not acceptable (Martin, 1994: 14-5).<sup>15</sup> The dominant religion of Theravada Buddhism with its focus on karma and *kūn* or good deeds, favours and kindness are

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<sup>15</sup> Further main social norms are being discreet, knowing your place and respecting your elders, though modern education and culture has seen reserve decline (Martin, 1994: 11, 269).

regarded as a reason for, and reinforcing of, such norms. The genocide did impact social behaviours in Cambodia, with scholars arguing that it reduced community trust and reciprocity in particular. The expansion of the cash economy and the move to wage labour is also thought to have influenced culture but, as Kim (2011: 167) has shown, traditional norms like reciprocity have not disappeared. The decision by facilitators and officials that shaming is unacceptable in Cambodia, which appeared in practice as early as 2011 (Macpherson, 2011), is further evidence that such norms have not disappeared. The reduction of shame was a conscious, unofficial decision made by Cambodians - it is a bottom-up challenge to traditional CLTS.

In 2014 an evaluative report on Plan's CLTS program in Cambodia was released. The report, *Testing CLTS Approaches for Scalability CLTS Learning Series: Cambodia Country Report* (Venkataramanan, 2014) aims to better understand the impact and weaknesses of the program on the ground. Plan International Cambodia currently advocate for CLTS in its traditional form (without the use of subsidy-hybrid initiatives and also in support of shame). The report confirms that the practice of generating shame was actively ignored by Plan's own local facilitators:

...although Plan International Cambodia initiated CLTS with a traditional approach, experiences of facilitators have led them to adapt and minimize the use of these strong techniques depending on the response of a community. A national government official attributed this adaptation of a more polite approach to culture (Venkataramanan, 2014: 23).

Venkataramanan's (2014: 23) evaluative report notes that participants of the CLTS program have displayed adverse reactions to shaming:

Plan International Cambodia staff explained the effect that traditional triggering techniques had in Cambodia, suggesting that community members reacted aggressively if facilitators were too direct.

This observation supports emerging work on poverty-shame and contemporary shame theory. Tangney et al. (1992) draws a direct correlation between shame and elevated instances of aggression. These findings are especially relevant in the Cambodian context. The psycho-social effects of the Khmer Rouge and civil war periods still permeate Cambodian society. McLaughlin (2012) has found that the Cambodian population suffers staggeringly high rates of Post-Traumatic Stress Disorder (PTSD). Further, the *Cambodian Mental Health Survey* (2012) notes the inextricable link between PTSD, poverty, violence, depression and a culture of mistrust in authority (Schunert et al., 2012: 3). The most vulnerable demographic in this cycle are the sizeable rural poor population (Schunert et al., 2012: 7). A key component associated with both mental health and poverty is the underlying experience of being (a)shamed, thus it would be naïve to ignore the

wider sociocultural implications of this trauma, especially when aggravating levels of shame through CLTS (Walker, 2014; Schunert et al., 2012). Based on these findings, the idea of deliberately deploying shame in policy and programs into a culture that shows aversion to the technique is, well, concerning.

## 5. Conclusion

This article critiques the use of shame as a mechanism to coerce behaviour change in sanitation as a social policy tool. This technique resonates with Elias's (1982) conceptualisation of the civilising process whereby long held social norms were altered by increasing the salience of shame regarding certain behaviours. The problem with the approach being used by CLTS to coerce rural impoverished communities to implement 'better' sanitation practices is that shame is already salient and it promotes not so much social cohesion as it psycho-social harm.

By outlining contemporary shame theory emerging in psycho-social literature, shame has been shown to be a pervasive and volatile emotion. However, and perplexingly, cross-cultural studies into shame have suggested that there is a culturally-linked shift in the perception of shame between collectivist and individualist societies. This literature suggests that shame is a less poignant experience and an effective social tool in collectivist communities, which would justify the core premise of the CLTS program. However, emerging poverty-shame literature challenges this distinction. It suggests that there is an inextricable link between poverty and shame, but also that the negative experience of poverty-shame is common across cultures. The contention in poverty-shame is that development expectations, which have led to the formation of programs such as CLTS, ignore the universally human experience of poverty, mistaking rural communities as natural, homogenous and fundamentally different to our own (Li, 2007). Further, development discourse continues to exhibit a problematic expectation that impoverished communities should facilitate their own improvement, even where communities are sceptical of the benefits of interventions imposed by donors. This premise, as shown in the case study of CLTS in rural Cambodia, has been met with resistance by target communities and even by the government in relation to the use of shame.

Analysis of the *Handbook on Community-Led Total Sanitation* (Kar and Chambers, 2008) demonstrated how the selection of target communities taps into the idea of shame working most effectively in 'traditional', 'collectivist' societies. At the same time, they seek the 'dirtiest' communities, which is the first step in stigmatisation of the poor in the program. The second step occurs during the triggering phase of the program, when the dirtiest neighbourhoods are identified and these are, not surprisingly, where 'the poorer and lower status people in many villages' live (Kar and Chambers, 2008: 33). In the process of constructing rural villages as homogenous, natural sites of development, CLTS defines away issues of class, caste, status and politics. This brings us to the potential impact on the individuals who have been the targets of shaming. CLTS claims its benefits outweigh its costs, but shame theory suggests

the negative experience of shame does not disappear, rather it tends to be internalised and may cause a range of negative psychological consequences. Further, the depth of the experience of shame is highly contingent on the level of self-esteem, which is underdeveloped in conditions of extreme poverty. Thus urgent research is needed on the psycho-social impacts of CLTS, in particular on those who have been subject to shame. Indeed, there is a case that those being asked to shame may be at risk too, especially children, a group that are increasingly a focus for CLTS proponents as effective 'tools' to initiate behavioural change (see Joshi et. al, 2016).

The analysis of CLTS in Cambodia highlighted the power negotiations between community members, government and implementing organisations around the use of shame, but also between donors and beneficiaries around local ownership of development programs. While the use of shame, as a part of CLTS, claims to uphold global demands for aid sustainability (along with its no subsidy mantra), using shame for behavioural coercion or change in Cambodia is largely considered unacceptable. This has resulted in adapted approaches to sanitation improvement strategies and now even the World Bank has acknowledged that CLTS alone is not enough to improve sanitation (World Bank, 2015). This modified sanitation discourse permits the use of subsidies, incentives and microfinance alongside CLTS, thus forming a CLTS-hybrid sanitation model. However, these designs may not be as appealing to donors as they require greater resource commitment. Further, even in this hybrid model, shame has not and cannot disappear as it is the cornerstone of CLTS design.

Sanitation remains one of the most important challenges in global development. The effects of poor sanitation pervade the physical, social and economic aspects of a person's life. However, like most development challenges there is no silver bullet to fix things. As O'Reilly and Louis (2014) argue there is a whole political, social, economic, cultural and environmental ecology around sanitation. They argue for basing policy on a 'toilet tripod' covering long-term political will by governments and donors; local social factors that push ODF; and local environmental factors such as soil type, water access and land use and ownership. CLTS only addresses local social factors and it does so from a basis at odds with contemporary psycho-social literature on shame. Black and Fawcett's (2008) work provides an alternative approach to social factors. They highlight how demand for home improvement was central in the spread of sanitation in the West along with public action for those who could not afford to pay for the services (Black and Fawcett, 2008: 17-8, 52-3).<sup>16</sup> Thus promoting demand rather than shaming may be an alternative approach and is certainly one more in line with a human rights based approach to development.

We have also offered a new lens to think about sanitation, one that looks beyond development on a macro level, to focus on the psycho-social, cultural and environmental complications of lived poverty.

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<sup>16</sup> WaterAid also highlight the importance of demand though they have also supported and utilised CLTS.

Development scholars have not engaged adequately with the impact of emotions, despite the growing research agenda in other areas of academia (see Engel, 2017). Yet, shame can have significant psycho-social implications even on aid programs that have the best intentions and, as this work suggests, must be better understood.

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