

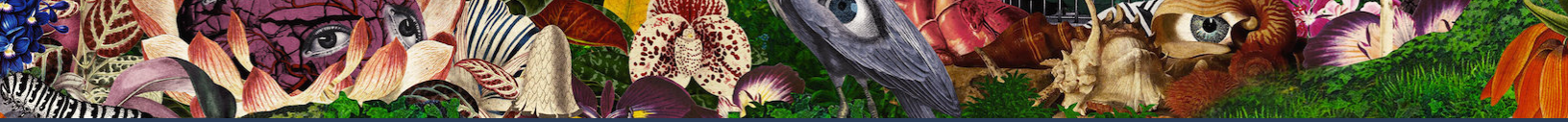
SHAME IN MEDICINE: THE LOST FOREST

EPISODE GUIDE



EPISODE 8.
IN HIDING

the
NOCTURNISTS



How to Use This Guide

Though shame is everywhere in medicine, the topic is taboo, which can make it difficult to discuss. To help, we've prepared discussion guides for each episode of our audio documentary series, *Shame in Medicine: The Lost Forest*, to facilitate conversations between friends, colleagues, and leaders.

This discussion guide is for **Episode 8. On Trial**

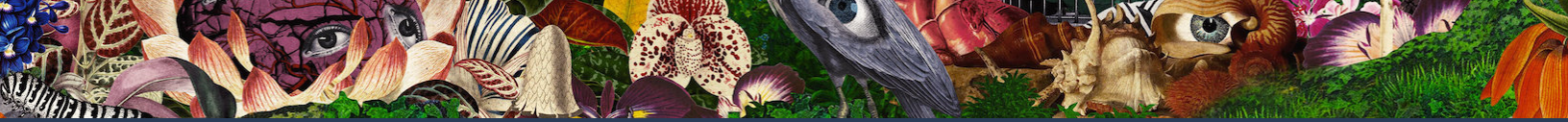
You'll find:

- Episode summary
- Notes from behind the scenes
- Discussion questions
- Additional resources

Lastly, talking about shame can be challenging, emotionally and interpersonally. Please feel free to use our **facilitator toolkit** for leading and organizing conversations around shame. You can find additional resources at thenocturnists-shame.org/engage.



Illustration by **Beppe Conti**



Episode 8. "In Hiding" Summary

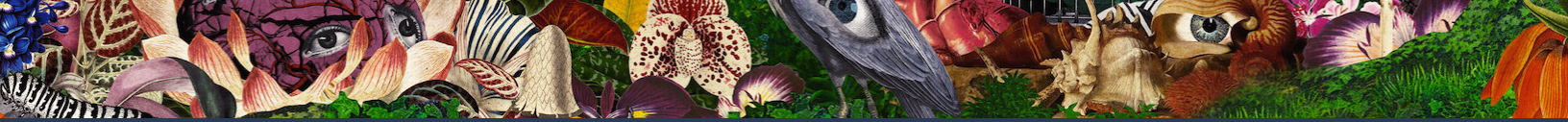
When healthcare workers put on their uniforms to go to work, what other roles, masks, or disguises do they put on as well? The norms and standards of our workplace culture are often more implicit than explicit, but many of us still go to great lengths to present a curated version of self at work that fits into this unspoken code of conduct. The right mask, we tell ourselves, will win the respect and trust of our colleagues and protect us from painful judgments and feelings of alienation. But what are the side effects of hiding parts of ourselves at work? And what about the parts of ourselves that remain exposed?

Behind the Scenes

We received several stories from women that focused on shame and the body, so when we started imagining this episode, we believed we might be making one about shame and gender. But once we started cutting together the episode, we realized that even more than being about gender, these stories were about shame as a result of needing to hide something about oneself, or the flipside — being exposed in a way one cannot control. In each of these stories exposure, or the threat of being exposed, have tangible (and often harmful) impacts on the lives of the clinicians, which may come into conflict with the universal human desire to be seen and loved just as one is.

Discussion Questions

1. Which parts of this episode did you connect with, and why?
2. What are the norms and standards in your workplace culture that influence how you present yourself?
3. How do you decide which masks to wear in your professional environment? How do those masks hold up in other spaces, and when do you take them off?
4. Reflect on the following quote: "My disability feels like a flaw or a deficit. And in a field like medicine where perfection is so highly prized, there's always this feeling that's lurking in the background that I am not good enough, and when others find out, I will lose everything that I've worked so hard to attain." (24:09).
5. How do shame and embodiment intersect with the expectation of the "ideal doctor?"



A Trainee Reflects on Episode 8. "In Hiding"

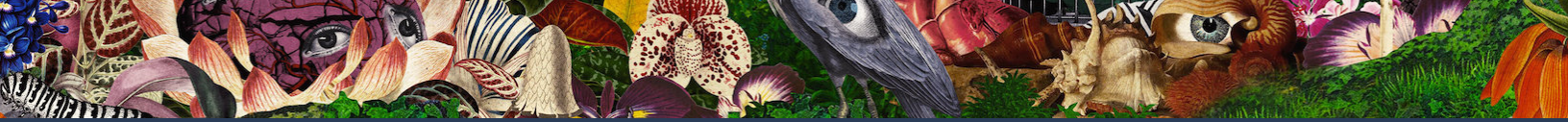
Reflection by a MS2 Student

This episode truly felt like a warm hug. It was proof of something that has not been very apparent in medical school thus far, as I am taught by expert clinicians with 5 faculty positions, unique hobbies, and smiling family pictures included on their "About Me" slides – that doctors are like me: flawed, messy, and struggling through the trials and tribulations of adult life.

While I am grateful for the escalated attention on physician wellness and the resulting addition of sessions like "patient reflections" and "physician identity formation" to my class schedule, I wish that personal topics beyond difficult patient encounters and exam stress were similarly ripe for discussion. Group "check-ins" at the start of classes limited to "surgery or medicine?" or "favorite Thanksgiving foods" do not quite set the stage for unburdening the heart. As a hopelessly bad compartmentalizer, I struggle to meet the expectation that my personal life must disappear in the clinic and classroom, when my professional life takes over. The breast milk vignette in this episode perfectly captures the shame that arises when these two lives intersect. I felt a similar sense of shame when I said I was "sick" instead of admitting I was too heartbroken to come to class after a breakup, or suffered in the back of a classroom, hesitant to excuse myself due to excruciating period cramps. The illusion that vulnerability is at odds with professionalism keeps me, as the title of this episode articulates, "in hiding" during my work life.

In medical school, the importance of the social history is frequently emphasized; we are taught that the social, spiritual, emotional, and intellectual components of wellbeing are as important as the physical. Yet during training, we spend 10+ hours a day hiding our own fear, heartbreak, loss, and pain. I would love to experience the same inviting, nonjudgmental atmosphere I have felt doctors establish in patient exam rooms in classrooms, on-call rooms, and breakrooms.

As the vignettes shared in this episode highlight, sharing of deeply personal issues like eating disorders, physical disability, and addiction is not only shameful, but may also be dangerous professionally. I myself have chosen to see a therapist in private practice after hearing horror stories of medical students forced to abandon training after sharing sensitive information with campus health services. The response to mental and physical distress among medical professionals needs to change – it should result in rehabilitation of caregivers, rather deeming them unfit to work and making recovery all the more difficult.



Resources

The resources below are specific to episode 8, “In Hiding.” To learn more about shame in medical culture generally, you can find recommended resources [here](#).

Listen:

- “Docs with Disabilities” podcast

Read:

- Dolezal L. *The Body and Shame: Phenomenology, Feminism and the Socially Shaped Body*. 2015.
- Gordon E. *Doctors With Disabilities Push For Culture Change In Medicine*. NPR. 2018
- Piepzna-Samarasinha LL. *Care Work: Dreaming Disability Justice*. 2018.
- Taylor SR. *The Body Is Not An Apology*.

Get Support:

If you are a clinician in need of help, you can call the [Physician Support Line](#) — a free, confidential support line where volunteer psychiatrists provide peer support for physicians and medical students — at [+1-888-409-0141](#).

You can also [call or text 988](#) to reach the [Suicide & Crisis Lifeline 24/7](#).

And, as always, please take good care of yourself, whatever that may mean for you.

