TURNING THE SPOTLIGHT ON SHAME
Fostering Adaptive Responses to Feelings of Academic Shame in Second-Year Medical Students

CYCLE 2 OF AN ACTION RESEARCH STUDY
Arizona State University, Mary Lou Fulton Teachers College

"SHAME IS THE MOST POWERFUL MASTER EMOTION. IT IS THE FEAR WE ARE NOT ENOUGH!" - BRENÉ BROWN

THE WHAT

No one is immune to shame. Second-year (MS2s) medical students are no exception to the deeply painful feelings that this emotion can evoke. This emotional response reflects a distorted self-evaluation (Tangney et al., 2007).

Medical education is rich with academic experiences that are potential vulnerability “hotspots” or shame triggers. These hotspots are reinforced by cultural expectations of medicine and medical education to be able to perform without making a mistake and to meet or exceed all expectations (Miller & McGowen, 2000).

THE SO WHAT

MS2s often attempt to abate feelings of academic shame through a variety of coping mechanisms such as blaming, lashing out, numbing, or perfecting. These maladaptive responses can result in challenges with mental health, academic performance, and degree completion.

Therefore, the purpose of this study’s Academic Shame Resiliency Training (ASRT) is to help MS2s to respond to feelings of academic shame in beneficially adaptive ways.
**CYCLE 2 SUMMARY**

The purpose of Cycle 2 was to collect additional data to better understand MS2s’ perceptions of shame triggers related to their academics, as well as, responses to feelings of academic shame.

“There is so much doubt in myself when I feel some level of shame. It turns into a negative spiral that keeps going and going.”

“I tend to withdraw and try to handle everything on my own, rather than going to anyone for help.”

“Hopelessness, feelings of lack of self worth, isolation.”

**RESEARCH QUESTIONS & ANALYTICAL APPROACH**

**Cycle 2, Research Question (RQ)**

RQ1: What types of academic related experience elicit feelings of shame?

RQ2: How do MS2s respond to feelings of academic shame?

**Setting**

A college of medicine (COM) at a large state university. Approximately 320 MSs are enrolled.

**Analytical Approach**

A quantitative study using a survey instrument developed by this action researcher. Survey included two open-ended items.

**Study Participants**

Convenience sample, 80 MS2s. 36 MS2s responded (45% response rate).

**NOW WHAT?**

**Cycle 2 Findings**

The findings of Cycle 2 support the presence of a variety of academic related shame triggers, as well as, a range of maladaptive responses to this feeling.

The findings of Cycle 2 are supportive and complementary of the data collected in Cycle 0 and Cycle 1.

The collection of this data will be informative for the design of the ASRT by providing specific examples of shame triggers and responses experienced by MS2s at the COM.

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