



GME Wellness Sub-Committee Newsbyte

Self-Compassion to Tackle Shame After Mistakes

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Training to become a physician has many growing pains. Mistakes can be a factor in these growing pains, and they are inevitable during the training process. Although mistakes can be a powerful learning tool, these mistakes can often bring up challenging emotions for physicians-in-training. Some of these emotions can include: shame, embarrassment, guilt, sadness, anxiety, and self-doubt.

Shame can be one of the most challenging emotions we experience, as it can foster feelings of inadequacy and unworthiness (Brown, 2006). Unfortunately, it is a common emotion felt by physicians-in-training. Some research suggests that physicians may be particularly vulnerable to shame due to their tendency to experience perfectionism (Gautam & MacDonald, 2001), leading to increased difficulties when they have perceived they have failed (Fedewa, Burns, & Gomez, 2005). In a study of 178 surgical residents, 70% of participants reported feeling shame during their training (Shapiro, Rao, Dean, & Salama, 2017). In another study of senior medical students, those who experienced shame during medical training reported decreased engagement in learning, decreased sense of confidence, decreased motivation, increased worry about clinical competence, and avoidance of specialties that are associated with increased shame (Whelan, Hjorleifsson, & Schei, 2021).

Although shame is a common emotion experienced by medical trainees, especially following a mistake, there are healthy ways of dealing with this emotion to lessen its power and impact. Self-compassion can be one tool used to cope with shame. The following are some suggestions of self-compassion strategies to reduce shame:

- **Recognize that shame is normal:** Shame is a common emotion, especially felt by medical students and residents. Sometimes when we acknowledge that shame is a common emotion, it can make us feel less alone in this very human experience. (The National Institute for the Clinical Application of Behavioral Medicine (NICABH), 2021)
- **Name your shame:** By simply labeling your feeling of shame, it can help to distance yourself from the emotion. Rather than saying “I’m a failure,” or “I’m never going to be good at this,” which are common statements that stem from shame, reframe your thoughts to “I am having the feeling of shame.” You are not your shame. Rather, you are experiencing the emotion of shame. (NICABH, 2021)
- **Be curious rather than judgmental:** In order to approach a more caring and understanding perspective, being curious about your shame can reduce feelings of self-judgment. (NICABH, 2021)
- **Recognize your inner critic:** It is easy for your self-critical side to intensify when feeling shame. In an effort to lessen the power your inner critic has over you, remind yourself that you are human and that you are a work in progress. Give yourself some grace. (NICABH, 2021)
- **Talk to yourself like you would a friend:** Oftentimes, we are unfairly much harder on ourselves than others. We often criticize ourselves for common mistakes, despite the fact that if it were a friend who made the mistake, we would probably be treating them with compassion. Try talking to yourself the way you would talk to a friend who made the same mistake. You may find you are much nicer to yourself. (NICABH, 2021)
- **Practice self-compassion mindfulness exercises:** There are a wide range of self-compassion mindfulness-based exercises available to assist in reducing feelings of shame and increase feelings of worth and forgiveness. These can be easily accessed through several mindfulness phone applications, including Insight Timer, Headspace, and Calm.

References:

- Brown, B. (2006). Shame resilience theory: A grounded theory study on women and shame. *Families in Society: The Journal of Contemporary Social Services*, 87, 43-52. <https://journals.sagepub.com/doi/10.1606/1044-3894.3483>

- Fedewa, B. A., Burns, L. R., & Gomez, A. A. (2005). Positive and negative perfectionism and the shame/guilt distinction: Adaptive and maladaptive characteristics. *Personality and Individual Differences*, 38(7), 1609-1619.
<https://www.sciencedirect.com/science/article/abs/pii/S0191886904003125?via%3Dihub>
- Gautam, M., & MacDonald, R. (2001). Helping physicians cope with their own chronic illnesses. *The Western Journal of Medicine*, 175(5), 336-338. <https://doi.org/10.1136/ewjm.175.5.336>
- National Institute for the Clinical Application of Behavioral Medicine (2021). A 5-step process for transforming shame with self-compassion. <https://www.nicabm.com/a-5-step-process-for-transforming-shame-with-self-compassion/>
- Shapiro, M. C., Rao, S. R., Dean, J., & Salama, A. R. (2017). What a shame: Increased rates of oms resident burnout may be related to the frequency of shamed events during training. *Journal of Oral and Maxillofacial Surgery*, 75(3), 449-457. [https://www.joms.org/article/S0278-2391\(16\)30774-1/fulltext](https://www.joms.org/article/S0278-2391(16)30774-1/fulltext)
- Whelan, B., Hjorleifsson, S., & Schei, E. (2021). Shame in medical clerkship: "You just feel like dirt under someone's shoe." *Perspectives on Medical Education*. <https://link.springer.com/article/10.1007%2Fs40037-021-00665-w>