

# SHAME AND MEDICINE

2020–2026  
END OF PROJECT REPORT

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# OUR STORY

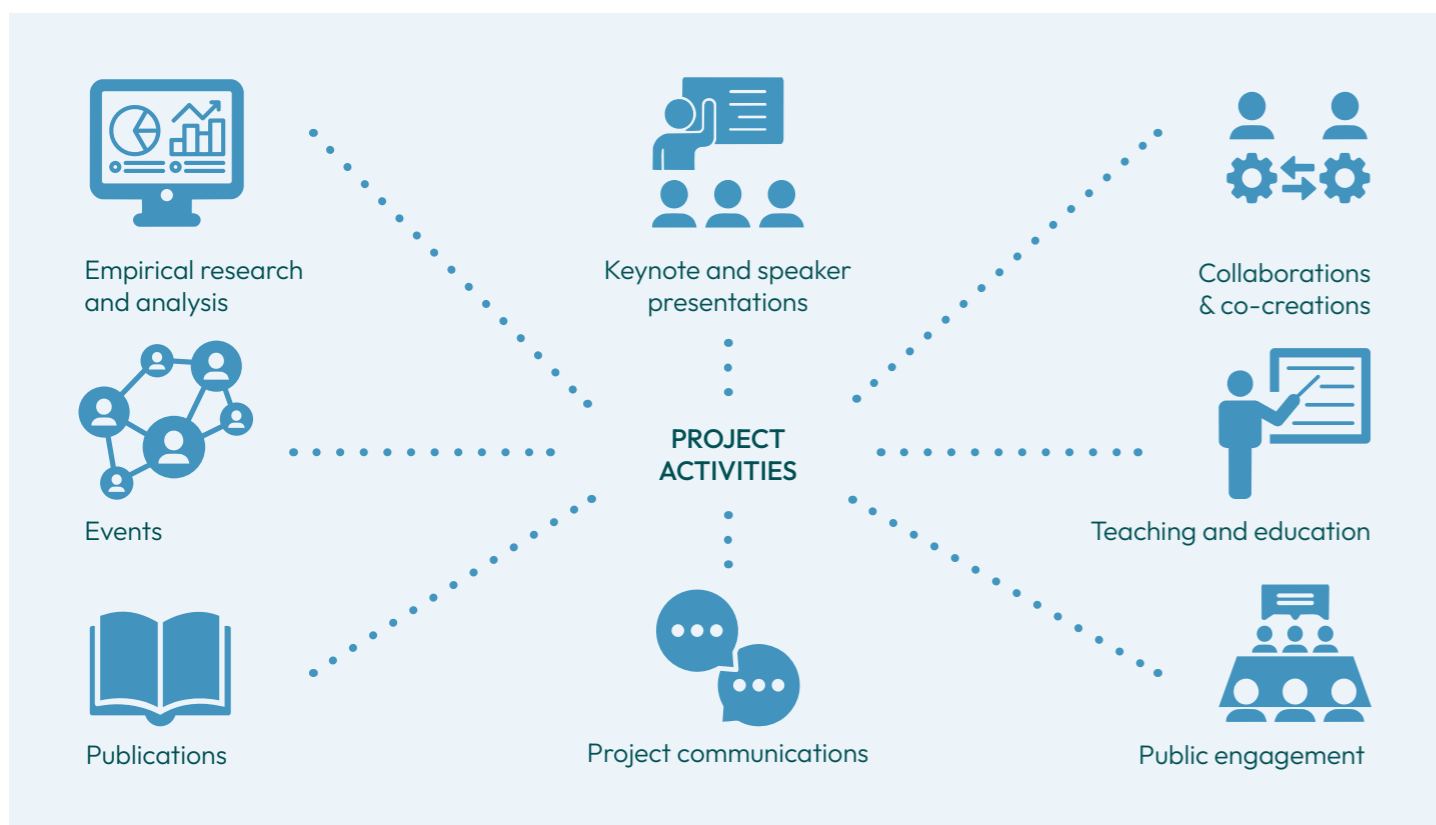
2020 - 2026

Shame is pervasive in medicine, affecting patients, medical students and healthcare professionals. However, there has been very little research about shame in medicine. Our project aimed to address this knowledge gap.\*

The Shame and Medicine Project is six years of interdisciplinary research into the role of shame in various aspects of health and medicine, including clinical practice, patient experience and medical student education.



\* See Appendix pages 28-29 for overview of project activities



I'm really proud of this research project. Shame is a topic that remains taboo in research. While it is obvious that negative self-conscious experiences are significant in healthcare, for patients and for students and professionals, there is still very little research on this topic, especially in the UK. We have done a lot during the six years of the project to try and fill this research gap. Shame and Medicine has tried to lift some of the taboo around shame and open up important conversations about this topic. We hope our work has brought some light and relief, especially for patients and professionals who have been struggling with difficult emotions. Much more work needs to be done, and we look forward to participating and watching the work that unfolds in the wake of our six years of work.

Professor Luna Dolezal PI Shame and Medicine Project



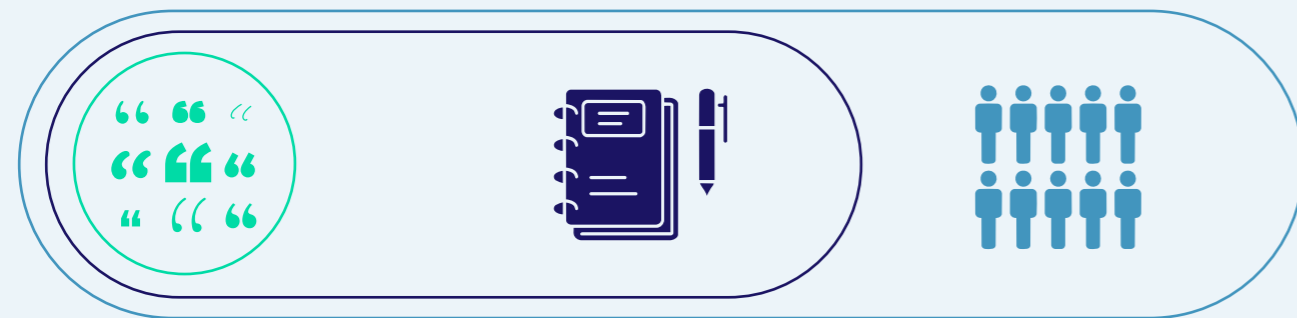
## OUR EMPIRICAL DATA COLLECTION

Our project is the biggest research study into shame undertaken to date.

We used Constructivist Grounded Theory as our primary methodology for analysing qualitative data. This allowed for an iterative process of data collection and analysis, which integrated the different disciplines involved in our research project.

The anonymised data from our research is available through the UK Data Store. This is a new dataset, comprising of qualitative data from patients, medical students, and qualified doctors on their experiences of shame and other self-conscious emotions in relation to receiving, providing, or training to provide medical care.

### Data collected...



**116** interviews:  
 30 with patients  
 60 with doctors  
 26 with students

**1047** individual diary entries:  
 164 from patients  
 429 from doctors  
 454 from medical students

**265** participants in total:  
 120 patients  
 72 doctors  
 73 medical students



This is, as far as we know, the largest dataset of specific experiences of shame ever collected in a research study. This has enabled us to not only investigate in detail the role shame plays in medicine but also the nature of shame itself. This will make a significant difference in our understanding of medicine and the experience of emotions and will help us to create more humane and effective practices and systems.

Matthew Gibson Co-I Shame and Medicine Project



Detail from 'Shame Spiral', Hannah Mumby

## LITERATURE REVIEW

We reviewed all the qualitative research studies that identified shame, guilt, humiliation or embarrassment in doctors, patients, and medical students in the UK between 1979 and 2023.

Gibson, M., Kokab, F., & Williams, S.J. **What role do negative self-conscious emotions play in UK medicine? A systematic review and qualitative synthesis of the evidence.** *SN Soc Sci* 6, 106 (2026). Open Access.

A total of 160 papers were identified. This review provides the most comprehensive analysis of the evidence for negative self-conscious emotions in medicine to date, showing not just how it is experienced, but also how it contributes to adverse health outcomes, and compromises the quality of patient care. We demonstrated how patients experienced negative self-conscious emotions as a result of feeling flawed, which can be exacerbated by insensitive treatment or a perception of judgment. Similarly, doctors could experience negative self-conscious emotions due to perceived failures in patient care or a sense of inadequacy in their role. Rather than seeing negative self-conscious emotions as products of personal circumstance or poor practice, our critical analysis argues that they need to be seen as inevitable experiences of the system and practice of medicine, which changes how we should understand and address these feelings in policy and practice.

## FINDINGS FROM OUR EMPIRICAL RESEARCH

We found that almost everyone experienced shame within the medical system because of the way the medical system was organised and operated:

“Every day there’s something that makes you feel like you’re letting someone down, or self-conscious, or shame.”

Faith GP

Medicine defined roles and responsibilities and created an ideal representation for each role within the system, such as an ideal doctor, student, and patient, to ensure the system ran as expected. Doctors were framed as needing to be highly knowledgeable and skillful, never making mistakes, while patients were framed as compliant:

“I don’t think there’s any leeway for average. You can’t do an operation on someone and it’s just okay, it has to be perfect. Because if you don’t, something will happen later. If you haven’t stitched wonderfully, they will have a bleed and they will die. So, if it’s not perfect it’s not good enough.”

Aisha Medical Student

“What I would call good patients are people who comply. So when you suggest either regular appointments or medication or whatever, they comply with that, that they are grateful, that they attend appointments regularly you know, on time. That they bring appropriate things to you. So all of those are features of a good patient.”

Margaret Doctor

This creates a hierarchy that affords some people power and status, and others none:

“So if you can imagine a triangle, it feels to me like the consultant is at the apex of the triangle and then you sort of have a cascading system with the patients at the bottom.”

Paul Patient

This hierarchy extends beyond one’s knowledge and skills to provide acceptable social and cultural characteristics:

“I think the idea of the med student being a white, male, middle class person still exists. And I think there is that kind of punishment for if you don’t fit into that criteria.”

Madeline Medical Student



Flyer for participant recruitment to the project



Shame, therefore, was not only a feeling that came from a sense of inadequacy, inferiority, or unworthiness, but these emotions shaped what doctors, students, and patients did and how they did it. It got in the way of doctors doing what they thought was right and patients presenting information and following advice. Shame was at the heart of the problems of the medical system.

These ideals are used as a guide to determine what interactions are legitimate, appropriate, and necessary. Shame can be an unfortunate outcome of such actions or shame can be purposefully evoked to indicate failure, inadequacy, or unworthiness:

“Outside of the room, the consultant approached me and began, in a harsh tone, to tell me how rude and disrespectful I had been, and how they would never have dreamed of saying something like that at medical school. Of course, I was taken aback, embarrassed, ashamed, but I did not expect what happened next. She walked away, clearly muttering to herself, and came back AGAIN to tell me how horrible my actions had been. She carried on for what felt like forever and left me at the point of tears.”

Borja Medical Student

Generally, people within the medical system sought to live up to the expectations, but they often experienced inner conflicts between who they believe themselves to be, who they wanted to become, and how they experienced themselves within the medical system:

“I was almost ashamed of myself for not standing my ground and speaking up for what was important to me, and then, you know, almost playing the role of some sort of submissive patient, and that didn’t sit comfortably with me really.”

Paul Patient

“Everybody seems to think that you’re an expert in the thing you’re doing and, and, obviously, that’s not always the case, and so then it can be difficult to, to ask for help and I think it, it feels like, you know, you should be able to.”

Josie Doctor

Experiences of shame can negatively affect behaviours and relationships by degrading the foundations of one’s ideas about oneself, replacing those with a sense of inadequacy, inferiority, and unworthiness:

“The way I was treated genuinely made me feel like these people would rather I take myself to a country with euthanasia than be bothered to help me. Its something that has caused permanent trauma.”

Bridget Patient

“It definitely, definitely changed me [...] I felt like kind of broken inside [...] I felt like I was going to take my own life.”

Saad Medical Student

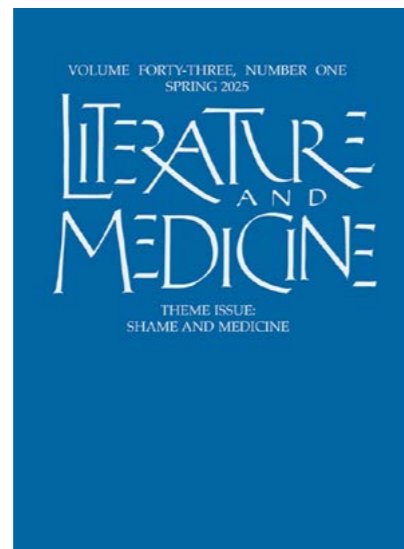
## FINDINGS FROM OUR HUMANITIES RESEARCH

The Shame and Medicine project took a medical humanities approach employing philosophy, bioethics, phenomenology, literary studies, graphic medicine, and cultural studies to investigate various aspects of shame in medicine.

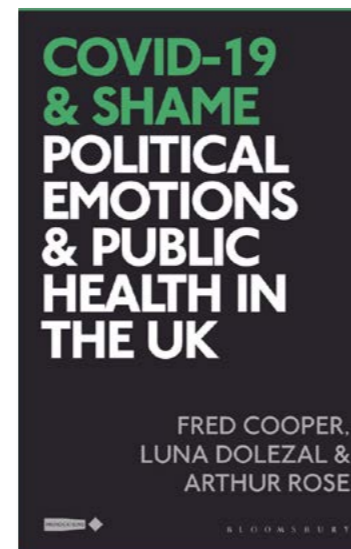


Shame is something that affects us all, in different ways, and it is likely that every single one of us will experience some form of negative self-consciousness related to our bodies, health or within a healthcare setting...Shame can drive decision making, it can drive behaviour, it can shape our relationships with others. There are so many ways shame can impact medicine, health and healthcare and our research has covered so many aspects including: patient shame, shame and stigma, shame in Covid-19, public shaming of doctors, anticipated shame in healthcare, shame in medical schools and we have also theorised shame-sensitive practice, a framework to think about how we might train professionals to understand and recognise shame and its effects.

Professor Luna Dolezal PI Shame and Medicine Project



Rose, A. & Dolezal, L. (Eds.) (2025) **Literature and Medicine, Theme Issue: Shame and Medicine**, Volume 43, Number 1. Open Access.



Cooper, F., Dolezal L., & Rose, A. (2023). **COVID-19 and Shame: Political Emotions and Public Health in the UK** (Critical Interventions in the Medical and Health Humanities). London (UK): Bloomsbury Academic. Open Access.

## KEY PUBLICATIONS



Folker L, Dolezal L, Jespersen AP, Paisi M, Withers L, Worle C, Øzhayat EB. **Dental Shame: A Call for Understanding and Addressing the Role of Shame in Oral Health**. Community Dent Oral Epidemiol. 2026 Feb;54(1):1-6. Open Access.



Cooper F, Dolezal L, Rose A. **Shame-Sensitive Public Health**. J Med Humanit. 2025 Mar;46(1):59-73. Open Access.



Dolezal L, Rose A. **Shame, Guilt, and Medical Error in Ann Patchett's State of Wonder**. Lit Med. 2022 Fall;40(2):326-345. Open Access.



Dolezal L, Rose A. **A Sartrean analysis of pandemic shaming**. Phenomenol Cogn Sci. 2023 Jan 21;22(5):1-19. Open Access.



Dolezal L. **The Horizons of Chronic Shame**. Hum Stud. 2022;45(4):739-759. ~ Open Access.



Dolezal L, Spratt T. **Fat shaming under neoliberalism and COVID-19: Examining the UK's Tackling Obesity campaign**. Social Health Illn. 2023 Jan;45(1):3-18. Open Access.



Dolezal L. **Shame anxiety, stigma and clinical encounters**. J Eval Clin Pract. 2022 Oct;28(5):854-860. Open Access.



Dolezal L, Gibson M. **Beyond a trauma-informed approach and towards shame-sensitive practice**. Humanit Soc Sci Commun. 2022 Jun 24;9:214. Open Access.



Dolezal L, Rose A, Cooper F. **COVID-19, online shaming, and health-care professionals**. Lancet. 2021 Aug 7;398(10299):482-483. Open Access.



Dolezal L. **Shame, Stigma and HIV: Considering Affective Climates and the Phenomenology of Shame Anxiety**. Lambda Nord. 2021 Nov 4;26:47-75. Open Access.



Rose A, Dolezal L. **Shame and Medicine: An Introduction**. Lit Med. 2025;43(1):47-51. Open Access.



Lyons B, Dolezal L. **Shame, health literacy and consent**. Clin Ethics. 2024 Jun;19(2):150-156. Open Access.

## MEDICAL MEMOIRS

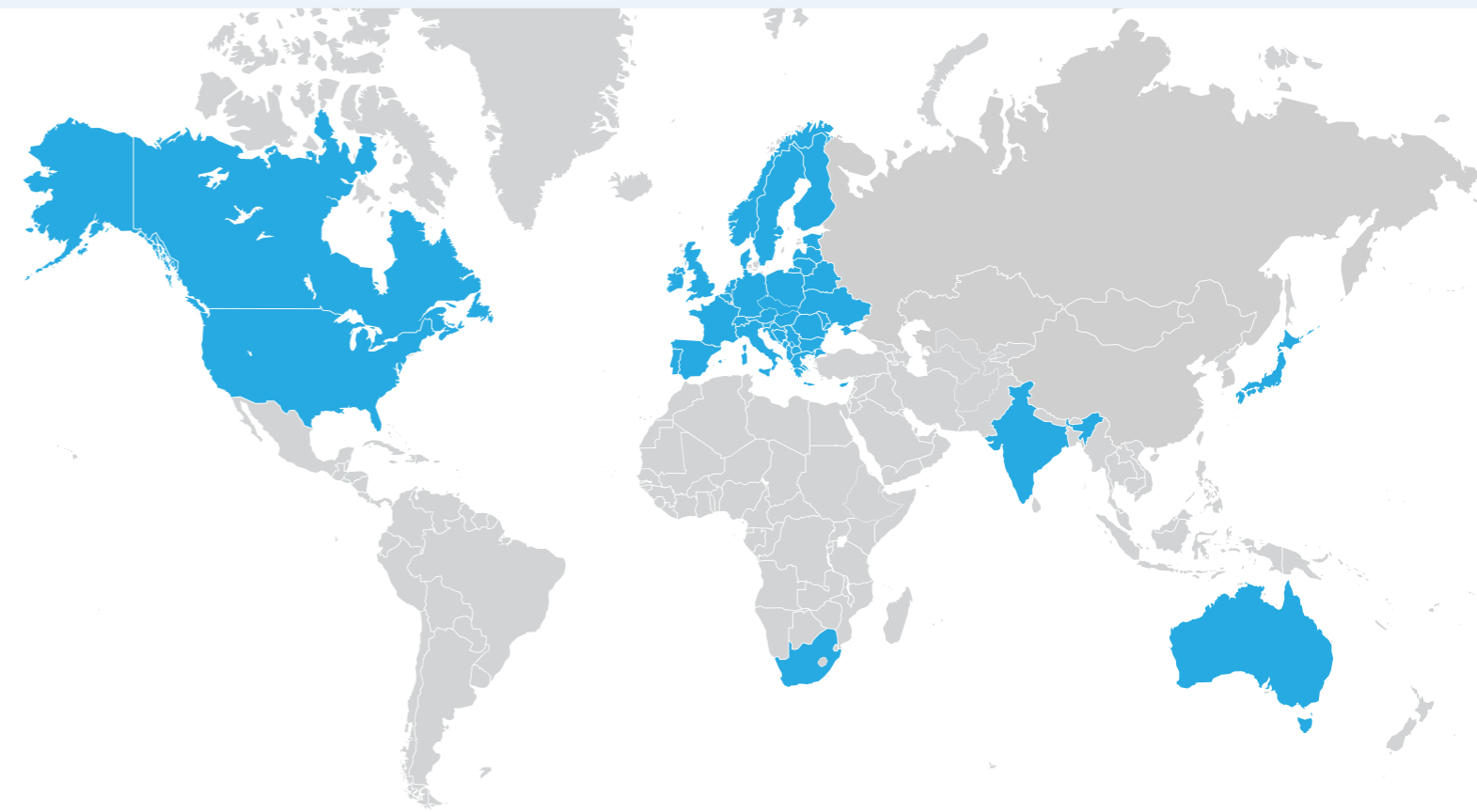
In this section of the project, we accumulated a corpus of 77 memoirs written by doctors, nurses and midwives in the UK, the USA and South Africa, published from 1967 to the present.

The majority of this corpus was of texts published after 1987, with John Berger's *A Fortunate Man* and Doctor X's *Intern* providing comparators for earlier memoirs. This corpus was reviewed for accounts of shame. Through a general thematic analysis, we found that the memoirs tended to mention or refer to shame or other negative self-conscious emotions when raising serious, identity-threatening issues such as medical error, humiliation by senior colleagues, institutional failings, and personal failure to live up to expressed ideals of medical service. Although similar shame incidents occurred across the corpus, further analysis in relation to literary modes, purposes, publishers and styles showed that shame incidents tended to 1) be taken seriously, even in works of medical satire, 2) highlight particular concerns with burnout, error, suicide and whistleblowing, 3) have different targets, depending on whether they were self-published or published by mainstream publishers, and 4) be treated very differently in texts with self-consciously literary aspirations. Close readings of the final category yielded rich accounts of how shame is expressed, and to what end.

The results of this work are currently being written up into a book by Arthur Rose, University of Exeter.



Photo credit: Arthur Rose



## INTERNATIONAL SCOPE OF HUMANITIES RESEARCH

Across **20** countries worldwide

**44** international talks

**12** international research visits

**2** co-hosted international events

**11** international research visitors

The humanities research of our project has had significant international reach, which has expanded transdisciplinary and collaborative research networks across the globe, created new spaces for collaboration, and increased awareness of the significance of shame and medicine.





# PUBLIC FACING OUTPUTS

We have appeared in a variety of media from podcast interviews to news articles to press releases to social media coverage.

Our website has had a strong presence with over 45,000 unique visitors since 2020, and our Blog has had 82 contributions on a number of topics related to shame.

“Our Blog has been an amazing site where people from all walks of life (patients, academics, professionals, artists, clinicians) have shared their research and reflections. Over 2,000 people have visited and explored the 82 blogs over the last 6 years.”

Professor Luna Dolezal PI Shame and Medicine Project

“Thank you Shame and Medicine for featuring my piece [‘The Hidden Struggle: How Anxiety and Shame Shape Doctors’ Lives’] on your latest blog. For years, I carried this quietly. Anxiety, like a low hum beneath the surface, shaped the way I moved through the world, especially as a doctor, where calm is currency and steadiness is expected. This writing is part of my story. I offer it with hope - hope that if you’ve ever felt the heat rise in your chest, the shame settle in after, or the weight of needing to seem unshakable, you’ll know you’re not alone. I know I needed to hear that, all those years ago.”

Dr Alison Smith

## Podcasts featuring interviews with PI, Luna Dolezal, about shame and medicine



## In the News



82 blog posts

5000+ social media followers

40+ press and media mentions

45,000+ website visitors

- EXPERIENCES OF WEIGHT STIGMA DURING MATERNITY CARE**  
24 November 2025  
My PhD study is to discover how women in higher weight bodies experience their UK-based maternity care. I have a particular interest in weight stigma and how this might affect experiences of care. I am also interested in how maternity...
- THE CHOREOGRAPHIES OF TOOTH SHAME**  
3 February 2025  
In September of last year, I had the privilege of presenting my initial findings on 'tooth shame' at the Shame and Medicine Project and the Wellcome Centre for Cultures and Environments of Health. This research, conducted during my ethnographic fieldwork...
- HOW PERMISSION TO HAVE SHAME CAN BE A GAME CHANGER**  
17 June 2024  
Probably the most recognised 'antidote' to shame is compassion. Paul Gilbert who developed Compassion Focus Therapy originally created the model to apply to shame. Equally, Brank Brown created Shame Resilience Theory with the intention of helping people manage their shame...
- EUPHEMISMS AND SHAME: JUST SAY VAGINA**  
4 November 2025  
"You wanted to talk about your 'down below', my GP said, the fifth or sixth clinician to avoid saying the words vagina and vulva to me in a matter of weeks. 'My vagina, yes', I said, wishing at least one...
- BECOMING MY OWN MASTER: ENCOURAGING MYSELF, AND NOT MY SHAME, TO PULL THE STRINGS**  
13 January 2025  
The dim lights of the hospital room cast my patient in a soft glow. He was writing on the hospital bed, crying out, "Mama, it hurts!" It was the middle of the night, and I was halfway through my pediatric...
- EXCERPT FROM 'OUT OF PATIENTS'**  
29 May 2024  
"Excerpt from Out of Patients: A Novel is published with permission from the University of Nevada Press." Women go to physicians more than men. Partly that's having a uterus, because menstrual periods can be flighty, and because women control fertility. A...
- THE CRACK THAT LETS THE LIGHT IN: LEARNING FROM MISTAKES**  
1 October 2025  
Years ago, time has somewhat lessened the sting, a patient of mine experienced a serious complication during an anaesthetic. I still hear his voice ringing through the ward: "What kind of doctor are you?" he shouted, glaring at me as...
- 'IS IT REALLY AN ILLNESS?': THE STIGMA OF 'MEDICALLY UNEXPLAINED SYMPTOMS'**  
16 December 2024  
I went for an eye test earlier this year. As the optician checked my details from my last appointment - and noticed, presumably, the words PhD student next to 'occupation' - he asked what I was writing my PhD was...
- WHAT IS THE DIFFERENCE BETWEEN SHAME AND STIGMA?**  
8 May 2024  
When I speak to healthcare workers about shame, and why we need to understand shame and its effects, the question I hear most frequently is: "What's the difference between shame and stigma?" Stigma has been a very useful idea in...
- PREGNANT EMBODIMENT: SHAME, IDENTITY AND TRAUMA**  
8 September 2025  
My PhD research seeks to explore the implications of the "good" birth which, since the Western feminist revival in the 1970s, has been conflated with the natural, unassisted birth. I argue that this conclusion is reductive, and instead I will...
- REFLECTIONS ON MY CHRONIC SHAME**  
29 November 2024  
My life, like many other lives, has not always been easy. However, through sometimes painful reflection and not giving up I have managed to find satisfaction and contentment in many aspects of my life. I now live a professional life...
- CHRONIC SHAME, SERIOUS MENTAL ILLNESS (SMI), LIVED EXPERIENCE & AUDIT CULTURE**  
8 April 2024  
As I write this I have just come through an acute episode of shame. I've been hiding from myself for days. In such panic I've had trouble breathing. I have a tendency to hold my breath. Not on purpose, my...
- TRADING SHAME**  
4 August 2025  
I have been in such a deep and wonderful rabbit hole of shame since re-discovering the topic of shame in late 2024. I say re-discovering, because I first encountered the Shame and Medicine project in 2021, after meeting Dr Sandy...
- SHAME IN THE THIRD PERSON**  
7 October 2024  
That morning, the shouting pertained to a scan that the senior registrar said was needed for the very poorly elderly lady in Bed 7, whom the young doctor had been looking after for several days [...]. The senior registrar had...
- CHANGE STARTS WITH US**  
7 July 2025  
I remember the first time a patient tried to talk to me about resuming sex following surgery. The words barely made it past her lips, her cheeks flushed. She was desperate to ask but was afraid of my reaction...she felt...
- IS SHAME SO BAD? DISTINGUISHING SHAME, GUILT AND EMBARRASSMENT**  
10 September 2024  
My PhD research examines the harm of shame within NHS maternity wards. What I have discovered is that misunderstandings around how shame is experienced lead
- HOW SHAME HIGHLIGHTED THE IMPORTANCE OF DECONSTRUCTING BIOMEDICAL SCIENCE AND BUILDING PATIENT-CENTRED CARE**  
11 March 2024  
After graduating from medical school in 2018, I had an experience that led me to feel shame upon recognising that I could not communicate with patients from their perspective. Patients with chronic or asymptomatic diseases, including hypertension, diabetes, and dyslipidaemia...

# GRAPHIC MEDICINE

In 2022 we formed The Shame Space, a collaboration between scholars on our project and at Duke University, and Duke-NUS Medical School.

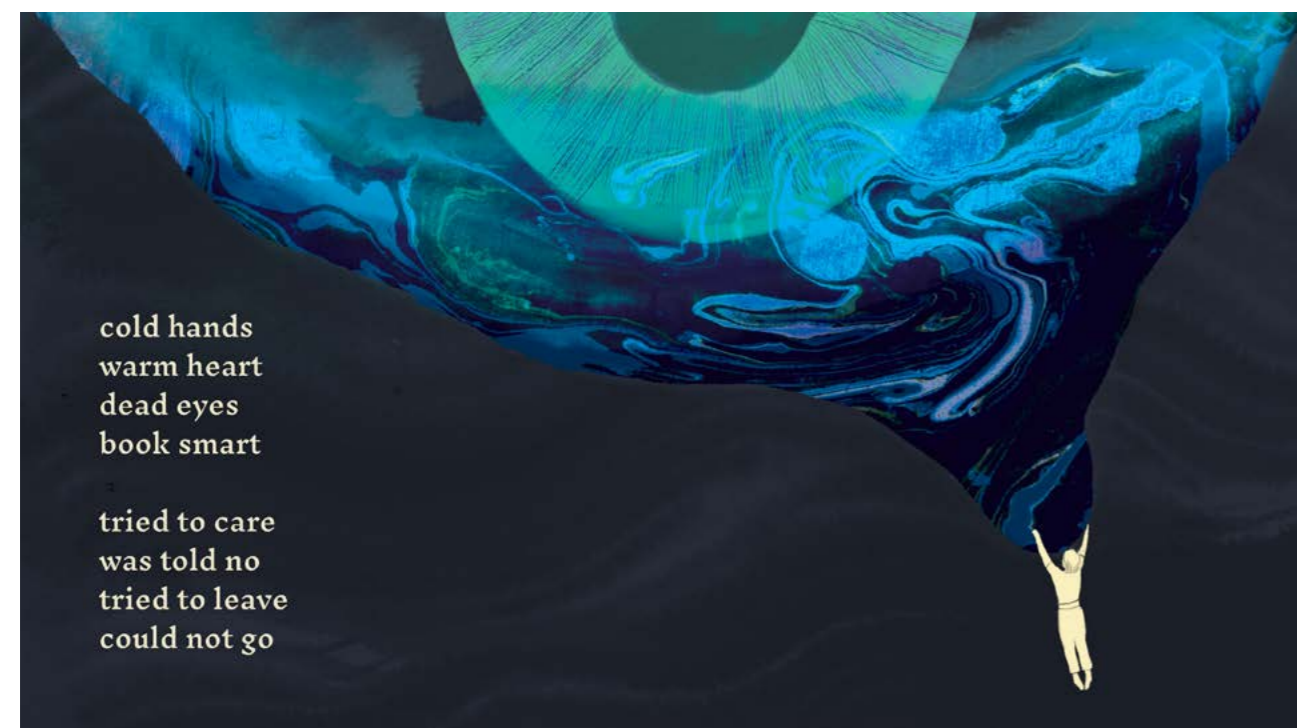


theshamespace.com

This ongoing international network of professionals uses creative storytelling and research to advance shame awareness, shame resilience, and shame-sensitive practice in healthcare. Experiences of shame are powerful, deeply held, and infrequently shared and finding the words to describe them can be difficult. We have created graphic medicine comics to illustrate medical students' experiences of shame, working with some amazing artists. Through funding from three additional grants (Duke - Exeter Initiator & Accelerator grants and an Enhanced Research Award) we commissioned six graphic artists to bring dimensionality, imagery, and depth to our research and shame stories. Alongside these, we have developed pedagogical teaching resources, and each piece is accompanied by questions for individual reflection and/or group discussion.

Three of these pieces have been published and our project team were invited to present in 2023 at the Graphic Medicine Conference, University of Toronto about "Shame, storytelling, and medicine: Creating a graphic medicine collaboration".

'Shame Spiral' and 'Needlestick' were on display in the Queen's Display Space, University of Exeter, in 2022.



cold hands  
warm heart  
dead eyes  
book smart

tried to care  
was told no  
tried to leave  
could not go

'Lessons in Absolution' by Hannah Mumby



"I allowed myself to believe that maybe, maybe my mistake wasn't due to an inherent flaw, and that ultimately these situations – and how we move on from them – might be how we grow as Doctors."

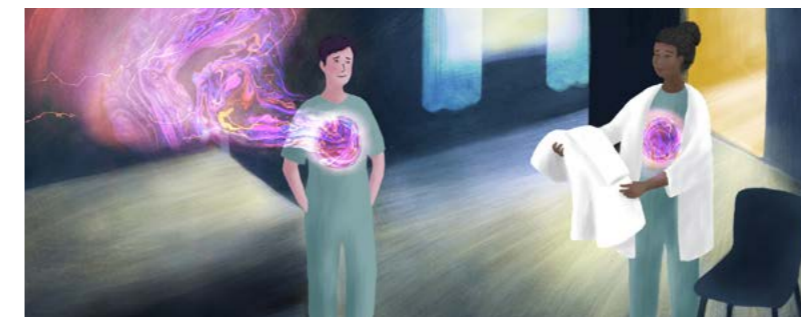
Olivia Davies MD about 'Needlestick'



"New display brings experiences of shame in medicine to life: The Shame and Medicine Project (University of Exeter) have collaborated with artists and academics to bring the phenomenology of shame to life and create resources that can be used in medical education."

Arts & Culture Exeter about Queen's display

Photo credit: Steve Haywood



"These visual representations of the facets of shame are an amalgamation of multiple real-world stories, depicting emotional and cognitive processes of shame that often occur in private after more visible emotional upswells wane. These processes may cause acute destabilization, spiralling shame, and skewed self-evaluations and if unresolved over time, significant and prolonged distress may follow."

Hannah Mumby about 'Shame Spiral'



'Shame Spiral' 'Needlestick'\* 'Barcode' 'Imposter'\*\* 'Lessons in Absolution' 'The Room'\*\*\*

\*Davies, O., Dolezal, L., Bynum, W.E., Wu, C.A., & Berry, H. 'Needlestick'. New England Journal of Medicine (2022) 386(17),1587-1589. Open Access.

\*\*Purwono, G.Y., Dolezal, L., Navarro-Páez, J., Wu, C.A., Bynum, W.E., & Bay, A. 'Imposter'. Graphic Medicine Review (2025) 5(2). Open Access.

\*\*\*Vilkelyte, V., Dolezal, L., Navarro-Páez, J., Wu, C.A., Bynum, W.E., & Slattery, Z. 'The Room'. J Med Humanit (2025) 46(2),259-265. Open Access.

# SHAME AND MEDICINE: THE LOST FOREST PODCAST

In collaboration with The Nocturnists and Will Bynum, Duke University, we created the multiple award-winning 10-part audio documentary storytelling series Shame in Medicine: The Lost Forest.

This series explored the subject of shame in medicine and how shame manifests in medical culture. It drew on the stories of over 200 healthcare workers across the United States, the United Kingdom, and beyond and has been listened to by hundreds of thousands of people from all around the world\*. We have created resources alongside each episode with tools and frameworks to support productive and transformative conversations about shame in medical culture.

“I have been listening to all the shame stories on the podcast and never miss an episode. I work as a nurse practitioner, and all the stories resonate with me...even leaving me shedding tears at least once during every episode. Very profound. Thank you so much for starting this important topic on the Nocturnists podcast. Please keep them coming!”

Anonymous Nurse Practitioner

Alongside the podcast, we developed an interactive art exhibition to showcase the podcast at the 2023 British Festival of Science in Exeter, and in 2025 at the Queens Display space at the University of Exeter.

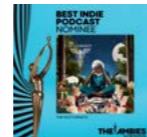
“Incredible exhibition, very relevant to my job in the NHS – I plan to share this within my teams. Really good to ensure this gets shared with local NHS and social care organisations so they can learn. Also brilliant illustrations. Thank you.”

Anonymous British Festival of Science

“A multi award-winning podcast and a series of 11 beautifully emotive artworks explore shame in the medical profession, as part of a new interactive display at the University of Exeter’s Streatham Campus.”

Arts & Culture Exeter

THE NOCTURNISTS



**\*200,710**

unique downloads of Shame in Medicine episodes 1-10 (as of January 2026)



Photo credit: Theo Moye

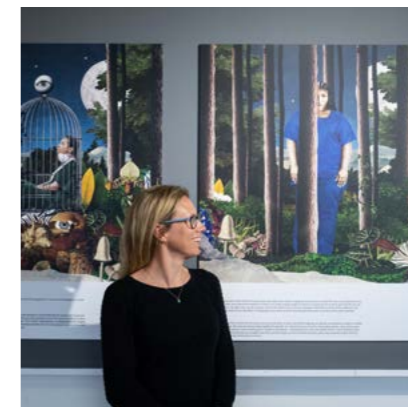


Photo credit: Steve Haywood



Artwork by: Beppi Conti



Artwork by: Beppi Conti



Photo credit: Steve Haywood



Artwork by: Beppi Conti

# SCENES OF SHAME AND STIGMA IN COVID-19 PROJECT 2020-2022

Supported by the Arts and Humanities Research Council grant number: AH/V013483/1

The Scenes of Shame and Stigma in COVID-19 UKRI-funded interdisciplinary research project advanced academic knowledge, influenced policy, and engaged diverse audiences.

Its research contributed meaningfully to understanding and addressing shame and stigma in the context of COVID-19. It engaged with policymakers and provided rapid, evidence-led and usable policy recommendations regarding shame, shaming, stigma and discrimination related to COVID-19 to national and global public health bodies, including the policy briefing 'Shame-Sensitive Practice and COVID-19'. The UKRI referenced the project, via the Pandemic and Beyond project, for their submission to Module 4 (relating to vaccines and therapeutics) of the COVID-19 inquiry. The book *COVID-19 and Shame: Political Emotions and Public Health in the UK\** and the accompanying podcast\*\* were well received and reviewed in, amongst others, the *Journal of Medical Humanities*, *the Sociological Review*, and by *The Guardian*.

Team members: Luna Dolezal, Fred Cooper and Arthur Rose.



10 blog posts



1 book



6 podcast episodes



6 seminars



2 policy briefings



9 publications



14 presentations



10 press and media mentions

\*Cooper, F., Dolezal, L., & Rose, A. (2023). *COVID-19 and Shame: Political Emotions and Public Health in the UK* (Critical Interventions in the Medical and Health Humanities). London: Bloomsbury Academic. Open Access.

\*\**Shame and the Pandemic* podcast produced by the Scenes of Shame and Stigma in COVID-19 project team and Develop Audio.



“Our project started in May 2020, in the midst of a UK Covid-19 lockdown and we found ourselves unexpectedly navigating the complications of hiring freezes, working from home with small children, navigating online meetings and an emergency in the NHS, all of which drastically slowed down our project activities (especially recruiting NHS doctors to take part in our study). While Covid-19 gave us challenges, it also presented opportunities, and we were lucky to receive an AHRC Rapid Response to Covid-19 Grant for the Scenes of Shame and Stigma in Covid-19 Project. It was bleakly fortunate that a pandemic dubbed the public-shaming pandemic coincided with our project about shame in healthcare.”

Professor Luna Dolezal PI Shame and Medicine Project

“Our uncomfortable conclusion is that shame has played a part in the pandemic which, rather than being detrimental to everyone, has been useful to some at the direct expense of the most marginalised and vulnerable.”

The Guardian

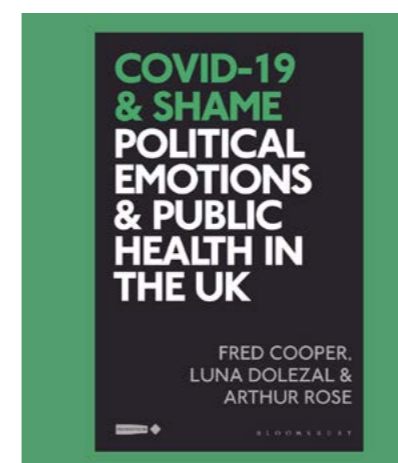


Photo credit: @maxwbender

# EVENTS

We have organised a large number of well-attended research events, nationally and internationally, online and in person.

These have maximised the reach of our project, developed inter- and transdisciplinary research collaborations and outputs, and consolidated and extended our local, national and international networks of academics, healthcare practitioners and other stakeholders, such as patient interest groups and public engagement partners.

We hosted two Shame and Medicine Conferences, ‘Researching Shame’ in 2024 at the University of Birmingham and ‘Shame and Medicine’ in 2025 at the University of Exeter. We collaborated with the Centre for Subjectivity Research, University of Copenhagen, to produce the Shame, Health and Lived Experience Workshop in 2022, and with the British Society for Phenomenology to host their Annual Conference, with a special panel on ‘Shame and Medicine’, at the University of Exeter in 2022. We co-organised, with Supriya Subramani, the Emotions in Medicine, Health and Wellbeing research symposium at the University of Sydney in 2025. In June 2026, we organised a very special one-off theatre performance created in partnership with the Geese Theatre Company, and performed at the Midlands Arts Centre, Birmingham.

Our four seminar series have explored Shame and Medical History, Shame and Medicine in Literature, Scenes of Shame and Stigma in COVID-19 and Respect and Shame in Healthcare and Bioethics. In addition, 16 adhoc events have examined a wide range of topics from ‘Moving Shame’ to belonging and loneliness, and affective injustice.

Thank you to all those who have supported and attended our events over the years and to the over 9000 people who have engaged with the Shame and Medicine YouTube playlist of our event recordings.

“Wonderful to attend Shame and Medicine’s conference on ‘Researching Shame’...Interestingly, not many people set out to research shame but find it a common culprit in human stories of suffering...The biggest takeaway for me, as well as the numerous wonderful connections made, was the power of any process that moves shame from an individualised, internal experience to a collective one. This, in simple terms, is what happens when we tell a story and are witnessed and recognised by others.”

Sophie Redlin GP and Expedition Doctor

“I’m not ashamed to say that I really didn’t understand what shame is. Attending the Shame and Medicine conference has been an eye-opening and thought-provoking experience that is going to take me a while to process. Attending very much from a patient perspective, I felt like I was able to look behind the curtain at shame experienced by clinicians and within the medical profession that I was not fully aware existed. Further conversations I feel are needed within the interaction between patients and healthcare professionals in the context of shame. Fascinating stuff!”

Char Goodwin University of Exeter



Photo credit: Alice Waterson



Photo credit: Steve Haywood



Photo credit: Jim Witeman



Photo credit: Chay Sutton



Photo credit: Luna Dolezal



Photo credit: Chay Sutton



# OUR TEAM

## Core Project Team



**Luna Dolezal**  
University of Exeter



**Alice Waterson**  
University of Exeter



**Matthew Gibson**  
University of Birmingham



**Juanita Navarro-Páez**  
University of Exeter



**Barry Lyons**  
Children's Health Ireland  
Trinity College Dublin



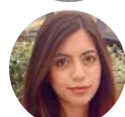
**Becki Orleans**  
University of Birmingham



**Arthur Rose**  
University of Exeter



**Emily Harle**  
University of Birmingham



**Farina Kokab**  
University of Birmingham



**Fred Cooper**  
University of Bristol



**Stephen Williams**  
University of Birmingham



**Mary Robson**  
Durham University

## Visiting Researchers



**Mikako Obika**  
Okayama University



**Katharine Cheston**  
Durham University



**Jenny Cunningham**  
Kingston University



**Peter Miller**  
Deakin University



**Louise Kathrine Folker Christensen**  
University of Copenhagen

## Student Interns



**Penelope Lusk**  
Intern



**Natasha Syed**  
Intern



Members of the Shame and Medicine Project Team, November 2025

# RESOURCES

**Shame Space**  
[theshamespace.com](http://theshamespace.com)

**Publications & Talks PDF**  
[shameandmedicine.org/wp-content/uploads/Shame-and-Medicine-Project-Publications-Talks.pdf](http://shameandmedicine.org/wp-content/uploads/Shame-and-Medicine-Project-Publications-Talks.pdf)

**Bibliography PDF**  
[shameandmedicine.org/wp-content/uploads/Shame-and-Medicine-Project-Bibliography.pdf](http://shameandmedicine.org/wp-content/uploads/Shame-and-Medicine-Project-Bibliography.pdf)

**Blogs PDF**  
[shameandmedicine.org/wp-content/uploads/Shame-and-Medicine-Blogs-2020-2026.pdf](http://shameandmedicine.org/wp-content/uploads/Shame-and-Medicine-Blogs-2020-2026.pdf)

“ Thank you Shame in Medicine Team for everything you’ve done! Your passion, commitment, professionalism and unrelenting drive to bring shame-sensitivity to the world has been an inspiration to so many. Quite literally changing people’s lives all over the world. Your inspiration and impact is truly the butterfly-effect in action. Power and thanks to all of you!

Dr. Madeleine de Hauke

This report was created at the end of our project in early 2026. Therefore, there will be further outputs that will not be detailed in this report.

This research was funded in whole, or in part, by the Wellcome Trust [217879/Z/19/Z] and [217879/A/19/Z]



# OUR STORY – APPENDIX

## 2020 – 2026

### Inputs & Activities →

#### Funding & Resourcing

- **£1.5m** funding from Wellcome Trust & **£314,000** UKRI
- **Multi-institutional research team** and project administrative support

#### Core Research Activities

- Empirical **Data Collection** and Analysis
- **60** Memo methodology & Team meetings
- **26** Reading group sessions
- **2** Writing retreats
- Literature Review
- Philosophical and Literary analysis
- Teaching and supervision
- International research visits

#### Academic Events & Networks

- **80** presentations as Keynotes and Speakers at national and international conferences and workshops
- **2** Shame and Medicine Conferences, Birmingham and Exeter
- **2** co-organised events with the Centre for Subjectivity Research (University of Copenhagen) and British Society for Phenomenology in 2022
- **4** Seminar series and **16** Ad-hoc events
- **6** visiting researchers
- **2** student internships
- **1** Advisory Board

#### Communications

- Active **digital presence** (newsletter, social media, channels, website)
- Media **engagement**, blog activity, and ongoing dissemination

### Outputs →

#### Publications

- Co-authored **monograph synthesising** empirical findings
- Co-authored **COVID-19 and Shame: Political Emotions and Public Health in the UK** book
- **1** monograph (ERF) on shame and the medical memoir
- **1** philosophical monograph exploring socio-cultural impacts of shame
- Co-edited **journal** special issues
- **42** multiple peer-reviewed journal articles (co-authored and single-authored)
- **1** Literature Review
- **3** Graphic medicine comics

#### Methodological & Pedagogical

- **1** qualitative Dataset in the UK Data Archive
- New **memo-ing** methodology
- Developed **pedagogical teaching resources** for medical students

#### Public Engagement

- **1** multiple award-winning audio documentary podcast series
- **1** podcast series interrogating Shame and the Pandemic
- **3** art exhibitions
- Multiple public-facing **podcasts, interviews,** and **media participation**

#### Visibility & Dissemination

- **Increased engagement** resulting from communication and networking activities
- **9** press releases leading to increased media attention
- **82** blog contributions

### Outcomes →

#### Knowledge & Research Outcomes

- The largest **interdisciplinary research study** to date clarifying the role of shame in healthcare and medicine
- Innovative **empirical methodology** for investigating shame and other emotions in clinical and educational settings
- Innovative **methodological and research connections** between medical humanities and social sciences research teams
- Original **research contributions** in multiple disciplinary fields

#### Professional & Educational Outcomes

- **Increased awareness** among educators, clinicians, and researchers of the significance of shame in medical practice
- Collaborative networks for medical educators on teaching shame dynamics e.g., **The Shame Space**
- New spaces for **collaboration and dialogue**, online and in person
- Expanded **transdisciplinary research networks** focused on shame in medicine developed through academic events, research visits and international fellowships

#### Career & Capacity Outcomes

- **Training and career development** for early-career researchers
- **Enhanced capability and expertise** among the interdisciplinary research team and collaborators
- Expansion of interdisciplinary and international collaborations through **Visiting Scholars Programmes** and events
- **£75,000** follow-on funding leveraged, enabling sustained research activity

#### Public & Community Engagement Outcomes

- **Increased public literacy** around shame, health, and wellbeing for patients and professionals
- Strong engagement with creative and narrative work with **200,000+** unique downloads of the podcasts and high footfall at the exhibitions
- **Strengthened dialogue** between public audiences and academic researchers

### Impact

#### Practice & Professional Culture

- **Improved delivery of healthcare** through better understanding and management of shame dynamics
- More **emotionally informed** medical education and professional practice
- Integration of **emotional, cultural, and social factors** (like shame) into healthcare training and policy

#### System & Policy Influence

- Integration of shame awareness into **curricula and training standards**
- Contributions to national inquiries and policy discussions (e.g., **COVID-19 Inquiry Module 4** and case study for **rapid review into mental health research** for the NIHR)

#### Societal & Cultural Shifts

- **Increased public and professional recognition** of the significance of shame across the life course
- Establishment of sustainable networks
  - **Shame in Healthcare Network**
  - **The Shame Space**
- A substantial contribution to the Wellcome Trust's **Medical Humanities and Social Sciences mission**



