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Abstract

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Keywords

Diversity, photovoice, shame, critical pedagogy, social justice

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Finding a Voice: Overcoming Shame through a Classroom Collective Exploration of Vulnerability

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ABSTRACT

In keeping with the call for greater justice and diversity within the occupational therapy profession, many educational programs are taking steps to infuse diversity, equity, and inclusion (DEI) across their curriculum. In this paper, we will introduce the theoretical concepts underpinning the first assignment in a DEI curriculum thread in one entry-level occupational therapy doctoral (OTD) program, grounding it in critical pedagogy and exploring how it provides a first step to critical aptitude by providing space for an open-ended, reflexive dialogue about subjective experiences of internalized shame and marginalization. Students learn how to practice self awareness, understand shame culture, and recognize their own positionality within a greater culture of shame and oppression, particularly around healthcare. Evaluation of the innovation is presented, both from students and faculty, demonstrating the value in this assignment as a first step toward developing cultural humility.

Introduction

Occupational therapy (OT) education programs continue to make strides toward greater diversity, equity, and inclusion (DEI) initiatives; however, it is vital that programs align DEI education with a critical pedagogical approach to learning (Grenier et al., 2020). A critical approach provides the framework for students to reflect on their positionality in relation to OT and the greater healthcare industrial complex. This framework creates space for students to identify systems of oppression and consider liberatory tactics that affect themselves, fellow OTs, and patient populations (Grenier et al., 2020; Zafran, 2020). By adopting critical pedagogy, OT programs prepare learners to engage in a transformative view of social justice issues in OT practice.

One entry-level OT doctoral (OTD) program is infusing DEI content with a critical pedagogical framework across the curriculum. The goal of the DEI curriculum is to scaffold student learning that begins with foundational concepts such as developing the ability to discuss issues of social justice. In the first semester, students begin to develop critical awareness through an assignment-driven exploration of internalized shame, as evidenced in a dialogue-driven assignment for an introductory course called Occupational Engagement and Participation Across the Lifespan.

This paper introduces the aforementioned assignment, which is about students' subjective experiences of internalized shame and marginalization. We ground the paper in theoretical concepts underpinning shame and further explain how it provides a first step to critical aptitude by providing space for an open-ended, reflexive dialogue among learners. Examples of the assignment in action and evaluation of the assignment as an innovation will be shared. We then conclude with an examination of the implications for the greater program curriculum as well as implications for OT education writ large.

Theoretical Framework

Shame

A definition of "shame" is necessary prior to describing the assignment. "Shame" is a slippery concept that is defined differently across cultural and linguistic boundaries (Dolezal, 2015). For the purposes of this paper, Luca Dolezal's feminist definition of shame will be employed. According to Dolezal, shame occurs along a continuum of registers, including: shame as an emotion, primarily in response to the felt experience of "being looked at" or of "doing wrong"; shame as an internal construction of the self, as in "self-defeating shame"; shame as an experience of having a "socially shaped body" that is marginalized through different social structures like medicine, law enforcement, education, and housing (Dolezal, 2015).

This notion of shame as marginalization is particularly brutal insofar as it also affects one's internal sense of self. Those who are marginalized are put at risk of internalizing their experience and adopting a belief that their bodies are in fact "shameful" and unworthy. As an example, Dolezal describes menstruation as an attribute that marks the menstruating body as a site of inferiority, disgrace, and impurity in patriarchal societies. Thus, individuals who menstruate are coaxed into blotting out the source of their shame. Similarly, individuals who experience internalized homophobia, racism, or classism (etc.) are coerced by social structures to perceive themselves as "wrong" such that they patrol their own bodies as sites of shame (Dolezal, 2015).

Centering Shame

In order to establish a means of recognizing and overcoming internalized shame, we pull from bell hooks, whose work on critical race theory and critical pedagogy provides "a way out" from shame. hooks (2013) frames critical pedagogy as an act of centering the margins. hooks frames her work through the experience of Blackness, which exists at the margins, and has the potential to become centered through reflexive dialogue. Through "centering" oppression, hooks allows the classroom to become a "creative

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space which affirms and sustains our subjectivity, which give us a new location from which to articulate our sense of the world" (hooks, 1989, p. 209). In effect, both Dolezal and hooks are establishing a language designed for engaging with difficult and uncomfortable concepts in classroom settings. Theirs is a framework that calls into being a classroom built on overcoming marginalization through a process of empathy, vulnerability, and validation, wherein discomfort and uncertainty are not perceived as weaknesses in learning but skills to be encouraged and strengthened.

Application to DEI in Health Education

Dolezal's and hooks' ideas lend well to health education, and in application, they can upend anti-democratic and discriminatory power structures. By centering the marginalized experiences of patients, educators, and students, programs can design spaces that democratize medical discourse, establish room for new voices, and expand opportunities, not only to students (and educators) who experience oppression, but also to students (and educators) who inhabit positions of privilege within healthcare institutions (Lamb & Blackie, 2014; Gutierrez & DasGupta, 2016; Kumagai & Lypson, 2009). Through this assignment, the first in a curricular thread, we are actively centering DEI and critical concepts of reflexivity and positionality within the curriculum rather than allowing them to exist at the periphery.

Historically, DEI has been difficult to integrate into curricula, as evidenced in a 2020 scoping review which found limited cultural competency implementation among healthcare programs, with only two published studies (2.2%) focusing on OT (Brottman et al., 2020). To adapt hooks's language, cultural competency--and DEI by extension--has been limited to the pedagogical margins and attempts to center it are met with institutional resistance and under-prepared educators. However, as Brottman et al. (2020) indicated, there is greater potential for success when introducing cultural competency at the beginning of a program experience and integrating it throughout with consistent emphasis on assessment. The same can be said for building the aforementioned skills: empathy, vulnerability, and validation. Rather than including them as addenda to learning, we prioritize them as essential components to a DEI-oriented, critical experience, and therefore we are infusing them in the program from recruitment to graduation.

Assignment

Photovoice

In order to best provide an outlet for learners to safely uncover, explore, and express internalized shame, a Photovoice modality was employed. Photovoice is a global charity that was first established in 1992 with a focus on participatory action and activism initiated through the twin mediums of photography and storytelling (Nykiforuk et al., 2011). The founders of Photovoice, Caroline Wang and Mary Ann Burris (1994), designed it explicitly with self determination in mind. Rather than placing change agency in the hands of healthcare providers or public policy experts, Wang and Burris created

storytelling spaces for marginalized and oppressed people to share their experiences using concepts drawn from visual anthropology. Their enterprise is grounded in Paolo Friere's concept of "empowerment education", wherein learning, activism, and social change are intertwined and irreducible from one another (Budig et al., 2018).

Friere's theory of pedagogy is woven throughout Photovoice. Most apparently, the name "photovoice" is itself an extension of Friere's notion of world-building discourses (Friere, 2000). It provides a "voice" to the photographer or the depicter of the situation at hand, amplifying the ability of individual subjects "to speak", best exemplified in the Quaker phrase, "speaking truth to power." Importantly, because Photovoice is situated in activism, it involves a twinning together of dialogue and reflexivity as necessary actions that "name the world" and allow it "to be transformed and humanized" (Friere, 2000, pp. 89-91).

The Photovoice assignment occurred in the first two weeks of the first semester of the entry-level doctoral program. It was the initial assignment in a DEI curriculum thread twined throughout the doctoral program. The full curriculum is still in development; however, this initial exploration of shame, positionality, and marginalization provided an essential foundation for critical application of DEI for the duration of the program.

The learning objectives of this assignment were to 1) conceptualize types of shame and understand how chronic, structural shame gets infused into medical systems, 2) define positionality and understand how it relates to both shamework and OT practice 3) reflect on the importance of participatory action research (PAR) and 4) learn how to use Photovoice as a storytelling tool to promote shamework through the conceptualization of internalized shame, shared vulnerability, and validation.

Students were required to complete preparatory work for this assignment. Preparatory work was designed to provide an initial introduction to the concept of "culture" through the OT lens and the sociocultural aspects of occupation through readings associated in *Culture and Occupation*, 3rd Edition (Wells et al., 2016). Finally, students completed the Promoting Cultural Diversity and Cultural Competency Self-Assessment Checklist as a foundation prior to the lecture (Goode, 2014).

The assignment was introduced in a two hour lecture format. Content of the lecture included a foundational conversation about shame, positionality, marginalization, and empathy, as well as their relationship to justice-oriented occupational therapy. Students were prompted to reflect on their own conceptualization of shame, then expand it to include acute and chronic forms. They were also challenged to begin thinking about structuralized shame that oppresses and marginalizes particular people groups. Students were then asked to consider storytelling as a means of working out shame. Photovoice was presented as a multimodal option for teaching others about particular aspects of one's identity that one has implicitly (or explicitly) shamed into marginalizing within oneself. After working through the history and methods of Photovoice, two of the course instructors presented example Photovoice projects that centered the aspects of their identity which they believed were marginalized by various power structures--the

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first, a diagnosed mental illness, and the second, diagnosed gender incongruence. Students were provided with a non-exhaustive list of populations which experience health disparities and institutionalized shame. At the end, students were prompted to create their own Photovoice projects, which were shared in small groups in the following weeks.

Students' Photovoice projects included original photographs that depicted instances of internalized shame they experienced on account of their identity. Images portrayed anything from locations, individual persons, documents, clothing, and text. The photos which made it into the final project were laid out in a visually interesting presentation format along with light narration that contextualized the imagery. All in all, the final cluster of photos told a story about the ways that shame informed one's understanding of one's dimensions of identity (immigrant status, sexuality, gender, race, class, and ability status are all examples employed by former student participants). Finally, students concluded with a list of high quality resources designed to assist individuals with similar backgrounds to their own, particularly in relation to disparities in healthcare experienced by the population with whom the student identified.

Once the presentations were ready, students were parsed into small groups with an instructor and given 15 minutes to present their Photovoice story. Upon completion of the Photovoice presentations, students were asked to write a two paragraph reflection. They were prompted to focus on what they learned about themselves by sharing a part of their identity that caused them to feel vulnerable, and what they learned from the stories and the vulnerabilities shared by their peers.

Evaluation of the Educational Innovation

Evaluation of the assignment was gathered via written reflections and group discussions with students and faculty at large. Qualitative student data was gathered from reflection essays as a means of discerning the students' experience of the Photovoice assignment. Input from faculty was collected in one-on-one and group faculty discussions.

Student deliverables were categorized into identity clusters based upon the student participants' perceived source of shame. The primary clusters included: race/ethnicity, gender/sexuality, class, ability status, occupational roles, and trauma. See Table 1 for a breakdown of the identity categories selected by the students.

Table 1

Primary and Secondary Identity Clusters of Student Deliverables

Primary Identity Cluster	**Secondary Identity Cluster (if applicable)**	**n (%)**	**Total**
Race/ ethnicity		3 (6.67%)	6 (13.33%)
	Immigration	3 (6.67%)	
Gender/ sexuality		4 (8.89%)	4 (8.89%)
Class		1 (2.22%)	1 (2.22%)
Ability status	Body image	5 (11.11%)	29 (64.44%)
	Mental health	15 (33.33%)	
	Physical disability	9 (20.00%)	
Occupational roles	Caregiver	2 (4.44%)	4 (8.89%)
	Single parent	1 (2.22%)	
	Being a multiple	1 (2.22%)	
Trauma		1 (2.22%)	1 (2.22%)
Total			45 (100%)

Some deliverables fell into categories that were proximal to the primary clusters we identified. In such cases, these secondary categories were included within the bounds of the primary cluster to which they were most closely associated.

As indicated by their selected clusters, students did not shy away from potentially contentious subjects. Rather, they traced the roots of their shame experiences to social identities that are often most prone to marginalization and oppression. Further exploration of the students' reflection assignments indicates thoughtful attempts to narrativize their internal experiences of structural shame. Additionally, common themes emerge within and between clusters. Themes included: connectedness, applicability to practice, vulnerability, and perspective-taking.

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Theme 1: Connectedness

Theme 1 demonstrates students' increased awareness of their own positionality within a culture of shame and oppression. Students indicated they felt less alone having learned that their lives were not as unique as they'd previously imagined. Additionally, they realized their individual experiences of privilege and disadvantage helped bring them together when shared out loud. A rhetoric of connectedness was apparent throughout the reflections portion of the assignment, with words indicating unity occurring frequently. Examples included: "learn" (n = 60 usages), "understand" (n = 34 usages), "support" (n = 16 usages"), "cohort" (n = 14 usages), "connect" (n = 13 usages), and "together" (n = 9 usages). A few quotations that illuminate connectedness include:

> Although my heart was racing and I was breathing rapidly, I got through my presentation. However, I couldn't have done it without the support of my cohort.
>
> Through this process, I learned a lot about myself and others. I learned that I am human and that I am allowed to feel, that my feelings are valid, and that I am not alone.
>
> None of us have perfect lives and there is community in struggling together or at least trying to understand each other's experiences.
>
> While developing my presentation helped me to better understand the position of people with obesity in the world, my classmates' presentations helped me to understand the positionality of others and connect our experiences.
>
> We all carry burdens with us, scars that remind us of our past yet push us forward to a better future.

Theme 2: Applicability to Practice

Theme 2 demonstrates the increased awareness of shame culture and how this impacts the healthcare experiences of patients and providers. The students recognized that internalized shame will impact their capacity to fully interact with future clients. Several students also noted that they are more prepared to be their authentic selves in front of clients, even though they risk being shamed for doing so. Words employed in the reflections indicating the prevalence of this theme include: "health" (n = 39 usages), "patient" (n = 15 usages), "healthcare" (n = 10 usages), "OT" (n = 10 usages), "disparities" (n = 10 usages), "client" (n = 9 usages), "occupational therapy" (n = 6 usages), and "occupational therapist" (n = 3 usages). Quotations indicating applicability to practice include:

> This assignment is going to make me a better occupational therapist because I will be more understanding of the word 'vulnerable'.
>
> Sharing your vulnerabilities with someone creates a bond with them, and this is a concept I will take with me into my practice.

> Despite not being able to see these illnesses on the outside, how you treat others can greatly impact their health.
>
> This project made me think more about the struggles I may face being a woman in the medical and healthcare field as well. It was made clear that women are still not seen as being equal to men and there might be sometimes where I encounter a patient who would prefer to have a male OT.
>
> I am happy that I was able to learn about my classmates and also be informed about the world we live in. They educated me, and as a future healthcare professional, that's critical.
>
> Although this assignment took my cohort and I out of our comfort zones, it allowed us to gain perspectives on some the feelings and thoughts future patients may have when they begin treatment.

Theme 3: Vulnerability

Theme 3 demonstrates the feeling of liberation that follows from the opportunity to be vulnerable. Students indicated they were initially uncomfortable with the thought of sharing their shame experiences; however, having done so, they recognized that the source of their discomfort was itself a product of internalized shame. Upon leaning into their vulnerabilities, students noted that they were overwhelmed by the experience of being heard and affirmed. In their reflections, students employed the following language representing this theme: "vulnerable" (N = 35 usages), "share" (N = 32 usages), "hear" (N = 17 usages), "vulnerability" (N = 12 usages), "comfortable" (N = 9 usages), and "respect" (N = 5 usages). Quotations further expressing vulnerability include:

> I learned that it is a privilege to feel the uncomfortable, shameful, or fearful [nature of] systems because I have so many systems that are wonderful and make me feel loved and accepted.
>
> ...everyone has something they're struggling with, and sometimes the best way to connect is through being vulnerable.
>
> They cried during the whole presentation and it was such a beautifully, broken representation of the freedom we can begin to feel by sharing our pain with others. By them sharing their story, my eyes were really opened to the empathy we can feel with the people around us and how their stories can and will greatly impact our lives.
>
> ...until you hear someone talk about their greatest vulnerabilities you cannot truly understand those struggles.
>
> I learned that I have a new family that is accepting of who I am just as I am, supportive of my present and future goals, and reassuring that I am where I am meant to be even though sometimes I may feel otherwise.

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Theme 4: Perspective-taking

Theme 4 demonstrates improved use of cognitive empathy as a means of mitigating the effects of unconscious bias. The opportunity to practice cognitive empathy by listening to each other's stories gave the students a space to witness the similarities and differences between themselves and their experiences. It helped them better understand the challenges faced by individuals struggling with different modes of oppression. Language parsed from student reflections which indicates perspective-taking includes: "experience" (n = 58 usages), "perspective" (n = 10 uses), "empathy" (n = 9 usages), "stories" (n = 8 usages), "story" (n = 7 usages), and "empathetic" (n = 3 usages). Quotations that indicate perspective-taking behavior include the following:

> When I listened to the other students open up about their lives, I became more comfortable. I wasn't the only one who was hurting, who didn't think the self they were inside was the same they were showing on the outside. It made me think about why we don't want to feel vulnerable and how we all may feel the need to present ourselves as capable of everything. Is that what connects us? Why was I feeling more sad? I wondered about presenting to people who really are strangers but are now beginning to become known, and how I might feel different if we were together and not over Zoom.
>
> I found her presentation to be particularly enlightening because it was something I have never had to and never will have to experience.
>
> Overall, this project served as a powerful reminder that empathy should be extended to people of all backgrounds as they face their own struggles that may not be obvious to others.
>
> Hearing her story and experience with being overweight not only gave me empathy for her, which is a very important trait in our profession, but also gave me a deeper understanding for a fellow classmate's experience with shame.
>
> This process of sharing and subsequent reflection shed light on perspectives and experiences that I have never considered.
>
> It is a reminder that we do not know the kinds of situations people are in, and not to be quick to judge individuals whom you do not know.

In addition to data parsed from students' deliverables, a follow-up discussion with faculty resulted in further learnings. Namely, faculty indicated two primary outcomes derived from the Photovoice assignment. First, faculty respondents noted that participation in the project led two students to seek accommodations through the university's Disability Services. Both students expressed a newfound understanding of their mental health needs, and they no longer felt ashamed of seeking help. Other students reported to faculty advisors that they had sought counseling services in response to the assignment, as they realized that it was long overdue. The second

reported outcome of the assignment is that faculty involved in evaluating the presentations relayed the emotional impact of seeing and hearing about the students' lived experiences. As a result, the faculty respondents sought new opportunities to reflect on their own unconscious biases.

Discussion

Increased Awareness

Student feedback indicated increased awareness of shame, and the difficulty that comes with exposing shame to oneself and to others. Students noted that the intentional act of drawing shame out from the margins of consciousness was an emotionally challenging first step. For instance, one student explained their fear of taking pictures that visualized the experience of chronic depression, and how the photos were "filled with sad images of all the ways it drags me down... they were difficult pictures to take." However, this same student also indicated, "I included these photos because it was an honest depiction of how depression affects me." Another student, discussing their body image, wrote, "I struggle more with body images issues than I originally thought I did. However, because of this, I found ways to help me get through these issues and am working on being able to overcome them." Both of these examples provide insight into the students' realization that uncovering shame is difficult, but can potentially lead to healing (Carrasco et al., 2017; Dolezal, 2015).

Mental Health and Identity-based Shame

Mental illness was a common thread throughout the Photovoice presentations and written reflections. Fifteen (33.33%) of the students created presentations specifically focused on their experiences with mental illness, including depression, anxiety, body dysmorphic disorder, and eating disorders. It should also be noted that students who focused their presentations on other elements of their identity, such as race, gender, or class, also indicated that mental illness corresponded to their experiences of perceiving that they were shamed due to their identity (Anderson & Koc, 2020). For instance, one student who focused on their Hispanic heritage, wrote that, "Being Mexican American is so exhausting." A second student presented explicitly on the intersections between mental health and being a second generation American.

Intersectionality

It is worth noting that multiple students identified intersections between aspects of their identity and the compounding shame they have experienced as a result. Four students drew connections between institutional sexism and how this has affected their mental health as women. One student connected the overlapping power structures that have impacted their struggle with their body image to their experience of womanhood. These findings correspond with critical and clinical explorations of shame as it relates to oppression, as well as the potential for narrativization as a way to establish agency over societal shame (Brenner, 2020; Grill, 2020; Ragavan et al., 2020).

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Collective Affirmation

Beyond learning that uncovering shame is a difficult process, students further recognized that shared vulnerability and collective affirmation can work to undue the traumatization incurred by shame. As evidenced by themes 1 - 4, student participants did develop healthy mechanisms for mitigating internalized shame. Most importantly, students recognized that their experiences were not isolated. Through discourse on individual shame, they learned that shame is ubiquitous, an important factor that will allow them to later develop an understanding of shame as structurally enforced. Secondly, students learned that shame-induced anxieties can possibly be alleviated through shared vulnerability. By recognizing one another's vulnerability and reciprocating with validation, students learned valuable care practices that will improve their ability to work with diverse patient groups (Spencer-Rodgers et al., 2016; Van Laar et al., 2019).

Empathy

Students learned that sustainable empathy is a practiced skill, which requires work in order to develop (Ahmed, 2004; Decety, 2020; Pérez-Fuentes et al., 2020). By perceiving others' situations and recognizing the veracity of their peers' lived experiences, students had an opportunity to center the other as a more fully realized subject. Additionally, students learned to perceive themselves as subjects, which is an important facet of dismantling internalized shame. They practiced internal empathy and sought external motivators to help reframe their mental health. One student participant made an effort to receive necessary accommodations through Disability Services while another student made contact with a therapist in order to receive counselling services.

Implications for Occupational Therapy Education

This assignment was a preliminary exploration of internalized shame and implicit bias in a greater DEI curriculum designed to teach students critical awareness. As such, it was only one assignment in a transformative approach to learning. It should be noted that due to mitigation of COVID-19 risk, this year's lesson and subsequent presentations were delivered via Zoom, an online communication platform. This may have impacted student learning outcomes and experiences as compared to in-person learning.

As evidenced by this Photovoice assignment, OT educators can help facilitate the growth of critical faculties by ensuring that students have safe, discursive spaces to grapple with social justice and identity. Students not used to exploring DEI concepts may at first be uncomfortable when asked to discuss sensitive topics (Trentham et al., 2020). Efforts should be taken to first explore vulnerability, shame, validation, and empathy. In doing so, educators can produce environments where the margins can be both realized and centered. Further, entrenching students in a dialectics of internalized shame allows for deeper exploration of acute and chronic shame as well as the structures that contribute to the chronic, historical shame associated with oppression.

For OT programs that plan to thread DEI throughout their curriculum, preliminary assignments in this vein help to center student narratives and begin the process of seeing one another as fully human subjects in a cohort with both differences and

similarities. We consider this a vital step to developing structural awareness and practicing cultural humility. By orienting students to the subjective experience of one another, we can then focus on recognizing and mitigating internalized biases towards the other, on practicing cognitive empathy towards the other, and finally on understanding then destabilizing structural oppressions. Practicing this over the course of years within the didactic portion of occupational therapy programs will allow these skills time to develop into practice.

Further research and curricular development are necessary to fully explore internalized shame and its relationship to building critical, structural awareness. Future studies should focus on student experiences of individual shame, shared shame, and historical shame, and how identity-based shame contributes to oppression in healthcare.

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