



Perspective/Opinion

My Tryst with Shame and Stigma

by Himanshu Agrawal, MD, DF-APA – Department of Psychiatry and Behavioral Health

In 2002, when I wrote my personal statement, I explained why I wanted to be a psychiatrist: how I was fascinated with neurotransmitters, the signs and symptoms of a brain gone awry. Eighteen years later, I realize that even though this fascination still holds true, I really became a psychiatrist because of events that occurred in my formative years. I became a child psychiatrist, in part, to ensure that no other child with ADHD went through life the way I did. (Thankfully, this is not the reason I remain in love with Psychiatry. I have come to believe that if you're no more than a wounded warrior, you risk being a burnt-out martyr).

Finding the right medication from ADHD has been a game changer for me. It has helped me achieve personal and professional goals I never thought were possible. Having said that, I distinctly remember the hypervigilance, the acute sense of shame I felt sitting in the doctor's office, awaiting my ADHD evaluation. I was convinced he would think I was "fishing for drugs." I remember the sense of relief, when at the culmination of that visit, he said "Yeah, it certainly seems like straight forward ADHD to me. Let's get you some help."

It took me a good decade to start sharing my own story with my patients, to see if it might help with their own sense of shame. Perhaps the four years of psychoanalytic training were necessary to inculcate the discipline required to weigh the pros and cons in each case of self-disclosure (or perhaps I am still engaging this intellectualization as a defense; perhaps a little bit of both). Unsurprisingly, I started with the teenagers; it seemed like they would be less likely to judge me. Next, I started sharing parts of my story with my adult patients. Then my medical students, and lastly my colleagues.

I describe this series of events to share my roadmap. It took a very long time, and hundreds of hours of psychoanalysis to address my hesitation, my fears, and my shame. Thousands of hours probably remain. My point is this: the roadmap of my seasonal allergies, my GERD, even my rectal polyp, looks entirely different.

The reason for this big difference, if you ask me?

Stigma(noun): a mark of disgrace associated with a particular circumstance, quality, or person.
(Oxford Dictionary)

Even in the short period of time I have started addressing this shame, I realize I don't feel like a worse person, teacher or physician; quite the contrary in fact.

I share this bit about my tryst with stigma and shame to shift the spotlight to a larger issue in society. It is becoming increasingly clear to me that a large part of achieving wellness and preventing death and infirmity, is the stigma about discussing mental health and seeking help for it. This is especially true for medical trainees and professionals. Based on my experience, I find that within the arena of medical training and practice, there is unnecessary shaming, which is often passed down from generation to generation under the guise of rigor.

Having participated in these moments (as a witness, a victim, and as well as a perpetrator), I am overjoyed that MCW is actively looking at re-evaluating an archaic curriculum with a specific lens on wellness.

I write this piece to declare my commitment to harness shame, and to declare my own little war.

Stigma kills.
Let's kill stigma.

Himanshu Agrawal, MD, DF-APA, is an Assistant Professor in the Department of Psychiatry and Behavioral Health at MCW and co-director of the psychiatry clerkship. He also serves as a facilitator in the Kern Institute's REACH curriculum.