Removing obstacles to make better doctors though the use of films in Medical Education

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In medical settings professionals often tend to ignore emotional responses, their own and their patients’. These dissociative acts have been considered by clinicians and scholars at times as necessary and terms such as “detached concern” and “compassionate detachment” have been used (Coulehan, 1995). Orange argues that “the temptation to distance by diagnosis, by reductive thinking, by adopting and impartial observer’s attitude, by dissociation - all these we recognise as our daily temptations to regard the troubles and the troubling experience of the other as alien to us” (2009, p.238).

Despite differences in personal opinions and theoretical positions, there is a necessity dictated both from professional bodies and society for doctors to maintain high levels of professionalism in all clinical encounters. Professional bodies, such as the Nursing and Midwifery Council and the General Medical Council, stress that “health professionals need to demonstrate compassion and kindness, as well as knowledge and skills” (2012, p.1).

Kohut (1985, cited in Orange, 2009) thinks that empathy connects us and reassures us that we are not so finally alone. Lown (2016) makes a convincing argument from a neuroscience point of view for the use of compassion, and links compassion with the ability to connect with patients emotionally and meaningfully. Bion (1970) takes this even further and advocates that the analyst must suffer so that he or she can help the patient to connect with their suffering as a way to get better.

The debate whether empathy and compassion can be taught goes beyond the scope of this short article, but it is recognised that courses on communication skills fail to capture the complexity of the therapeutic relationship and don’t address issues related to professionalism. These are areas where Humanities and arts based teaching has a lot to offer. Several authors from the field of Medical Humanities have claimed that the goals of Medical Humanities and the goals of physicians in terms of professionalism are very similar (Knight, 2006 cited in Shapiro 2009). Shapiro and Rucker (2003) advocate that the concept of narrative competence enhances empathy and encourages the therapeutic relationship and the emotional connection with patients. Charon suggests that “patients yearn for physicians to show tenderness in the face of pain, courage in the face of danger and comfort in the face of death” (2001, p.1900). Jones claims that the goal and purpose of teaching literature to students is “to make them better doctors ... who will take better care of their patients and better care of themselves” (Jones, 1990, cited in Jones, 2013).

Medical Humanities have embraced the use of literature, arts, films and other creative media. More specifically, the use of films in education has a long tradition and a
number of educators have described their work with different professional groups (Baños and Bosch, 2015). Alexander and his colleagues (2012) coined the term “Cinemeducation” in an attempt to describe the use of films or movie clips to educate learners about bio-psychosocial-spiritual aspects of health care or as a tool to teach communication skills.

I have always been fascinated by the power of films and would agree with Sample (1994, cited in Shapiro, 2004) that “the art form that truly moves the people of the world today, that gets into the fiber of their being, is film” (p.446). Bolton argues that films foster an imaginative inquiry and adds that Medical Humanities are rooted in such inquiry (2003).

Film, as the audiovisual version of storytelling, has unique properties that distinguishes it from other art forms; films are mostly about powerful visual images underpinned by musical score. They have also many layers; “by fusing voice, music, image, text, art and performance, they can communicate many things all at once” (Banks, 2016, p.1). Hasson and his colleagues (2008) claim that film triggers a sequence of perceptual, cognitive and emotional processes and argue for the development of a new discipline that bring together neuroscience and film studies which they call “Neurocinematics”.

All the above properties, to paraphrase Freud, are the royal road to our emotions. Heiserman and Spiegel (2006) claim that the movies provide us “with a kind of affective workout; they can exercise our emotions”. They explain that films “light up parts of ourselves that have been dark for a while” and give us “access to ourselves” (p.464). Additionally, films are based on narrative structures and understanding these structures can help the learners to be mindful of their patients’ narratives and hopefully to notice the gaps and disruptions in those stories. This can in turn help to reconstruct a curative and healing narrative that includes contact with health services and also meanings and understandings (Bolton, 2003).

A number of authors have argued for the specific value of films in engaging the audience due to the immediacy, universality and timelessness of the medium (Banks, 2016, Barbash and Taylor, 1997). Film has the ability to make us see the world differently, to give us another person’s perspective and to change our perception of the other that we do not understand. Shapiro and Rucker claim that movies can help in seeing “one’s small and ordinary life as occurring in larger, more significant terms” (2004, p.448) and calls this the “Don Quixote effect”.

Three a years ago an Art psychotherapist colleague, Paul Curtis, and I developed an external Student Selected Component (eSSC) on Films and Psychiatry. The overall aim of the three week long course was to give students the opportunity to reflect on the doctor-patient relationship and think about ways that this relationship could be transformed, within professional and therapeutic boundaries, into a meaningful relationships between two human beings.

The course was then designed around the following three themes, which were identified following a research project, where transcripts of unstructured conversational interviews with participants were analysed by using narrative analysis (Etherington, 2004).

- The doctors’ difficulty to engage with, and “hold”, their patients’ emotional and physical pain
• The doctors’ difficulty to bear uncertainty and connect with their patients’ stories through other ways than medical taxonomies and pathologies
• The doctors’ difficulty to relate to, and accept, patients who are not able, or do not wish, to get better.

The following films were then chosen and screened as a whole in the presence of the students and course facilitators:

Lost and Found (2008)
Lars and the Real Girl (2007)
In the Real (2015)
Inside Llewyn Davis (2013)
The Dark Horse (2014)
12 Years a Slave (2013)

The films were followed by post-screening discussions underpinned by psychoanalytic educational theory which emphasises the relationality of educational development and the affective dimensions of learning such as hopes, desires and anxieties (Britzman, 1993, 1998, 2013). The above ideas were complemented by Biesta’s relational approach to education (2013). Also, the students actively participated in workshops facilitated by professionals from the Film industry, Philosophy, Arts psychotherapy, Psychoanalysis and Psychiatry.

The feedback from the students has been consistently excellent and 87% of them would recommend this course to a colleague. 93% of them felt that the course aims were met. Some of the verbatim feedback was the following:
“... promoted my individuality”
“... encouraged me to keep my human side alive”
“... allowed me to understand the role of patients’ narrative in the doctor-patient relationship”
“I felt listened for the first time in medical school”

The Films and Psychiatry eSSC is an innovative teaching opportunity for medical students embedded in the tradition of Medical Humanities. It provides a space to reflect in detail on the therapeutic doctor-patient relationship through the medium of film, which lends itself for such reflection due to its specific properties. The eSSC can be reproduced in its entirety or parts with different audiences and in a variety of settings.

In memory of Paul Curtis, whose creativity and passion gave birth to this course and supported it in its first steps.
References


