

Emotions in the Context of Medical Education: Counteracting Professional Alexithymia

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Maria

- Rafael Campo, M.D.

This G2, P1 gives us a confusing history. It sounds like she's been pregnant approximately thirty weeks, although she can't recall her last LMP. No pain, but bleeding for about two days. Of course she hasn't had prenatal care, and God only knows where the father is. She works two jobs that keep her on her feet all day. She's been in the United States six months, and doesn't speak a word of English. Bet you she's illegal. Cervical exam is unremarkable, the os is closed. I think we need an ultrasound to tell us more. Besides a look at the placenta, we need some confirmation of her dates. Her uterus can tell us more than she can.

Alexithymia

- We might say that this resident is suffering from a kind of professional alexithymia...
- A psychological disorder characterized by difficulty in experiencing, expressing, and describing emotional responses
- Individuals with alexithymia...
 - demonstrate externalized way of thinking that relies on facts and figures
 - are often unaware of their feelings and the feelings of others
 - are frequently described as cold and aloof

Medicine is full of emotions

- Patients have emotions, so do doctors, residents, and medical students
- Positive emotions
 - Gratitude, happiness, pride, relief
- Negative emotions
 - Anxiety, fear, vulnerability, guilt, sadness, dislike, impatience, frustration, anger, shame



Medical students have emotions, lots of them

- Emotional distress is common among medical students and residents*
- Early on, students feel
 - Helplessness, uncertainty
 - Anxiety, confusion
- Later, students experience positive emotions, but also...
 - Anxiety, guilt, sadness, anger, shame
 - Moral confusion and distress
 - Dislike/aggression
- Can feel all these emotions not just toward patients, but residents, doctors, nurses

* Shapiro J. Does medical education promote professional alexithymia? A call for attending to the emotions of patients and self in medical training. Acad Med. 2010; 86(3):326-32.

Students' Fears about their Emotions

■ Big fear

- Will become detached from emotions

■ BIGGER fear

- Will become overwhelmed by emotions
- Swept away
- Impaired judgment
- Personal vulnerability



Scary Fear



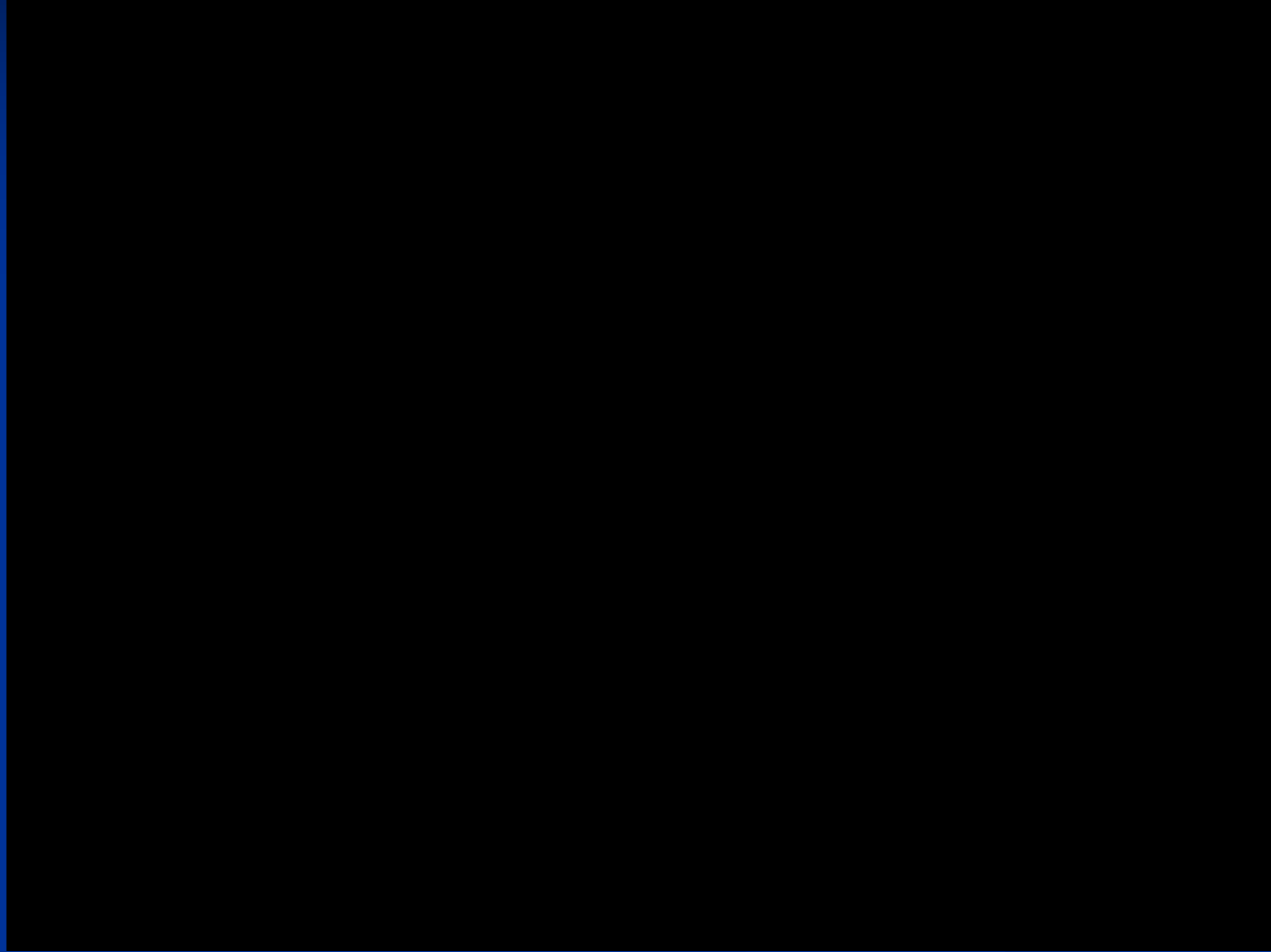
Scarier Fear

Physicians (sometimes) are poor role models for managing emotions*

- Physicians often deal with anxiety by distancing from own emotions
- Tend to ignore personal negative emotions in patient care
 - Crying study (Sung, Collins, Smith et al, 2009)
- Physicians not very good judges of reading or acknowledging pts' emotions
 - When do acknowledge pt emotions, tend to offer only minimal empathy
 - Favor cognitive/behavioral responses (explaining, educating, recommending, instructing) OR
 - Engage in “blocking behaviors” that discourage further emotional disclosure (break eye contact, change topic)

* Shapiro J. Does medical education promote professional alexithymia? A call for attending to the emotions of patients and self in medical training. Acad Med. 2010;86(3):326-32.

Medical Bears Explore Feelings



Medicine is full of emotions, but...

- Emotions are often complicated, unruly, unpredictable, confusing, and distressing
- We do not do a very good job of preparing learners to deal with the emotions that arise in difficult, stressful, tense clinical situations
- Medical students often conclude that experiencing emotion is the problem; emotional detachment/suppression is the solution

House M.D.

- The epitome of the detached physician; a surprisingly admired role model
- When relies on rationality, logic, analysis, saves his patients from bizarre medical conditions
- When ventures into the emotional realm, invariably catastrophe results



Alternative Way of Thinking about Emotions in the Clinical Context

- Being aware of and able to modulate/manage emotions in self and others is essential to good patient care and good medical teamwork
- In any clinical context, the physician or student–physician should be able to recognize when experiencing and/or expressing a particular emotion that...
 - does not advance patient-centered goals and/or
 - is distressing for the patient (or the physician)
- This awareness should trigger a process of working with or modulating the emotion to ensure that patient care (and physician well-being) do not suffer
- This process should occur within the context of remaining emotionally connected to, rather than detached from, the patient

Assumptions of Alternative Model

- This model posits that when
 - Patient emotions are acknowledged and addressed, they feel
 - Safer,
 - Understood, seen and heard
 - More ready to move on to the instrumental aspects of care
 - Physicians are able to recognize and work with their own and others' emotions they will be
 - More confident
 - More relaxed
 - Less avoidant of emotional situations
 - Less overwhelmed by emotions
 - Less susceptible to burn-out/compassion fatigue

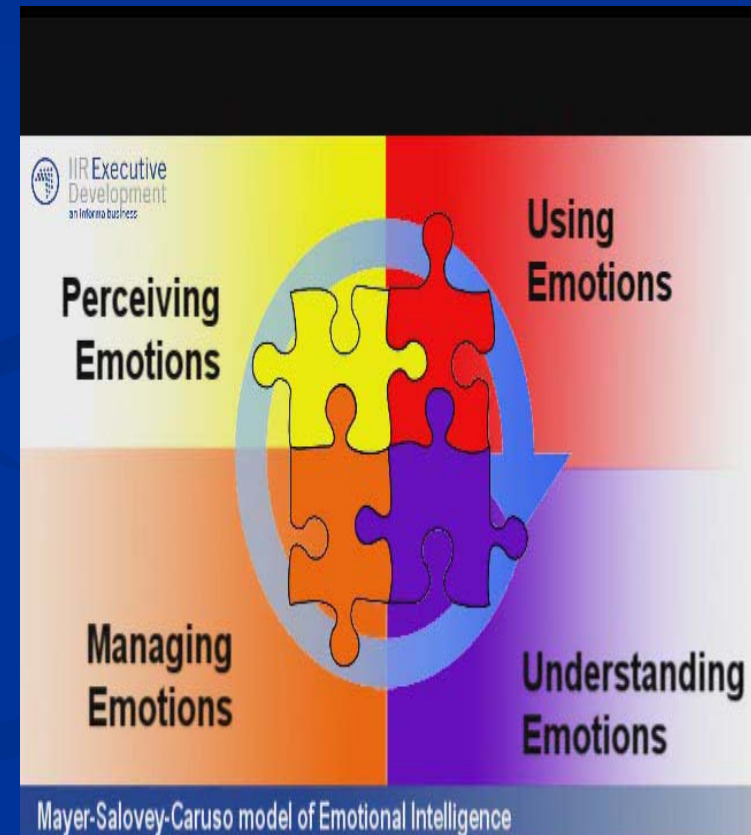
The Emotions Police?

- Goal is *not* to...
 - “make” students feel certain emotions
 - or teach “correct” emotions
- Goal *is*....
 - to facilitate identification, understanding, and exploration of emotions in learners and patients
 - to encourage learners to think about how their emotions influence clinical care and...
 - to develop the skills to work with their emotions in constructive, beneficial ways



How to Get From Theory to Praxis

- **Formal curriculum in preclinical years**
 - **Research-based theoretical models**
 - Emotional Intelligence
 - Emotional Regulation
 - Clinical Empathy
 - Relationship-Centered Care
- **Bedside teaching**
 - **Ask learner about emotions**
 - What do you think this pt might be feeling?
 - How does this pt. make you feel?
 - How do you think these feelings might affect your care of the pt?
 - **Disclose own emotions and compensatory strategies**



Studying the Humanities to Learn about Emotions

- By humanities I mean primarily...
 - Literature (poetry, stories, personal essays)
 - Performing arts (theater, movies)
- Humanities in this sense can help...
 - Enlarge learners' understanding of the human condition, including its emotional dimensions
 - Engage learners' emotions as well as intellect
 - Foster learners' awareness of own psychological processes
 - Encourage development of empathy
 - not only cognitively grasp but *feel* something in response to pt situation
 - Develop awareness of emotional *meaning* of illness



I Stepped Past Your Room Today

- Gerry Greenstone, M.D.

I stepped past your room today
Rushed to a crammed office
Rather than endure
The eerie calm of Palliative Care
It's been three days now
Since I visited you
And that's not good.

I was there from the beginning
When we split your belly
To find cancer
Erupting everywhere
The liver's glistening surface
Ridged and spotted as the moon

Then came the radiation
Malignant clusters beamed with
cobalt
Bombarded with pions
In a cellular explosion.
And chemotherapy
Specialized molecules
To invade you like tissue.
And work their complex chemistry

But in the end
Our white-coated arsenal
Was powerless
Against the long trajectory of
disease

I Stepped Past Your Room Today

Now you lie there
Shriveled husk of a man
So pale and trembling
With barely enough weight
To press against the
sheets.

In the harsh glare
of those white sheets
I see the
impotence
Of myself as a physician
Whose energy is aimed
At cure and
renewal.

Can you understand
What it means to face you
Like this,
Your courage against my fear?

Let me not lose sight
Of what you once were
And still are
A man and a father
Who did the things fathers do

Watched your daughter at ballet
Her leaps and pirouettes
Cheered your son at his soccer games
Shivering in the rain.

To respect your humanity
To preserve your dignity
Because if I can hold you clear
enough
There's nothing more to fear.

Questions for Learners: Reflecting on Emotion

- What might be the emotions of the patient ?
 - hard to know
 - courage, readiness, acceptance, resistance
- What are the emotions of doctor –
 - guilt, helplessness, fear, avoidance
- Emotional challenges of narrator–
 - will be overwhelmed by guilt, sense of failure
 - will abandon pt emotionally
- Emotional strengths of narrator -
 - self-awareness, other awareness;
 - willingness to understand implications of emotions
 - presence vs. absence
- Where will emotional awareness/skill lead?
 - continue to visit pt;
 - address needs of family

A final thought

- Physicians have been taught in medical school that they must keep the patient at a distance because there isn't time to accommodate his [sic] personality, or because if the doctor becomes "involved" in the patient's predicament, the emotional burden will be too great. As I've suggested, ... the emotional burden of avoiding the patient may be much harder on the doctor than he imagines. A doctor's job would be so much more interesting and satisfying if he would occasionally let himself plunge into the patient, if he could lose his own fear of falling.

-Anatole Broyard, "The Patient Examines the Doctor," *Intoxicated by My Illness*, 1993