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The Don Quixote Effect: Why Going to the Movies Can Help Develop Empathy and Altruism in Medical Students and Residents

Johanna Shapiro, PhD
Lloyd Rucker, MD

Physicians at all levels of training sometimes feel more emotionally moved when viewing a movie about a patient than when treating a similar patient in an actual clinical encounter. The authors consider the relationship of mainstream movies to medicine in general, then explore factors that might differentially influence emotional responses in each setting. They posit a conceptual model, the Don Quixote effect, to explain the aforementioned phenomenon. Specifically, they argue that going to the movies can produce an emotional idealism that may help physician viewers achieve more positive attitudes of empathy and altruism. Finally, the authors discuss ways that the Don Quixote effect can be transferred into clinical practice, providing a much needed stimulus for nourishing and revitalizing physician intentions and motivations.

Johanna Shapiro, PhD, Department of Family Medicine, College of Medicine, University of California, Irvine; Lloyd Rucker, MD, Department of Medicine and Department of Family Medicine, College of Medicine, University of California, Irvine.

Correspondence concerning this article should be addressed to Johanna Shapiro, PhD, Department of Family Medicine, University of California, Irvine, Medical Center, 101 City Drive South, Route 81, Building 200, Suite 512, Orange, CA 92868. E-mail: jfshapir@uci.edu

Why are medical students and residents moved, sometimes to the point of tears, when they watch the story of a terminally ill patient with AIDS in the movie *The Philadelphia Story* but are often fearful, annoyed, or resentful of a real-life patient dying under similar circumstances? How is it that these doctors in training roundly condemn the insensitivity of the physician played by William Hurt in *The Doctor* but then can exhibit similar behaviors toward their own patients? And what is the reason that our learners, when watching the movie *The Fisher King,* like and even identify with the homeless protagonist but often treat such individuals with contempt when they come across them in an emergency room or community clinic?

These questions suggest that different types of encounters with the same phenomena under different conditions elicit diverse sets of emotional responses from physicians in training. It is unfortunate that the very qualities of empathy and altruism that patients long for in their physicians may be more readily manifested in the darkness of the movie theater than under the bright lights of the exam room. This article explores why this might be so. We also suggest ways of helping physician learners bridge the gap between the illusion of the movies and the reality of patient

care, so that compassion and the impulse to service elicited by watching a performance on the big screen can more easily be translated into actual clinical settings.

MOVIES AND MEDICINE

Interest in academic medicine circles regarding the relationship between the movies and medicine historically has taken three forms: (a) examination of the portrayal of various kinds of medical conditions, ranging from skin disease (Reese, 1995) to alcoholism (Elder & Schwartzer, 2002) and psychiatric illness (Hyler & Schanzer, 1997; Rosen & Walter, 2000); (b) analysis of the representation of physicians in this artistic medium (Elena, 1997; Flores, 2002); and (c) uses of film in medical education. Scholars worry about inaccurate or distorted views of diseases—and physicians—conveyed in film. They also note the influence popular movies exert on public attitudes and behavior. Finally, they are intrigued by the potential of movies to assist in cultivating interpersonal, humanistic aspects of medical training (Blasco, 2001). Psychiatry in particular has had a longstanding interest in the potential for contemporary films to illuminate the less tangible, more heuristic aspects of the field (Fritz & Poe, 1979), and a new text provides a comprehensive resource guide to uses of film in behavioral science training and medical education generally (Alexander, Lenahan, & Pavlov, 2004).

Of course, other literary, visual, and performing arts address similar issues and produce analogous, although perhaps not as visceral, effects in learners. Further, real-life charismatic role models speaking in person can create a similarly inspiring result. Nevertheless, we have focused on movies, especially mainstream, "feel-good" movies, for several reasons. First, film is perhaps the medium most representative of the 20th century. In the words of one scholar, "The art form that truly moves the people of the world today, that gets into the fiber of their being, is film" (personal communication, S. B. Sample, May 6, 1994).

As others have observed, movies are easily accessible, quickly capture viewers' attention, and are emotionally engaging on both auditory and visual levels (Alexander, Hall, & Pettice, 1994). There is much evidence that movies affect behavior and attitudes in the population at large, from adolescent smoking practices (Sargent & DiFranza, 2003), sexual behavior (Wingood et al., 2001), and societal violence (American Academy of Pediatrics, 2001) to public perception of the causes of cancer clusters (Robinson, 2002). It is likely that the cinema is similarly persuasive for medical learners. For example, one study documents that movies are an important source of a group of 2nd year medical students' knowledge of electroshock therapy (Clothier, Freeman, & Snow, 2001). Anecdotal evidence exists that movies can indeed inspire physicians to become better doctors, in the sense of providing more compassionate care and more committed service to patients (Dans, 1998).

People are also attracted to mainstream movies because of their relative lack of complexity and nuance. Whereas *War and Peace* forces readers to grapple with great philosophical and moral issues through finely gradated situations and intricately drawn characters, *Patch Adams,* a film about a medical student who seeks to restore humanism—and humor—to patient care, is morally uncomplicated and straightforward. This simplifying, or, as some have charged, total lack of veracity, has led to numerous criticisms of medically related films in professional journals (McDonald & Walter, 2001; Moser, 1994), but it is precisely feel-good movies' naive, idealized view of reality that interests us here. Can such sanitized conceptualizations have a beneficial as well as a deleterious effect on medical students and other physicians in training?

DANGER AT THE MOVIES

When medical learners succumb to the seduction of taking movies too literally, harm can ensue. On the level of straightforward accuracy, to create an emotional response, movies that recount historical events often combine characters, invent dramatic episodes that never occurred, and even create tensions among characters where none existed. They can create false hopes (Hudson-Jones, 2000) and false dichotomies. Perhaps most problematic, in recent decades they have almost always been based on unsophisticated dichotomies that pit heroic patients against insensitive physicians (e.g., *One Flew Over the Cuckoo's Nest, Lorenzo's Oil, W;t*). Nevertheless, added value for physician learners can be extracted from the movies, particularly in their ability to evoke strong positive emotional responses to suffering others who might, in clinical situations, be perceived with despair or disgust.

WHY DO LEARNERS RESPOND DIFFERENTLY TO SUFFERING IN MOVIES VERSUS REAL LIFE?

Lack of Direct Responsibility

In clinical care situations, students and especially residents have direct responsibility for patients' well-being. If a student reports an incorrect lab value or a resident makes a prescription error, the patient can experience serious, even life-threatening consequences. Thus, learners are often overwhelmed by pressing, potentially high-risk issues to which they also believe they can find discrete, factual answers. By contrast, to become enmeshed in the patient's subjective experience appears indefinite, open ended, and tangential. Learners can perceive the clinical encounter as a zero-sum game, where time spent on feelings, whether their own or the patient's, may distract them from successfully accomplishing their main missions of fixing the patient or at least not killing her or him.

Primacy of Emotional Response

While watching a movie, however, the learner is freed from this immediate clinical responsibility. In the protected 2-hr space of a movie, there is nothing the learner is supposed to do! In fact, much as the learner, so exquisitely trained to take charge and make critical decisions, might wish to intervene in a given situation portrayed on the big screen, during a movie action by members of the audience is not permissible. Therefore, going to the movies forces the primacy of emotional response. What appears in film evokes feelings of joy, sorrow, or anger, and the learner has the luxury of experiencing emotions for which he or she bears no accountability in the real world. Emotions that in clinical settings are perceived as distracting, perhaps dangerous, now become cathartic and even enjoyable in their full expression.

Reality, Once Removed

Despite the altruistic basis of medicine, its day-to-day reality can evoke responses of revulsion, fear, disgust, frustration, and panic. In the face of clinical realities that often trigger immediate and intricate actions in learners, these reflexive emotions can sometimes overwhelm the learner's intentions of caring and empathy. Movies that aim to evoke empathetic, altruistic emotional reactions do not necessarily portray reality but rather a sanitized or romantic version of reality. The movies show us things not as they are but in an idealized form of how they might be. When, for example, Robin Williams crawls out from under a bridge in *The Fisher King,* the audience understands that he is dirty and smelly, but they do not smell him, nor do his begrimed hands clutch theirs. At the movies, even realistic images inevitably become cleansed, because the audience experiences them only in imagination. This distance serves to make even very emotionally challenging events more palatable.

Free Will

In the clinical setting, although learners have, at some level, chosen to be physicians, on a day-to-day basis they may feel trapped. They certainly do not have the ability to leave at any time and so are locked into situations that they may find aversive, frightening, distressing, or demoralizing. Conversely, people choose to go to the movies. And if what is portrayed on the screen is difficult to absorb emotionally, they nevertheless feel that they are present of their own free will. They also know they can leave whenever they wish, without consequence. Therefore, movie goers have a sense of control over the emotions they are experiencing, as though they are freely chosen.

Zone of Safety

A movie produces catharsis because it allows viewers to confront horror and suffering without being contaminated by it (Stein, 2003). They are touched but not directly involved. No such protective barrier exists between doctor and patient; doctors run the risk of contracting physical disease and, perhaps even more threatening, being subjected to emotional devastation. Under these circumstances, it becomes plausible to believe, as many medical trainees do, that if the physician does not erect self-protective barriers, the suffering of the patient will engulf and neutralize the physician's competence.

THE DON QUIXOTE EFFECT

All of these factors provide at least a partial explanation for why physician learners may respond differently, and often with more noble, compassionate, selfless reactions, to situations portrayed in the movies than to patient care conditions in real life. But can what learners feel in "feel-good" movies help them in any way to develop more emotionally sensitive behaviors and attitudes in clinical care? How can we encourage a carry-over effect from one experience to the other?

We label the conceptual model we have devised to explore this question the Don Quixote effect, in which a temporary cognitive and emotional assumption of idealism leads to a positive interpretation of what would ordinarily be viewed as unpleasant, repellant, aggravating, or overwhelming. The 17th century novel *Don Quixote* has had an intriguing relationship to the field of medicine. When the great physician Thomas Sydenham, a near contemporary of Cervantes, was asked by a student how best to ready himself for a medical career, he reportedly replied, "Read *Don Quixote*" (Shapiro, 2000). Why did Sydenham recommend a work of literature[1] as preparation for medical training, and why this one in particular? What can this classic tale teach us about the relationship between going to the movies and the humane delivery of health care?

The Story of Don Quixote

Published in two parts, in 1605 and 1615, *Don Quixote* tells the story of a Spanish land owner who reads romantic tales about knights and princesses. Emulating his imaginary heroes, Don Quixote suits up in makeshift armor and, accompanied by his faithful yet skeptical "squire" Sancho Panza, sets out to accomplish deeds of daring and gallantry. He battles windmills he sees as giants and chases sheep he thinks are armies. He idealizes a common peasant woman as though she were a princess. Don Quixote's delusions enable him to find meaning, beauty, and love in his life. Sadly, the extreme nature of his idealism leads all who cross his path to react with scorn, and his quixotic dreams often cause harm to others (Kuo, 2003). Yet at the end of the novel, when Don Quixote mysteriously re-

[1]Today, Dr. Sydenham might admit that few medical students have the time or inclination to read a 400-year-old tome in two volumes and recommend the 2000 movie version directed by Peter Yates and starring John Lithgow, Bob Hoskins, and Vanessa Williams instead.

claims his sanity and renounces chivalry, it is the pragmatist Sancho Panza who assumes the mantle of chivalric love. Knight and squire have become a bit more like each other in their simultaneous admiration for and suspicion of the heroic quest, what the literary critic Clifton Fadiman (1988) called "our passion for creating worlds of the imagination and our rueful compromise with the status quo" (p. 136). Fadiman went on to ask whether *Don Quixote* is a satire on dreamers or a defense of dreaming. Another critic, Mark Van Doren (1958), conceived of Don Quixote as an actor who chooses a fantasy existence because by so doing he can assume a perspective denied to those who live entirely within the real world.

How the Don Quixote Effect Works

In our reading of Cervantes's novel, it is Sancho Panza who interests us most, because it is in his character, not Don Quixote's, that we most recognize our learners. Physicians do not tend to be philosophers, especially not romantic philosophers like the Man of La Mancha. They share more in common with Sancho, who, despite his occasional descent into ignorance, fear, foolishness, and greed, is at heart a compassionate, honorable, curious, intelligent, loving man of the people, gifted with a shrewd sense of humor. Like many aspiring physicians, Sancho is a pragmatist, a realist, interested in outcomes and results.

Throughout the novel, Sancho Panza makes fun of Quixote and mocks his chivalric fantasies. Yet at the end, when the old Don dies disillusioned, Sancho takes up the most meaningful parts of his idealism, those having to do with living honorably and lovingly. What explains this transformation? What has Sancho Panza learned from his quixotic master? He is not under the illusion that windmills have transformed into giants, nor that Dulcinea is actually a high-born noblewoman. He readily admits that, lost in a world of pure illusion, Don Quixote often did as much harm as good. However, Sancho Panza also comes to realize that being able to think of one's calling in life as a quest, even though this is not factually the case, makes that calling, indeed life itself, noble and worth living.

This, then, is what we mean by the Don Quixote effect. Don Quixote is not himself offered as a role model for young physicians in training. Rather, it is the *effect* he exerts on his practical servant that has something to teach us. Sancho Panza does not succumb to the extreme delusions of Quixote. However, by allowing himself, on occasion, to live in and even to love the world of Don Quixote's chivalric imagination, he becomes a more honorable, compassionate, and tender person. In contemporary society, we believe that going to the movies can be an effective way to trigger the Don Quixote effect, this ability to see one's small and ordinary life as occurring in larger, more significant terms, in physician learners.[2]

How Can We Use the Movies to Create a Don Quixote Effect in Learners?

First, it is obviously important to seek out movies that tend to evoke desired emotions of empathy, compassion, kindness, and caring. Films such as *Terms of Endearment,* which movingly portrays a young wife and mother dying of breast cancer, or even the bleaker *Leaving Las Vegas,* about

[2]Of course, as suggested earlier, other humanities disciplines may also produce a similar result. The physician Richard Ratzan (2000) noted one such episode set in motion by his familiarity with the *History of the Peloponnesian War.* During a night shift in his local emergency department, Ratzan treated a patient arrested during a brawl. The officer guarding the patient was reading a historical novel based on Thucydides's classic, which caused Ratzan to see an Athenian soldier standing guard over his Corinthian prisoner. A leading scholar of narrative medicine (Charon, 2002) commented that "this narrative gesture enlarges the dumpy Connecticut ER to a world stage on which are played universal dramas. . . . All involved in the drama . . . are elevated, not by snobbery or effete fantasy but by an earthy connection with all that has come before . . . all that we unknowingly enact" (p. 43).

a fatal descent into alcoholism, provide rich opportunities to explore essential emotional reactions. It is worth noting that, in our experience, the Don Quixote effect can be triggered by judicious use of clips, thereby eliminating the time-consuming necessity of viewing films in their entirety. However, merely watching a movie or a part of a movie is insufficient. The second step must be to offer means for helping learners develop insights into how to distinguish between the potentially damaging versus valuable effects that can result when we go to the movies. Reflective discussion aimed at activating the Don Quixote effect can guide physician learners to better identify and understand the emotional reactions they feel will make them better physicians and better people and investigate how to manage and work with more negative emotional reactions. Through this process, learners can develop both a healthy skepticism toward the excessive simplification and idealization that characterize most mainstream movies and an awareness that, at their best, movies attempt to reach past the difficult complexities of the real world toward the essential humanity and connection inherent in human suffering. When the filmic experience is linked to the students' clinical—and life—experience, students can begin to develop the emotional resilience (Halpern, 2001) that enables them to acknowledge the affective dimension of real-life medical care while still being able to function effectively.

An example of how the Don Quixote effect can be triggered is found in the movie *W;t.* This movie, based on the play by Margaret Edson (1999), explores the struggle of Vivian Bearing, a scholar and specialist in Donne's poetry of irony who is dying of ovarian cancer. Much has already been written about uses of this material with medical students (Deloney & Graham, 2003; Lorenz, Steckart, & Rosenfeld, 2004), but for our purposes we highlight one particular scene pertinent to the Don Quixote effect.

Ovarian cancer and its treatment produce many intensely unpleasant, often agonizing effects on patients. Because of its low survival rate, it is a difficult diagnosis to deliver and more difficult to receive. Medical students understandably may feel overwhelmed and even at times repelled when confronted with a patient with end-stage disease. Yet, watching the movie version, students generally feel empathy toward the luminous Emma Thompson in the title role, even when she is vomiting, bald, and clearly dying. In one of the movie's final scenes, Vivian's mentor comes to visit her. Shocked at the suffering of her former student, instead of using language and intellect as a futile defense against death, the old professor simply crawls into bed with Vivian, and holds her while reading from the children's book *The Runaway Bunny.*

Many students are moved to tears by this scene. Discussion enables students to move from the level of literal reality to that of idealism. When asked what they are feeling, they reply with words such as *empathy, sorrow, caring,* and *compassion.* They express admiration for the old professor's spontaneous gesture toward Vivian. Yet when asked whether they might mimic any aspects of this behavior, most students offer many reasons why it would be inappropriate, unprofessional, or impractical.

In the real world of medicine, there are, of course, many barriers to such an act. Approaching a patient with such intimacy is not professional and might evoke shame and guilt in a student. Further, the patient herself might well smell bad, or be vomiting, or be hypersensitive to touch. She would likely be barricaded from access by tubes and monitors. The narrow hospital bed might not accommodate two bodies.

But when urged to probe the *meaning* of this act, students discover that they would like to make a similar gesture *in intent* toward the patient and symbolically begin to figure out strategies for moving emotion-

ally closer to her. The purity of this admittedly improbable scene enables students to penetrate beyond literal barriers to an idealistic vision of how they want to be in relation to the patient. The image of Vivian Bearing, dying and embraced, becomes fixed in their minds as an iconic representation of all that they want to realize in their treatment of patients.

One might imagine several scenarios to accommodate the movies in the clinical medical curriculum. Movie clips might become standard fare for orientation to various clinical clerkships or experiences: *The Fisher King* in preparation for the emergency department; *W;t* in preparation for oncology or gynecology; *The Philadelphia Story* in preparation for the internal medicine rotation. In the human sexuality class, *Flawless* might introduce students in a sympathetic manner to alternative life styles. *Bend it Like Beckham* or *El Norte* might generate discussion of cultural diversity or the struggles of the underclass and its role in our society. The key to these efforts for the general curriculum is to ensure that we use the tools tactically at crucial moments and not overuse them, lest they become mundane and the strategies predictable.

Through the influence of the Don Quixote effect, going to the movies can help our learners be present with the suffering of their patients in a compassionate yet balanced way. Confronted in clinical situations with suffering more complex and less tidy than they encounter in film, students can nevertheless learn to recall both the tenderness and the steadiness (Coulehan, 1995) they experienced while watching a particular movie. When our learners leave an emotionally evocative movie, they are in some way renewed, their spirits buoyed, their hopes rekindled. If we can help them remember to connect these two worlds, of movies and medicine, they will be better able to transfer some of the core sense of meaning and compassion that movies can evoke back to real life.

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