EMOTIONS IN MEDICINE: USING THE HUMANITIES TO HELP COUNTERACT PROFESSIONAL ALEXITHYMIA

I. **An honor and a pleasure to be addressing you this afternoon. I'll be talking about emotions in medicine, and particularly the messages we give our learners, particularly medical students, about these emotions**

II. **I'm going to start by reading a poem, written in the voice of a resident, by the distinguished physician-poet Rafael Campo**

III. **We might say that the resident depicted suffers from a kind of professional alexithymia….**
   a. **As you know, alexithymia is a psychological disorder characterized by difficulty in experiencing, expressing, and describing emotional responses**
   b. **Individuals with alexithymia…**
      1. **demonstrate externalized way of thinking that relies on facts and figures**
      2. **are often unaware of their feelings and the feelings of others and…**
      3. **are frequently described as cold and aloof**
   c. **Unfortunately, although of course medical education does not literally produce alexithymia, it can result in practitioners who are uncomfortable with and out of touch with emotion, who regard the acknowledgment or expression of emotion as somehow unprofessional**

IV. **Yet, as we are all very aware, despite medical education's tendency to ignore the emotional responses of its trainees, medicine is full of emotion, positive and negative**

V. **Medical students also have emotions, lots of them**
   a. **Research shows that emotional distress is common among students**
   b. **As training progresses, positive emotions also develop, but many negative emotions persist**

VI. **Students are afraid of not having any emotions toward patients BUT they are more afraid of being overwhelmed by their feelings in response to patient care**

VII. **Physicians are not always good role models for learners in terms of dealing with emotions**
   a. **Physicians often deal with anxiety by distancing from their own emotions**
   b. **They rely on cognitive/behavioral strategies when interacting with patients**
   c. **They tend to ignore negative emotions (sadness, anger)**
      1. **Crying study**
   d. **Physicians are not very good judges of reading pts' emotions; or acknowledging pts' emotions**
   e. **When they do acknowledge pt emotions, tend to offer only minimal empathy**

f. Engage in "blocking behaviors" that discourage further emotional disclosure

VIII. This is an imaginary encounter between a 3rd yr student and her supervising resident

IX. So although medicine is brimming over with all sorts of emotions,

a. They are often perceived as complicated, unruly, unpredictable, confusing, and distressing

b. We do not do a very good job of preparing learners to deal with the emotions that arise in difficult, stressful, tense clinical situations

c. Medical students often conclude that experiencing emotion is the problem; emotional detachment/suppression is the solution

X. Detachment becomes the implicit professional idea

a. "North American medical education favors an *explicit* commitment to traditional values of doctoring—empathy, compassion, and altruism among them—and a *tacit* commitment to behaviors grounded in an ethic of detachment, self-interest, and objectivity." (J. Coulehan, P. Williams)

b. The term clinical detachment was descriptive *not* prescriptive

c. based on sociological observations of dr/pt interactions in the 60s

d. No research exists documenting efficacy of detachment in either

1. Reducing physician stress or improving physician coping

2. Improving patient care

e. Gregory House epitomizes this detachment, where logic and rationality lead to miraculous cures and venturing into the emotional realm results in disaster

XI. Alternative assumptions about emotions in medicine

a. Being aware of and able to modulate/manage emotions in self and others is essential to good patient care and good medical teamwork

b. In any clinical context, the physician or student–physician (and/or supervisor, or colleague) should be able to recognize when experiencing and/or expressing a particular emotion

1. does not advance patient-centered goals and/or

2. is distressing for the patient (or the physician)

c. 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…

d. all the while remaining emotionally connected to, rather than detached from the patient

XII. The Emotions Police?

a. Goal is *not* to…

1. "make" students feel certain emotions

2. or teach "correct" emotions

b. Goal *is*….

1. to help learners be aware of and understand their emotions and those of their patients (supervisors, staff, colleagues)…

2. **to help them recognize when emotions are interfering with good patient care…**
3. **and to develop the skills to work with these emotions in constructive, beneficial ways**
4. **…so that they can retain a positive emotional connection toward patients, supervisors, staff, and colleagues**

XIII. **We need curriculum and bedside teaching aimed at developing**
- a. **Emotional intelligence**
  1. **Perceiving (awareness of the existence of emotions),**
  2. **Understanding (comprehending the nature of the emotions and being able to discriminate different emotional states),**
  3. **Managing (neither ignoring nor being overwhelmed by the emotions),**
  4. **Using (being able to experience, acknowledge, and integrate emotions in ways that promote positive rather than negative patient outcomes)**
- b. **Emotional regulation**
  1. **Ability to modulate one's emotional experiences and responses, primarily through cognitive reappraisal**
  2. **Not simply down-regulation (reduction) of negative emotions**
  3. **Cultivation of positive emotional responses**
- c. **Has been described in various ways**
  1. **Steadiness and tenderness (Coulehan)**
  2. **Clinical empathy (Halpern)**
  3. **Relationship-centered care (Beach, Inui et al)**

XIV. **How the humanities can help**
- a. **Enlarges learners' understanding of the human condition, including its emotional dimensions**
- b. **Engages learners' emotions as well as intellect**
- c. **Fosters learners' awareness of their own psychological processes**
- d. **Encourages the development of empathy, understanding not only the perspective but the *feelings* of others**
- e. **Develops awareness of the emotional *meaning* of illness for patients**
- f. **Provides a safe environment to examine emotions**
  1. **No direct patient care, so not as much as stake**
  2. **Nonjudgmental – no right or wrong**
  3. **Opportunity to explore how different emotional responses might play out clinically**

XV. **Now we'll look at 2 poems to see experientially how the humanities can help learners explore emotion**

XVI. **Broyard quote**