COUNTERACTING ABUSE IN MEDICAL EDUCATION AND PRACTICE: LESSONS FROM LITERARY THEORIES OF HUMOR AND SATIRE

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Abstract
Two classic works in educational sociology—Philip W. Jackson’s Life in Classrooms (1968) and Benson R. Snyder’s The Hidden Curriculum (1970)—helped to define what is now well known as the Hidden Curriculum (HC). Broadly defined, the HC represents the disjunction between what is taught in the formal explicit curriculum and behaviors that are transmitted to students through observation and role-modelling. Based on Merton’s and Becker’s works in the 1950s and 60s on the socialization and acculturation of physicians, Hafferty et al. extended the concepts of the HC in the 1990s to medical education and practice. The HC was invoked to explain the paradox of bullying, abuse, intimidation, undermining, and harassment in a profession which ostensibly adheres to a strict ethical code, the Hippocratic Oath or its variants. The baseline study of Henry K. Silver and A.D. Glicken in 1990 found after surveying medical students at a well-known U.S. medical school that “46.4% of all respondents stated that they had been abused at some time while enrolled in medical school, with 80.6% of seniors reporting being abused by the senior year”. This paper reviews recent efforts to counteract through the use of humor and satire the negative behaviors arising from asymmetrical power relations. Medical humanities interventions, such as reflective writing, doctor’s stories, and graphic medicine, hold great promise as instruments of catharsis to relieve negative emotions and to temper hierarchical structures that lead to intimidation. The literary theoretical basis of comedy and satire is examined to determine their role in understanding human power relationship differentials.

Keywords: medical education—abuse and bullying; hidden curriculum (HC); socialization of doctors; literary theory; humor, satire, parody.

1 INTRODUCTION
Peter Berger in his textbook Invitation to Sociology (1963) was probably the first scholar to use the term “Hidden Curriculum” and to define it: “the Hidden curriculum refers to messages communicated by the organization and operation of schooling apart from the official or public statements of school mission and subject area curriculum guidelines.... The messages of hidden curriculum usually deal with attitudes, values, beliefs and behavior” [1]. Shortly after Berger’s work followed two classic works in educational sociology – Philip W. Jackson’s Life in Classrooms (1968) [2] and Benson R. Snyder’s The Hidden Curriculum (1970) [3] — which helped to define what is now known as the Hidden Curriculum (HC). Broadly defined, the HC represents the disjunction between what is taught in the formal explicit curriculum and behaviors that are transmitted to students through observation and role-modelling.

Based on Robert K. Merton et al.’s The Student-Physician (1957) [4] and Becker et al.’s Boys in White (1961) [5] on the socialization and acculturation of physicians, Hafferty et al. extended the concepts of the HC in the 1990s to medical education and practice [6] [7]. The HC was invoked to explain the paradox of bullying, abuse, intimidation, undermining, and harassment in a profession which ostensibly adheres to a strict ethical code, the Hippocratic Oath or its variants. The baseline study of Henry K. Silver and A.D. Glicken in 1990 found after surveying medical students at a well-known U.S. medical school that “46.4% of all respondents stated that they had been abused at some time while enrolled in medical school, with 80.6% of seniors reporting being abused by the senior year” (p. 527) [8]. In addition, 2884 students at 16 US medical schools were tracked longitudinally from 2003 to 2006 and researchers found that “poor mental health and low career satisfaction are significantly associated with being harassed or belittled” (p. 6) [9].

Unfortunately, the root causes of abuse in medicine have not been fully elucidated. These behaviors may partially originate historically from the ‘heroic medicine’ of the late 18th and 19th century which including painful and drastic (for both patient and doctor) therapies such as bloodletting, purging and sweating to shock the body back into health. Modern medical care has additionally been impacted by
military medicine and the two world wars of the twentieth century. Many health professionals were
drafted into service in the early and mid-twentieth century, and then returned to civilian life
acculturated by the hierarchical habits of the armed services. Additionally, the medical field, since it
deals with matters of literal life and death, generates a great deal of stress from its overwhelming
responsibilities.

This paper reviews recent efforts to counteract negative behaviors arising from asymmetrical power
relations through the use of humor and satire. Medical humanities interventions, such as reflective
writing, doctor’s stories, and graphic medicine, hold great promise as instruments of catharsis to
relieve negative emotions and to temper hierarchical structures that lead to intimidation. The literary
theoretical basis of comedy and satire is examined to determine their role in understanding human
power relationship differentials and as an antidote to abusive behavior.

2 METHODOLOGY

This contribution is an analytical theoretical paper on the use of humor and satire in medical education
and the medical workplace and presents one case study of a successful program integrating
humanistic modes of thinking to counteract bullying and intimidation in a medical education program at
the Pennsylvania State University’s College of Medicine. The elective course uses comics to explore
undesirable modeling embedded in the HC in U.S. medical education.

3 RESULTS

3.1 Humor, Satire and Parody Critique Power Structures

Aristotle’s examination of humor in the literary form of comedy outlined in his Poetics (circa 330 B.C.)
is still one of the most penetrating and relevant. According to Mikics, Aristotle writes that “comedy
depicts people as worse than average: that is, as more ridiculous or ugly than usual. Comic
characters, we infer, may be stupid, silly, or pointedly unattractive, but not evil. There is no serious
damage, no moral harm, implied by Aristotle’s ‘worse’. The comic mask is distorted, but not with pain.
Moreover, the Greek word for ‘ugly’, aiskhron, means ‘shameful’ as well, testifying to an early
association between comedy and the shaming or mocking of people: between the comic and public
embarrassment” (p. 63) [10]. Thus comedy in the classical period probably had a political and social
function of regulating moral behavior and exposing wrong-doing, but not in a punitive sense of an ‘eye
for an eye,’ but as a means of invoking self-realization in the target of the humor so that the individual
could correct his or her behavior. Thus comedy acted as a moral mirror and moral corrective.

Satire is another comedic form that fits within Aristotle’s general paradigm of comedy in that it mocks
or exposes individuals, institutions, attitudes, or ideas in a variety of tones. Satiric forms are clearly
recognizable in early Greek and Roman literature and Lucian, Menippus, Horace and Juvenal were its
well-known practitioners. Satire may be universal due to the many cultures who have adopted it. Satire
can range from harsh and unforgiving (in which the object is to destroy the target), or gentle and mild.
Generally the purpose of satire is viewed as an attempt to reform some individual or area of society,
and not to ostracize or exclude entirely.

From the very definitions provided above, it is clear that comedy and satire have potential to bring
abuses into the spotlight, condemn them in the spirit that the satirist is attempting to improve either the
conditions of the workplace or an individual who is the target of the humor. Humor is often subtle and
indirect and can be contrasted with a ‘direct attack’ or confrontation with an abuser, which often can be
unproductive since it spawns denial, anger or retaliatory behavior. Unfortunately a 0-tolerance strategy
in which abusers are dismissed from institutions or their licenses revoked would not be practical, and
in the end junior colleagues are in most instances forced to work with abusive personalities.

Another dimension in the use of humor in defusing abusive scenarios or relationships, is that the
humor can be private and help the abuse sufferer cope without exposing him or her to negative
consequences. In other words, telling jokes to oneself about the abuser, mimicking the abuser in a
comic way, making up mocking names (“Dr. Do-it-now-or-else”), or drawing cartoons or distorted
images can be a form of catharsis even if the humor is not shared with anyone else.
3.2 The “Graphic Storytelling and Medical Narratives” Course at the Pennsylvania State University’s College of Medicine

An innovative elective course using Graphic Medicine at the Pennsylvania State University’s College of Medicine was developed by Dr. Michael J. Green uses comics and insights from humor theory to confront abusive behavior which is characteristic of the HC. According to Green et al., “medicine has a strict hierarchy and students are constantly reminded that they are at the bottom of it” [11]. The humorous visual stories of negative encounters are developed by students and then displayed in the medical school hallways.

Graphic medicine is a movement in the medical humanities which argues for the use of visual stories to understand a wide range of medical experiences such as surviving illness, healthcare workplace conditions, public health issues such as HIV infection, etc. Graphic medicine has even been found useful in medical ethics teaching at Weill Cornell Medicine-Qatar by Dr. Alan S. Weber in his medical humanities courses [12].

Figure 1 below, drawn by medical student Jennifer Rice, summarizes how humor can subtly expose the hierarchical relationships in medicine in an indirect and non-threatening way. The male medical authority figure, who is placed spatially higher in the drawing to the medical student, displays a disappointed and critical expression on his face. He says to the student, “I’m going to call you ‘med student’ until you prove you’re worthy to be called by name.” By refusing to use her actual name he dehumanizes the medical student; and indeed the female medical student is drawn in an abstract, geometrical form, with only her head depicted. Thus she is not seen by the viewer or the male authority as a complete person. Also, the drawing of the student’s head sits outside the frame, as if she is not allowed to share the same space as the authority figure.
4 CONCLUSIONS

The problem of abusive behaviors – defined as bullying, intimidation, undermining, and verbal abuse – are a complex set of human interactions related to power differentials in relationships. These relationships may be personal, cultural, or institutional. Abusive behaviors have been studied in the medical education literature and correlate with low self-esteem, stress, burnout, and dysfunctional workplaces. Before the problem was publically recognized by medical professionals themselves, sociologists and educators, using ethnographic methodologies, had discussed these issue, and theorize that abuse might be related to a “Hidden Curriculum” (HC) in medical schools, in which junior colleagues suffered abuse and then repeated undesirable behaviors as part of the acculturation process to the field of medicine.

The primary solutions for combating abusive behaviors in healthcare have stressed educational approaches – confronting the issues explicitly in the formal curricula. However, if abuse does indeed originate in a HC, formal curricular intervention may be paradoxical and perhaps even unproductive. A thorough examination, using self-reflective techniques or readings-based course modules emphasizing analytical / critical skills, of the hierarchical structures of medicine, medicine’s historical development, and the power structures inherent among the constellation of actors in the medical experience (administrators, managers, healthcare workers, patients, families, lawm askers, insurance companies, the general public and health policy makers) could be illuminating for students suffering abusive behaviors so that they recognize them immediately, and then do not repeat them. The humanities, especially when incorporating writing as a reflective strategy, have been shown to promote reflective practice. Thus the humanities may be a useful tool for unpacking the medical experience to identify the origins of abusive behaviors. Also, due to the abuser/abused dynamic, directly confronting the abuser can be counter-productive and could lead to further abuse or retaliation. Humor, comedy, and satire—which traditionally have been used by the less powerful to mitigate the strength of the more powerful, use indirect methods, and they critique and exaggerate experiences to invoke laughter to make power less threatening.

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REFERENCES


