

PSYCHODRAMA EXAMINES THE DOCTOR

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INTRODUCTION

All through the history of medical education there has been major concern with the physician's personality. The Oath of Hippocrates is primarily a code of ethics. Present day medical education uses involved, if not always effective, techniques for evaluating the personality of the applicant. Even in the era of modern scientific progress, differentiation is made between the "science" and the "art" of medicine. Although not all of the writers on this topic have the literary skill of the elder Holmes, they all come close to the advice he gave laymen in his audience at the 1871 graduation of the Bellevue Medical College:

"Choose a man who is personally agreeable, for a daily visit from an intelligent, amiable, pleasant, sympathetic person will cost no more than one from a sloven or a boor, and his presence will do more for you than any prescription the other will order." (1, p. 391)

The present writer has long been interested in the problem of medical selection because of the discrepancy between the clarity of definition of the desirable personal qualities among medical and laymen on the one hand (2) and the problem of mediocre selective techniques on the other (3).¹

One problem which has been uppermost in our consideration has been the fact that the evaluation procedures used are not close enough to the realities of the situation. The chemistry professor's rating is based on considerations which are likely to be different from those that make a patient faithfully take a medicine—or tear up the prescription. During the half

¹February, 1947, will mark 10 years during which this has been a major and recurring research interest. As this paper brings it to subjective closure, I want to take the opportunity to thank those who have aided in the project. Thanks to Professor A. T. Poffenberger for wise counsel when the study and the author were both very young. If this project has a best friend, it is Professor Gardner Murphy, who has been severest critic only when the author was "resting". Dr. M. Ashford has always been willing to listen and to explain the practices of medical education. It would be impossible to thank all the doctors who have helped at one time or another. However, one can be singled out for his encouragement and help and because he was an outstanding example of what we are looking for—the late Dr. Murray B. Gordon.

hour interview with the professor of pediatrics, the applicant is "youth". Four years later, on the wards, he is the man of science who must treat the child and encourage the parent. Can the young boy in the first situation be judged by an older man in a fashion that is really meaningful for the second? Unquestionably we spend a great deal of time on these procedures but they are remote from the crucial situation.

Industry has been ahead of the professions in developing aptitude measures which are directly related to the challenge of the job. It is, however, also possible to evaluate the medical personality in a reality situation long before it begins to function as such in society. If we realize that the essence of the problem is to evaluate the applicant in his interpersonal relations, we can proceed to use psychodramatic techniques. Although we have thus far used this method on only 7 students (5 were pre-meds, 1 wanted to be), the results are so promising that we feel they offer the solution to the problem.

EXPLORATORY PROCEDURES

In the exploratory use we set different problems for the student. (Considerations of a "good" problem will be outlined below.) The situations used are tabulated here:

PLACE	TASK
Class in child psychology during discussion of adult roles.	Doctor to induce fearful child to permit inoculation before going to summer camp. ² (One doctor—one patient).
Class in the psychology of personality during discussion of problems of the modification of the "normal" personality.	Doctor to induce patient to accept treatment (surgery) that is not a "matter of life and death" (chronic appendicitis). Patients to react as "you would in such a situation". Doctor and patient each reported consultation to a third person. (Each of the two doctors had the same two patients.)
Psychodramatic Institute—Friday evening session (conducted by Dr. J. L. Moreno)	Doctor to visit patient who complained of a "stomach ache". The patient's sister was present and represented the "worried family". (Two doctors had the same patient.)
Class in the psychology of personality as an introduc-	Doctor to induce patient who had many colds to try "cold shots" although results cannot

²For details, see (4).

PLACE	TASK
tion to the topic of evaluating personality.	be guaranteed. Patient instructed to be hesitant and to respond to situation as created by the doctor. (Two doctors had the same patient, who knew the purpose of the demonstration. ³ The second doctor was the only subject who was neither pre-med nor interested in a medical career.) Each reported the meeting to a third person.

In all of the situations we tried to structure the problem so as to allow the greatest freedom for the interaction of the two personalities.

SOME FINDINGS

The advantage of the psychodramatic technique is that it gives us an opportunity to observe directly some of the factors which have been defined as being most important in the physician-patient relationship (2).

1. *Understanding, sympathy and the ability to inspire confidence:* In the session at the Psychodramatic Institute the patient's symptoms were vague and, as projected, lent themselves easily to "psychosomatic" diagnosis. One of the doctors abruptly indicated that she had more important things to do. The second was understanding and sympathetic in both the examination and in talking to the patient and her hysterical sister.

In the "cold shot" situation, the first subject was not responsive to the patient's fear while talking to her:

PATIENT: Hello, Doctor.

DOCTOR: Hello.

PATIENT: Well, Doctor, here I am for my medical check before school starts. My most serious complaint is the colds that kept bothering me all winter.

DOCTOR: Now that I have completed your physical check I would like to suggest a new thing for the prevention and cure of colds. It is, a series of cold shots which work over a period of time; one shot a week for the first five or six weeks and then a shot a month for the entire winter.

PATIENT: Have you any information regarding the shots?

³The author wishes to thank Miss Paula Rubin for helping as the patient and Mr. Robert S. Kranz for recording the session.

DOCTOR: Well, there is no guarantee for their success. They are taken at your own responsibility. In your case they may provide benefits.

PATIENT: Why can't I be given some sort of pills?

DOCTOR: There are no pills that can be given.

PATIENT: Are there any capsules?

DOCTOR: No, there aren't. As I have just explained, there are only the shots.

PATIENT: Where are they given?

DOCTOR: In the arm.

PATIENT: Is there any swelling?

DOCTOR: Yes. But that will only last for a short while.

PATIENT: But, Doctor, I don't like the idea of taking shots at all. Isn't there any other way that these colds can be controlled?

DOCTOR: No, there is no other way and once more I emphasize the taking of the shots. Experience shows that they have worked and you should take the series of shots for your colds.

PATIENT: Maybe I should gain weight? Can it be a vitamin deficiency? Then why can't I try vitamin pills?

DOCTOR: Well, I can't tell. They may help, but if it is something else the vitamin pills won't help.

PATIENT: What then?

DOCTOR: The shots that we have been talking about have helped several.

PATIENT: Only several?

DOCTOR: Well, it isn't a sure cure as I have explained.

PATIENT: Will I be allergic to the shots?

DOCTOR: I can't tell until you have taken them. However, if you are allergic we will discontinue their use.

PATIENT: Are they painful?

DOCTOR: No, they aren't too painful.

PATIENT: How long will it last?

DOCTOR: Well, for the first five or six weeks you will take one a week, thereafter one a month for the rest of the winter.

PATIENT: All winter?

DOCTOR: It will stop your colds.

PATIENT: Well, if I still have the colds all winter, what is the sense of taking the shots?

DOCTOR: They may help and it is a chance you have to take.

PATIENT: Well, I still don't know, but I will think it over.

DOCTOR: There is no harm at all in the shots.

PATIENT: Yes, but those shots are painful and I don't like needles.

DOCTOR: I'll be gentle. Besides, how were the other shots that I gave you?

PATIENT: I didn't feel so well. They hurt me more than they did you.

DOCTOR: Yes, but for your own benefit I suggest that you take the shots.

PATIENT: I will think it over and will let you know.

This is characteristic also of her discussion with a colleague:

1ST DOCTOR: I just had a young girl patient. She has lots of colds and I suggested cold shots. She seemed hesitant, due to the pain. How do you find them?

2ND DOCTOR: I have no trouble as I don't give them unless the patient requests them.

1ST DOCTOR: Yes, that is the case in about 90% of my patients.

2ND DOCTOR: They are not that successful in my experience.

The second subject in this situation was not interested in medicine but his interpretation of "another way to do it" was more successful. He, also, ignored the fear but introduced a motivation which had some effect:

DOCTOR: What seems to be the trouble?

PATIENT: I thought Mother explained it all to you. I suffered with colds all last winter.

DOCTOR: Do you think it important that something be done about it? Do colds interfere with your life?

PATIENT: Yes, they do interfere. I miss school and social affairs.

DOCTOR: Again I would like to ask if you think it is important that you try a cure for these colds?

PATIENT: Yes. I think that I should. Don't you?

DOCTOR: Yes. How much of a hindrance are these colds to your pleasures and your life?

PATIENT: They are a great hindrance to my normal everyday doings.

DOCTOR: There is no known cure for colds. No one knows the cause but there has been a serum developed only lately that helps in certain cases. There is no guarantee but it has worked in the past and it should work in the future. Are you interested?

PATIENT: It doesn't sound bad but I would like to know more about it.

DOCTOR: If you start to take the series of shots they may not work. They may work partially or they may be a complete cure. As I said, they have worked in the past and are the only known thing that resembles a cure.

PATIENT: Are they painful? The last series of shots that I had were not pleasant at all.

DOCTOR: I will say this: they are as painful as the allergy shots. People all over are taking these shots for different allergies and they have found relief without any apparent reaction. In your case there should be no reason to expect anything but a normal reaction.

PATIENT: Your wife suffers from colds. Has she had these shots?

DOCTOR: Yes, she has taken the series. She had positive relief and was very glad she took them. She said there was no pain involved.

PATIENT: How about taking vitamin pills?

DOCTOR: Good for deficiencies in vitamins, but in your case your Mother says that your diet is O.K. and there is no reason to suspect a vitamin deficiency.

PATIENT: What exactly is in the serum?

DOCTOR: It is a special culture that has been bred by the bacteriologists. It can't be explained according to ingredients.

PATIENT: Why do I get these colds?

DOCTOR: That is something that we haven't discovered as yet.

PATIENT: Do I have to take them all winter?

DOCTOR: Yes.

PATIENT: And all of next winter?

DOCTOR: Yes.

PATIENT: Why don't you stop giving them?

DOCTOR: We will stop if we see that they are of no value to you as a cure, or if you stop having colds.

PATIENT: Well, this can happen all along and I will still get the colds.

DOCTOR: You said a while ago that it was important to you to get over these colds and all I can say is that they will probably help you.

PATIENT: Well, I'll take one or two and if I see that they are all right, then I'll continue.

DOCTOR: That's fine. A few will show your reaction and some results, but you must realize that it takes a lot more than just two shots to show their worth.

PATIENT: Well, we'll see how they work out.

2, *Patience and earnestness*: In "the chronic appendicitis" situation

both subjects chose to ignore the instruction and put a "life or death" element into the consultations. One, however, took the patient's resistance as a challenge to his status and was oblivious to the patient's problems. The second gave her facts and figures as well as the feeling that he was really concerned about her welfare.

The group observing the "cold shot" problem as well as the patient (who is really afraid of injections) were extremely critical of the first subject's complete lack of warmth in talking to a young girl she was supposed to have known for 10 years.

3. *Motivational factors*: Socio-economic motivations do not come out directly but these and other motivational differences are revealed when the subject sets the scene with respect to describing his office, his car, etc. They are also revealed when the subject discusses the patient with another doctor after the consultation. As we have already seen (see p. 39 above) in the "cold shot series" one doctor was primarily concerned with proving the treatment. The other showed more concern for the patient:

1ST DOCTOR: I just had a rather peculiar patient. She's a young girl attending college and has been having trouble with colds which cause her to miss classes and her social life. She came to me for help and I suggested the cold shot treatment which seems to hold a terror for her for she seemed fearful and was reluctant to take them. After quite a discussion I was able to convince her to take them.

2ND DOCTOR: You were able to convince her?

1ST DOCTOR: Yes, I suggested that she take a few and that if the reaction was not too violent then she should complete the series. (Summarizes what he said.) How would you have handled this patient?

2ND DOCTOR: You did a good job. I would have done it much the same way. You pointed out the fact that she was losing time in college and in her social life and that the shots were easier than continuing to lose all that valuable time. It was a good approach, letting her decide the importance of what she was missing due to the colds.

1ST DOCTOR: This is a method that should be used more often.

2ND DOCTOR: Yes, I agree that more work along this pattern should be used in stubborn cases where the patient has to decide for herself.

4. *Poise and self-confidence*: Thus far these have best been reflected in differences in handling problems which are a challenge to their information and status. These can't be described in protocols. They need

recording by motion-picture cameras with sound tracks as they are manifested in postural and voice changes more than in content.

LOOKING AHEAD

Although the discovery that psychodrama can be used to solve the problem of realistic evaluation of personal aptitude for the practice of medicine has provided subjective closure, we have a great deal to do before the procedure is completely developed. It is planned to gather further protocols. We have enough clues now to develop the use of role projection into a situation test (5). It should include the following elements:

1. A diagnosis which is not a matter of "life and death" so that the patient has a choice as to whether or not to accept the doctor's recommendation.
2. A diagnosis that is not too dependent on specific medical knowledge so that the subject who is at the beginning of his studies will not be at a disadvantage on that score.
3. Opportunity for the subject to set the stage with respect to his economic level of aspiration.
4. Discussion of the consultation with another doctor in order to get an idea of other motivations and of the subject's understanding of the patient's point of view.
5. Discussion of the consultation by the patient in order to get his reaction to the doctor.
6. An audience "vote" from other potential patients of the acceptability of the doctor.

It will be interesting to compare students who are still pre-meds with those who are in medical school and interns. We want also to explore the training as well as the diagnostic possibilities of this method.

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