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Considering Bias Through the Mirror/ Window of Art and Literature

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"We'll take one minute to look at this painting, and just soak in the detail," the facilitator says, advancing a slide on the shared screen. "As we do these activities together, we invite you to think about a few things: recognizing your own biases or preconceived notions, and being open to other people's perspectives".

With these words echoing, medical students' noses press closer to the screen. The class is one in a series using close observation of artwork created by BIPOC, LGBTQ+, and persons with disability, with the intention of recognizing biases and considering other perspectives. In this session, the students carefully examine Kerry James Marshall's acrylic and collage on canvas painting entitled "Lost Boys."

The trainees unmute and respond to the prompts "what do you see?" "what is going on?" and "what makes you say that?"

"Initially all I saw were two boys playing, but when I looked closer, I found other clues. I see one of the boys is holding a gun – it looks like a toy based on the pink color. What I thought was just a tree actually has police tape wrapped around the trunk. And those circular shapes between the leaves look like bullets to me," one student explains. His classmates nod in agreement, pointing out other elements of violence intruding into the scene of youthful play. The children in the image peer back through determined eyes, imploring our group to acknowledge the "lost boys".

The conversation turns to Tamir Rice, Trayvon Martin, Rodney King, and George Floyd. Some students share personal experiences with racism or bias they have witnessed or experienced in their medical training. Others listen, participating through nods, facial expressions, or comments in the chat.

After considering the painting, the class shifts to a close reading of "To Be Seen" by Jericho Brown, and pauses for discussion. The students draw parallels between the poem and the previous artwork, commenting on the language of war utilized to depict illness. One student describes learning about an "army of white blood cells" that responds to "infectious viral invaders" during a clinical course in immunology. The students discuss the long-used metaphor of disease inflicting war on the body, and consider the implication of this analogy for patients. They examine the power of words and the influence physicians and physicians-to-be wield.

The full session lasts less than two hours, and culminates in sharing a creative response, imagined and executed in 20 minutes of unstructured time. Students display detailed narrative reflections, pencil drawings, structured stanzas of poetry, an abstract watercolor, and even an original musical composition on a keyboard. The class takes time to engage with each piece, considering the unique interpretations of the same prompts. The students say their goodbyes and one by one exit the virtual space. After the small groups disperse, several facilitators reflect on what the activity means for the students, for themselves, and for the patients who will ultimately interact with this group of developing trainees

Inclusion of art and literature in medical education is not new. Narrative medicine curricula emerging from the pioneering work of Rita Charon have blossomed across undergraduate and graduate education programs[1]. Research suggests that the addition of humanities in medical training can help physicians learn empathy, communication, cultural humility, and observational skills [2-4]. Moreover, art creation and engagement provides an opportunity for self-reflection, a vital skill for medical trainees and established clinicians alike[5]. Yet use of these practices specifically to encourage personal examination of biases when it comes to BIPOC, disability, LGBTQ+, and other communities has yet to be explored.

In medical education and beyond, educators are being charged to value diversity, teach antiracism, and identify areas to increase equity. For many of us, this is also highly personal. One facilitator recalls witnessing misogynistic comments about the female body, including her own, on a plastic surgery rotation. Other facilitators describe hearing assumptions that physicians of color were support staff rather than attendings, learning in a classroom setting that disability precludes success in society, and observing other moments that felt not only cringe-worthy but wholly traumatic to recall. As leaders of these small groups, witnessing and hearing the student stories, and remembering their own, the facilitators are inspired to change the ivory tower of medicine and do better.

To do better from an educational standpoint may mean turning to non-traditional tools. The storytelling embedded in visual art and humanities allows for the communication of unconventional and counter-narratives. Readers and observers are exposed to novel settings, characters, and environments that may sharply contrast their own lived experience. Not only can art and literature convey stories of oppression, they can also teach readers and observers to consider alternative outcomes. When we absorb the narratives of others, we are confronted with our own emotional response, and asked to consider why the work elicited a particular reaction.

In this way, the work becomes both a window to the world, and a mirror to ourselves.

In an effort to shed more light on whether humanities education can teach medical trainees to examine bias, our Whole Personhood in Medical Education working group created an eight-part curriculum. We paired visual art, literature, poetry, and creative endeavors with established themes of infection, cancer, pain, and cognitive impairment, all while highlighting a diversity of voices. Instead of reaching for oft used texts in medical humanities such as Tolstoy's "The Death of Ivan Ilyich," we elected to center historically marginalized voices. We chose art from Titas Kaphar, Wendy Red Star, and Keith Haring. We offered poetry from Joy Harjo and Victoria Chang, and shared essays by Audre Lorde. We selected writers and artists from a wide range of lived experience, so that students could see themselves represented in medicine, practice perspective taking, and wrestle with personal bias. The ultimate goal was to teach skills that could allow trainees to meet patients where they are within the context of their own narratives.

The students' point of view surprised and inspired our group of facilitators. In discussions, students responded with candid, eloquent, and poignant remarks, providing an opportunity to pause and reflect on medical education. Students shared vulnerabilities rarely seen in a medical education setting. They not only disclosed personal experiences but acknowledged privileges and identified need for equity. They demonstrated creativity and a passion for doing better.

Medicine never operates in a silo; as trainees or established clinicians, everyone is impacted by the turbulence of the outside world. Navigating collective burnout and exhaustion with the call to improve equity in medicine is not an easy task, but engaging in narrative may be one way to help the medical education community strike this balance. We can gain greater understanding of ourselves while looking deeper into the worlds of our patients through the dual mirror/window of storytelling. Moreover, we can practice these skills in a safe setting, where it feels okay to be vulnerable and share. This educational curriculum not only honors the various and unique stories of illness, but honors the trainee's story as well. We believe this is the recipe for caring for each unique person within the context of their own lives, while also caring for ourselves as providers along the way.

References

1. Charon, Rita. *Narrative Medicine: Honoring the Stories of Illness*. New York: Oxford University Press, 2006. Print.
2. Lambert, Patricia Dewey, and Lisa Abia-Smith. “Preparing the Mind and Learning to See: Art Museums as Training Grounds for Medical Students and Residents.” *Managing Arts Programs in Healthcare*, Routledge, Abingdon, Oxon, 2016, pp. 255–270. Print.
3. Christenson, Gary. "Conceptualizing the Arts as Tools for Medicine and Public Health." *Journal of Applied Arts & Health,* vol. 4, no. 3, 2014, pp. 247-64. doi:10.1386/jaah.4.3.247_1
4. George, Daniel R et al. “An arts-based intervention at a nursing home to improve medical students' attitudes toward persons with dementia.” *Academic medicine : journal of the Association of American Medical Colleges,* vol. 88, no. 6, 2013, pp. 837-42. doi:10.1097/ACM.0b013e31828fa773
5. Levine, Rachel B et al. “The impact of prompted narrative writing during internship on reflective practice: a qualitative study.” *Advances in health sciences education : theory and practice,* vol. 13, no. 5, 2008, pp. 723-33. doi:10.1007/s10459-007-9079-x