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Sensitizing psychiatry trainees towards male homosexuality: a movie club approach

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ABSTRACT

Psychiatric training curricula these days are heavily biased towards neurobiology which tends to reduce the understanding of psychiatry trainees about psychosocial issues that their patients may face. Psychiatry trainees can get a clearer picture of psychosocial issues when they see a good film on it. A psychiatry movie club is a novel and interesting method that diverts from the didactic methods of teaching. This method was used with an objective to sensitize psychiatry trainees about male homosexuality. A movie club on male homosexuality was organized using a set of 5 films combined with various other teaching strategies to sensitize and teach psychiatry trainees about male homosexuality. Pre- and post-movie club attitudes towards male homosexuality were measured using Attitudes Towards Gay Men Scale (ATG). The participants were followed up 1-year later to see if this change was sustained over time. Participants attending the movie club reported a positive change in their understanding of and attitudes towards male homosexuality. A 1-year follow up through emails showed that the effect sustained over time. Movie clubs can be an effective method to teach psychosocial issues surrounding male homosexuality in psychiatric curricula.

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INTRODUCTION

There is an exponential explosion in medical knowledge. Trainees in medicine often find it difficult to keep pace with this change. They often have to put in extra hours of studying to learn, which also requires them to find time for their routine clinical work. This is applicable to all fields in medicine including psychiatry. Psychiatric training curricula these days are heavily biased towards neurobiology which tends to reduce the understanding of psychiatry trainees about various psychosocial issues that their patients may face. Films can be successfully used to teach such psychosocial issues. This paper describes the setting up of a movie club along with other teaching activities to sensitize psychiatry trainees about male homosexuality.

Curtain Raiser: Cinema As Educational Tool In Medicine

Bernstein and Bhugra [1] observed that individuals within different generations have varying styles of learning and hence it is likely that the older methods of teaching such as didactic lectures may not serve their purpose when used alone. Lectures may fall short of time or may become too monotonous for the trainees. This gives rise to a need for newer techniques in teaching that would interest trainees and make them understand various concepts. Incorporating films in teaching sessions is one such method.

Alexander coined the term 'cinemeducation' which

refers to the use of film clips to teach psychosocial medicine [2]. There are various benefits of using films for teaching, such as universal accessibility, entertaining way of learning liked by the students [3], their audio-visual appeal [4], provides ethically uncomplicated environment with no issues such as confidentiality involved [5], and getting to see rather than simply hear about cases unlike the usual case presentations or lecture method of teaching [6]. Berk [7] points out about 20 potential learning outcomes with the use of film clips in teaching ranging from grabbing student's attention and increasing understanding, to fostering creativity and deeper learning. An important benefit of using films in teaching is that they can be paused at appropriate points to discuss what is being portrayed at that point or certain clips can be viewed repeatedly in order to emphasize specified learning objectives [5].

Setting The Stage

India as a country has a rich history that has acknowledged alternate sexualities in the society including the third gender, *hijras*. Ancient texts such as *Kamasutra* refer to same sex attraction and behavior [8]. The Indian society then was much more sex positive but following various invasions, it became more sex negative. However during the British rule, certain laws such as Section 377 Indian Penal Code (IPC) came into force that condemned homosexuality. The Victorian values of the British introduced similar laws in the countries that they colonized. It is inevitable that legal positions will determine the social attitudes towards homosexuality which became negative too. These social attitudes often affect help seeking attitude in individuals of alternate sexuality. Clinical observations point towards these individuals often harboring negative views about themselves; they often consider themselves pathological, a diseased individual who needs to be treated. They may often consult mental health professionals with concerns over their sexuality. But in the past, psychiatry has itself pathologized homosexuality and been responsible for negative attitudes towards same sex behavior. This perception may deter people from seeking help since some mental health professionals may continue viewing these individuals as diseased.

With this background, it is likely that mental health professionals along with mental health trainees may find it difficult to understand a patient's psychopathology from psychodynamic and non-biological perspectives due to factors such as less time with individual patients, and less psychodynamic and psychosocial training in residency programs [6]. In a country like India, this is complicated by the large

numbers of patients that come in for consultation especially in public hospitals. There is a possibility that many psychiatry trainees continue to believe that homosexuality is a disorder, although this needs further exploration about their attitudes towards homosexuality. If psychiatry trainees do not learn about such consultations during their training period, it is likely that they may not be able to help the distressed individual who comes to them for help, once they go on to practice psychiatry.

The author organized a movie club on male homosexuality that involved screening films based on this theme in order to sensitize psychiatry trainees regarding issues that such individuals face in their lives and to prepare them as future therapists. The primary focus in this club was on male homosexuality which was chosen due to the ease of films that were available on this theme. It was a preliminary attempt by the author to experiment use of films in such an endeavor. What could otherwise mean attending many lectures to understand these issues can be easily communicated through films! Films also make situations very lively and hence when a trainee watches such films and then deals with such individuals as clients, it adds to their perception of events in such consultations. In addition to this, students may often express negative feelings about film characters while they may feel inhibited to do so about patients [9]. This paper describes the process of organizing and conducting this movie club.

METHODS

Attitudes Toward Gay men scale

The Attitudes Toward Lesbians and Gay Men Scale (ATLG) is a brief measure of heterosexuals' attitudes toward gay men and women [10]. It consists of 20 statements, 10 about gay men (ATG subscale) and 10 about lesbians (ATL subscale). As the movie club was focusing on male homosexuality, only the ATG subscale (Items 11-20) was given to the participants for scoring. The responses are recorded on a Likert-type scale and range from 1 (strongly disagree) to 9 (strongly agree) across items. Reverse scoring is used for some items (Items 11, 15, 17, 20). The total score can range from 10 (extremely positive attitude) to 90 (extremely negative attitude). Lower total scores indicate positive attitudes to lesbians and gay men. The scale was given to participants for self rating on the first day of the movie club before screening the film. A post-program scale was also given to them after the last film at the end of the movie club. As English was the language in which the students learn, no translation was deemed necessary, although this scale has not been validated in this culture.

Films

Films were selected based on the range of issues that they raised through their storylines. These films were a personal choice and readers who wish to replicate this work are encouraged to use their own choice of films. Before screening the films, it may be advisable to recommend viewer's discretion since some of them may contain nudity and scenes of a sexual nature that may be intimidating for some students especially in diverse cultures. Following films were screened in the movie club organized over a 5-day period in the same sequence:

1. *Un Amore A Taire* (2005): also known as *A Love to Hide*, it is a French film that follows the story of a young Jewish girl *Sara* (Louise Monot) who escapes the Third Reich after losing her family and comes for help to her childhood friend *Jean* (Jérémie Renier), who is gay. Though *Sara* loves *Jean*, he tells her that he cannot reciprocate the same love to her as he is in love with *Philippe* (Bruno Todeschini). The story takes a downfall after *Jean's* brother makes a bad decision which exposes *Jean's* homosexuality; consequently he is forced into a Nazi concentration camp leading to a tragic end for all of them. This film was chosen for two reasons: it gives the viewer an idea of the recent persecutory history of homosexuality and how it was viewed during the Nazi era. It presents a very intricate and sensitive love story between two men (*Jean* and *Philippe*), between a heterosexual woman (*Sara*) and a gay man (*Jean*), thus showing various facets of love.
2. *Bent* (1997): This film follows the life of *Max* (Clive Owen) who is in denial of his homosexuality and hence would prefer to get a yellow triangle for Jews rather than pink triangle for gays when he is taken to the Nazi concentration camp. At the camp, his perception about his homosexuality starts to change when he falls in love with his fellow prisoner. This film too gives the viewer an insight into the history of homosexuality especially during the Nazi era. It demonstrates different aspects of an individual's self which may vary in response to external stimuli.
3. *The Birdcage* (1996): This comedy film tells the story of the owner of a popular drag nightclub in South Miami Beach, *Armand Goldman* (Robin Williams) and his gay partner, *Albert* (Nathan Lane). *Armand's* son *Val* (Dan Futterman) tells them about his plan to marry *Barbara Keeley* (Calista Flockhart). However problem arises because *Barbara's* parents are conservative and don't support alternate sexualities. This film was included to bring in humor and comic relief in the

film sequences and to present a lighter side of male homosexuality. The *Birdcage* is based on the Franco-Italian film, *La Cage aux Folles*, but the English version was chosen due to ease of availability.

4. *A Jihad for Love* (2007): is a highly controversial documentary on gay, lesbian, and transgender Muslims across the world. It challenges many stereotypes that exist around Islam and sexuality for which many countries have banned it. This documentary gives an in-depth understanding of the social pressures that homosexuals face, the interface of religion and homosexuality that gives rise to an intense emotional hurricane within the individual forcing them to make some difficult choices.
5. *Soldier's Girl* (2003): a true story based on a young American soldier, *Barry Winchell* (Troy Garity) who was beaten to death for falling in love with a transgender, *Calpernia Addams* (Lee Pace). Though this is a love story between a man and a transwoman, it was included in this program to show the participants yet another angle of love and how negative attitudes and stigma towards homosexuality in the wider society can sometimes lead to a tragic end for such love.

Participants

The movie club was organized as part of a psychiatry movie club within psychiatry department of a teaching public hospital in Mumbai. It was an initiative by the author and consisted of screening different films based on psychiatric themes [4]. Each film is preceded and followed by a discussion on the issue portrayed within the film. Psychiatry trainees were invited to participate voluntarily in this movie club. Participants had to agree to attend all screenings and discussions in order to maintain uniformity. It could be argued that the participants were willing to participate in this club and so were already inclined to be persuaded in the first place and this could have affected the findings. However these participants were not told about the theme of the movie club. They were merely informed that a series of films would be screened on a selected theme. The movie club was attended by 10 psychiatry trainees out of which 4 were males and 6 were females. Each participant was given a diary to take notes and do their home-work. Participants were assured of complete confidentiality about anything that will be discussed in the movie club. Free floating discussion was encouraged. All participants identified themselves as heterosexual. Nine out of the 10 participants did not have any gay/lesbian friend, while 1 did not know if any of his friends was gay/lesbian. Nine out of 10

participants had seen at least one film based on gay/lesbian theme sometime in their life, out of which 7 had seen a comedy film, while only 2 had seen a love story with a gay theme. Only 4 participants had come across a gay/lesbian client in their clinical practice. None of them had ever received training in dealing with LGBT clients.

The sessions

Each of the sessions started with a short role play or group task by the participants that was revealed to the participants before the film. After this a short introduction to the topic related to the theme of the film

for that day was given. This was followed by film screening with pre-determined pauses to elaborate on certain aspects of the film plot. During the session, the author shared some case discussions of various problems that such individuals may face. Participants were asked questions relevant to male homosexuality to allow discussion (Table 1). These questions encouraged self-reflection on participant's emotions during the films, and explored their attitudes. The answers to these questions were written by participants as their homework in diaries and were not discussed at anytime during the program. These diaries were collected by the author at the end of the whole program. Each of these sessions is described in brief below:

Table 1. Questions for homework during the movie club

Film	Clip description	Question
<i>Un Amore A Taire</i>	Scene 1: (0:28:00-0:30:54) - Jean lies in the lap of Sara, who loves him but has recently realized that he is in love with his friend Philippe. Sara tries to kiss Jean, but he pulls back and explains to her about his feelings about her, himself and his partner. This is an intense and powerful dialogue between them.	<ol style="list-style-type: none"> 1. Is it alright for Sara to allow Jean to lie down in her lap despite knowing Jean's orientation? 2. Express your opinion about this intense talk.
	Scene 2: (0:40:10-0:45:35) - Jean's brother Jacques sees him kissing Philippe after which he confronts him. Jacques appears homophobic in the beginning of the talk but later as Jean convinces him, he is subdued.	<ol style="list-style-type: none"> 1. Express your emotions on the kissing scene between two men. 2. How would you help a client who comes to you for help for not being able to deal with his brother's homosexuality?
	Scene 3: (1:16:45-1:18:31) - a gay man is burnt alive in the concentration camp.	<ol style="list-style-type: none"> 1. Express your feelings. Did you know that some countries have capital punishment for homosexuality?
	Scene 4: (1:34:19-1:42:17) - Jean gets down from the train that has come back from the Dachau concentration camp but he has been almost rendered vegetative by some operations on his brain by the psychiatrists.	<ol style="list-style-type: none"> 1. Express your feelings at this plight of Jean. 2. Describe how psychiatry's attitude towards homosexuality has changed with time.
<i>Bent</i>	Scene 1: (0:22:25-0:23:25) - Max makes a compromising deal with his uncle Freddie in order to get two tickets to Amsterdam for him and his gay partner. In return he agrees to marry a girl of the owner of a button factory.	<ol style="list-style-type: none"> 1. What are the motivations for gay men to enter into heterosexual marriages? 2. What sort of compromises do gay men make when they decide to marry women?
	Scene 2: (1:32:00-1:35:45) - Max's friend from the concentration camp gets killed in front of his eyes by the Nazi. Max is asked by the Nazi to get rid of his friend's dead body when he holds the dead body and expresses his love for him.	<ol style="list-style-type: none"> 1. What feelings does the character of Max evoke in you, as you know that he comfortably pretends he is not gay throughout the film plot?

1. *Un Amore A Taire*: the session began with an introduction to some words for the participants such as queer, faggot/fag, bent, poof, LGBTIA (lesbian, gay, bisexual, transgender, intersex, asexual) etc. The participants were given information about Third Reich or Nazi Germany, their concentration camps, and the badges used to categorize people in these camps. All the participants were then divided in pairs. They were told that each person (e.g., A) in a pair was best friend with the other (e.g., B) from that pair since many years and now one is coming out to the other. The pairs were given 10 minutes to plan out the script along which their 'coming out' role will be played. They were not told if the reaction of the other friend in the pair will be negative or positive; they were free to decide the way their scripts would portray this situation. This role play wasn't mandatory for them to enact because of which one participant refused to participate in it. This role play was planned in order to make the participants comfortable with a friend who may be gay and coming out to them and also to make them comfortable acting as gay.

This was followed by screening the film with predetermined pauses during which participants were asked questions that they were supposed to answer as home-work (Table 1).

2. *Bent*: the session began with a role play where two male participants were asked for voluntary participation. One of them had to act as a counselor and the other had to act as a gay client who comes in for consultation (for stress or anxiety related issues) to this counselor. Another female participant was asked to act as a straight client. Both the 'client' participants were separately instructed beforehand that they will have to cross the therapeutic boundaries and ask personal questions to the counselor who was totally unaware of what was going to happen. He was instructed to deal with the two consultations as he thought was appropriate. The female participant was the first client followed by the gay client. This activity was planned to introduce the participants to issues such as transference-countertransference, and crossing of therapeutic boundaries.

Participants were then given a brief overview of the way many gay men and lesbian women live 'double life' due to the fear of being rejected by their loved ones. They were then introduced to the concept of MSM circle (Men who have sex with men) proposed by Kavi [11], since this was a culturally appropriate model for alternate sexuality and was applicable to Indian situations. This model enumerates individuals who live such double lives. The film screening was again paused at various clips to put questions to

participants. After the screening, participants were asked to volunteer for finding out more about *Shivalinga*, *Ardhanarishwara*, *King Bhagiratha*, and *Lord Ayyappa*. These are various mythological figures and Indian Gods who were born out of homosexual intercourse or are gender-challenging¹ [8]. The volunteering participants were expected to present brief information on these in an upcoming film session, which was based on religion and homosexuality.

3. *The Birdcage*: Although widely critiqued as a caricature portrayal of effeminate gay men, this film was chosen since it portrays the subtle nuances of having gay parents, extreme views by the father of the bride-to-be and the role that religion plays in the lives of people with alternate sexuality. The session was started with an introduction to the gay culture, giving an overview about pride parades and pride flags, which though considered Western movements, are increasingly being organized in current Indian gay/lesbian movements. The film was screened following which a few participants were selected to do home work on finding out views of different religions (such as Christianity, Islam, Hinduism, and Buddhism) on homosexuality.
4. *A Jihad for Love*: This session began with an introduction to the complex interface of religion and homosexuality that often leads to emotions of anger, guilt, self-hatred, and shame. Since this was a documentary and did not have any storyline, it was screened with multiple pauses throughout in order to hold participant's attention and interest in the session. During these pauses, the participants shared their home-work and gave insight on various mythological figures and religious views of homosexuality to the rest of the participants.
5. *Soldier's Girl*: Participants were introduced to the 'Don't ask, don't tell policy' that restricts the US military from discovering or revealing the sexuality of closeted gay or bisexual service members. This was followed by film screening and summing up of the entire movie club.

Post-Movie Club Follow-Up

On the last day of the movie club, participants were given ATG for a post-session scoring. As seen in Table 2, the movie club had a positive effect on attitudes of participants by reducing their minimum and maximum score ranges. The mean scores of ATG reduced from 35.1 (pre-session) to 24.2 (post-session),

¹ This word gender challenging is used especially with reference to *Ardhanarishwara*, who could not be classified as gender variant or transgender. *Ardhanarishwara* is a form of Shiva, the lord (*Ishwar*) who is supposed to be half (*ardha*) woman (*nari*).

Table 2. Pre- and Post-movie club ATG Scores

	ATG Scores	
	Pre-movie club	Post- movie club
Minimum	17	13
Maximum	76	37
Mean	35.1	24.2

Table 3. A one-year follow-up after the movie club

Q1- In the one year of your psychiatric practice after this movie club, have you ever come across any LGBT client?

Q2- If your answer to Q1 is yes, would you say that attending this 'movie club on male homosexuality' affected your therapeutic dealings with this client?

Q3- If your answer to Q1 is no, do you think that if in future you get such a client, you would be in a better position to understand the client and help him/her?

Q4- What essential therapeutic skills and qualities do you feel that you have gained from this movie club? (for example: empathy, compassion).

Q5- Has the movie club affected your attitudes towards LGBT individuals? (Answer in yes /no).

Q6- If your answer to Q5 is yes, then in what way?

Q7- If your answer to Q5 is no, then why do you think that your attitudes haven't changed? (For example: some factor in yourself as an individual, the films that were used were not enough to affect your attitudes).

reducing it by almost 10 points. There was thus a clear positive change in their attitudes with lowering of scores showing a more positive attitude towards male homosexuality.

The participants were again contacted a year later through emails specifically asking them questions to assess if the change in attitudes made by the movie club was sustained over a period of time (Table 3). Eight out of the 10 participants responded to this mail while the remaining 2 did not respond even after 3 repeated attempts to contact them. Four of the eight participants had come across a lesbian /gay client in their one year of psychiatric practice following the movie club. All of these 8 participants agreed that the movie club '*...affected their therapeutic relations with these clients.*' Even those who had not come across such clients considered themselves '*...in a better position to help such clients in future.*' Participants mentioned that '*...the movie club helped them become more empathic towards such clients and gave them a better understanding of the difficulties that such individuals*

face in their day-to-day life.' The movie club '*....made them more accepting of such clients as part of our society and taught them how to treat them with respect and unconditional positive regard.*' A lot of their misconceptions about lesbian/gay individuals were cleared through the movie club and one participant reported that she '*.....also lost her inhibitions in dealing with such clients and became more open-minded after the movie club.*' One participant went on to describe how she '*always thought that LGBT individuals were abnormal, dirty, someone not good or pure. However after attending this movie club, she considers them as human as she is.*' Another participant described that '*...a kind of hatred was replaced with empathy.....and this was a paradigm shift for him.*'

Conclusion

Medical education around the globe in general but resource poor countries in particular is currently facing many challenges. One of these is exploring newer ways of teaching keeping in mind, both time constraints and student boredom. Film clubs and cinemeducation sessions are teaching methods that could help deal with the two. The former may be slightly more time consuming than the latter. The movie club described in this paper used films along with other methods of teaching such as problem based learning (PBL), role playing, feedback, self-study, group tasks, logbook etc. It is likely that the trainer can get good results by combining these methods together in various sessions. This movie club was intended to sensitize psychiatry trainees towards male homosexuality and teach them about the associated psychosocial issues. This also included an attempt to see if their attitudes were affected in the process. Seeing characters in films can give life to different experiences and issues, thus giving a better understanding to the trainee, perhaps better than reading textbooks or mere case presentations. The movie club affected participant's attitudes to male homosexuality, a positive change that was sustained even after a year of attending it. This sustained effect is less likely to be seen with other conventional methods of teaching such sensitive issues. It would be interesting to see what effects such an endeavor will have if replicated in other countries and cultures.

Limitations

It is worth noting that films selected for this endeavor are fictional and not necessarily true stories. There could be problems with cinematic construction of alternate sexualities in such fictional films. In addition, all these films were Western and were used to sensitize psychiatry trainees in India. The reader needs to note

that the author used these films as a personal choice considering that there is a dearth of Indian films sensitively portraying male homosexuality. However, the attempt was to sensitize them to what it is to be homosexual in general and not necessarily in India. It is best left to the trainer to choose the films.

The number of participants in this club was small and even fewer out of these could be followed-up a year later. This may make it difficult to generalize the findings. The complex mix of activities used by the author such as role-plays, self-study, PBL, can make replication of this endeavor nearly impossible. However, one needs to understand that this paper describes the way a trainer can combine different methods of teaching to sensitize trainees to sensitive issues and achieve better engagement on the part of participants.

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