Residency training is a complex educational process in which new physicians gain proficiency with technical information, manual skills, and physician-patient communication. These aspects of training are relatively easy to observe, quantify, and evaluate. But, residency is also a time when young men and women work closely with the raw realities of life and death and may confront profound questions of self and meaning in life. This generates an emotional journey during residency that is vitally important to professional development but that may seem shadowy and elusive to faculty.

A helpful model for understanding the emotional dynamics of residency is that of the hero’s quest. Described in Joseph Campbell’s The Hero With a Thousand Faces,1 the hero’s quest is a set of thematic elements that recur in the heroic myths of many cultures and traditions. These themes include the call to adventure, crossing the first threshold, the road of trials, the ultimate boon, and the journey back. The ubiquitous nature of these elements caused Campbell to assert that they represent a map of the human unconscious, a creative picture language of emotional development by which we might better understand how a properly prepared individual engages life’s great challenges. The model of the hero’s quest has been used to describe certain important features of the medical career.2,3 This essay further explores how the hero’s journey is manifested in a family practice residency, emphasizing some of the more important roles faculty play in that journey.

The Call to Adventure
At the start of the quest, the hero is leading a normal life when unique or unusual events call the hero forward into the adventure. In fairy tales, this might be an encounter with a talking frog,4 or, in mythology, an oracle might give a prophetic reading.5 In medical training, this call generally happens long before residency faculty meet a new trainee, but the event may be memorialized in personal statements used when applying for training programs. It has been postulated that unresolved fears, generated by events such as illnesses in childhood, act as the unconscious engines that propel young adults toward medical careers.2 Nevertheless, these are unrelenting, powerful forces that create a career and, through that career, affect the lives of many. Faculty are aware that the call can be resisted, and such resistant residents can have persistent problems with focus and motivation.6,8 The call to adventure may also be fully embraced, producing residents who weather the trials of their training with resilience.

Crossing the First Threshold
In mythology, heroes must cross over a threshold between the waking world and a supernatural realm or leave their homeland for uncharted waters. July 1 frequently marks the day of departure, when interns assume the role of physician and experience their first night of call. For our purposes, all of medical school may be viewed as a vast preparation for this departure. The initiates have listened to tales of what has happened to others who have gone before them and have first practiced many of the skills that will be needed to persevere in the unknown realm. When crossing the threshold, the heroes of mythology are often given charms or other devices that are intended to give them protection on their quest. Residency faculty are intuitively aware of this when they give interns pocket cards and advanced cardiac life support books, which serve intensely practical purposes but are also emotionally reassuring. These talismans let the initiates know that the powers of the residency program are there to assist them as they step into this strange and formidable land.

The Road of Trials
The road of trials is an easily recognizable component of the hero’s journey and can be seen in such diverse renditions as Homer’s Odyssey, the labors of Hercules, or Psyche searching for her lover in the underworld. In this phase of the journey, the great feats (or defeats) of the hero occur; new powers are...
realized, strange beasts are fought, and benevolent guides are encountered. The day-to-day activities of the residency program set the stage for the road of trials. In the emotional realm, routine activities become the screen onto which intense emotional struggles are projected. The resident may battle insecurity and self-doubt, suffer the consequences of excessive hubris, or be torn between expanding professional responsibilities and personal desires.

The supernatural feats on the road of trials are all the “firsts” for the resident: the first delivery, the first endotracheal intubation, and the first successful cardiac resuscitation. These first acts can have profound personal meaning, as residents discover that they have powers beyond those they ever knew. Darker firsts are no less profound: the first death, the first harmful mistake, and the first needlestick injury. These encounters are also imbued with intense emotional energy and can significantly challenge a resident’s resolve. Faculty should be aware of the heightened emotional intensity of these events for residents. They must help residents put the events into context and gain a better understanding of the mature physician’s true abilities and limitations.

In mythology, many strange beings are encountered on the road of trials who either pose a threat to the hero (including various dragons, Grendal, and Cyclops, to name just a few) or who intervene with a bit of magic or advice at just the right time (such as a benevolent god or charmed princess) to see the hero through. Although it is natural for faculty to want to count themselves among the benevolent oracles, actually they will be seen as both a threat and a guide at various times throughout training. Whenever a resident is lured toward desires that distract from the quest or the hero’s role, the faculty must call the learner to a higher response. Being “pulled up short” will be seen as monstrous to the frustrated hero, and the faculty member may become demonized and resisted. Consider the plight of Odysseus’ crew. To sail past the Sirens, they must lash the hero to the mast of the ship where he reviles and curses them all, screaming to be set free. Yet, the survival of everyone depends on the crew ignoring his demands. Once the self-interested desires of the conflicted resident are cleared away, the resisted faculty member will hopefully be seen in his or her true raiments—as another guiding force on the path to self-discovery.

The Ultimate Boon

In many heroes’ stories, there is a goal at the end of the quest that has great importance to the hero or to the hero’s community. This could be the fire of Prometheus, Jason’s Golden Fleece, or the Arthurian knight’s Holy Grail. According to Campbell, the boon is symbolic of alignment with the forces of life and death that regenerate and sustain our world. Throughout the journey of residency, family practice residents must work with both the beginnings of life and the multifaceted degenerations leading to death. The culmination of their quest is an emotional integration of these seeming opposites into some larger encompassing reality. Successful integration is the ultimate boon, since it will allow the physician to practice with compassion and humility, in concert with the unalterable tragic-comic forces of life.

Achieving the ultimate boon is a personal act. The faculty can support, encourage, and guide. In their darker forms, faculty may frighten, conspire, and challenge. But in the end, the learner must develop his or her own deeply personal, intimate knowledge of the great dynamics of life. For the family practice resident, these include conception, birth, transition, suffering, and death. If the initiate stops short of this daunting goal, the journey’s value risks being reduced from enduring myth to mere fairy tale. For, without further insight or experience, such a doctor’s future practice risks being jeopardized by shallowness and subtle avoidance of the central issues in patients’ lives.

The Journey Back

Once heroes have achieved their goal, there remains the final task of returning to the normal world and sharing the boon with the members of the hero’s community. While this would seem to be the natural resolution of the myth cycle, stories abound of troubles returning. In mythology, we see Rip van Winkle, upon awakening and returning to town, being denounced as a Tory spy, or Jason who returns home to find his parents dead and the kingdom in dissaray. The problems of the journey back are those of manifesting radical internal changes in the external world. While some element of withdrawal is fundamental to the hero’s journey, the greater community allows a period of separation only in anticipation of the sharing of the boon. Successful reintegration is the key final and, for some, most difficult step.

When Theseus entered the labyrinth to slay the Minotaur, he received from Daedalus (the builder of the labyrinth) a ball of thread to help the resident prepare for the re-attachment to the greater community and sharing or strengthening their own ties to the world beyond the hospital or clinic. Discussions of expectations for practice and reflection on coping strategies can help the resident prepare for the return. Also, since integration is a key concept of family medicine, the discipline itself contains seed values that support resident reintegration. The process of reattachment probably begins well before the end of residency, as call schedules traditionally lighten, and residents often
have more energy to look beyond their personal trials. When successful reintegration occurs, the hero role—a youthful becoming—is finally retired for a more adult archetype that stresses relationship over personal conquest.10

The Turning of the Wheel

Residency faculty facilitate the cycle of residents coming and going, watching the sublimation of egos into the larger and ultimately irresistible forces of life. Those residents who, like Parsifal, are courageous, open-hearted, and fully engaged in the quest, do well. But, most are more frail heroes, who occasionally stumble and become lost, frightened, or confused. Faculty play an important role, welcoming residents at the gates of medicine and acting as both benevolent guides and critical challengers. While teaching the more prosaic skills of clinical practice, faculty hold residents to a path that leads ever closer to some of the central, terrifying energies of life. At their best, faculty help residents walk that path as close to the regenerating fires as they are able. Faculty must then work to remove obstacles that might stand in the way of a successful emotional reconnection and facilitate the program graduates taking the boon of a deep, rich, mature understanding of self and medicine to their families and communities.

The superficial trappings of family medicine education—call frequency, longitudinal rotations, clinic frequency, and the like—will change with time. However, the subterranean emotional realities of residency will remain as long as young men and women seek the knowledge needed to be fully humane physicians. Family medicine faculty, in whatever forms their programs take now or in the future, will always be privileged to guide these heroes on their quest.

Corresponding Author: Address correspondence to Dr Neher, Valley Medical Center Family Practice Residency, 3915 Talbot Road South, Suite #401, Renton, WA 98055. 425-656-4287. Fax: 425-656-5395. jneher@vmc.fammed.washington.edu.

REFERENCES