

# Use of the Film *The Bridge* to Augment the Suicide Curriculum in Undergraduate Medical Education

Carolina Retamero · Leorah Walsh ·  
Guillermo Otero-Perez

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## Abstract

**Objective** The purpose of this study was to evaluate the use and reception of the movie *The Bridge* as complementary to the suicide curriculum of medical students.

**Method** One hundred eighty second-year medical students watched *The Bridge* as a part of the neuroscience curriculum in understanding suicide. They completed a pre- and post-movie survey regarding the understanding of suicide risk, reasons for suicide, prevention of suicide, and impact of suicide on surviving families. The percentage of answers in categories agree, strongly agree, disagree, and strongly disagree were calculated. The significance of results was calculated using paired *t* tests. Students were also asked to comment on the movie. The comments were grouped according to themes, and the percentages of comments on each theme were calculated.

**Results** Students consistently reported they found watching the movie *The Bridge* to be valuable. Students were very receptive to the idea of using a movie to augment instruction on suicide and agreed that it reinforced concepts used in lecture. They also believed that *The Bridge* should be shown to people in the medical field, and more than 80 % of students had detailed comments to make about one or more people in the story or about the story in general.

**Conclusions** *The Bridge* represents a useful method for instructing students and residents on suicide and has utility

in medical education. It can and should be used alongside lectures for assisting in education about suicide.

**Keywords** Medical students · Psychiatry clerkship · Teaching methods · Suicide

Suicide was the 10th leading cause of death in the USA in 2009 [1]. In 2008, 3.7 % of the adult population had serious thoughts of suicide in the past year, 1.0 % made a suicide plan, and 0.5 % attempted suicide [2]. Most individuals who attempted or completed suicide had received medical care around the time of the event. Forty-five percent of patients who committed suicide had contact with their primary care physician and 20 % with mental health professionals within 1 month of their death [3].

Medical school curricula include instruction on psychiatry, as well as instruction on suicide and suicide prevention. This is of particular importance given the nuances and sensitivity needed in understanding both process and content in suicide assessment and treatment. A variety of different methods have been used to address this issue. These include interventions such as simulated patient activity [4], use of clinical vignettes [5], and the use of film [6].

Given the high rates of suicide and likelihood of non-psychiatric clinician exposure to a person who attempts suicide, contemplates suicide, or families that are survivors of suicide, the medical school curriculum to address this topic needs to be thorough, thoughtful, and effective. One of the ways that a topic can develop more vitality and more multifaceted understanding is through multimedia education, particularly the use of film.

Movies have been shown to enhance learning and knowledge retention because they provide emotionally evocative

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Note: Drs. Retamero and Walsh were affiliated to Temple University Department of Psychiatry, Philadelphia PA by the time this study was conducted.

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C. Retamero (✉) · G. Otero-Perez  
Department of Psychiatry and Behavioral Sciences, Einstein  
Healthcare Network, Philadelphia, PA, USA  
e-mail: retamerc@einstein.edu

L. Walsh  
University of North Carolina, Chapel Hill, NC, USA

experiences to the learners [6]. Moreover, movies show vivid examples of psychopathology in a real-life context [7, 8], stimulate a reflective attitude in the learner, and address the humanistic perspective to help students understand patients in a new context [6, 9–13].

The survivors of suicide are defined as family, friends, caretakers, and clinicians that survive someone's suicide. It is estimated that for every completed suicide, there are at least six survivors of suicide who are at higher risk of suicide than the general population [14]. The authors propose that the documentary *The Bridge* [15] which is particularly noteworthy for the factual yet emotional portrayal of suicide and the impact of suicide on surviving family members should be used to augment a traditional curriculum. In this article, we will provide a brief summary of the documentary and highlight discussion points from the documentary. We will then discuss how it was integrated into the curriculum and qualitative measures obtained from sessions done with medical students.

### The Bridge

*The Bridge* documentary is 96 min long and was released in 2006 by Eric Steel, who used a 10-to-12-person crew to train his cameras continuously on the Golden Gate Bridge in San Francisco. They filmed the full expanse of the bridge from January to December 2004 and taped 23 of the 24 suicides that occurred that year. He then filmed over 100 h of interviews with families and friends who had survived the suicide of a loved one, with people who witnessed the suicide attempts, and with a person who survived a suicide attempt [16, 17].

The movie is structured by interlaced sections of interviews of witnesses, family members, and friends with footage from the Golden Gate. It is important to note the footage from the Golden Gate Bridge will show visitors walking around the bridge, but occasionally without warning, persons will be shown jumping off the bridge. It is important when discussing the movie that the audience be warned that this is will happen. The interviews with the survivors of suicide are very rich in details about each one of the victims' past history and last days before their suicide. It also inadvertently displays the stages of grief for each survivor of suicide. These group stories can be used during the discussion to review risk factors.

### Suggested Movie Discussion

The authors recommend if instructors choose to use *The Bridge* in their own curriculum that they watch the movie in its entirety first and reflect on their reactions to the content of the movie. We do not recommend using this movie in a suicide curriculum if the instructor has not processed the film prior to discussion. It is important for instructors to review the

literature on Survivors of Suicide prior to discussing film. The American Association of Suicidology offers some excellent references on this topic, in particular the Survivors of Suicide Handbook [18]. Given the disturbing nature of its content, students should be warned beforehand of the content and the purpose of showing the film. The film should only be shown in a setting where there is the potential for debriefing and discussion after the film is complete. Instructors should be attuned for the potential of students having difficulties in coping with emotional difficulties the film may evoke. It is important to remind students that if they feel uncomfortable they can leave and remind them of your availability for discussion.

Movie discussion should be started with allowing the audience to express their reactions to the movie. Table 1 is an accurate representation of the various questions and reactions that could arise during the discussion of this movie and enclose various topics that are important to suicidology that are not traditionally discussed in suicide curricula or articles such as the following: How do I react to persons who are frequently voicing suicidal ideas?; Do persons who attempt suicide ever change their minds?; How are the stages of grief different for a survivor of suicide, and what does a resolved grief look like?; What are some of the consequences of foregoing a suicide assessment?; What is our role as physicians to patient's who express suicidal ideas? We have found that using the film to address some of these inquiries has been very instructive to the students and have enriched us as instructors. Therefore, reviewing the comments on this table will be helpful to prepare appropriate responses to the comments. Some audience members might not have any initial reactions, and some might be disturbed about any of the vignettes. In most of our discussion, we have found invariably that audience members will approach us privately or contact us through email to discuss further reactions to the movie. Instructors should be prepared for this eventuality.

Another strategy instructors might also consider, if appropriate, is to have the audience follow each of the vignettes and collect pertinent information such as psychiatric symptoms displayed by the victims, past psychiatric history, and risk factors for suicide. In the next paragraphs, there is a summary of the five main vignettes as told in *The Bridge* and some of the suggested discussion points for each vignette along with literature that supports the discussion points:

#### Gene

Gene was a 34-year-old product of an initially unwanted pregnancy. He was a depressed child with cyclical moods, often making suicide threats but no prior attempts. As an adult, he had difficulty finding a job and had trouble with relationships although his friends described him as a very loving person. Some of them later recalled that there was nothing holding him back from committing suicide after his mother's

**Table 1** Students' narrative comments

Person	Comments
Gene	<p>"Hearing his story made me wonder more how to tell the difference between someone's joking and actual suicidal thoughts."</p> <p>"The fact that he 'cried wolf' to his friends and family, allowing them to be more carefree about the concept was a little unsettling to me, because I feel that I would begin to ignore the threats of a friend who made them constantly."</p> <p>"Gene seemed to lead a very tortured life. I hope he has found peace."</p> <p>"Interesting point made from his friend who is angry with him because his suicide hurt all of the people who loved him."</p>
Kevin	<p>"Of all the stories, his gave hope of actually being able to provide help to pts with suicidal thoughts."</p> <p>"Amazing he survived"</p> <p>"Hearing Kevin describe his failed suicide attempt and how his thought process changed once he jumped was very powerful."</p> <p>"I'm glad he survived and was able to tell his story and tell us how he felt and how he still feels about his condition"</p>
Phillip	<p>"I found his father's response and acceptance fascinating."</p> <p>"The parents seemed to understand that this was the only way their son could find relief."</p> <p>"Very sad"</p> <p>"It seemed as though his father had accepted he was going to kill himself, maybe could have worked harder to help him."</p> <p>"Seemed like his parents thought he was destined to commit suicide. Very young"</p>
Elizabeth "Lisa"	<p>"Really angry with her mom!"</p> <p>"Very troubling, seemed very sick and no one could help"</p> <p>"Her brother needs to come to terms with the suicide"</p> <p>"Seemed trapped in her own body"</p> <p>"I wish her mother had checked up on her for Easter dinner, because that was a big change for her."</p>
Daniel "Ruby"	<p>"I felt as if she was selfish to say she needed alone time."</p> <p>"His friend should have opened her door to him; I feel sorry for her that she has to live with that."</p> <p>"His friend should go to jail for giving him meds."</p> <p>"He seemed to be reaching out but his friends didn't know how to handle it"</p>
Additional comments	<p>"The film made me wonder what our role as physicians is and how much we should allow the pt to abide by his/her own wishes."</p> <p>"It may have been a good idea for the director to have included a statement about measures taken to stop the jumpers. It seems unethical in the way presented."</p> <p>"Very eye opening"</p> <p>"Made me very sad, I felt kind of helpless"</p> <p>"Thank you for showing and discussing the movie"</p> <p>"Who could film these people jumping?"</p> <p>"I thought this was a very informative film and a good way to supplement lecture."</p> <p>"I wish it addressed more ways in which family and friends could successfully intervene."</p>

death. Gene's story showed how survivors of suicide struggle to make sense of the motives and perspective of the deceased. It illustrated the anger and guilt experienced by survivors of suicide, as well as feelings of rejection and abandonment by the person who committed suicide [18, 19].

#### Phillip

Phillip was a 22-year-old whose parents reported that he had planned his suicide for months, including the location and time that he would do it. He had a long history of depression with multiple prior suicide attempts and multiple hospitalizations. He was preoccupied with the Golden Gate Bridge and took pictures of the bridge on multiple occasions before jumping. Immediately before jumping, witnesses heard him say "It's a long way down." Phillip's family illustrates the ambivalence that can be experienced by survivors of suicide, which is similar to family members of people who succumb to long-term illness [19]. Phillip's father did not want him "to feel imprisoned any longer," and his suicide was not completely unexpected by his family.

#### Kevin

Kevin was a 25-year-old who survived his suicide attempt from the Golden Gate Bridge. He suffered from bipolar disorder since high school with very severe psychotic breaks and multiple previous suicide attempts. Kevin reported that his father "caught on" that he was "not right" and suspected that he was going to harm himself. His father tried to take him to work on the day of his attempt but Kevin lied about his suicidal intentions and proceeded to the bridge. As soon as he jumped, his first thought was "I don't want to die." Kevin's story gave a rare insight into the thoughts of people who survive a suicide attempt and what they feel immediately prior to, during, and after the attempt. Kevin also talked about how this suicide attempt changed his life.

#### Elizabeth "Lisa"

Lisa was a 44-year-old who experienced her first psychotic break with severe paranoia and hallucinations shortly after the death of her father. Her schizophrenia worsened over the years

and was difficult to control; eventually, she ended up in an assisted living facility. Some factors that may have contributed to her suicide were her roommate's death by suicide shortly before her own attempt and feelings of abandonment by her family. Neither family nor staff at her residence identified signs that Lisa was going to attempt suicide. Her story provides an example of a family whose members are at different stages of grief. Her story also showed how grief can be experienced in a more complicated manner by survivors of suicide [18, 19].

#### Daniel "Ruby"

Ruby was a 52-year-old whose sister committed suicide. Prior to his own attempt, he had lost his job, become homeless, and suffered from severe depression and insomnia. He was uninsured and did not have access to psychiatric care so one of his friends gave him antidepressant medications. His depression continued to worsen, and he confided in his friend that he was planning to commit suicide. His friend admitted that, although she was concerned for him, she was overwhelmed with her own problems and decided not to deal with it. She never heard from Ruby again. His suicide demonstrated how the unemployed often cannot obtain affordable insurance and have limited access to health care. It also showed that suicidal threats should be taken seriously and require psychiatric evaluation and treatment.

### Discussion with Medical Students

Second-year medical students participate in a required month-long neuroscience/psychiatry course as part of their curriculum. This includes an hour-long conventional lecture on suicide followed by a problem-based learning workshop with case discussion. In order to complement the students' understanding of suicide, survivors of suicide, and suicide risk factors, they were shown the movie *The Bridge* and subsequently participated in an hour-long discussion with a faculty member. Students completed a questionnaire on attitudes about suicide both before and after watching the movie. These included questions regarding their beliefs about suicide and the use of films as an educational aid. They were also asked to provide added comments on the individual stories as well as the movie overall. In order to increase participation in the survey, students were offered two points towards their final psychiatric grade if they completed both the pre- and post-surveys.

Out of a total of 196 students enrolled in the neuroscience block, 180 filled out both the pre-movie and post-movie questionnaires. The data were analyzed using Excel; mean, standard deviation, percentage of students who agreed or strongly agreed, and the percentage of students who gave a

response choice were calculated for each question. For each paired question, the pre-test and post-test means were compared using paired *t* tests.

### Results from the Discussion with Medical Students

Of the students surveyed, 91 % had experienced film in medical education prior to watching *The Bridge*, but only three (1.7 %) of the students had previously seen the movie. Four students (2.3 %) commented that they felt obliged to watch the movie even though they did not want to. Two students needed a referral to therapy after watching the movie as it evoked past events in their personal lives.

A majority of students provided comments on the movie, with 85 % commenting on characters in the movie and 58 % making additional comments (Table 1). It is worth noting that most of the comments are representative of points that the students raised during the discussion piece of the activity. Furthermore, the comments on this table can help the reader prepare themselves for a future discussion should they choose to do so.

The results of paired questions are shown in Table 2. Most students were very receptive to the idea of using a movie to augment instruction on suicide, as shown in the high percentage of students pre-movie and post-movie who believed movies have value in helping them to understand suicide (pre-movie 90.6 %, post-movie 89.4 %). They agreed that watching and discussing a film reinforced concepts learned in the lecture (pre-movie 92.2 % agreed, post-movie 88.3 % agreed) and disagreed that using films for education was a waste of time (pre-movie 90.6 % disagreed, post-movie 91.1 % disagreed). They disagreed that if a patient really wants to commit suicide, there is nothing we can do to help (pre-movie 88.5 % disagreed, post-movie 85 % disagreed,  $p=0.001$ ). Most students felt that lectures alone were not sufficient to understand suicide, with a small but statistically significant increase in the percentage of students who felt lectures were not sufficient (pre-movie 74.4 %, post-movie 81.7 %,  $p=0.001$ ). In addition, of the students who made comments on the movie, 68 % commented unprompted that they liked the movie or found it interesting, 5 % did not like the movie, and 3 % found it useless.

The unpaired questions on the post-movie survey indicated that after watching the movie, students felt they had a better understanding of the risk factors for suicide (85 % agreed), understood the stigma faced by survivors of suicide (85.0 % agreed), and understood what the last days of a suicidal patient were like (90.0 % agreed). They believed that *The Bridge* should be shown to other people in the medical field (80.6 % agreed).

**Table 2** Comparing paired questions pre- and post-test

Questions	Pre-test percent agree or strongly agree	Pre-test percent disagree or strongly disagree	Post-test percent agree or strongly agree	Post-test percent disagree or strongly disagree	<i>p</i> value ( <i>t</i> value)
1. Lectures alone are sufficient to learn and understand suicide	24.4	74.4	17.8	81.7	0.0010 (3.34)
2. Movies have very little value in helping me understand suicide	8.9	90.6	10.6	89.4	0.0948 (1.68)
3. Persons go through the same grief process regardless of the nature of the death of their friend or relative	4.4	94.4	5.0	95.0	0.6251 (0.49)
4. Watching and discussing a film reinforces concepts learned in the lecture	92.2	6.67	88.3	10.0	0.8565 (0.18)
5. Society today no longer stigmatizes suicide	2.2	97.2	0.6	98.9	0.3588 (0.92)
6. Once a patient decides to commit suicide, it is very rare that they will have second thoughts	2.2	97.2	3.3	96.1	0.8990 (0.13)
7. Antidepressants are the treatment of choice to deal with suicide	30.56	64.4	31.1	64.4	0.9484 (0.065)
8. Patients who repeatedly threaten suicide probably have borderline personality disorder, and their threats should be taken very lightly	2.78	97.2	2.2	97.8	0.1596 (1.41)
9. I have problems understanding the grief process of survivors of suicide	32.78	66.1	28.3	70.6	0.4204 (0.81)
10. If a patient really wants to commit suicide, there is nothing we can do to help him. Eventually he will do it	9.44	88.9	11.1	85.0	0.0010 (3.31)
11. Using films for education is a waste of time	5.56	92.2	5.6	91.1	0.6523 (0.45)

## Discussion of Results

The documentary *The Bridge* offered unique access to different aspects of suicide not often discussed by telling the story of family members, friends, and victims of suicide. Students who viewed the movie indicated that a majority of them found that it was useful to use a movie to augment education in general and that viewing *The Bridge*, in particular, was helpful in understanding suicide. After watching the film, students reported a better understanding of the risk factors for suicide, the stigma faced by survivors of suicide, and the last days of people that commit suicide. They further believed that *The Bridge* should be shown to medical students, residents, and others in the medical field. Interestingly, a greater and statistically significant number of students agreed with “if a person wants to commit suicide, there is nothing we can do to help him” after watching the film. We believe this increase may be secondary to the nature of the film as most of the subjects had struggle with depression and past suicide attempts until they finally completed suicide. It is important to recognize this possible reaction to add it to the post-film discussion. A surprisingly large number of students had detailed comments to make about one or more people in *The Bridge* as well as the movie in general, suggesting that the movie may have evoked significant empathic responses to the characters in the students. Two students contacted us after the discussion to express issues of their personal lives and to request guidance and counseling. These students admitted that they had not had the

chance to enroll in therapy and were assisted by the medical school and psychiatry department. We hope that being able to identify these students so early in their career and help them with grief is invaluable to their future as physicians and will help enable them to perform complete suicide assessments.

Some limitations in our findings were that we did not have a control group on attitudes of students concerning suicide who did not watch the movie. It also did not address the issue of where in the suicide curriculum would the showing of the movie be most useful. There was very little variation in the generally sympathetic student attitudes about suicide victims before and after viewing the film. One area of concern was the ethics of creating a documentary that included actual footage of suicides. However, despite the fact that most students found the subject matter unsettling, they disagreed that it was unethical to view the movie. There is also a potential bias as students might have made more comments as a result of the two-point incentive in the final grade. It is worth noting that the authors have used the film for education outside of the scopes for this study numerous times. We believe that the comments are reflective of our other experiences using this movie as a teaching tool. In addition, the questions covered in the survey were all by self-report and do not provide an objective measure of change in attitudes or change in knowledge. This self-report could result in overreporting positive information or overestimating the change this film had on students. As such, a quantified value of what students have learned cannot be identified and these authors recommend



further study of the use of film in medical school education containing a more objective component.

In summary, *The Bridge* represents a useful method for instructing students about suicide and provides an additional means for helping them gain a deeper understanding of suicide. It gives a unique window into the lives of people who have committed suicide and of survivors of the suicide that cannot be fully appreciated through lectures alone. Our results indicate its utility in medical education and support its regular use alongside lectures for assisting in education about suicidality. We believe *The Bridge* should gain more widespread use to enhance education on suicide.

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