Health Humanities and Its Satisfactions

Johanna Shapiro, Ph.D.

It is always a mixed blessing to revisit old work. On occasion, you are struck by how smart you used to be. More commonly, you regret turns of phrase, perhaps a lack of nuance or subtlety of argument, even entire conceptualizations. In the case of "Medical Humanities and Its Discontents," the article is an accurate reflection of the authors' personal intersections with medical humanities at the time of its publication. However, upon rereading, I'm struck by its pessimism. Even its recommendations fall more within the realm of wish fulfillment than actuality. Fortunately, in the past 5 years, from my perspective the field has taken great strides toward addressing our earlier concerns and implementing our idealistic vision. Given the chance, I would modify the article in several ways.

I would start by calling it, "Health Humanities…" (1). This may seem mere semantics, but in fact, as has been argued, this term represents a broader, more inclusive approach than the earlier designation, one that welcomes a range of health professionals even as it shifts the focus to embrace health and wellbeing as well as a more pathological orientation.

Second, while definitions of health humanities remain fuzzy, my view is that today there is more comfort with this big, admittedly at times unwieldy, tent and less need for precision definition. This is due to the fact that the conversation about the goals of health humanities has become clearer, crisper, and also more flexible. It is also because it has become *de rigeur* that scholars and professionals from many backgrounds and diverse training and worldviews can beneficially work in pursuit of these ends (2).

The definitional elements we included then still have merit. These include a focus on suffering and healing (today I would add positive wellbeing), and on the significance of therapeutic relationship; a critical self- and other-awareness (and here I would stress even greater critical interrogation of systemic and institutional assumptions in healthcare), simultaneously skeptical and humane, grounded in close attention and reflection; an inarguable interdisciplinary emphasis (which over the last 5 years has grown even more essential and fortunately more common); and a continued highlighting of the "moral function" of health humanities that comes from deep immersion in suffering, marginalization, and personhood. As Jack Coulehan, one of the authors on the original article observes, there are encouraging signs among medical educators of renewed interest in addressing the issues of character formation and compassionate care (3,4).

Our first main concern in the article focused on the skepticism among medical students toward health humanities instruction, especially required instruction. My own experience is that such skepticism has softened (although not vanished), mercifully replaced by a refreshing openness and eagerness among learners to explore any avenue that might help them become better doctors. It is hard to know whether this is a result of the recent broadening of the MCATS, the selection of medical school applicants more broadly grounded in the liberal arts (5), or other factors, but it is a joy regardless.

In terms of the content critique our original article identified (the humanities are tangential, nice but not essential), nowadays the relevance of humanities and arts to clinical practice is much less called into question. What is practical and relevant seems to be defined more generously and more flexibly. Snow's two cultures have a fuzzier boundary, so coursework in the humanities feels like less of an intellectual bait-and-switch. Students are receptive to the idea that the artist and the scientist are no longer so far apart.

The article also discusses the teaching critique, in which many students (6) and humanities scholars (7) felt humanities teaching in medical schools contained an implicit (or explicit) effort to "improve" their humanism or "make" them more compassionate and empathic. Since our writing, pedagogical approaches have been nuanced, so that there is more emphasis on horizontality, less emphasis on teaching/making/prescribing, and more on open exploration and curiosity. Even instructors embedded in very traditional curricula now recognize that the humanities are not about character formation, but about inviting students to think about how they wish to shape their own characters. On the learner side, students appear to feel safer reflecting on themselves, and less likely to rebel at introspection. They engage more comfortably with uncertainty (8), and are less disconcerted when no one (not even instructors) has all the answers.

Further, our article addressed the structural critique regarding whether humanities curricular offerings should be elective or required. In contemporary curricula, we are seeing more integrated courses; more required health humanities material; and more interest in integrating health humanities in the clinical years. There has also been a flourishing of reflection activities, such as reflective writing (11) and original creative projects (10). As well, we are seeing increasing integration of the humanities not only within medical education, but also downward into the undergraduate years (medical/health humanities minors or majors) (9) and upward into residency (12). All these developments have the immensely beneficial effect of normalizing and legitimizing the health humanities as a valued and expected part of medical education. Importantly, as Jack Coulehan notes, the real issue is not humanities courses per se, but integration of humanities perspectives and skills into medical education.

One of our recommendations for improvement in the health humanities was to incorporate ongoing cross-disciplinary reflective practice throughout the medical school curriculum and beyond. Again, while much more needs to be achieved in this regard, my sense is that the intellectual tools of the humanities are more widely in use at all levels of medical education from undergraduate to faculty development. It is no longer primarily humanities scholars and a handful of intrepid physicians talking about reflection, parallel process, and critical inquiry (13). More and more learners and practicing physicians recognize the value of thinking about the profession as well as "doing" the profession. There is a growing awareness that the study of humanities provides ways to help students contemplate medicine in all its messy complexity rather than a tidy version of what some think it should be.

One of the stickiest wickets in navigating the relationship between health humanities and medical education remains the ways in which health humanities contribute to and challenge professional identity formation (14) and educational milestones and competencies (15). Our original article argues in favor of thoughtful conceptualizations of these terms that go beyond

checklists and that seek to develop habits of mind (and heart) rather than mere behaviors. In this domain in particular we have the potential to expand our thinking by listening attentively and respectfully to each other. Under our capacious interdisciplinary umbrella we have not only the expertise of humanities scholars and qualitative researchers but also that of quantitative investigators from the medical and social sciences. The methods of the latter cannot be easily or simplistically applied wholesale to disciplines such as arts and humanities. But the potential creativity from all disciplinary perspectives that can be brought to bear on this thorny question is at once impressive and exciting.

Our article also called for a more pervasive attention to narrativity in medicine (16) which, in its most basic form, simply refers to a valuing of patients' stories as well as their symptoms and diagnoses. Five years later, narrativity is still more often mentioned in the professional literature than practiced at the bedside. Nevertheless, I detect a growing re-appreciation for the importance of knowing patients' (and physicians') stories, while at the same time recognizing the risks of appropriating and misrepresenting the stories of vulnerable others (17).

Finally, we planted the seed of developing "applied humanities scholars." To be honest, at the time of writing, we did not have a detailed understanding of what this might mean – and still don't! However, it remains an exciting possibility to be fleshed out. The humanities have developed increasing interest in practical, translational approaches that bring humanities from the academy into the community (18,19), or in our case, to the bedside or clinic (20). We envision humanities scholars as part of ward team, participant-observers who might provide harried physicians with the illuminating metaphor to understand their patient in different ways; or active in the clinic, facilitating encounters between medical students and patients not only around symptoms but around poetry.

In conclusion, my impression today is that there is much to be excited about regarding the health humanities. The vision is not nearly fulfilled. Much hard work lies ahead, both within the field itself and in interfacing with medical school and residency leaders. In particular, the relationship of the health humanities to professionalism and competencies or milestones, and the ways in which we demonstrate the value of the humanities to administrators and medical educators remain contentious. Overall, however, we are moving in a positive direction. I have always believed that the ultimate goal of teaching and scholarship in the health humanities is to help change the face of medical education, and through this process, to help influence medicine and healthcare itself, so that the healing arts become a truly interdisciplinary enterprise balanced between the technicalness of doing and the wisdom of being. As a culture changes, its metaphors change, and I take it as a hopeful sign that in medical education, we hearing more about growth and healing, meaning-making and perspective-taking. Today while the anchors of our article remain, the work has proceeded, and that is something about which we can all feel hopeful as well as curious to see, five years from now, what the future will hold.

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