

# How Health Humanities Will Save the Life of the Humanities

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**Abstract** In the last decade, the humanities have been shrinking in number of students, percent of faculty, and in number of degrees awarded. Humanities students also earn lower salaries than their STEM-prepared peers. At the same time, the health humanities have been in ascendance over the last fifteen years. The number of majors, minors and certificates has increased 266% in that time frame, attracting large numbers of students and preparing future patients, lay caregivers, and health care providers to interact with a complicated and dehumanized medical system. In 1982, British philosopher and educator Stephen Toulmin declared that medicine saved philosophy from irrelevance and possibly extinction. I propose that the health humanities can serve a similar function to stave off the decline of the broader humanities. The health humanities can (1) model an applied approach for the broader humanities to attract student interest; (2) develop students' capacity for critical reading, writing and reflection about health and medicine in society, practice, and their own lives and (3) inoculate all students against the influence of medicine, whether through preparing pre-health students to navigate the hidden medical curriculum or preparing future patients to navigate the health care system.

**Keywords** Pre-health humanities · Medical humanities · Education

The news over the last few years has been alarming in announcing the dying of the humanities in undergraduate education. From 2012 to 2014, the number of students earning bachelor's degrees in the humanities declined by 8.7% (Humanities Indicators 2016a). As a percent of all bachelor's degrees awarded, only 6.1% are currently in the humanities; the lowest rate since 1948 (Humanities Indicators 2016a). The number of college students choosing majors in the humanities has declined as the Science, Technology, Engineering, and Medicine (STEM) fields have increased enrollment (Lewin 2013; Tworek 2013; Humanities Indicators 2016a). As a result, in

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2015, the percent of humanities faculty members also shrank to 11% of all faculty positions from 16% just a few years earlier (Flaherty 2015; Humanities Indicators 2016b).

Students and parents have become more focused on what they perceive to be “employable” majors such as the STEM fields, a perception fueled by popular reports that humanities grads are unemployed at twice the rate of science majors (Levitz and Belkin 2013). Some states are even value-pricing their majors. For example, Florida has proposed charging higher tuition for humanities majors to discourage them from taking such “unemployable” courses of study, while South Carolina has looked at lowering tuition rates for humanities majors because those graduates have lower earning potential (Griswold 2013; Shain 2015).

In short, the humanities—the bulwark of a liberal arts education since the time of ancient Greek academies—are under attack. Their decline correlates with the anti-humanities and anti-liberal arts statements of elected officials such as the governors of Kentucky, North Carolina, and Florida as well as President Donald Trump (Cohen 2016; Katzowitz 2016; Zac-Anderson 2011). This assault is also evident in media reports of the demise of liberal arts majors such as at Harvard (Stewart 2013, Levitz and Belkin 2013). With institutions more concerned about meeting external metrics—such as years to graduation, average starting graduate salary, and number of graduates employed within one year of graduation—there has been a 39% decrease in the number of liberal arts institutions from 1990 to 2012 (Baker et al. 2012).

The title of this essay echoes Stephen Toulmin’s 1982 article, “How Medicine Saved the Life of Ethics.” Toulmin argued that medicine caused four changes in philosophy that were necessary to maintain relevancy: (1) moved from attitudes and feelings to situations and needs; (2) moved from general principles to specific applied cases; (3) brought philosophy into “professional enterprise”; and (4) brought philosophy back to issues of “equity, reasonableness and human relationships.” I argue that the health humanities can serve a similar role in helping preserve the broader humanities in a time of anti-humanities fervor. Health humanities can (1) model an applied approach for humanities disciplines that inspires student interest; (2) develop students’ capacity for critical reading, writing and reflection about health and medicine in society, practice, and their own lives; (3) and inoculate all students against the influence of medicine, whether through preparing pre-health students to navigate the hidden medical curriculum or preparing future patients to navigate the health care system.

Such a list may beg the question, “isn’t health humanities just for students interested in careers in medicine or health?” First, consider that health does not belong only to those people who will work in medicine, nursing, and allied health professions. We are all patients, future patients, or lay caregivers of patients. Understanding the human condition and the role of health and illness in society are important for everyone because we will all face issues of impairment and death. Second, understanding issues around health is essential to being an informed citizen as most people will take part in the governing of their society whether that be through voting in elections or even running for office. Health is a perennial issue in government whether one believes that health is a human right or that health is an individual responsibility (Klugman 2016). Third, the health humanities can act as a portal to the broader humanities. As I will discuss below, students may be attracted to taking a health humanities course that they perceive as being STEM (perhaps the class has a science prefix). When they see the value and enjoyment of the humanities, students may seek out courses in more traditional humanities departments. A course in literature and medicine may lead to taking a class on eighteenth-century English literature or creative writing. Even if they remain STEM majors, they may choose to pursue a minor in the humanities. In this essay, I suggest that exposure to the humanities in college may influence later perceptions of the humanities and

lead to pro-humanities attitudes in STEM careers or even voting for candidates who espouse pro-humanities positions.

## What are the humanities?

The humanities have been the backbone of university education in the United States from the nation's beginning. Thomas Jefferson wrote to his law mentor George Wyeth, "I think by far the most important bill in our whole code is that for the diffusion of knowledge among the people. No other sure foundation can be devised for the preservation of freedom, and happiness" (1904-5). Jefferson, founder of the University of Virginia, envisioned a curriculum rich in the humanities that would provide for an educated populace necessary for democracy. Thus, the humanities are essential for understanding our place in the world, our connections to each other, and to the functioning of our society.

Martha Nussbaum suggests that the humanities exist to help create knowledgeable and empathic citizens. She also believes that the humanities are central to democracy as they teach "to see both self and other" as thinking, emotional people who deserve respect and concern. In other words, the humanities enhance "the ability to see other people as human beings, not simply as objects" (2010, 6).

The American Academy of Arts & Sciences (AAAS) includes several disciplines under *the humanities* including English, literature, history, philosophy, religious studies, gender studies, cultural studies, American studies, archeology, law, art history, music (theory, composition and history), dramaturgy, film studies and interdisciplinary humanities programs (Humanities Indicators 2016c). The definition includes both traditional humanities as well as arts scholarship (e.g. dramaturgy) but excludes the creation of art. The AAAC also excludes the social sciences from their list of humanities disciplines. A line is sometimes drawn between the humanities—being about interpretation, reflection and subjectivity—and the social sciences—being about empirical deduction, rational induction and objectivity. The social sciences seek external and internal validation mechanisms while the humanities are concerned with internal consistency. These lines are fluid, though. Consider the discipline of history which uses both humanistic and empirical methods or the digital humanities which increasingly embraces social science methodology. In anthropology there are qualitative methods (surveys and statistical studies) that rely on validity, and quantitative methods (interviews and ethnographies) that rely more on internal consistency. Further, the humanities and social sciences often draw on similar theories and methods. For example, is phenomenology—the study of human experience and consciousness—a humanities or social science theory, since it is used by anthropology, sociology, philosophy, literature and history? The humanities and social sciences have more commonalities than differences. The National Endowment for the Humanities includes "those aspects of the social sciences which have humanistic content and employ humanistic methods" such as political science, government, geography, anthropology and sociology in its definition of "humanities" (2016). All of these disciplines are concerned with understanding the human condition, and for that reason, the term humanities in this essay encompasses the traditional humanities, arts, and social sciences.

The health humanities, then, are defined as an interdisciplinary field concerned with understanding the human condition of health and illness in order to create knowledgeable and sensitive health care providers, patients, and family caregivers. As a field (meaning a focus of study rather than a disciplinary method), the health humanities draws on the methodologies

of the humanities and social sciences to provide insight, understanding, and meaning to people facing illness including professional care providers, lay care providers, patients, policy-makers and others concerned with the suffering of humans. This is the definition that will be used throughout this essay.

### **For the disciplines: Adopt an applied focus**

Toulmin described philosophy in the 1960s as a discipline challenged by its esoteric focus and lack of concern for the external world that was pushing it toward irrelevance. Then medicine drew philosophy's attention toward applied matters. Although the humanities have innate value, the lesson Toulmin offers is that relevance is demonstrated through applicability and importance to external fields.

With its more specific, applied focus, the health humanities can draw students into studying disciplines that they might otherwise have bypassed. At the same time that the humanities are losing majors, the health humanities are in ascendance in undergraduate institutions. A report from Hiram College's Center for Literature and Medicine found fifty-seven baccalaureate health humanities programs in the US as of fall 2016, with another five in development (Berry et al. 2016). Between 2001 and 2016, the number of programs more than quadrupled. These programs include majors, minors, certificates, and concentrations. Once established, these programs are popular with students.

For example, my own program at DePaul University, Health Sciences, began in 2011 with only a handful of students. The Health Sciences major requires all students to complete eighteen courses in the liberal arts (humanities, arts, and social sciences) and 22 classes in science and public health, in addition to a required bioethics course and a popular medical humanities elective class. By the end of June 2016, we had more than nine hundred declared majors—the second largest undergraduate major on campus—after only five years of existence. While the department has not conducted any formal studies, we believe that students are attracted to the major because of its breadth, the incorporation of the human alongside the science, and because it builds in the new requirements for the MCAT exam (see below). An additional factor is the growth in the health care industry and the number of available jobs over the last few decades. Health care jobs now account for over 21% of all employment in the United States (Bureau of Labor Statistics 2009, 2016).

The health humanities are particularly well suited to the baccalaureate student. Unlike most medical students who have been acculturated to a narrow scientism perspective, the undergraduate student is a *tabula rasa*. These younger students ask “what do I need to know” rather than making assumptions or having their interest dulled by a curriculum of standardized science testing. The baccalaureate student is just starting to think about having an identity as a health care provider and thus is more open at this point of professional development to exploring the ideas, issues and ways of knowing offered by the humanities. Medical students tend to be a homogenized academic population chosen by a selective and exclusionary process. Though important, the health humanities have a small potential audience in this narrow medical arena. Baccalaureate students are more diverse and in the undergraduate setting, health humanities courses are available to everyone.

For many students, the only connection with the humanities in college is through general education requirements for their bachelor's degree. Students are often drawn to health humanities

offerings not only because they fulfill these general education requirements but also because the classes are in the students' area of professional interest. For example, in my own institution this past academic year, "Introduction to Ethical Theory" held three sections in only one department with a total of sixty-three students. Bioethics, however, is taught in three departments, totaling seven sections and enrolling 228 students. The health humanities reaches a more diverse pool of students who might otherwise not take additional humanities coursework.

Once students are introduced to the applied (health) humanities, they may be more likely to take traditional humanities courses or even a minor in a humanities discipline. Of the twenty-five students who took my most recent Health Humanities course, nine graduated and fifteen enrolled in elective humanities courses for the next term including such classes as death and dying, ethics in cinema, anthropology, philosophy, and photography. Only one student is not taking a further humanities course. While I do not know that the Health Humanities class was the cause of their enrollment in these humanities courses, the trend is suggestive of the influence of the course experience. For most STEM students, the required humanities course is usually an introductory survey class geared toward the general learner. Such an experience may be neither positive nor inspire the student to continue in humanities studies. While a health humanities course may be required, its content is also specific to the student's interest and is more likely to be embraced. In this issue, Amy Rubens discusses the health humanities as a focus of an introductory composition course, a way to incorporate the health humanities into required curriculum.

Beyond attracting students, the health humanities provides lessons on application and focus. Required general education courses should be substantially revised. Instead of being general survey classes, perhaps they should resemble upper division courses—more applied, more focused and exploring topics in greater depth. Instead of a small selection of broad introductory classes, offer students a menu of courses with narrower and more applied focus that might normally be reserved for upper division students. "Survey of British Literature" might become "Social Justice in Literature" or "Political Reform through English Writings" or even "Scientific Writing in the Enlightenment." Students may see such courses as more applicable to their future careers and their current interests. Application saved philosophy and can do similar good for the humanities.

The humanities can also do a better job of advertising their successes with students and their parents. For example, of the 20,343 matriculants to US medical schools in 2014, 907 (4.5%) were humanities majors, 2,129 (10.5%) were social science majors, and 51% were biology majors. Although those humanities numbers seem small, consider that while 35.3% of majors in Biology who applied matriculated to medical school (a measure serving as a substitute for who was admitted), 46.1% of humanities majors and 40.9% of social sciences majors matriculated. The highest success rate was garnered by students majoring in the physical sciences, which had a matriculation rate of 46.7%, only slightly higher than the humanities (American Association of Medical Colleges 2015). There is also evidence that humanities and science students are equally well-prepared for medical school. An experimental program at Mount Sinai Medical school found no difference in performance between students with a humanities major who did not take organic chemistry, physics, calculus or the MCAT before matriculating to medical school and those students who took a more traditional science route (Muller and Kase 2010).

Such results are not surprising. STEM disciplines teach students current knowledge and methods that are often outdated within a few years. The humanities, however, teach students foundational abilities for learning across a lifetime; practices that are never outdated. The proof is that in general, employers such as the tech industry prefer humanities majors for their creativity, writing skills, logical argumentation, and understanding of humans (Anders 2015;

Segran 2014). Humanities majors are also more likely to engage civically and politically (Allen 2016). For example, only two out of 507 members of the 114th US Congress did not hold humanities degrees (Haddon 2015) and 28 did not have bachelor's degrees. Tufts University researchers found that humanities majors are far more likely to participate in elections than STEM majors (Institute on Democracy in Higher Education 2016).

Another lesson from the health humanities is proving our own worth. Many of the references in this essay are from magazines, news articles, and other non-peer reviewed sources. The reason is that the scholarly articles examining the values of humanities programs are rare. An increased interest in the digital humanities has led a movement toward empirical studies in the humanities, but health humanities has embraced this approach nearly from its beginning. I am not suggesting that the humanities uncritically adopt an assessment agenda but rather accept that more data is necessary to make the case for relevance. As long as the decision-makers are driven by numbers, there is a need to provide them through empirical studies, much as Berry et al. (2016) did in their review of health humanities programs across the United States and in the essays in this volume by Clayton Baker et al., and Jonathan Metz, JuLeigh Petty and Mia Keeys.

### **For learning: Develop a capacity for critical reflection**

The declining interest in the broader humanities is partly due to prevailing economic views of education as a commodity and students as mere products (Nussbaum 2010). The market view of education puts its focus on measurable skills that translate to specific jobs rather than valuing the broader skills of learning, critical thinking, writing and reflection that are the hallmark skills of the humanities. It represents a movement away from a focus on intellectual pursuits of slow learning through the written word toward a fast-paced technological and task-oriented world.

Slow learning is a concept I adopt from the “slow food movement.” In regards to food, “slow” means not just consuming nutrition but considering where food comes from, how it is prepared, and how it affects our body, environment, and social interactions (Pollan 2006). In medical schools, “slow education” means offering ways for “learners to engage in thoughtful reflection, dialogue, appreciation, and human understanding” (Wear et al. 2015, 289). From a humanities perspective, this notion echoes Joanne Trautmann Banks’ concept of reading *in the full sense* by which she meant helping students to understand “what is being said” (not just the words on the page) as well as to see “words in their personal and social contexts and when several things are being said at once” (1982, 26). Close reading is taking the time to see the story behind the story: to appreciate the words, the historical context of the work, the biography of the author that led to this writing, and to reflect on how the work lends insight into the current social and cultural world in which patients and providers live. Close observation means looking at a piece of art for thirty minutes instead of the standard eight seconds. This critical approach also translates to the sciences where students need to evaluate studies, including their methods, sampling, scientific claims, evidence and whether the conclusion logically follows from the data. The humanities teach all students to critically evaluate sources as well as their context, to develop sensitivity toward diverse others, to practice argumentation skills, and to broaden their moral imagination (Macnaughton 2000; Nussbaum 1998).

The first lesson viewed the health humanities as a model of application that could be adopted to gain student interest. Such a perspective focuses on the instrumental value of the humanities. Health Humanities scholars often make the case that these disciplines lead the student to being a better health care provider by learning professional identity, professionalism,

empathy, communication, critical thinking, visual observation, and tolerance of ambiguity (Dolev et al. 2001; Hoshiko 1985; Housen et al. 2005; Klugman et al. 2011; Naghshineh et al. 2008; Schaff et al. 2011).

The humanities must also be seen as innately valuable. Medical humanities professor Jane Macnaughton suggests that the humanities are an education in themselves. Apart from learning skills and knowledge for health care delivery, this field is valuable for personal development, for understanding health and illness in each life, and to be part of the broader world outside of that person's chosen profession (Macnaughton 2000; Nussbaum 1998). After the healers take off their white coats, they are still citizens of the world and people who engage with family, friends and community. The humanities can help them to answer the same questions about being human with which everyone struggles.

Even students who are not interested in health careers can benefit from the health humanities. Eventually everyone is a patient or a care provider. Such experiences can be isolating, especially in a culture that focuses so heavily on health and wellness. The humanities provide insight into the human condition as an individual and as a member of society. Reading, writing, drawing, and reflecting can help people dealing with their own or a loved one's sickness (even mortality) to make sense of the chaos that illness often brings. Sickness raises big questions such as why me, what happens now, and what does this mean for my future, for my family's future? The humanities can provide a touchstone in the face of these challenges. Literature and art can make a person feel less alone because they learn that others have gone down this path before.

Toulmin believes that medicine forced philosophy away from its focus on minutiae to consider issues of equity and justice. Similarly, the health humanities also adopts a critical perspective that looks at structural injustice and inequality in health and medicine. For the future health care provider, this aspect of the health humanities provides a check against focusing on only the particular patient sitting in front of them at this moment in time without considering what comes before and after the clinical encounter—the context of the patient's life. Medicine also tends to treat toward the “average” which is the statistical mean from research, but that leaves people who are further away from the average feeling left out and misunderstood. A patient transitioning sex or who is a member of a minority religion may not fit neatly into a mold or decision-tree on how to work with such patients. A memoir about a patient's experience shows the struggles a patient encounters and how the symptoms affect lives (not just bodies). A book documenting the history of a disease or a population can show how some patients have been marginalized. If a physician complains that a patient is consistently late, the physician may want to ask what is going on and may learn that the patient has to take two buses to get to the clinic and cannot leave earlier because a neighbor to watch one's kids only gets in at a certain time. Health humanities shows students that patients live along spectrums and that they are more than just a biological malfunction. Students learn valuable perspectives to question power structures and privilege not only to understand health disparities and why they exist but hopefully to also take action that promotes social justice and equitable health care.

For the future patient or caregiver, the health humanities offer an understanding that medicine and healing occur within a larger system that dehumanizes patients and can reflect the structural injustice that exists in a society-at-large. They can read books and watch films that show patients and their families becoming advocates and partners in their care. Health humanities works show the biases and prejudices that can exist in medical practice. These biases are not unique to medicine, but the environment of life and death can exaggerate those prejudices and bring them to light. In the case of medicine, such presumptions can actually be detrimental to one's health. For example, pain assessment and treatment varies by race, with

whites more likely to have their pain acknowledged and treated (Hoffman et al. 2016). In a second example, people with lower socioeconomic status are more likely to suffer (and die from) heart failure (Hawkins et al. 2012). Engaging with the health humanities helps students to be aware of the biases inherent in medicine in regards to types of patients, the limitations of treating toward the “average” and the larger issues outside of the medical encounter that can affect patient’s lives. Hopefully they can argue for more respectful care for themselves and even a change in the system. Health humanities ideally helps patients to be their own advocates and physicians to be more open to such engagement.

## **For students: Inoculation against the influence of medicine**

As future patients, caregivers, and health care providers, the humanities can provide baccalaureate students with an inoculation against a medical culture that often does not value the human. Medical schools subliminally de-emphasize patient interaction, communication, and reflective reasoning. Patients’ decisions are often influenced by advertising and physician recommendations. In this section, I suggest that studying the humanities as baccalaureate students may provide a vaccination against these biases, though studies proving my assertion have yet to be conducted.

In medical schools where health humanities programs exist, students often do not value the humanities in their professional education, and faculty view them as competition for limited curricular time (Gaebler and Lehmann 2014). “I sense quite a lot of hostility to the medical humanities among the still-dominant genes and molecules approach to medicine,” says Colin Blakemore, former chief executive of the Medical Research Council (Jack 2015). After all, few medical schools require humanities pre-requisites; as of 2015 the MCAT no longer requires a written essay, and the United States Medical Licensing Examinations (USMLE) lack health humanities sections. In addition, the Liaison Committee for Medical Education (LCME) has no requirement for humanities teaching although they do like to see ethics and professionalism curricula. One factor that may change this perspective and has led to student interest in undergraduate health humanities programs are the 2015 changes to the MCAT which includes new sections on behavioral sciences and critical and verbal reasoning. What difference this makes, however, in terms of the courses students seek, who goes to medical school, who is accepted to professional health programs, and who provides patient care remains to be seen.

Less obvious are the nonverbal messages in medical and other health professions training that can diminish perceptions of the importance of the humanities. In 1994, Frederic Hafferty and Ronald Franks coined the phrase “hidden curriculum,” which is the unstructured role modeling that forms most of students’ perceptions on what constitutes professional behavior and identity. They conclude that formal instruction is not the major factor in a developing physician’s training. Studies show the hidden curriculum teaches that medicine is about competing for power between practitioners, and between providers and patients. Students also learn that one must de-emphasize human relationships, which often results in their dehumanizing patients (Gaufberg et al. 2010; Lempp and Seale 2004; Murakami et al. 2009). Students’ interest in empathy and the humanity of their patients decreases in medical school most acutely in the third year when most students begin seeing patients (Hojat et al. 2004; Neumann et al. 2011).

One proposed solution to the hidden curriculum has been the introduction of health humanities programs focused on literature, writing, art, reflection, and narrative. Proving that these programs have an effect in combatting the hidden curriculum is challenging because there are no standard



curricula or humanities competencies against which to measure (Schwartz et al. 2009). How does one measure the experience of reading a poem, watching a play or viewing a piece of art? These cannot be empirically measured, at least in a meaningful way. However, some studies claim that the health humanities can improve empathy (or at least slow its decline), increase tolerance for ambiguity, improve self-care and increase professionalism, e.g. connecting with patients and acting ethically (Schwartz et al. 2009; Weiss 2000).

Earlier exposure to the health humanities may serve to vaccinate pre-health students against the “genes and molecules” emphasis of medical education. Baccalaureate students are not only more open to learning about the humanities, but they also have more space in their curriculum to explore these disciplines. By gaining humanities skills like reflection, contextualization, slow learning and critical thinking, students may be able to recognize the hidden curriculum when they encounter it and perhaps serve as role models for their peers.

For students who do not enter the healthcare professions, the health humanities can provide an inoculation against hidden influences in their eventual roles as patients and caregivers. Studies show that patients and families are highly influenced by physician recommendations and how physicians explain a patient’s condition. Consider that patients are more likely to choose the course of treatment suggested by their physician (Gurmankin et al. 2002). Patients are also highly influenced by the language a doctor uses to discuss a disease, treatment and possible outcomes (Vollandes et al. 2013). Another influence on patient decision-making is direct-to-consumer advertising by pharmaceutical and medical device manufacturers. The U.S. Food and Drug Administration has determined that such commercial messages influence patient requests of their doctors and doctors’ prescribing habits. In other words, patients are more likely to ask for an advertised drug and the physician is more likely to write the prescription for it (Aikin et al. 2004). Health humanities education gives students a critical and reflective perspective to realize the power dynamic in play, to question authority, and to communicate with their health care provider as a partner in health rather than as an object upon which health care is done. These are all qualities that make for a smarter patient (Goopman and Hatzband 2011; Katz 2011).

The same skills that may help the pre-health student to avoid the hidden curriculum may help patients and lay caregivers to recognize the influence of the physician and advertisers in decision-making and understanding of the disease. Thus, the humanities can teach everyone to ask the big questions not only about life but also about health, illness, social justice and navigating the health care system.

## **Saving the humanities**

Stating that one field can save the entire liberal arts tradition of the humanities is a boastful claim and one that is difficult to prove, especially when the health humanities is a newcomer to baccalaureate education. In this essay, I argue that the health humanities can provide lessons to general humanities programs by helping them be seen as more relevant to students and their families as well as by benefiting all students since they will someday face their own and their loved one’s illnesses. In spite of my call for engaging in more empirical work in the humanities and demonstrating the success of students in such majors, I believe that the humanities are inherently valuable on a personal and a social level. At this moment in history, the health humanities are simply the clearest manifestation of that relevance that is acknowledged by people outside of these disciplines. In many ways, saving the humanities is about getting

people to take more classes and that requires them perceiving these disciplines as relevant to their future careers. The interest in the health humanities may increase interest in non-STEM knowledge that should improve openness to all of the humanities.

The health humanities recognize that all disciplines are different ways of knowing about illness and healing and thus embodies an interdisciplinary perspective that bridges the false divide between the sciences and the humanities. As the anthropologist Clifford Geertz said in an interview, “I think the perception of there being a deep gulf between science and the humanities is false” (Olson 1991). In an era where the humanities are under attack for not aligning well with a particular social construction of how the world ought to work, the health humanities provide a hope for returning interest and centrality to these disciplines. The central questions that the humanities ask about what it means to be human have not gone away: “As long as there are humans, we will be interested in the questions of who we are, why we’re here, where we’ve come from and what happens to us after we’re gone” (Warner 2016).

Like many instructors, I have a couple of students every term who ask, “How is this course going to help me in my future job?” My answer is that a health humanities course will teach them how to think, how to question, how to reflect, how to critically seek knowledge, and how to be an engaged citizen of the world. From such a basis, they can pursue any career that they want.

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