



# Creating Health Humanities Programs at Liberal Arts Colleges: Three Models

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## Introduction

### Bernice L. Hausman

In May 2022, Elizabethtown College and Penn State College of Medicine's Department of Humanities sponsored a Health Humanities Conference highlighting programs and initiatives at liberal arts colleges in Central Pennsylvania. The idea was to create a network of interested faculty members, explore the development of curricula at our respective institutions, and consider differences between health humanities programs in baccalaureate and graduate professional training. One lengthy morning session was devoted to presentations by health humanities program leaders at Franklin & Marshall College (F&M), Lebanon Valley College (LVC), and Elizabethtown College.

Listening to these presentations, I was struck by the fact that each institution had structured its program differently, responding to college-specific campus cultures, trends in

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student enrollment, diversity and inclusion issues, institutional challenges, and programmatic goals. Putting short essays together that described those programmatic goals, as well as development timelines and institutional approval processes, felt like an effective way to provide valuable information to other would-be health humanities program developers, especially in the framing of key elements of campus culture that influenced curricular choices.

Peter Jaros and Jon Stone, Director and Associate Director, respectively, of the F&M Humanities Initiative, start off with a discussion of the development of a health humanities *certificate* at Franklin & Marshall College. Kevin Shorner-Johnson, Dean of the School of Arts and Humanities at Elizabethtown College and the primary driver of the regional conference, follows with his essay about the development of Elizabethtown College's *minor* in medical humanities. John Hinshaw of Lebanon Valley College wraps up the forum with a discussion of LVC's new medical humanities *major*. Taken together, these essays provide how-to guidance about developing baccalaureate programs in health humanities that are appealing to students, address campus needs (including retention of and support for students from underrepresented groups in higher education and medicine), and flexibly adjust to changing local circumstances.

## Health humanities at Franklin & Marshall College

### Peter Jaros and Jon Stone

As a liberal arts college, Franklin & Marshall is positioned to offer students rich multidisciplinary perspectives on questions of health, illness, medicine, and disability. F&M has an abundance of faculty who teach courses that approach health and medicine from cultural, social, and humanistic perspectives, and these courses consistently garner strong student interest. We also have a strong tradition of preparing students for health professions. Health humanities is thus a natural fit for a new element of the F&M curriculum: certificates. Launched in 2022, certificates are a curricular category that supplements current majors and minors. Each certificate is a curated list of three to five credit-bearing activities in two or more departments that faculty have identified as providing a closely, coherently, and intentionally interrelated set of topics and skills. Certificates foster interesting thematic areas of collaboration between disciplines. They document, on a student's transcript, areas of focus outside the major or minor. They serve as incubators for new fields of interdisciplinary study and provide a framework for emerging arenas of student and faculty engagement. They also encourage students to explore and plot new paths through the curriculum.

Because we are an undergraduate liberal arts institution, our approach to health humanities builds both on our humanistic scholarly perspectives and our students' interest—not yet professionally formalized—in the health professions. We are particularly conscious of the gap that Sari Altschuler (forthcoming) has recently described as “divergent understandings of the word *humanities*” as used by medical educators and health professionals and by academic humanists. Whereas the medical profession often looks to the humanities to develop empathy and humanize aspects of healthcare and health education as strictly technical, humanists bring their own tools; grounded in textual, material, historical, and cultural analysis, they foreground and often critique medicine's ways of knowing and claims to epistemological privilege. Because health professions already shape our students' understanding of the term *health humanities*, we are particularly eager to do justice to humanistic

epistemologies. As Altschuler points out, “Incorporating the humanities into healthcare and health research . . . will require epistemological humility on both sides: the recognition that humanists have an important and distinct set of tools for knowing the world, as do health professionals” (Altschuler 2018, 199; italics omitted). She optimistically argues for a “language of competencies” (200) that can bridge the gap between medical and humanistic approaches. Focusing on the competencies developed by the health humanities, she argues, “offers medical and health humanists common ground with medical educators and health professionals while insisting on the distinct intellectual insights of humanists” (200).

A health humanities certificate plays to F&M’s strength across the liberal arts and to our students’ interest in health professions—and in broader questions of health, including mental health and public health. Too often, students with pre-health interests think of coursework as solely providing technical knowledge. Additionally, humanities students with topical interests in these areas lack a framework that recognizes the coherence of this interdisciplinary field. In other words, we need to articulate the relationship between scholarly inquiry and pre-professional training. This certificate aims principally to train students in humanistic perspectives on health. Its secondary goal, developed in tandem with the F&M Health Professions Working Group (HPWG), is to address stresses and pressure points in our pre-health curriculum. By offering a coherent group of courses, this certificate broadens students’ options in the study of health; it also assuages the academic and curricular pressures of enrollment bottlenecks in lab science courses.

The HPWG has also emphasized that a clear path in health humanities could play an important role in diversity, equity, and inclusion (DEI). As they have observed, students with interests in the health professions and the capacity to succeed in science courses, nonetheless, often struggle with these courses as they adjust to college. This issue is particularly acute for students with less high school preparation in the sciences. A traditional pre-med schedule of multiple lab science courses can dissuade such students, giving them the inaccurate impression that they are not cut out for medicine or other health professions. The HPWG hopes that the Health Humanities (HH) certificate, by providing multiple pathways for students interested in health-related courses, can attract a more diverse group of students in terms of both background and interests. We particularly hope to bring together students with different divisional “homes,” specifically attracting students from the natural sciences into disciplines, including literature, history, and philosophy, that they might not seek out as general electives.

## Beginnings

As leaders of F&M’s Humanities Initiative, we were eager to increase the visibility and enrollment of humanities programs and stress their relevance, particularly for students not majoring in humanities. We were particularly interested in highlighting the common thread of bringing humanistic inquiry, analysis, and argument to bear on pressing issues—a thread that can easily be lost from the student perspective, among departmental designations and course sequences. Last year, Marissa Sheaf (Director of Health Professions Advising) and Stephanie Stoehr (Institutional Biosafety Officer and Teaching Professor of Biology) convened the HPWG, a working group on curriculum and advising for students intending to enter the health professions. Among a number of issues, it quickly became clear that the college needed to do a better job of presenting our curriculum to students interested in the health professions and guiding them beyond the narrow track of medical school requirements.

We knew from experience that F&M faculty had long been offering courses in the health humanities, though they had not gathered them under that rubric. Longstanding courses on topics like the history of medicine, childbirth and midwifery, and bioethics had been offered to strong enrollment and reception but did not offer clear directions for students with interests in using humanistic perspectives to address issues of health. At the same time, the COVID-19 pandemic gave rise to new awareness, among students and faculty alike, of the need for studying health issues from cultural, historical, textual, and ethical perspectives. In this regard, Maria Mitchell's team-taught *Pandemics in History* course was exemplary.

## Planning and outreach

Given the advent of both the certificate program and the HPWG, it seemed like the right time to draw on the richness of existing offerings, the broader energy in pre-health education, and the interest in health-related topics, especially as prompted by the pandemic. We began by taking an inventory of relevant classes across various departments. We cast a broad net, reaching out to faculty who had taught health- or medicine-related courses from social, cultural, and historical perspectives, and asked these faculty to help us identify other courses and candidates. This initial query garnered a great deal of enthusiasm and one major challenge. Faculty, including literary scholars, historians, and philosophers, were eager to teach in the certificate. A number of faculty in sociology with relevant offerings, already cross-listed in F&M's Public Health program, were enthusiastic about our proposal but concerned about the feasibility of participation. The Public Health program is strong but enrollment-stressed, and sociology professors were already struggling with swelling enrollments in both public health and gateway sociology courses that served as prerequisites. Because of this consideration, we decided to focus more narrowly on *health humanities* (as opposed to a broader designation such as *cultures of health* or *humanistic and social studies of health*).

That said, we still hoped to make the certificate distinctive beyond the classroom experience. F&M has a strong tradition of both supporting Community-Based Learning courses and placing students in clinical and experiential experiences for credit. We thus hoped to develop an experiential component for the HH certificate by drawing on the expertise of some of the faculty and professional staff who had already shown interest: Anne Stachura, who teaches community-based courses in the Spanish department and has extensive health humanities experience, and Marissa Sheaf and Stephanie Stoehr from the HPWG. Anne and Marissa became the point people for developing an experiential course as part of the HH certificate. Unfortunately, late in our planning process, we learned that the Spanish department needed all of Anne's teaching in its regular curriculum—a situation symptomatic of the vagaries of enrollment demands at a small liberal arts college. Anne and Marissa remain on board with plans to implement an experiential course in the future. We are particularly excited about the prospect of an experiential health humanities course, grounded in theoretical and critical readings, that goes beyond both the traditional humanities classroom and the traditional clinical shadowing experience. In other words, how can we make such a program both a) applicable to students with interests ranging from humanities to pre-health and b) sustainable in terms of institutional resources *and* community connections?

## Looking forward: Hopes and questions

We are at the beginning of an experiment here, one that, given the size of our institution (about 2,000 students), is very dependent on the particular courses that individual faculty offer. So, we are eager to learn how to make the whole thing sustainable and anticipate challenges and consequences we have not yet foreseen: Not enough interest? Too much? Arrival and departure of participating faculty? A few more questions remain on our minds:

- How can this model equitably serve our diverse student population?
- How can we convey and bridge various (and sometimes divergent) understandings of health, medicine, and the humanities as mutually informing fields?
- To what degree can the “light administrative footprint” of F&M’s certificate model serve health humanities? How might we expand into a broader curricular and administrative footprint, and what benefits or liabilities would such expansion have?

## Initial design

The certificate, as initially conceived, included four key perspectives: historical, ethical, literary and cultural, and community-engaged. In order to maximize flexibility, the courses are designed to be taken in any order, though we may stipulate that students in the community-engaged course will have already taken at least one other health humanities class (in order to encourage flexibility and avoid bottlenecks, we opted not to frame that course as a capstone).

- Historical Perspectives on Health
- Literary and Cultural Perspectives: Narrative, Illness, Disability
- Ethical Perspectives on Health, Life, and Death
- Community-Engaged course

## Revised design

Because we were unable to launch a community-engaged course and because we agreed on the centrality of epistemological history, we revised the certificate design. The requirements for the Health Humanities certificate are:

- Histories of Medicine: TS/HIS 311, History of Medicine or equivalent
- Historical Perspectives on Health: one course from the following: HIS/PBH/STS 278, Reproductive Health and Justice in Latin American History; HIS/STS 377, Medicine and Healing in the Mediterranean; HIS/IST 372, Pandemics in History
- Literary and Cultural Perspectives: one course from the following: ENG 273, Chronic Illness and Self-Care; PBH/STS/WGS 272, Narratives of Disability; LIT 27x, Medicine, Health, and Literature
- Ethical perspectives on health, life, and death: one course from the following: PHI 223, Biomedical Ethics; PHI 373, End of Life Ethics

## Elizabethtown College's journey to build a program in medical humanities

**Kevin Shorner-Johnson**

In the fall of 2019, a small group of faculty members discussed how we might invest in our college's sense of mission and heritage at a time of significant shifts within higher education. As a school with an Anabaptist heritage in the peace church tradition, we offer unique approaches to values of peacemaking, service, social justice, equity, and the challenge of inhumane systems. Merry (2000) notes that a traditionally Mennonite approach to peacemaking centers ethics of presence, nonconformity, witness as listening, humility, embodied and lived theology, and intentional community.

From this grounding, we played with the idea of what *humane care and advocacy* might look like within these traditions. We then took these ideas to departments across campus to ask if a grounding in humane care and advocacy might resonate with the mission of high-enrollment programs like occupational therapy, psychology, and engineering. We ended with a document of support for investments in heritage, from which our medical humanities inquiry emerged some two years later. This is the story of our intentional process to develop expertise, listen to diverse voices, and develop the buy-in necessary for a new medical humanities program to flourish at a small liberal arts college.

### Curriculum development as community organizing

My scholarship is at the intersection of the arts and peacebuilding. As someone invested in artistic peacebuilding and conflict transformation, I see strategic leadership and the transformation of political challenges as work that centers community organizing. Through this lens, I sought to construct a living document that would capture ongoing learning and discussions, building an archive of conversations and commitment. I used over 30 one-on-one meetings to build listening sessions before proposals moved to large-group contexts. Such a structure built community while simultaneously acknowledging voice and power, making sure each voice was heard and valued.

Secondly, because I have a grounding in philosophy, I am keenly aware of Aristotle's principles of *ethos*, *logos*, and *pathos* (Shorner-Johnson 2013). As I examined the political challenge of the passage of the program, I identified that our persuasive challenges could be helpfully framed by this structure. To build *ethos*, my colleague Vanessa Borilot and I needed to document strategic conversations and demonstrate that we had the expertise necessary to present a proposal to faculty governance. To embrace *pathos*, we needed to enter conversations with sensitivity to the challenges faced by humanities faculty in a context of fiscal uncertainty. Finally, to demonstrate *logos*, we needed to skillfully craft a proposal that moved persuasively from learning outcomes to connections with already existing coursework.

### External interviews

Considering these persuasive and constructive needs, we conducted external interviews with leaders in healthcare to better inform further research. I contacted two doctors within Penn Medicine Lancaster General Health System and two medical school educators at

Penn State College of Medicine. Interviews were semi-structured and recorded such that transcripts could be studied for information and themes.

Key themes included the importance of community medicine and community-based fieldwork, medicine as a communicative encounter, social constructions of reality, cultural humility, and systemic and relational thinking. Interviews with medical educators were helpful in introducing us to curricular structures, tensions, and approaches to deepening diversity, equity, and inclusion in health humanities education. Simultaneously, we collected recommended literature and read key texts to gain a foundation of diverse approaches to medical and health humanities. From a literature review and an analysis of these external interviews, we constructed student learning outcomes and a rough prototype of a curricular structure.

### Internal interviews and themes

In the next step of our journey, we sought to schedule 10 internal interviews with key health sciences faculty and leaders across our campus. These interviews helped us determine if the proposed medical humanities program met the needs and interests of our health sciences faculty. In each interview, we used a standard set of questions about learning outcomes, value, curricular structure, credit load, and barriers.

I recorded the interviews and analyzed and coded transcripts for themes, writing summaries for each respondent. We constructed themes around discussions of value, logistics, objectives, curriculum, and collaboration structures. Respondents noted that a medical humanities minor would offer significant value to health-related majors. They also noted the importance of culturally sensitive understandings and approaches to care, healing, and wellness. Many respondents noted that a medical humanities minor would provide students with a deeper frame and understanding of culturally sensitive issues.

We learned that students were seeking coursework to deepen their capacity to listen and respond within care contexts. According to one respondent, a minor in humanistic approaches to healthcare could give students the ability to “tell a story about who[m] they want to be as care providers through curricular choice.” Respondents were strongly in favor of deeper coursework in literature, ethics, religious studies, and cultural understanding. Many noted that studies in fiction were powerful because they engaged students in narrative skills and an understanding of the complexity of lived experience.

With regards to ethics, respondents noted that health professions students need to be equipped with skill sets to move past dichotomous thinking when facing complex dilemmas. Based on our analysis of interviews, we concluded that this new program had value and should center coursework in literature, ethics, cultural studies, cultural humility, and counseling. We also noted that we needed to be mindful of and sensitive to credit load, core program requirements, and course schedules when working with credit-intensive majors. We concluded that we would benefit strategically from proposing the minor as *medical humanities* rather than *health humanities*. Though limiting, the language of *medical* implies a career trajectory that is beneficial when planning program marketing to current students, prospective students, and faculty.

### Survey of Elizabethtown students

Following these conversations, we surveyed Elizabethtown College students in health-related studies to determine interest and whether they already had a minor. The survey was

designed to be short to encourage high participation rates. When asked about interest, students were presented with a definition of a medical humanities minor as one that “focuses on the development of empathy, patient listening, and intelligence about cultural understandings of health, illness, and wellness.” We asked the deans of two schools to distribute the survey to all occupational therapy (OT), physician’s assistant, biology, music therapy, and psychology majors ( $n = 482$ ). After the conclusion of the survey, we discovered that the survey had not been sent out to our OT students ( $n = 238$ ), potentially causing the survey to underreport interest in the minor.

Despite the loss of OT students, the survey had a relatively high participation rate, with 98/237 student respondents (41 percent participation rate with OT excluded). The survey demonstrated a strong interest in the proposed minor. Seventy-four percent of respondents indicated that they would add the minor if it were offered. Of the students who indicated an interest in the medical humanities minor (72), 56 students (77.8 percent) already had a minor. Results indicated that we needed to pay particular and sensitive attention to collaborations with psychology and Spanish minors to avoid harming these vibrant and strong programs.

### Curricular structure

From this work, we developed a curricular structure for a 22-credit medical humanities minor. Elizabethtown College uses a four-credit model that can be challenging when building curricula because of the expanded credit load of core and major courses. Our student learning outcomes addressed needed skills in narrative structure and listening, socially constructed and culturally situated conditions, cultural humility, ethics, and reflective integration and practice. A listing of our student learning outcomes is below. Students will:

1. Demonstrate skills and understanding of narrative structures and narrative listening.
2. Discuss and critique the socially constructed and culturally situated natures of health, care, illness, wellness, disability, healing, and medicine as socially constructed systems and encounters.
3. Demonstrate practices, understandings, and counseling skills informed by cultural humility, curiosity, and intelligence.
4. Discuss the applications of ethics to dilemmas of health, care, illness, wellness, disability, healing, and medicine.
5. Integrate understandings of medical/health humanities into personal narratives and statements.

The minor is constructed with an introductory course (Introduction to Medical Humanities) and a closure course (Community-Centered Medical Humanities). In between these courses are three elective bands for literature; religious studies and philosophy; and language, trauma-informed, and cultural studies courses. This approach matched strengths in our current offerings to student learning outcomes and opened pathways for new courses to be imagined. We also included one required application course in multicultural counseling as a result of feedback that encouraged us to include a course that linked narrative studies to relational practice. After building the minor structure, I took the proposed minor into roughly 24 individual meetings with arts and humanities faculty and then introduced the proposal for approval within six department meetings. Affirmations were submitted to faculty governance.



## Future horizons and opportunities

At the end of the spring semester of 2022, our medical humanities minor was passed by the academic council and affirmed by our faculty assembly. The length of our proposal document and the hundreds of pages of transcripts is a testament to the rigor of our work and the necessary investments in community organizing. As individuals saw their comments and inputs represented in the emerging document, we believe they came to identify their voice and investment as being a part of the enlarging community of supporters for this new direction in humanities.

Using a framework of ethos, pathos, and logos, we built expertise, remained sensitive to barriers and fears, and imagined new curricular paths where health sciences students might journey deeper into humane studies and expressions of care. Our heritage was the grounding for an imaginative translation of how our unique identity might speak to the needs of patients, clients, and care providers.

## Medical humanities at Lebanon Valley College

### John Hinshaw

Like many small private colleges, Lebanon Valley College has been shifting its focus and resources to the health professions. Several years ago, the college cut \$1.6 million in academic spending from the traditional liberal arts core and invested a comparable amount into new programs in allied health. Several programs and job lines in the humanities were cut. Biology, once a flagship major, is being converted to a service program, and many pre-med students are convinced that their chances of admission to medical school are improved by majoring in programs such as Exercise Science.

Our medical humanities major (MHUM) is a response to that trend. Faculty trained in the liberal arts (from biology, religion, Spanish, and history) proposed MHUM as a major. One of them, Rob Carey, was a graduate of Hiram College, which had one of the first medical humanities baccalaureate programs in the country. Our goal was to breathe new life into the liberal arts as well as to knock down some of the barriers between departments. Rob was critical to our process of building trust amongst a fractured and siloed faculty. After some initial hesitancy, the biology faculty were enthusiastic, with both the Biology Department and the Director of Medical Professions endorsing our proposal. The Departments of Humanities, Social Sciences, and Languages also endorsed the MHUM major.

In our experience, MHUM is a cost-effective way to retain and attract students. We identified three constituencies for the major. The first consisted of pre-med students in biology or biochemistry, who would see MHUM as distinguishing their applications to medical school. Bernice Hausman told us that she had recruited students to a corresponding minor at Virginia Tech with this argument, and she felt, from her current vantage point in a college of medicine, that having had coursework in medical humanities gives students a broader view that is evident in their applications and interviews. For students in these majors, MHUM would not add much to their requirements, as many of the classes fulfilled various General Education requirements.

We also saw the major as an offramp for students who were doing just okay in the natural sciences but did not have a competitive GPA to go on to medical school. MHUM would

allow these C students to apply many of their science classes to the new major and go into scientific sales, project management, or any number of health-care adjacent jobs. Our thinking was that this would be a better trajectory for them than starting a new major in business or digital communications (two popular majors for these students, which added more time to complete their degree).

The last constituency for this major consisted of Latinx students. In particular, we want to support those Latinx students who find themselves struggling in their first-year biology and chemistry courses, sometimes leaving LVC (and often higher education) convinced they are failures. To address this unmet need for an alternative educational path, we designed MHUM so that almost half of the humanities courses could be taken in Spanish. Students can hone their Spanish language skills and take relevant courses in history or culture. Obviously, there will also be Latinx students who use this as a path to medical school, and we have non-Latinx students who might want to develop their Spanish language skills to gain a professional advantage and reach communities that they want to serve.

The major requires a foundation in the natural sciences (28 or so credits). It requires a comparable number of classes in the humanities and social sciences. Required classes include an introductory class, a one-credit class on orientation to professional opportunities, a bioethics course, and a senior seminar.

We decided to propose a major because few LVC students complete minors, and certificates are only now being discussed as a path of study. Moreover, a minor would require the same number of dedicated classes as a major. In our planning, we also emphasized that the courses would need to be taught regularly (to avoid bottlenecks), be germane to the subject, and be taught by full-time faculty.

Despite considerable opposition from allied health faculty due to concerns about taking students from existing majors, they approved the MHUM major. The new major had no new costs, so each additional student retained or attracted to the college represented a financial gain. Over that first summer, we attracted our first major, a transfer from biology. In spite of a frustrating process, we remain convinced MHUM will train students to do good and do well. We also see it as a crucial update to liberal arts training that has long been a hallmark of American universities.

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