

Invitation from the Humanities: Learning from Voices Outside of Sciences

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Once upon a time I was a physical therapy (PT) student at a major university. Successful completion of some “humanities 101” courses was one hoop potential students had to jump through to be admitted; we dutifully went about checking these requirements off along with some others in the basic and social sciences. Once accepted into our PT professional preparation, there were one or two opportunities to take a humanities elective of our choice. The upshot was that even though many of us found these courses in literature, philosophy, religion, economics, history or art to be interesting, we didn’t integrate the how or why of their relevance to the real core of our professional formation and eventual practice as a PT.

With this inaugural issue the editors are launching a new journal featuring rehabilitation and the humanities. This in turn provides an opportunity to reflect on some things that have not—and have—changed since my ‘once upon a time’ time. They lend weight to whether and why it is timely for readers such as we to take serious note of the relevance of the

humanities to physical therapy (and the professions more generally).

One key thing that has not changed is that becoming a qualified and licensed physical therapist requires a rigorous program of study. As always, the sciences alone present a hefty challenge: physical therapy practice always has depended heavily on basic, clinical and social sciences and technology as basic building blocks for effective practice. At the same time, each scientific discipline continues to forge avenues of discovery relevant to our focus on function, providing an ever-increasing fount of information to be apprehended, critiqued and integrated. Emerging areas such as genomics, robotics and dependence on sophisticated virtual reality tools provide new sources of evidence for best practices as well. So what has changed are the level and complexity of physical therapy’s scientific knowledge and technical skill base, which continue to increase exponentially every few years. One logical conclusion is that today, the humanities are left out of the physical therapy curriculum, not because they are considered irrelevant, but because if considered at all, it is judged

that there is not room for them in the crush for curriculum time.

Physical therapy planted its roots deep in the rehabilitation fields whose emphasis was on facilitating a person's re-entry into society as fully prepared as possible, given his or her injury or illness. This has not changed, either. We continue to share with the other rehabilitation professions our insistence that we are committed to the well-being of the person, the whole person, not just to how well his lower extremity strength, or her trunk stability, or his mind-body coordination functions as a result of physical therapy interventions. The social sciences of psychology, sociology, anthropology and the competencies of active listening, cultural competence and communication skills have gone a long way towards preparing today's professionals better than ever before to meet this fulsome goal. But we cannot, and have not, stopped there. What is changing is the creation of new language and methods to more fully characterize the nature of our commitment. For instance, 'person-centered care' highlights that a relationship of human caring is at the very core of what physical therapists do. But authentic caring is possible only when messy particulars of lived human experience are invited into the encounter. Real-time fears, dreams, and hopes of all parties in the relationship are exposed. Each patient is face to face with his /her humanity in all of its potential and with all of its vulnerabilities. Thus, springing from our beginnings of "setting rehab goals" for the other, what has sprouted is the realization that our success ultimately depends on engaging a deeply human involvement with the other. Fortunately, we are learning that our care can honor essential, humane boundaries in the therapeutic relationship and we can

still "make it up" as we go along, because each person is unique. The orienting needle on our compass remains steady as long as the person's dignity is guiding us. This recognition has had its effect on the formation of physical therapists insofar as today there is more emphasis on tried and true methods of exploring the human experience and all the ways human dignity can remain intact. Some examples of this include the addition of professional ethics in the PT curriculum, considering the patient's story as part of the database of what to do, and reckoning with economic and other societal determinants outside of the interpersonal exchange between patient and therapist. Learning to sort through an ethical dilemma, find meaning in a patient's halting story or including input from economic, legal and other 'external' forces impacting the relationship represent quiet, backstage-door entries of the humanities into the very core of professional decision-making.

And here the purpose of this new journal takes its bow on to center stage. Building on all that has gone before, we are positioned as a profession to celebrate more fully our identity within the larger human experience. In fact, I submit that unless we do so we quickly will become irrelevant to the larger society that carries the hopes, fears, dreams and opportunities of all. Our documents and vision statements are expansive, proclaiming physical therapy's emerging professional identity as participants in the larger drama of societal well-being. We are suggesting that we are part of something much bigger than advancing an individual patient's well-being, or the well-being of our profession, or even the well-being of the professions working together as interprofessional teams. We are participants in the Big Stories of goodness-making, the narratives that instruct how all

of us humans can thrive. And so what is changing with it is a desire and need to add learning from ‘voices’ outside of the sciences, voices that come through in the deeper attempts to express what matters most, what each of our roles might be in it, and what we can expect from the fruits of our efforts in the bigger stage of human history.

The humanities offer this opportunity in spades. Just as physical therapy and the health professions have continued to deepen an understanding of their true relevance for today’s world, so have the humanities disciplines evolved as well. Even in my career lifetime as one who ‘bridged’ the health professions and humanities disciplines, I have seen a dramatic movement from the humanities’ once-upon-a-time focus on being apart as the more ‘erudite’ or ‘learned’ of the disciplines to assuming its own societal function as a partner in goodness-making. One can find many apt statements expressing this current understanding, and I offer two brief examples. The first, from Stanford University:

The humanities can be described as the study of how people process and document the human experience...Knowledge of these records of human experience gives us the opportunity to feel a sense of connection to those who have come before us, as well as to our contemporaries.¹

The second example from Ohio Humanities council:

The humanities are the stories, the ideas and words that help us make sense of our lives and our world. The humanities introduce us to people we have never met, places we have never visited and ideas that may have never crossed our minds. By showing how others have lived and thought about life, the humanities help us decide what is important in our own lives and what we can do to make them better.²

Do you see what this means? The humanities disciplines are inviting us, the physical therapists, to be part and parcel of this larger bandwidth of understanding regarding who we are and what we can do. And the editors of this new Journal of Humanities in Rehabilitation are responding with a hearty “yes,” providing a ready vehicle to add relevant paragraphs to the Big Stories of human well being that our unique history, experience and areas of expertise can offer to all — and that in turn will help us continue to refine our own relevant role in society.

References

1. What are the humanities? Stanford Humanities Center Web site. <http://shc.stanford.edu/what-are-the-humanities>. Accessed January 11, 2015.
2. As Defined by Ohio Humanities Council: What are the Humanities? <http://www.units.miamioh.edu/technologyandhumanities/humanitiesdefinition.htm>. Accessed January 11, 2015.

About the Author



Dr. Purtilo is Professor Emerita in Interprofessional Studies at the Massachusetts General Hospital Institute of Health Professions where she has served in several capacities, the most recent being four years as the Director of the Ethics Initiative. In 2007-2008 she spent one year as a Donoghue Endowed Visiting Professor at the Institution for Social and Policy Studies, Interdisciplinary Center for Bioethics at Yale University. She is a Senior Research Fellow, Institute for Patient Care, Yvonne L Munn Center for Nursing Research, Massachusetts General Hospital. Dr. Purtilo holds five honorary degrees for her work in ethics. In 1991 she received the Distinguished Alumni Award from Harvard Divinity School. In 1983 she was awarded the Nellie Westerman Prize by the American Federation for Clinical

Research for her article predicting major ethical and social issues that the (then) new disease called AIDS would create. She is a Catherine Worthingham Fellow and McMillan Scholar of the American Physical Therapy Association. She has been an awardee of two National Endowment for the Humanities Senior Scholars summer institute awards and was a recipient of two Greenwall Foundation grants to study moral courage among South African professionals during the Apartheid years and for an international initiative on ethical foundations of palliative care in Alzheimer Disease. Dr. Purtilo is the author of six books and more than 100 articles. Among her books are *Health Professional-Patient Interaction* (6th to 8th eds co-authored with Amy Haddad) and *Ethical Dimensions in the Health Professions* (5th and 6th eds (in preparation) co-authored with Regina Doherty). She is co editor (with Gail Jensen and Charlotte Royeen) of *Educating for Moral Action: A Sourcebook in Health and Rehabilitation Ethics* and co-editor (with Henk ten Have) of *Ethical Foundations of Palliative Care for Alzheimer Disease*. She served as an area editor for the *Encyclopedia of Bioethics*, rev. ed. Dr. Purtilo's primary research interests include rehabilitation ethics; interprofessional health care teams; and ethical issues in health care systems reform. In recent years her focus has turned to characteristics that support humane practices such as moral courage and the dynamics of caring relationships.

