The Discipline of Curiosity

By Khiarah Miles-Williams, SPT

Congratulations to Doctor of Physical Therapy Student, Khiarah Miles-Williams, (Thomas Jefferson University), finalist of the annual Student Essay Contest, co-sponsored by the American Counsel of Academic Physical Therapy (ACAPT) and the *Journal of Humanities in Rehabilitation* (*JHR).* The ninth in an annual series, this national contest offers a creative opportunity to ignite critical reflection in Physical Therapy students across the nation to support holistic approaches to patient care. This year's essay prompt was:

What experience, in the classroom or the clinical setting, has challenged your assumptions and deepened your sense of curiosity as a physical therapist? How has this experience shaped your understanding of what it might take to remain deeply curious, even after years of clinical practice?

One definition of curiosity is "an eager desire to learn; a deep interest in others' concerns." In rehabilitation, curiosity might be understood as the work of resistance against assumptions, biases, or textbook answers when relating to patients, peers, or yourself as a learner. It can foster deeper understanding, empathy, and more holistic care.

ASSUMED CURIOSITY

I once believed curiosity arrived on its own, summoned by complexity, sparked when an intervention failed or a diagnosis resisted easy categorization. I did not yet understand how quietly curiosity can be replaced by assumption, or how deliberately it must be practiced to endure in clinical work.

During my first clinical experience, I met a patient whose chart felt more robust than usual. Page after page documented months of pain, prior interventions, and clinical language that gently but persistently framed her as "anxious" and "non-compliant." Before I ever entered the room, those words had already shaped my expectations. I came prepared to assess, educate, and move forward, confident that adherence to evidence would lead to progress. When I asked what she hoped to gain from therapy, the room fell still. She looked down at her hands, then back up at me. Her voice was soft, almost practiced. "I just want someone to believe me."

DISRUPTED CURIOSITY

The room shifted. My carefully structured plan loosened its grip. In that moment, curiosity stopped being about problem-solving and became something more demanding: a willingness to remain with uncertainty. I realized I had been curious about her symptoms, but not about her experience. I had prepared to treat a condition, not to encounter a person whose body had repeatedly been questioned, minimized, and explained away.

As the session unfolded, I began to notice details I

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might have missed had I rushed ahead: the way her shoulders lifted as she spoke about prior appointments, the quick apologies that followed each question, the brief searching glances toward my face before continuing. The most meaningful work that day was not finding a technique or assessment. It was the moment I slowed enough to listen without interruption, without correction, without trying to fix.

HUMBLED CURIOSITY

That encounter unsettled my assumption that curiosity is driven by clinical complexity. Instead, I learned that curiosity requires humility. It asks us to resist the efficiency of labels and the comfort of familiar narratives. In the classroom, curiosity is often rewarded through mastery and certainty. In the clinic, I learned that curiosity is quieter and more relational. It lingers. It invites stories that do not resolve neatly and asks us to remain present even when answers are unclear.

This experience also reshaped my understanding of professionalism and ethics. Without curiosity, professionalism can become performative—polite but distant, competent but disconnected. Curiosity, by contrast, is an ethical posture. It asks us to examine power: whose knowledge is privileged, whose voice is centered, and whose experiences are too easily dismissed in the name of efficiency or expertise?

CHOSEN CURIOSITY

To remain deeply curious over the years of practice will require intention. Burnout, time constraints, and productivity pressures can all narrow curiosity into efficiency. Remaining deeply curious will require:

- Choosing reflection in a system that rewards speed.
- Revisiting patient narratives rather than reducing them to documentation.
- Engaging with discomfort instead of moving past it.

It will also mean staying connected to the humanities, stories, ethics, and reflective writing, not as academic supplements, but as essential practices in healthcare.

That patient did not leave pain-free that day. But she left feeling heard. I left with a reframed understanding of curiosity, not as a fleeting interest, but as a discipline that drives us to explore and discover.

I have learned that curiosity is a form of resistance: resistance to reductionism; resistance to certainty that silences curiosity; resistance to the gradual erosion of empathy over time.

If I hope to remain curious long after the novelty of training has faded, it will not be because the work stays new. It will be because I continue to choose curiosity as a way of practicing—one that honors uncertainty, attends to lived experience, and keeps patient care grounded in humanity.

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About the Author

Khiarah Miles-Williams is a Doctor of Physical Therapy student at Thomas Jefferson University. Her interests include pelvic health, ethics in rehabilitation, and the role of patient narrative in fostering equitable, patient-centered care. She is committed to integrating curiosity and reflective practice into her future clinical work.

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