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Original Article

A Vision for Health Humanities in Japan: A Proposed Definition and Potential Avenues for Application in Nursing Education and Beyond

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日本におけるヘルスヒューマニティーズのビジョン —定義および看護教育への応用に向けて—

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〔要旨〕

ヘルスヒューマニティーズとは、近年大きな勢いを得て世界的に研究が進められている新分野である。これは、患者・医療者・家族などの介護者そして社会全体の健康やウェルビーイングの向上を目的とし、新しい知見、変革、活動に向け、芸術・人文学を保健・医療と融合し、教育や研究そして医療実践を共に進める学際的な運動である。本稿ではメディカルヒューマニティーズ（医療人文学）とヘルスヒューマニティーズの展開や動向について明らかにする。さらに、日本におけるヘルスヒューマニティーズの定義と理論モデルを提案し、医療実践、教育、研究への応用についての具体例を示す。

〔キーワード〕 ヘルスヒューマニティーズ、メディカルヒューマニティーズ（医療人文学）、表現アートセラピー、ウェルビーイング、メンタルヘルス

〔Abstract〕

Health humanities is a relatively new interdisciplinary field that is currently gaining momentum around the world. It brings those in the arts and humanities together with those in the health care fields to work collaboratively in the domains of education, research, and practice toward new insights, innovations, and activities that result in improved health and well-being of patients, healthcare professionals themselves, informal carers, and society as a whole. In this article we describe the development of the medical and health humanities as a field and as a movement, offer a proposed definition and theoretical model for health humanities in Japan, and provide examples of potential applications in practice, education, and research.

〔Key words〕 Health humanities, Medical humanities, Expressive therapies, Well-being, Mental health

I. Introduction

Japan's universal health insurance coverage system is nearly 60 years old, and during that time it has

achieved remarkable results in terms of achieving improved population health (increased longevity and decreased childhood mortality, for example) at a low cost, while at the same time reducing inequity¹⁾. How-

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ever, recently there has been much hand-wringing about how the triple threat of Japan's rapidly aging population, the ballooning costs of medical services, and a declining working-age (taxpaying) population will affect the sustainability of this system²). At the same time, there is growing recognition of the massive contribution of social conditions and well-being to physical health³).

With these realities in mind, we argue that the need to explore the potential of Health Humanities to transform healthcare in Japan has never been greater. It can contribute to innovative treatment and therapy options that are less hospital-centered and less focused on medication and technology, and more focused on social connectedness and engagement with art and culture. It can contribute to the education and personal development of healthcare professionals who have an expanded understanding of the world and the human condition, and who themselves have improved resilience and well-being. And it can contribute to creative, interdisciplinary academic endeavors such as enhanced research methodologies, fresh theories and models, and expanded and more nuanced perspectives about what constitutes "evidence". All of this has the potential to lead us to new understandings about *what* constitutes "health", *who* is "doing" healthcare, and *how* individuals, families, communities, and societies can achieve and maintain health.

II. The History of the Medical and Health Humanities

The medical humanities arose primarily within the field of medicine in general and medical schools in particular, largely in response to worries about the dehumanization of medicine. Its roots can be traced back to the first medical universities in Europe, or to famous surgeons in the 19th century who wanted to "prevent science and business from taking the 'soul' out of medicine"⁴). But the contemporary discipline of medical humanities is usually seen as beginning in the 1970s in the US, when Edmund Pellegrino lamented overspecialization, an insensitivity to values and culture, an insensitivity to the socially disadvantaged, overwork, and poor communication skills in medicine⁴). He saw a need to balance the benefits of rapidly developing medical technology with the potential threats posed to both individuals and society⁴). He founded the Institute on

Human Values in Medicine in the hopes of bringing insights from the humanities—history, literature, and philosophy for starters—into the field of medicine⁵). The movement started by Pellegrino, along with the first medical ethicist, K. Danner Clouser, took hold and steadily spread in medical schools in the US. In 1973, the first graduate programs in medical humanities began at the University of Texas, and the *Journal of Medical Humanities* was established in 1980. Today, over 60% of medical schools in the US require courses in the medical humanities⁶). Cole et al. define the medical humanities as "an inter- and multidisciplinary field that explores contexts, experiences, and critical and conceptual issues in medicine and health care, while supporting professional identity formation"⁴). In their paradigm, the humanities that most prominently contribute to the education of doctors are history (specifically of medicine), literature (narrative medicine but also encouraging doctors to engage in reflection through writing), the arts, philosophy (specifically bioethics), and religion (also contributing to bioethics, but in relation to spiritual care and even medical anthropology as well).

In the past decade, however, scholars such as Paul Crawford in the UK and Therese Jones in the US (and their respective colleagues) have begun pulling medical humanities out of its rather limited context and application centered in medical education, favoring the more expansive and inclusive term, "health humanities"⁵⁻⁷). In the 2015 book, *Health Humanities*, Crawford et al. argue that this term is more inclusive of the broad array of healthcare professions, including doctors and nurses but also occupational therapists, dentists, social workers, and those working in the expressive therapies. They claim that "the majority of healthcare as it is practiced is non-medical", pointing out that patients actually spend a very small amount of time with doctors, and emphasizing the increasing role of informal and family carers as well as complementary and alternative healthcare⁷). Jones et al. echo this sentiment, noting the potential for the humanities to impress upon students that "medicine is but one component of health and well-being and that their patients will come to them with a broader set of expectations and needs"⁶). Crawford et al. call for the health humanities to be "a more inclusive, outward-facing and applied discipline" that sees the arts and humanities as "a core constituent and enabler of health and well-being by transforming

places, processes and people, whether in hospitals, clinics, schools, prisons or community settings”⁷⁾.

The move from medical humanities to health humanities expands the field in two important ways. First, it expands the “who” from medical students and educators to a more comprehensive focus on healthcare professionals in general. Second, it expands the “what” from education to encompass practical and research applications as well. In fact, Crawford et al. specifically call for the inclusion of the expressive therapies in this newly expanded field of study and action⁷⁾.

Ⅲ. A Definition and Theoretical Model for Health Humanities in Japan

As we begin promoting, studying, and, most importantly “doing” the health humanities in Japan, it is important to be sure we are all talking about the same concept and working toward the same goals. Health humanities is explicitly and purposefully a big tent: we should be inclusive and welcoming of anyone or any institution or program that attempts to somehow yoke the arts and humanities with the healthcare professions and practices toward the goal of improving individual or population health. However, as with any field, it will be useful to have a definition and a theoretical model, if for no other reason than as a starting point for the debates and discussions that will no doubt unfold over the first few years and decades of the field. In this section, we build on the work of Crawford and Jones and their colleagues⁵⁻⁷⁾ in developing our own proposed definition and theoretical framework, and we present these in an accessible, bilingual format that can be easily printed and shared with the various stakeholders and institutions that may be interested in implementing programs of their own and joining the health humanities movement.

In Figures 1 and 2, we present not only a proposed definition of health humanities, but also a thorough description of the “who” and the “how” of this movement, in both English and Japanese. Our definition clarifies that the “humanities” part of health humanities should be inclusive of both the arts and the social sciences. It also clarifies the most likely agents and beneficiaries of health humanities endeavors, without necessarily identifying which is which. This speaks to the social connectedness and “mutual recovery” aspects of the vision put forth by Crawford et al.⁷⁾. While it is

most likely that researchers, educators, and practitioners in the healthcare professions and in the arts and humanities will come together as the driving force in implementing the health humanities, it is also likely that in many cases these parties will benefit from these activities as well. When a nurse manager coordinates with a drama troupe to put on a play for patients in the cancer ward, it is hard to imagine the nurses and doctors in the ward not having their hearts touched and healed nearly as much as the patients do. This is a field that is ripe for graduate and even undergraduate students to take the ball and run with it. It also opens up new ways to provide support for home-based patients and their caregivers, and many health humanities-related programs are already being initiated by community health organizations, whether they see themselves as falling within the health humanities paradigm or not. Finally, there is the likelihood that patients may turn the tables on their doctors and nurses, becoming agents of healing themselves through various artistic and creative practices.

Another important concept introduced in Figures 1 and 2 is that health humanities can be applied across the three domains of research, education, and practice, and perhaps the most effective initiatives will incorporate all three. Just as medical humanities has sought to give doctors more historical grounding, social and political awareness, critical thinking, ethical decision-making, and the kind of empathy that can only come from cultivating deeply reflective practices, it can do the same for nursing students and dental students and beyond. And becoming more aware of research designs, methodologies and evidence, and perhaps being more open to the different “ways of knowing” in other disciplines can bring fresh new insights into research in medicine, nursing, and public health, as it has already done in the past.

In Figure 3, we provide a visual theoretical framework that will make it easier to envision the definition and possibilities of the health humanities. This figure makes it clear that there are multiple routes to implementing the health humanities and achieving the desired outcomes in practice, education, and research. Healthcare professionals, educators, or researchers may reach out to those in the humanities, arts, and social sciences, or vice versa, to initiate joint projects. Alternatively, anytime someone in the humanities, even without explicit collaboration, conducts research, educa-

A Proposed Definition and Vision of Health Humanities in Japan

What are the health humanities?

Health humanities embodies a grand merging of health and healthcare on the one hand, and the arts, humanities, and social sciences on the other. Its purpose is to explore how knowledge and practices from these fields can inform and transform the education of and research conducted by healthcare professionals, and also how they can impact the health and well-being of patients, healthcare professionals, and everyone in between. It is an interdisciplinary endeavor that brings all people together toward the common goal of establishing a sustainable healthcare system and creating a healthier society.

Who is doing it?

- * Researchers, educators, practitioners, and students in the healthcare professions (doctors, dentists, nurses, allied health professionals, public health professionals, etc.)
 - * Researchers, educators, practitioners, and students in the arts, humanities, and social sciences (literature, the arts, history, philosophy, ethics, religion, education, psychology, sociology, anthropology, law, linguistics, economics, etc.)
 - * Family and informal carers
 - * Patients, former patients, and users of community health services
- Ideally, multiple categories of stakeholders should be working collaboratively toward mutual recovery and well-being.**

How are they doing it?

Healthcare practice: Seeking and researching possibilities for improved health and well-being through diverse creative practices such as artistic, musical, dramatic, and literary/narrative pursuits (for patients as well as healthcare professionals).

Education of healthcare professionals: Cultivating doctors, nurses, and beyond who have wide-ranging interests, broad knowledge of history and society, strong critical thinking and ethical decision-making skills, and deep empathy and humanity.

Research: Bringing the accumulated body of knowledge, methodologies, and paradigms of the humanities to bear in health and healthcare research, thereby serving as a complement and/or a counterweight to current dehumanizing trends in medical and nursing science and technology, and shedding new light on what it means to be “evidence-based”.

Figure 1. A proposed definition and vision of Health Humanities in Japan (English version)

日本におけるヘルスヒューマニティーズの定義およびビジョン（試案）

ヘルス・ヒューマニティーズとは

ヘルス・ヒューマニティーズとは、保健・医療と芸術・人文学・社会科学を融合した新分野です。目的はこれらの分野の知識と実践がどのように医療者の教育と研究を進め変革していくか、そして患者・医療職者・その間にいるすべての人の健康とウェルビーイングにどのように貢献しうるかについて探求することです。ヘルス・ヒューマニティーズはアカデミックな一領域にとどまらず、持続可能な医療システムの確立とより健康的な社会の構築という共通目標に向かって、さまざまな人々を結びつける学際的な運動です。

誰が行っているのか

- * 医療職にある研究者, 教育者, 実践者, 学生 (医師, 歯科医師, 看護師, コメディカル, 公衆衛生専門家など)
- * 芸術・人文学・社会科学の領域における研究者, 教育者, 実践者, 学生 (文学, 芸術, 歴史, 哲学, 倫理, 宗教, 教育, 心理学, 社会学, 人類学, 法学, 言語学, 経済学など)
- * 家族などの介護者
- * 患者, 元患者, 地域医療サービス利用者

これらすべてのステークホルダーが相互の回復 (mutual recovery) とウェルビーイングに向かい協力し合うことを理想とする。

どのように取り組んでいるか

医療実践: 芸術, 音楽, 劇, 文学・物語などによる様々な創造的な実践を通じ, 健康とウェルビーイングの向上可能性を追求及び研究する (患者だけでなく医療者も対象とする)

医療者の教育: 幅広い関心と豊かな歴史・社会・文化の知識を持ち, 優れた批判的・論理的思考能力および深い共感や人間愛を備えた医療者を育てる

研究: 人文学の研究蓄積, 方法論, 視点・考え方を保健・看護・医療の研究に応用し, EBM を補足しバランスをとる

Figure 2. A proposed definition and vision of Health Humanities in Japan (Japanese version)

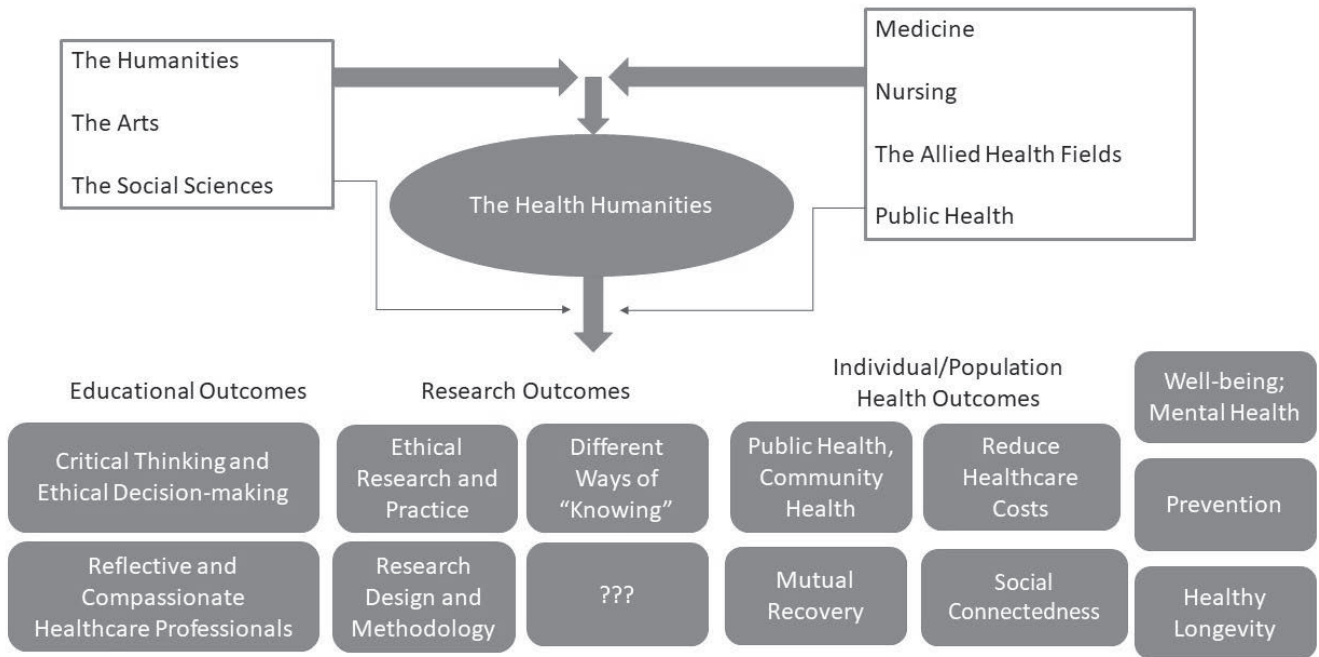


Figure 3. Visual theoretical framework of the Health Humanities

tion, or practice that is clearly healthcare-related, that would “be” health humanities. The opposite would of course also be welcome in this paradigm: those active in healthcare fields could incorporate knowledge or practices from the humanities, arts, or social sciences without necessarily doing a full-scale joint project. It should go without saying by this point, but there are myriad “health humanities” endeavors happening in various fields and settings all over the world already, whether or not they currently see themselves as a part of this field or movement. In fact, one of the first priorities of the nascent health humanities movement should be to identify these programs and document them and welcome them and support them wherever possible.

IV. Conclusion

Health humanities starts with the simplest of observations: health and healthcare do not belong solely to doctors and nurses and hospitals and drugstores. Nor are they purely the domain of the sick and the suffering and the caregivers. The reality is that health is the most valuable asset we have, both as individuals and as a society. It is our greatest treasure, and it must be protected and maintained by each and every one of us. We are all stakeholders, we are all care providers, and we are all, at some time and in some way or another, unwell. And that means we need to tap previously untapped resources from a wider variety of fields, disci-

plines, professionals, and practices, and in more collaborative and concerted ways, in order to confront the health challenges and goals we face.

Health humanities is the artist helping seriously ill patients revalidate their identities through portrait therapy⁸⁾. It is the nursing student investigating the current state of research on using Montessori-based care to reduce the symptoms of dementia. It is the English professor experimenting with new ways to improve the communication skills and cultural competence of medical students. It is the exploration of the potential of bibliotherapy to treat eating disorders⁹⁾. It is healthcare economics, dramatherapy, medical anthropology, bioethics, and so much more.

Whether and when the healthcare humanities will gain traction and attention in Japan remains to be seen. It is hoped that this article will be a starting point for the conversations, thought, research, and passion that will be necessary to establish and pursue this field in Japan.

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