Looking Inward and Onward: Medical Humanities as a Tool for Understanding the Power of the Wisconsin Idea

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"One of the longest and deepest traditions surrounding the University of Wisconsin, the Wisconsin Idea signifies a general principle: that education should influence people's lives beyond the boundaries of the classroom."[1]

These are challenging times for academic institutions. Decreased funding threatens ongoing research and the educational mission of health care training programs, including medical schools. There is increasing recognition that the academic community has not effectively communicated its value to the health and well-being of society at large. Even the Wisconsin Idea, one of the longest traditions of the University of Wisconsin (UW), has a problematic history that may contribute to this mistrust. To address these challenges and to harness the potential of the Wisconsin Idea, a thoughtful approach that incorporates deep reflection and storytelling is needed.

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Storytelling is increasingly recognized as a tool not only for creating connection and fostering empathy, but also for better disseminating scientific and medical knowledge.[2] As with other aspects of medical education, effective storytelling can be taught.[3] A narrative is a story that shares information while producing meaning and understanding for listeners.[4] As Transportation Theory suggests, the meaning a listener takes from a story is highly dependent on what the story makes them think about and how it makes them feel.[5]

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Evidence suggests that feeling immersed in the details and context of a narrative produces emotional resonance – empathy – and affects how listeners process its meaning. While direct measurements of empathy are challenging, empathy can trigger oxytocin release, which can move people to feel more trusting and behave more generously.[6,7] Studies using functional magnetic resonance imaging and storytelling have revealed areas of the brain that impact cognitive and affective understanding as well as processing social information, like the ability to interpret others' desires, beliefs, and goals. Consuming a narrative may produce empathy as an integral part of understanding content.[8]

Consider how reading about the history of the Wisconsin Idea impacts your own thoughts and feelings. The Wisconsin Idea has its roots in the teachings of John Bascom, who served as the University of Wisconsin president from 1874 to 1887. A professor of rhetoric, he believed in the Social Gospel, a movement popular in the late 19th and early 20th centuries that used Christian morality as a vehicle for fighting social injustices. Indeed, he believed that one's Christian salvation depended on ridding the world of social evils.[9]

Charles Van Hise, UW president from 1903 to 1918, and Robert La Follette, Wisconsin governor from 1901 to 1906, were both students of Bascom. With Van Hise and La Follette as leaders of the state and its university, Wisconsin became nationally recognized for passing workers' compensation legislation, early adoption of the extension movement, and turning the state's failing wheat industry into a thriving dairy farming economy. The Wisconsin Idea emerged from their work.[10]

Not all Wisconsinites, however, experienced the application of academic knowledge to their lives as beneficial. Van Hise was also a strong advocate for eugenics, a scientifically inaccu-

rate and immoral theory of racial improvement and planned breeding. He lobbied for laws that empowered the state to forcibly sterilize those deemed unfit. Instruction in eugenics was integrated into UW sociology, criminology, genetics, and zoology coursework until 1948.[11]

Wisconsin physicians were deeply involved with the eugenics movement. They gave speeches to the eugenics club, conducted medical evaluations of "fitness," oversaw the state facilities where Wisconsinites were confined and sterilized, and coerced Indigenous women into involuntary sterilization.[11,12] This history is unknown to many in the Wisconsin medical community, but it remains omnipresent for families affected by the policies promoted by the university. While we tout the Wisconsin Idea, they hold this history in their perception of our institution.

It is tempting to consider the Wisconsin Idea from the perspective of extremes—either it is a laudable philosophical principle or a tainted relic. Instead, we propose that the Wisconsin Idea is best understood when carefully considered from multiple perspectives. Competence as a health care provider requires an understanding that health and illness are not only biological phenomena but are deeply rooted in human experiences and histories. Understanding our multifaceted, sometimes problematic past demands not only cognition, but perspective-taking, analysis, and an awareness of social contexts.

Medical humanities offer tools for learning to do all of this well. Studies of narrative medicine training in practicing clinicians have been shown to enhance observational skills, improve empathy, promote the ethical practice of medicine, and reduce provider burnout.[12-15]

One practical way we engage with medical history at UW Madison is by bringing our health care community to the archives. Reading about eugenics is a fundamentally different experience from physically holding a log of 1940s eugenic sterilizations by Wisconsin surgeons and developing a shared analysis. Participants can recognize the intersubjective understanding of sickness and health and better understand themselves in relation to patients and the larger systems in which care is provided.

The Wisconsin Idea charges us to work to improve the health and well-being of all people in Wisconsin, and beyond. Knowing the story of its history does not negate the potential good but can help us better understand the complexity of distrust of academic institutions. Engaging with narratives through arts-based medical humanities practices can not only improve our ability to tell effective stories but also promote a more nuanced understanding of our shared history, foster a sense of community, and cultivate a shared vision. We in academic medicine owe it to the people of Wisconsin to learn to both listen to and tell stories.

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