I was born in 1939, so my first few years on earth intersected with the Holocaust. And yet, as I was growing up on the North Shore of Chicago, no one told me that this history of inhumanity was part of our history, of my history—this despite the fact that Jews on the North Shore at that time were residentially segregated to keep “people like them” apart from “people like us,” a practice driven by the same darkness that led to “the final solution.”

The personal implications of the Holocaust escaped me until I decided to become a professor, animated in part by the belief that education can humanize us. That belief was severely shaken when I began learning about the German academy’s complicity in mass murder. Some of the best-educated people on the planet had seen the barbed wire fences and the flames in the night. They knew what occurred. But, taught to value intellectual detachment above engagement with the world, they refused to recognize what they knew. Thus they collaborated with evil.

Does education humanize us? Sometimes, but not nearly often enough. We have yet to uproot the myth of “value-free” knowledge, and hence we turn our graduates loose on the world as people who know, but do not recognize that our justice system often fails the poor, that corporate logic usually favors short-term profits over sustainability, that practical politics is more about manipulating public opinion than discerning the will of the people, that our approach to international relations is laced with arrogance about our culture and ignorance of others, that science and technology are not neutral but rather means to social ends.

If higher education is to serve humane purposes, we who educate must insist that knowing is not enough, that we are not fully human until we recognize what we know and take responsibility for it.

Knowing is Not Enough: A Case Study

The Accreditation Council for Graduate Medical Education (ACGME) is an educational association that takes these imperatives seriously. The council (www.acgme.org), which accredits 8,000 medical-residency programs in the United States, knows and recognizes, as one physician put it, that “doctors today work under conditions that frequently have them on the edge of violating their Hippocratic oath.” Hence the group’s emphasis on humanizing medical education.

When I work with directors of residency programs, we sometimes explore a specific case involving a breakdown in health care—and in residency education—that resulted in the avoidable death of an organ donor. The case is full of medical details, but it illustrates a crisis common to every profession: The institutions in which we work too often threaten our professional values.

Here was the situation, as described by Paul Batalden, a physician and program director at Dartmouth Medical School, in the case study he developed on the incident:

...
On January 10, [2002] a healthy 57-year-old man underwent a liver donation procedure that successfully resected approximately 60% of the right lobe of his liver in preparation for transplanting that liver into his brother, a 54-year-old man who suffered from a degenerative liver disease. After what was described as a technically uneventful transplant, the donor patient seemed to do well on the first post-operative day. He began to manifest some tachycardia [abnormally rapid beating of the heart] late on the second post-operative day. Early on the third post-operative day, he began to hiccup and complained of being nauseated. He was given symptomatic treatment. Later that day he began to vomit brownish material. He became oxygen-desaturated [lacking adequate oxygen in the bloodstream] and was placed on 100% oxygen by mask. He continued to vomit, aspirated and suffered a cardiac arrest from which he was not resuscitated and he was pronounced dead on the third post-operative day.

Three months later, the state health commissioner issued an incident report that said:

The hospital allowed this patient to undergo a major, high-risk procedure and then left his post-operative care in the hands of an overburdened, mostly junior staff, without appropriate supervision. Supervision of medical residents was far too lax, resulting in woefully inadequate post-surgical care.

I do not doubt that the hospital, inadequate staffing, and lax supervision are to blame for the tragedy. Nor do I doubt the importance of fixing systemic problems. But I am struck by the impersonal quality of this analysis, as if no one involved had a name: The report assigns culpability to common nouns, not people. When systems analysis is our only approach to situations such as this, it becomes a sophisticated way to know what has occurred but not recognize its meaning.

Two details captured my attention as I learned more about the organ donor’s death. First, a surgical resident with 12 days of experience in the transplant institute had been left alone to attend to this man and 34 others in intensive care during a critical three-hour period when the patient developed serious symptoms. Clearly, the resident could not give her charges the attention they needed; she later described herself as “feeling ‘overwhelmed’ by the responsibility of caring for so many patients.”

Second, the donor’s wife was with her husband during the entire post-operative period. Her description of his death is heart-wrenching: “I was present ... while my husband coughed up blood for two hours before he finally choked on it and died. [I] begged for attention to his condition and got none.”

I think about this woman and the nightmare she endured. I also think about the young resident who, placed in a deadly situation, endured a nightmare of her own. But neither empathy nor the penalties imposed by the state health department constitute an adequate response to this catastrophe. We must ask ourselves whether we are preparing students in all fields to recognize what happens in the institutions in which they work. Then we must ask how residents (and other professionals) might be educated to confront institutional inhumanity of this sort, so that they can help cut it off at its root.

As this resident rushed from bed to bed, surely she could see the potential calamity. What kept her playing her role as an obedient underling in this tragedy instead of speaking truth to power? What kind of action might she have taken to bring reinforcements running? Is there a moral equivalent in the workplace to calling 911, sending up flares, sounding the alarm, raising holy hell? I am not talking about becoming a whistle-blower after the event. I am talking about acting ethically and courageously in the moment, while there is still something to be salvaged, instead of waiting for a review
board to ask what went wrong.

Of course, this resident can be seen as the pawn of superiors who had power over her career; that is how we typically excuse ourselves for lapses of workplace morality. But if we give her a moral “pass” on these grounds, we fail to honor the heart of the healer in her, to say nothing of honoring the man who died. What occurred here goes beyond system failure. The healer's heart failed as well: Her head knew what was happening, but her heart refused to recognize it. And it is that heart, not the system, that residency education has the best chance to touch and transform.

Like every professional, a medical resident is a moral agent with the power to challenge and help change the institution. So the question for educators becomes how residency education can support residents acting as moral agents when the conditions under which medicine is practiced threaten their professional values. A parallel question should be asked about education of every sort as we prepare students to work in institutions that too often prove toxic to their deepest commitments.

Let that medical resident serve as Exhibit A in the case for educating a “new professional”—by which I mean a person who is not only competent in his or her discipline but has the skill and the will to deal with the institutional pathologies that threaten the profession’s highest standards.

**Educating the New Professional**

Behind my call for a new professional who can confront, challenge, and help change the workplace are two important realities.

First, our large, complex institutions are increasingly unresponsive to external pressure, even on those rare occasions when an informed and organized public demands change. I am haunted by the image of that organ donor’s wife watching her husband die, pleading for help, and being ignored. Let her represent a public whose outcries about health care, education, the justice system, and democracy itself fall on largely deaf ears—a public that lacks the knowledge and access necessary to get sufficient leverage for social change. Now let that surgical resident represent all the insiders who could make a difference, if they had the skill and will to pull the levers of transformation.

Second, as Ivan Illich reminded us 40 years ago, the functions of a profession are not necessarily those of the institutional structures that house it. The fact that we have schools does not mean we have education. The fact that we have hospitals does not mean we have health care. The fact that we have courts does not mean we have justice. We need professionals who are “in but not of” their institutions, whose allegiance to the core values of their fields makes them resist the institutional diminishment of those values.

What would the education of the new professional look like? How might we prepare students to be teachers, lawyers, physicians, and clergy—to say nothing of parents and neighbors and citizens—who can help transform the institutions that dominate our lives? I have five immodest proposals:

1. **We must help our students uncover, examine, and debunk the myth that institutions are external to and constrain us, as if they possessed powers that render us helpless—an assumption that is largely unconscious and wholly untrue.**

We professionals—who by any standard are among the most powerful people in any society—have a bad habit of telling ourselves victim stories to excuse unprofessional behavior: “The Devil [read, ‘the system’] made me do it.”

We are conditioned to think this way. The hidden curriculum of our culture portrays institutions as powers other than
us, over which we have marginal control at best—powers that will harm us if we cross them. But while we may find ourselves marginalized or dismissed for calling institutions to account, they are neither other than us nor alien to us: institutions are us. The shadows that institutions cast over our ethical lives are external expressions of our own inner shadows, individual and collective. If institutions are rigid, it is because we fear change. If institutions are competitive, it is because we value winning over all else. If institutions are heedless of human need, it is because something in us also is heedless.

If we are even partly responsible for creating institutional dynamics, we also possess the power to alter them. We need to help students understand and take responsibility for all the ways we co-create institutional pathologies. Such an education would call us to identify and examine our own shadows. Only when we become accountable for the darkness we create will we be able to evoke “the better angels of our nature,” inner sources of light that make both individuals and institutions more humane.

The power of the “inner light” to alter the external world is demonstrated in almost every movement for positive social change: the black liberation struggle, the woman’s movement, the Velvet Revolution, the undoing of apartheid—every one of which was animated by people who had been stripped of external power. But these apparently powerless people moved boulders by drawing on the power of the inner life—a power no one could take from them—in a disciplined and dedicated way. The new professional will understand this history of “powerless” people who have harnessed the power of the human heart to remake our world.

(2) **We must take our students’ emotions as seriously as we take their intellects.**

We unconsciously give institutions more power than they possess because we are taught to do so by our culture’s hidden curriculum. But we consciously give emotions less respect than they deserve because of what we are taught by our culture: “Don’t wear your heart on your sleeve.” The message is simple: If you want to stay safe, hide your feelings. And conventional education elevates this “folk wisdom” to the status of “philosophical truth” by demanding that we stifle subjectivity for the sake of objective knowledge.

So the education of a new professional will reverse the academic notion that we must suppress our emotions in order to become technicians. Students will learn to explore their feelings about themselves, the work they do, the people with whom they work, the institutional settings in which they work, the world in which they live. They will be taught to honor painful emotions such as anxiety, anger, guilt, grief, and burnout. They will be taught that such feelings are neither signs of weakness, nor sources of shame, nor irrelevant to the complex challenges of knowing, working, and living.

That first-year surgical resident told the review board that she felt “overwhelmed” on the day the organ donor died. But instead of riding that feeling into action, she allowed it to shut her up and shut her down. We will not teach future professionals emotional distancing as a strategy for personal survival. We will teach them instead how to stay close to emotions that can generate energy for institutional change, which might help everyone survive.

More than a few academics dismiss appeals to the emotions as “touchy-feely,” apparently imagining that disdain (also an emotion) will settle the issue. But the fact that good pedagogy requires emotional intelligence has been demonstrated time and again by educational researchers. The effective exercise of our profession requires us to tap into our own and our students’ feelings.

Education in mathematics is a prime example. It was long assumed that females failed at math because their brains were structured differently than men’s. Then came a generation of pedagogues who saw the secret hidden in plain sight: Women are told early on that “girls can’t do math,” so they come to class with minds paralyzed by fear. Today, as many
math educators pay attention to emotions as well as to the intellect, women succeed in math at rates similar to those of men.

**(3)** *We must start taking seriously the “intelligence” in emotional intelligence.*

We must do more than affirm and harness the power of emotions to animate learning and leadership: We must help our students develop the skill of “mining” their emotions for knowledge.

By and large, academic culture honors only two kinds of knowing—empirical observation and logical reasoning. But science begins in the hunches, intuitions, and bodily knowing that lie behind testable hypotheses. As philosophers of science such as Michael Polanyi demonstrate, what we call “objective” knowledge emerges from an interplay of our inner and outer worlds. And people who do good work of any sort, however technical, understand that not everything they need to know can be found in data points and cognitive constructs. Good teachers, lawyers, physicians, and leaders bring at least as much art as science to their work, art rooted partially in the affective knowledge that eludes empirical measurement.

But the subtext of most higher education is that emotions are inimical to objectivity and must be suppressed. As a result, educated people tend to compartmentalize their feelings—acknowledging them in private life, perhaps, but regarding them as dangerous to academic or professional life. Professionals are “supposed to be” in charge at all times, and we fear that feeling too deeply will cause us to lose control.

So we have precious little experience and even less competence at extracting work-related information from our feelings. The medical resident who felt “overwhelmed” when left alone with 35 intensive-care patients probably took that feeling as a sign of personal failure, which can lead to guilt, panic, and paralysis. But in this case it seems clear that the resident’s feeling carried at least as much information about the dysfunctions of her work setting as about her own limitations.

“So what?” might be a reasonable response to that observation—until we realize that a capacity to translate private feelings into knowledge and then public action, when warranted, has been an engine of every movement for social change.

People such as Rosa Parks, Vaclav Havel, Dorothy Day, and Nelson Mandela named, claimed, and aimed their feelings, which shaped their knowledge, animated their actions, and attracted millions to their causes.

The women’s movement is a case in point. From the late 19th century until well into the 20th, women’s feelings of isolation and marginality were seen as personal pathologies, grist for the therapeutic mill if one could afford a psychiatrist. But when women began to understand that these feelings, these data, did not reveal sick psyches but a social condition called sexism, it became clear that their best therapy lay in agitating for social change.

By translating “I feel crazy (or stupid or fearful or overwhelmed), so something is wrong with me” into “I feel crazy, so something is wrong with this institution or society,” we can begin to extract information, as well as energy, from our emotions. The new professional needs to know how to name and claim feelings, neither denying nor being dominated by them; discern whether and how they reflect reality; ask if they have consequences for action; and, if so, explore them for clues to strategies for social change. Which brings me to my fourth proposal for educating the new professional.

**(4)** *We must offer our students the knowledge, skills, and sensibilities required to cultivate communities of discernment and support.*
Not all personal feelings yield knowledge about the world—some really are reflections of personal rather than social pathologies. Mining our emotions for truth requires as much discipline as mining the senses and the intellect, and at the heart of that discipline is the communal sorting and sifting that helps us distinguish fool’s gold from the real thing.

Whatever the data source is, the question is always the same: How much of what I claim to know can be verified from viewpoints other than my own, and how much of it is my invention? A disciplined process of group reflection—whether that means a team working on a long-term problem or two people assessing a crisis—can help us distinguish between emotions that illuminate our environment and those that simply reveal our own shadows. Both kinds of knowledge are valuable, but they invite quite different responses.

Unfortunately, faced with the claim that feelings as well as facts must be addressed in the education of the new professional, many faculty will say, “I’m a biologist (or sociologist, or philosopher), not a therapist. So don’t ask me to be one.”

I am not making any such request. Therapy done by an amateur is an ugly form of psychological violence. But disciplined group inquiry led by a skilled teacher is one of the most reliable ways to extract information from data of all sorts, including emotional data. And the more experience we give students with this kind of inquiry, the more likely they are to read their own feelings accurately when they lack time to summon a group, as was the case with that beleaguered medical resident.

What are the disciplines of dialogue that help us discover the intelligence in our emotions? In my book A Hidden Wholeness: The Journey Toward an Undivided Life, I offer a detailed description of the principles and practices that create a “circle of trust,” my name for the kind of group that can facilitate deep and difficult learning.

In addition to discernment, there is another reason to teach our students how to cultivate community. Every serious effort at social change requires organized groups of people who can support each other when the demands of being a change agent threaten to overwhelm them and can generate the collective power necessary to make a difference. Without communities that encourage us to assert core professional values in settings where we may well suffer for doing so, most of us will revert to conventional “wisdom” and refuse to wear our hearts on our sleeves. Which brings me to my fifth and final immodest proposal for the education of the new professional.

(5) We must help our students understand what it means to live and work with the question of an undivided life always before them.

Doing so means, of course, that as mentors we must embody what it looks like to live in that way. I do not mean we must achieve an undivided life before we can teach about it: If that were the case, few would qualify, and those few would not include me! And yet, as an imperfect person in an imperfect world, I can show my students what it means to wrap my life around this question: “How do I stay close to the passions and commitments that took me into this work—challenging myself, my colleagues, and my institution to keep faith with this profession’s deepest values?”

Living that question can and usually does entail fulfillment, frustration, and betrayal, by others or by one’s self, over time. Our students need to see how we, their elders, deal with these vagaries while refusing to sell out either our professions or our personal integrity. And they need to see how, when we fail and fall down, as we always do, we manage to get up again.

Finally, modeling what it means to live as a new professional demands that we create academic programs open to
student critique, challenge, and change. We can offer a curriculum that prepares students to be change agents in some other place at some other time. But if the hidden curriculum of the program simultaneously says, “Don’t mess with us!” the lesson our students learn is to stay safe by keeping quiet. When students spend year after year as passive recipients of education, small wonder that they carry their passivity into the workplace. They have not learned, because we did not teach them, that opening one’s mouth to challenge what is wrong is a way to stay sane, honor their own integrity, and live by their deepest callings.

The education of the new professional will offer students real-time chances to translate feelings into knowledge and action by questioning and helping to develop the program they are in. I am not imagining a student uprising but rather an academic culture that invites students to find their voices about the program itself, gives them forums for speaking up, rewards rather than penalizes them for doing so, and encourages faculty and administrative responsiveness to student concerns.

**The Last Word**

The word “professional” originally meant someone who makes a “profession of faith” in the midst of a disheartening world. That root meaning became diminished as the centuries rolled by, and today it has all but disappeared. “Professional” now means someone who possesses knowledge and techniques too esoteric for the laity to understand, whose education is proudly proclaimed to be “value free.”

The notion of a “new professional” revives the root meaning of the word. This person can say, “In the midst of the powerful force-field of institutional life, where so much conspires to compromise the core values of my work, I have found firm ground on which to stand—the ground of personal and professional identity and integrity—and from which I can call myself, my colleagues, and my profession back to our true mission.”

Higher education needs to educate people in every field who have ethical autonomy and the courage to act upon it—who possess knowledge, skill, and the highest values of their vocations. Can such an education become a reality? Yes, if we who educate can think and act like the new professionals we need to raise up.

**Resources**


