Review of *The Edinburgh Companion to the Critical Medical Humanities*

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An artist in a 1940s psychiatric institution creates works in which the human body is disassembled beyond recognition; a medically untrained US prison warder checks the consciousness of a prisoner undergoing lethal injection; clinicians’ interpretations of MRI scans are examined for their racialised undertones; the body of the medieval mystic, Margery Kempe, is interpreted as a medium for divine communication; ‘animal assistants’ form a link between their autistic owners and the exterior world; people with chronic inflammatory bowel diseases take part in narrative interviews about their attitudes to genomic theory and genetics; and a Western transplant patient in need of a kidney seeks an illegal donor in China. The breadth of the illustrative stories, objects of study, and methodological approaches in *The Edinburgh Companion to the Critical Medical Humanities* points to a still-evolving discipline which reaches into the nooks and crannies of our bodily and political lives as patients, thinking individuals, and members of social structures.

This hefty, important volume acts as a marker in the shifting sand of the medical humanities, spanning as it does biomedicine, philosophy, literature, politics, history, art history, psychoanalysis and multiple other disciplines. By signalling the need for a more critical approach to the field, the *Companion* aims both to reflect and to shape an emerging new phase for this broad, exciting, complex set of disciplines to work in interaction with one another. It seeks not to pin down still-nascent methodologies or, in doing so, to close down alternative avenues. Instead, it puts forward a series of questions and propositions which complicate and enrich the work of the field at a particular moment in time. At over 600 pages of individual essays, the *Companion*’s length and style renders it a compendium more than an introduction to the field per se; students as well as more seasoned scholars will, however, find much to use and admire in the strands of thinking which emerge.
The editors, Anne Whitehead and Angela Woods, avoid overwhelming their readers by organising the thirty-six chapters into four parts: ‘Evidence and Experiment’; ‘The Body and the Senses’; ‘Mind, Imagination, Affect’; and ‘Health, Care, Citizens’. Each part concludes with a think piece bringing together its varied topics, approaches and themes. The editors and authors have clearly worked hard to place each chapter in the context of the volume as a whole, with thought-provoking links to sister chapters signalled throughout. For example, the introductory section proposes five characteristic concerns of the critical medical humanities which are threaded throughout the volume. The first four – ethics, education, an emphasis on the experience of illness, and the need for empathy – stem from the ‘first wave’ of the field, which Whitehead and Woods see as having focused on the ‘primal scene’ of the moment of medical diagnosis. The fifth ‘e’ is that of entanglement: a move away from the concept of interdisciplinary work in which the humanities ‘help’ medicine in a variety of instrumental ways towards a way of working that relies on an inextricable mingling of different backgrounds and methodologies to create new knowledge. This concept (itself drawn from the work of Karen Barad) comes from Des Fitzgerald and Felicity Callard’s opening chapter ‘Entangling the Medical Humanities’, which, along with the introductory chapter, should be required reading on all medical humanities modules.

This focus on the direction, purpose and form of the second wave of the medical humanities is a constant throughout the volume. Underpinning it are questions around the efficacy of existing and emerging methodologies and approaches, from debates around the validity of scientific models in systems biomedicine to the recurrent examination of our reliance on narrative representations of illness. More political chapters stress the need to consider late-capitalist structures of healthcare, welfare and the medical marketplace alongside evaluations of the experiences of individual bodies. For example, Bethan Evans and Charlotte Cooper use their own ‘lived and embodied biographies’ to support the exploration of the ‘medicalised abjection of fat people’ and their loss of agency within Western practice.

In a subtle but vital change of emphasis, others focus on placing material, phenomenological experience

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at the centre of the biopolitical landscape: Martyn Evans’s chapter, ‘Medical Humanities and the Place of Wonder’, ‘caution[s] against replacing medicine’s neglect of the personal with medical humanities’ neglect of the material’.3

This is just one instance of the many binaries commonly taken to characterise the medical humanities (others include illness/disease, able-bodied/disabled, normative/queer, abstract/material, and personal/societal). The importance of unpicking these binaries is made clear throughout the Companion. It is a particularly relevant concern given that the medical humanities is itself defined by such a seemingly unlikely conjunction. In the words of Fitzgerald and Callard, biomedicine has traditionally been positioned as ‘the cold and deadening engine of facts’ (and the engineer of bodies, with all the knotty issues around ownership this creates) and the humanities as the ‘non-reductive and life-affirming context-expert’.4 Throughout this volume, there is a shared attempt to reflect the transformative potential of the medical humanities – its contemplative, consciously intellectualised reflections and analyses – without losing sight of the fleshy, sensory side of daily life in a biomedical context. In Callard’s words, this ‘potent sense of the pathological, the violent, the decaying and the dissolve [endures], insistently, within the everyday experience of being human – rather than coming, unhidden, as an effractive force from the outside that disrupts an untroubled and pellucid self’.5 The Companion offers no easy answers as to how the struggle between our physical, intellectual, and emotional selves can be resolved, but nor does it allow its inevitable focus on often distressing examples of medical experience to shut down a project which is, ultimately, about living fully and reflectively in mind and body.

The multiplicity of these voices echoes the many and various interpretations of the medical humanities itself that are presented in the Companion. As the BMJ reviewer of this book, Josie Billington, writes, this ‘eclectic inclusiveness […] enable[s] one to find the contemporary medical humanities one is looking for’ – an offer which Billington sees as rendering this book’s critical stance rich yet ultimately

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unconvincing, stressing its continued reliance on historical readings of texts, bodies and movements.\(^6\)

It is true that, despite the central project of ‘entanglement’, several chapters in the *Companion* tend to reach for one overarching narrative, whether historiographical or activist. These are largely compelling in their focus, though the most successful chapters are those which also fully engage with the simultaneous tensions and potential posed by the medical humanities’ interdisciplinary knots and snarls (Jane Macnaughton and Havi Carel’s chapter on ‘Breathing and Breathlessness in Clinic and Culture’ is a particular high point). Indeed, to take up the challenge of questioning exactly what constitutes entanglement, and where it can be most successful, is to recognise the discipline as still in formation.

The dependence on a historiographical foundation as a springboard is, however, justified. As Whitehead and Woods point out, ‘thinking historically can [...] help us to understand the extended, continual and shifting process of negotiation through which certain objects and practices come to our attention and others fade from view’.\(^7\) Part of this emphasis stems from a concern with the historiography of the practice of the medical humanities itself. And, while the use of what we would more commonly understand as critical theory does seem rather slim, especially considering the volume’s title, to me this is a sign of the volume’s success in signalling the huge potential for the reshaping of this complex and exciting field. By building on but, crucially, starting to reach *beyond* existing frameworks of knowledge and analysis, the editors and authors are together attempting to reshape the very structures, methodologies and critical stances by which the medical humanities operate. It is an ambition that is necessarily messy and inevitably broad, but it is no less stimulating for being so. In both its aim of disciplinary transformation and its championing of the integral fluidity of the medical humanities, *The Edinburgh Companion to the Critical Medical Humanities* is an epic, multi-faceted, hugely valuable addition to the field.

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\(^7\) Whitehead and Woods, pp. 1-31 (p. 7).