



Medicine, Health and the Arts: Approaches to the Medical Humanities, edited by Victoria Bates, Alan Bleakley and Sam Goodman. [Review]

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INTERDISCIPLINARY DIALOGUES

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Medicine, Health and the Arts: Approaches to the Medical Humanities.

Eds Victoria Bates, Alan Bleakley and Sam Goodman. 2015. 280p. £37.99.

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Medicine, Health and the Arts is the first title in the ‘Routledge Advances in Medical Humanities’ series that aims to move the medical humanities from the peripheries to the centre of academic research. This edited volume was borne out of the 2011 AHRC-funded conference ‘From Cradle to the Grave: Reciprocity and Exchange in the Making of Medicine and the Modern Arts’, and the seminar series ‘Medicine, Health and the Arts in Post-War Britain’ that was funded by the Wellcome Trust. It treads new ground in medical humanities research for its diverse approach, looking beyond literature to consider the importance of medicine in music, visual arts and performance.

Medical humanities scholarship has become characterised by widespread debates surrounding terminology – the question of whether the medical, or ‘health’ humanities are interdisciplinary or multidisciplinary, for example, remains unresolved – yet editors Victoria Bates, Alan Bleakley and Sam Goodman advocate for a ‘broad and inclusive approach’ (5).¹ As Bates and Goodman explain in their introduction to the volume, ‘terminology [...] is not a matter of priority’ (5); they do not set out to ‘engage with the complexities surrounding definitions and redefinitions of the medical humanities’, but instead to bask in the term’s ‘malleability’ (4). The subtitle to Bates and Goodman’s introduction – ‘Critical conversations: Establishing dialogue in the medical humanities’ – makes their aim clear, and their edited volume seeks to fill what they see as this dialogic lacuna within medical humanities research: ‘The opportunities for truly multidisciplinary discussion [...] remain largely unfulfilled’ (4). This edited volume is certainly ‘a multidisciplinary conversation between artists, doctors, historians, literary scholars, medical educators, art therapists and more’ (12) as established academics in the humanities, such as Therese Jones, write alongside clinicians, for example physician Ian Williams and GP Louise Younie.

¹ For a detailed discussion of this topic, see H. M. Evans and Jane Macnaughton, ‘Should Medical Humanities be a Multidisciplinary or an Interdisciplinary Study?’, *Medical Humanities*, 30 (2004), 1-4.

This multidisciplinary conversation is defined by reciprocity and exchange. Bates and Goodman identify this as the third – and arguably most important – principle that underlies the volume as a whole, alongside a focus on inclusivity and a consideration of history and context. Reciprocity is of both structural and conceptual importance to the volume, with each of the four main sections – on Visual arts, Literature and writing, Performance, and Music – containing first an introductory overview, then a case study of the impact of medicine on the particular art form, and followed by another case study of the impact of that art form on medicine.

Section one opens with introductory chapters by established scholars Alan Bleakley and Therese Jones, which outline the development of the medical humanities in Britain and North America since 1900, and cumulatively argue to keep the patient's voice central to the future development of the critical medical humanities. Ludmilla Jordanova introduces the second section by suggesting that the Visual Arts have propelled the cultural prominence of medicine in British society since 1945. It is appropriate that this should be the first art form elucidated, as Bleakley and Jones trace the genesis of the medical humanities to a 'nascent art therapy movement' building on the publication of Adrian Hill's *Art Versus Illness* (1945), which used art to treat patients in a tuberculosis sanatorium (281). Ian Williams turns to the so-called 'graphic pathologies' (64), tracing 'the changing perception of medicine in society' (82) through the medium of autobiographical comics, while Louise Younie provides an alternative case study, drawing on her experience as both doctor and educator to fully explore the progression of the visual arts in medical education.

Anne Whitehead's introduction to the third section, 'Literature and writing', eloquently proposes 'that literature can fruitfully intersect with medicine in opening up the uncertain and contingent' (124). This is arguably the most accomplished and authorial essay in the collection, as Whitehead succeeds where other authors fail in deftly balancing historical overview with a view to the future. Patricia Novillo-Corvalán subtly and effectively expands existing scholarship on the 'literary genre of pathography' (112), rethinking the myth of Philoctetes in terms of the present-day treatment of chronic pain, and Fiona Hamilton argues, alongside Whitehead, for the therapeutic potential of writing in her case study of 'expressive and reflective writing' (ERW). The fourth section looks to performance, a relatively new avenue for medical humanities research. Drama therapist Emma Brodzinski makes explicit the interconnected, reciprocal relationship between medicine and theatre, before Jessica Beck's and Phil Jones' chapters are set in dialogue to explore the role of emotions onstage, and the impact of drama therapy, respectively.

Finally, musical notes replace literary quotes as the fifth section takes music as its focus. Paul Robertson's introduction boldly establishes 'the beauty of music as an intervention to alleviate suffering and enhance quality of life' (244), and this leads directly to Zack Moir and Kate Overy's case study on the musical experience of cochlear implant users, and then to Helen Odell-Miller's exploration of music therapy as 'a form of "medicine"' (277). In lieu of concluding comments is 'A timeline of the medical humanities' drawn up by Bleakley and Jones, which, while barely three pages long in the paperback edition, is a very welcome resource, especially to those new to this expansive and broad field.

Overall, this edition fulfils Stephen Pattison's vision for the medical humanities, which he believed as an academic discipline

should aspire to be a "broad church" of many languages and kinds of performance and analysis, in which bridges are built and conversations occur that reveal things to participants that they could not have learned within their own original limits and worldviews.²

The diversity of the chapters cannot be denied, and the editors have certainly taken the statement on 'kinds of performance' literally in their inclusion of music and theatre. The new focus in these chapters, while introductory, will surely be welcomed by academics. However, where this volume falls short is in suggesting further avenues of research; while authors such as Bleakley and Whitehead succeed in proposing the 'emergent "critical medical humanities"' (24) as a future scholarly direction, most of the authors are overly inward-looking, and the result is somewhat disorientating. Despite this, the accessibility and variation of the individual chapters will provide an interesting launch-point from which to introduce new scholars to this rich and exciting field of research, thus ensuring the future continuation of the dialogue that Bates and Goodman so recommend.

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² Stephen Pattison, 'Medical Humanities: A Vision and Some Cautionary Notes', *Journal of Medical Ethics: Medical Humanities*, 29 (2003), 34.