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Response Essay

The past, present, and future of medical humanities

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Medical Humanities, Past and Present

This refreshing collection of essays on 'medievalism and the medical humanities' effectively challenges its own field with questions that are crucial to current practice in medical humanities. The editors have ensured their contributors have engaged with new thinking in this field and they have demonstrated the different ways in which medieval literary and cultural scholarship can contribute to and extend that thinking. This approach reminds those of us whose work in medical humanities aspires to clinical impact of the importance of standing back, taking a long – indeed a centuries long – view, and integrating that learning with our aim of influencing health care.

Many of the essays explicitly address their relevance to the idea of 'critical medical humanities' (see for example those of Hartnell and Jenkins). This is a new exposition of the field that distances it from the traditional emphasis on the

humanities' utility to medicine, and specifically on medical education. In this context, the humanities, and especially literature, have been seen as valuable for engaging the 'moral emotions,' for 'sharpening and deepening moral sensibilities,' and for developing empathy (Jones, Wear, and Friedman, 2014, 3). As a result, the humanities have tended to be regarded as in service to medicine rather than as providing a counterbalance or critique (Macnaughton, 2011, 930). This approach permitted the humanities rather narrow scope to illuminate medicine, and focused particularly on the role of the doctor in relation to the 'patient' (rather than person) (Whitehead and Woods, 2015, 2), ignoring the larger perspective that the humanities can bring by placing medicine and health in the much wider contexts of society, politics, cultures, religions, and technologies.

The critical medical humanities seek to address – and to redress – this narrowness in three ways. First, they acknowledge the situatedness of medical culture, and indeed that medicine is *itself* a culture constructed through language, technology, and particular kinds of professional training. Second, the critical medical humanities engage with other critical discourses, such as those addressing race and ethnicity, disability, gender, and social and environmental inequalities (Viney, Callard, and Woods, 2015, 2), and by doing so (as Viney, Callard, and Woods suggest), they open the door to the kind of thinking that medicine has rarely been subject to: that of critical theorists such as Hannah Arendt and Theodor Adorno. The third approach of critical medical humanities is methodological. Granted, given the situatedness of medical culture and the importance of entangling with critical theory, research in the medical humanities is necessarily interdisciplinary – open to whatever disciplinary knowledge or methodological approaches best enable new research questions to be generated and new knowledge to emerge. Saunders and Fernyhough's project *Hearing the Voice* is a leading example of such work, engaging as it does with researchers in psychology, medieval and modern literature, history, philosophy, anthropology, neuroscience, clinical psychology, and psychiatry, with a major aim of actually influencing the care and treatment of those who are traumatised by hearing voices. This is, however, not the only aim, and it is clear from work on this project, and on others such as the *Life of Breath* project (see this issue's Introduction), that through this kind of collaboration, individual disciplinary researchers find new questions to ask and new approaches to research that are specific to and enhance work in their own disciplines (Bernini and Woods, 2014, 609).

What is striking for a non-specialist reading this collection of essays by medieval scholars is how clearly they demonstrate aspects of the three attributes of critical medical humanities described above. It seems unthinkable in medieval studies that medieval medicine might be explored in isolation from religion, place, and visual culture, as well as social and political contexts. This natural bent is enhanced in the essays by connections with wider medical critiques such as those of Foucault, Janov (in relation to mental illness), and Sontag (in relation to language). Indeed, the essays collectively suggest that medieval studies can

function as a critical gaze through which to examine contemporary medicine, using the past to illuminate the present. What is perhaps less clear is the extent to which authors in this collection are aiming to enlist their insights, new ideas, and themes to progress medical thinking in the present day. This would further address the third, methodological aspect of critical medical humanities, by demonstrating not only its fruitfulness for medieval studies, but also the potential of medieval studies to extend and enrich medical thinking.

In what follows, I identify a series of ideas and themes that link many of the essays, with the aim of conveying this key role of medieval studies as a critical lens for the medical humanities, but also, looking to the future and how these ideas might be taken forward in interdisciplinary research practice. The themes that emerged most vividly were the integration of medicine and society, the medieval view of the body, and the power of language.

Integration of Medicine and Society

Almost universally, the essays comment on how the scholar of medieval literature and culture must be a multi-disciplinarian. No aspect of medieval life can be studied in isolation and this is especially so of medicine, which (as Boyar comments) 'is a multifaceted discipline, heavily influenced by religion, magic, and language.' Crowcroft illustrates this vividly through her analysis of the idea of preventive medicine in the medieval period, showing that the regulation of the body was linked strongly to the religious virtue of prudence. Prevention and morality, she says, work on a similar network: 'what is medically damaging is also morally damaging.' The idea that health and morality might be co-workers in inducing healthy living acts as a corrective to the strongly held current medical assumption that health is the overarching virtue that should guide a person's actions. Leahy emphasises this point by showing how, in the space of the medieval infirmary, those who endured suffering with fortitude reduced their time in purgatory. Crowcroft's evocation of the six Galenic non-naturals points to yet another important critical theme in contemporary public health research, relating to the ways in which more sustainable and balanced connections with the wider world (for example, the air or environment) might enhance wellbeing and address some of the non-communicable 'epidemics' of the twenty-first century (Hanlon et al., 2011, 34).

Leahy comments on how the essential interdisciplinarity of the medievalist is enhanced by a kind of critical distance not available in the study of modern medicine. This distance comes about, he suggests, because medievalists study a 'discredited field of knowledge': the humoral theory of illness. This insight is informative too for the medical humanities, encouraging distance from current theories to look in more detail at how 'diseases' might be constructs of society (as homosexuality was in 1950s Britain) or how people become 'patients' through clinical definitions of symptoms or ideas of the 'normal.'

What strikes me most clearly in reading these essays and in collaborating closely with a medievalist (Saunders) is how by examining the world through the medieval mindset, scholars have the potential to free their thinking from its current bonds, and to experience a society where divisions between mind and body, clinical and non-clinical spaces, medicine and religion did not exist. The medievalist's gaze provides a clear exemplar and route map for us in sorting out the complex entanglements of today's medical culture.

The Body

Closely related to this emphasis on the social contexts of medicine is the emphasis on the body. Here again, following from my first theme, this collection reveals insights unavailable to modern critical thought. As McKinstry and Saunders note, the medieval period predates Cartesian dualism, and there was no clear sense that body, mind, and soul might be discrete entities. Saunders and Fernyhough reflect on the value of reading Margery Kempe's writings as illustrating how, for some, hearing voices is part of everyday experience: the voices are fully integrated into their functioning as embodied human beings. Further, they note the multisensory nature of Margery's experiences, something that has not been acknowledged in modern psychiatric practice and has now stimulated research in the *Hearing the Voice* project to probe the wider sensory experiences of current voice-hearers (Woods et al., 2015).

Drawing almost literally on this integration of body and mind, McKinstry demonstrates the medieval belief that bodily appearances reflect both psychological and physical states. Thus depression or melancholy could be portrayed as a sensation: that of heaviness. Chunko-Dominguez pursues this theme in her examination of medieval choir stalls illustrating the belief that the body reflects not only an individual's current physical state but also his or her character. Sick or broken bodies were also supposed to reflect moral degradation, a theme that has significant resonances for discussions within critical disability studies (Goffman, 1990, 67).

The reflections on the body offered in these essays demonstrate (as Boyar notes) that medieval studies provide a 'rich resource for modern movements in medicine that seek to reunite the disciplines,' and, I would add, to re-examine the division between body and mind.

Language

Language is a key theme in this collection, as it is in the medical humanities, in the sense of how language creates the body or can be important in successful healing encounters. Hartnell's fascinating account of medieval anatomy reveals

that dissection in this period should not be regarded as a research-led act but rather as one of description enhanced by the intoning of key classical texts. This emphasis is reflected in other essays, such as that of Leahy, who suggests that the body was 'produced by, and through, language.' Leahy goes on to suggest that the example of the medievalist's study of medical treatises and other works as 'cultural artifacts' might fruitfully be followed by medical humanities scholars in relation to current clinical discourses.

Most intriguing of all in relation to language is medieval belief in the literal power of words themselves to heal. Both Boyar, in her discussion of the Anglo-Saxon poem *Soul and Body II,* and Jenkins, in her discussion of treatments for the plague in medieval and early modern Venice, comment on the use of 'charms' to counteract disease and even reverse wounds. Jenkins's account focuses largely on the role of the *stregha* or witch, who was one of a number of practitioners who might be consulted to deal with the plague. Prayer or incantation were, Jenkins notes, often aspects of the cure, but *streghe* were vulnerable – and viewed as dangerous – as a result of their gender (female) and unregulated status. Once again, this account of healing through the use of prayer speaks to the integration of medicine and religion, but also, as Jenkins notes, indicates that human beings throughout time have sought help for conditions that are difficult to treat from a range of practitioners and in a range of ways.

Conclusion

In this response I have described how this special issue of *Postmedieval* has effectively aligned medieval studies with the key themes of critical medical humanities and has shown how the study of the medieval period can act as a further critical lens in examining contemporary health issues. By exploring the three key themes treated across the essays of integration, the body, and language, I hope to have indicated an exciting agenda for medievalists who might want to pursue further and more practical research entanglements with critical medical humanities in the future.

About the Author

Jane Macnaughton is Professor of Medical Humanities at Durham University and Director of the Centre for Medical Humanities. She is also a practising clinician working in gynaecology. She has published in the fields of medical humanities, medical education, and history of medicine, and her books include several titles co-edited with Corinne Saunders, such as *The Body and the Arts* (Palgrave, 2009) and *The Recovery of Beauty* (Palgrave, 2015).

Recently her work has focused on the study of somatic symptoms, especially the problem of breathlessness, which is the subject of her Wellcome Trust Senior Investigator Award, for the *Life of Breath* project (E-mail: jane.macnaughton@durham.ac.uk).

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