

Book Review: *Medicine, Health and the Arts*

Angela Woods (Medical Humanities Journal, Forthcoming)

Medicine, Health and the Arts: Approaches to the Medical Humanities. Victoria Bates, Alan Bleakley, Sam Goodman, eds. Published by Routledge Advances in the Medical Humanities, 2014, hardback, 292 pages, ISBN 978-0-415-64431-0, \$145.00.

One of the defining features of the medical humanities is the field's indefatigable exploration of its identity, purpose and value. At their best, these inquiries take the form of a critical engagement with the thorny problems posed by interdisciplinary and cross-sector work on matters relating to human health and illness. In their least interesting incarnations, rigorous reflexivity is bracketed in favour of reflections on the humanisation of healthcare; too often treatises on the merits of the medical humanities appear either oddly evangelical or cagey, anxious and defensive in tone.

Victoria Bates and Sam Goodman respond to this predicament by explicitly declining "to engage with the complexities surrounding definitions and redefinitions of the medical humanities" (4). Instead, their introduction to *Medicine, Health and the Arts* elaborates on the three principles underlying this edited collection: inclusivity, a focus on history and context, and the conviction that "the relationship between medicine, arts and humanities should be conceptualized in terms of reciprocity and exchange" (5). Following further introductory chapters by Alan Bleakley and Tess Jones, the remaining four sections of the volume are organised by art form: visual arts, literature and writing, performance, and music. Each begins with a lengthy scene-setting essay followed by two complementary case studies, one tracing the influence of medicine on or within the arts, the other looking at art's role within medicine and medical practice.

Reciprocity is a structural as well as conceptual motif within the collection, which stages a series of conversations between academics, artists, and practitioners. The first set of case studies explain the rise in popularity and significance of the graphic pathography and its role within a larger iconography of illness; highlight the enduring significance of the myth of Philoctetes in understanding the cultural logics of pain; offer a lively account of why an interest in the relationship between mind, body and affect, combined with an insatiable curiosity, draws contemporary theatre makers to cognitive neuroscience; and show how cochlear implant technologies impact upon musical experience. Although less ambitious in scope, the chapters exploring the reciprocal relationship – the influence or mobilisation of the arts within a medical context – are more practical in focus. The place of the visual arts within the medical school curriculum is discussed by Louise Younie; Phil Jones reports on drama therapy with young people in schools; Helen Odell-Miller and Fiona Hamilton discuss the practice of music therapy and expressive writing therapy respectively within clinical settings. Of paramount concern for these authors – and perhaps understandably so – are questions of evaluation, evidence and efficacy specific to their areas of expertise. Little time is spent, however, discussing what actually takes place in a programme of art therapy or interrogating the models of 'the therapeutic' mobilised by them.

These omissions have two unfortunate and doubtless unintended consequences. The first is that "the arts" appear undifferentiated and somewhat two-dimensional, and are conceptualised

almost exclusively in instrumental terms. Equally problematic, it seems to me, is the somewhat narrow presentation of “art therapies” as an expert-therapeutic-pedagogic “service” provided to the client-patient-student with the goal of enhancing individual wellbeing. Conspicuous by its absence across these chapters was any mention of the community and participatory arts – “arts in health” work which engages the individual *qua* their membership of a collective and foregrounds issues of public health, social justice and community flourishing. Working with rich alternatives to individualised and strictly clinical conceptions of health, as well as innovative creative and participatory research methodologies, arts in health practitioners have I think a key role to play in shaping the future of medical humanities research, though sadly not one that is explored here.

Medicine, Health and the Arts began life as a Wellcome Trust funded seminar series at Exeter University entitled “Medicine, Health and the Arts in Post-War Britain.” Yet despite a clear and laudable editorial interest in keeping the medical humanities historically grounded, the collection as a whole seems unsure of how to handle its own historicity. Each of the chapters gives at least some account of how particular intersections between “the arts” and “the medical” were initiated and developed from the mid twentieth century; however, chapters often left unresolved a set of wider questions concerning the wider social context of post-war Britain. How did rapid changes in medical technology and mass media, in public health policy and political activism, transform our understandings of and responses to the “normal” and the “pathological”? How were “the aesthetic” and “the therapeutic” linked throughout this period, and did this differ according to art form and area of professional practice? What effect did the founding of the NHS, the waning of the British Empire, or the progression of the cold war have upon the relationship between medicine and the arts?

If I seem quick to point out the contextual shortcomings of this collection, it is not because the chapters do not provide glimpses of the bigger picture to which they are inevitably implicitly addressed. Short passages throughout the introductory essays contain some of the contributors’ most interesting and provocative claims as well as their vision for the future of the field. For example, in her chapter on literature and writing, Anne Whitehead orients the medical towards the cognitive humanities in her suggestion that neuroscientific studies of reading could help bridge the gap between the humanities and the sciences, particularly as regards the evidence base for the former. Paul Robertson somewhat tantalisingly suggests that the full potential of music therapy will only be realized “when it becomes an integral part of a wholly transformed aesthetic medicine” (243); Ludmilla Jordanova offers in passing a precise and programmatic vision for future connections between medicine and the visual arts:

Perhaps, then, we need to explore the medicalization of selfhood, the visualization of medicine, the somatization of sexuality, the rebellion against conventions surrounding the body, the sensational display of bodily phenomena and the commercialization of suffering, for example in misery memoirs, through the lens of ‘medicine and the visual arts’ – a hefty agenda for the medical humanities. (61)

And although he offers no clear indication of what “deep critical impact” (24) might look like, Alan Bleakley urges us to reject conservative and utilitarian models of health, embrace the

disruptive and democratising impulses of the arts, and forge a new form of critical medical humanities.

Despite two of the editors' declared discomfort, then, with defining the medical humanities, what does this – the first book in Routledge's new series "Advances in the Medical Humanities" – ultimately say about the field? The combined contributions of the third editor, Alan Bleakley, and Tess Jones, editor of the *Journal of Medical Humanities* and the forthcoming *Health Humanities Reader*, answer this question decisively. For them, the medical and health humanities are inextricable from medical practice and in particular medical education, and their identity, value and future lies therein. Nowhere is this more clearly evidenced than in their Appendix, "Timeline of the Medical Humanities," which charts the progress of the field largely through key events, publications and policy developments in the field of UK and US medical education.

What is missing for me from this volume, and in particular from moments where it addresses the future orientation of the field, is a sense of the wider possibilities of a critical medical humanities. The role of the arts and humanities in medical education is well covered, but there is opportunity still for a richer engagement with the contemporary politics of medicine, whether conceived in philosophical, methodological, or experimental terms. Jones herself eloquently remarks on the tension between the idea that the humanities will somehow humanise medicine,

"and the intellectual practice of the humanities with all of its democratizing energies and dangerous possibilities, which enable and promote fearless questioning of representations, challenges to the abuses of authority and a steadfast refusal to accept as the limits of enquiry the boundaries that medicine sets between biology and culture."
(27-8)

Medicine, Health and the Arts is a subtle and at times enlightening exploration of the former; arguably the dominant tendency within medical humanities. Readers with a particular interest in arts therapies will be rewarded by the contextualisation of these practices within larger scholarly questions about the relationship between the arts and health. But those hoping to encounter the "vibrant, pluralistic, experimental, risky" medical humanities envisaged by Stephen Pattison in this journal in 2003, or who are searching for clear articulation of where a more critical medical humanities might be headed, will recognise in *Medicine, Health and the Arts* longstanding limitations of the field.