Literature in Collaboration: The Work of Literature in the Critical Medical Humanities

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Over the last ten years, the UK has seen a sharp increase in the number of intellectually ambitious, humanities-led research investigations of health and human experience. Literature and medicine have become newly entangled in the space and service of large-scale, interdisciplinary research projects. With major investments from the Wellcome Trust, as well as funding from the Leverhulme Trust and Arts and Humanities Research Council, these multi-year research programmes in the UK have brought literary studies scholars together with experts by experience, health professionals, artists, engineers, designers and academics from a wide range of disciplines to investigate topics extending from breath and voice-hearing to the operation of shame in medicine and the imagined futures of assistive technologies. We conducted in-depth interviews with literary studies academics who have worked in these contexts in order to gain an insider understanding of interdisciplinary collaboration. Our aim was to explore how 'the literary' (as discipline, approach, and praxis) features within project design and delivery, the roles taken up by the literary studies scholar, and the consequent effects on shared understandings about the functions of the literary text. A hefty amount of scholarship addresses the mobilisation of 'the literary' in medical education[1] and clinical practice[2] yet little if any sustained attention has been paid to its role within health research. This chapter contributes both to the study of 'interdisciplinarity *in action*'[3] and to wider debates about the usefulness of literary study,[4] by being the first to analyse the role of literature within projects which exemplify the critical medical humanities.[5]

[1] Alan Bleakley, *Medical Humanities and Medical Education: How the Medical Humanities Can Shape Better Doctors* (London: Routledge, 2016); Merve Emre, *Post-Discipline: Literature, Professionalism, and the Crisis of the Humanities* (Chicago: University of Chicago Press, forthcoming).
[2] Rita Charon, *Narrative Medicine: Honoring the Stories of Illness* (Oxford University Press, 2008).
[3] Felicity Callard and Des Fitzgerald, *Rethinking Interdisciplinarity across the Social Sciences and Neurosciences* (London: Palgrave Macmillan UK, 2015), p. 28; Felicity Callard, Des Fitzgerald, and Angela Woods, 'Interdisciplinary Collaboration in Action: Tracking the Signal, Tracing the Noise', *Palgrave Communications*, 1.1 (2015), 1–7 <https://doi.org/10.1057/palcomms.2015.19>.
[4] Rita Felski, *Uses of Literature* (John Wiley & Sons, 2011); Nathan Snaza, *Animate Literacies: Literature, Affect, and the Politics of Humanism* (Duke University Press, 2019).
[5] William Viney, Felicity Callard, and Angela Woods, 'Critical Medical Humanities: Embracing Entanglement, Taking Risks', *Medical Humanities*, 41.1 (2015), 2–7; *The Edinburgh Companion to the Critical Medical Humanities*, ed. by Anne Whitehead and Angela Woods (Edinburgh: Edinburgh University Press, 2016).

Tensions have for a long time been acknowledged around the work of literature's 'instrumental role in medical education' versus its 'non-instrumental value' as a '"counterculture" to medicine'.[6] Josie Billington notes how many literary scholars are concerned about 'literature's being made merely instrumental, a prop to a health agenda of targets and outcomes'[7] and counters that 'the truest usefulness' which medical humanities must make the case for 'depends upon deep reading, not just surface relevance, both to fulfil literature's wide human utility and to avoid its parasitic appropriation'. Rita Felski makes a similar counterstrategy, calling for an 'expanded understanding' of use in literary studies, one which is 'not always strategic or purposeful, manipulative or grasping'[8]. These interventions indicate broader trends about the conceptual reach of use (and uselessness) within academic, research, and funding metrics. For medical humanities researchers, these debates have crystallised around a 'critical' turn in the mid-2010s. Motivated by a concern that prior models of the medical humanities acted only as a 'helpmeet' to the biomedical industry, this turn seeks both a 'closer engagement with critical theory, queer and disability studies, activist politics and other allied fields' as well as a more productive entanglement with 'biomedical cultures' in order to expand the possibility of what interventions the medical humanities 'can' achieve. [9]

The aim of this chapter, therefore, is to offer a substantial documentation of literature's work and workings in the critical medical humanities, without casting aside the binds which instrumentality and non-instrumentality debates carry us towards. What is happening to literature, literariness, the literary text, and the literary scholar as they get caught up in collaborative, interdisciplinary, critical, and health-related projects? What are the theories of literature that emerge—not in abstraction, contemplation, or op-ed rhetoric but on the ground: in negotiation with funders, colleagues, managers, administrators, and within sector-wide conditions of precarity, overwork and (occasional) intellectual joy? There are three strands of literary scholarship that this chapter will address: the use of literature as a discipline, the practice of (literary) criticism and the epistemology of the text, and the risks and challenges faced within literary medical humanities projects. Behind these three strands stands the literary

[6] Jane Macnaughton, Martyn Evans, and Ilora G. Finlay, 'Why Medical Humanities Now', in *Medical Humanities* (BMJ Books, 2001).
[7] Josie Billington, *Is Literature Healthy?* (Oxford University Press, 2016), p. 115.
[8] Felski, pp. 7-8.
[9] Viney, Callard, and Woods, p. 2.

scholars themselves, who must negotiate with, inform, and gather expertise over these shifts in literature's use. It was to them that we turned.

Literary labours: Empirical investigation

Departments of English have played a prominent role in the development of the medical humanities in the UK[10] at a time of great transition in the wider research environment. Increasingly there is pressure on humanities academics to apply for competitive research funding, to show how their research 'impacts' wider society, and to work more collaboratively, especially with colleagues in STEM subjects.[11] The critical medical humanities projects which are our focus here can be seen both as structurally enabled by these shifts and highly valued because of them.

Our first step in designing this exploratory study was to identify interdisciplinary medical and health humanities research projects in which literary studies had a structural role, either through the focus of inquiry or the academic affiliation of Principal and Co-Investigators. We did this initially through our own networks, cross-referenced with projects listed on Wellcome, Leverhulme and AHRC websites. The projects identified ran for between twelve months and ten years, with funding of between £20,000 and £4,000,000.[12] As no empirical research has previously been undertaken on this topic, we wanted as a first step to understand some of the commonalities and discontinuities across these academic spaces as experienced and perceived by literary studies academics. We therefore decided to focus initially on those who were involved in two or more such projects and could bring a comparative perspective. After obtaining approval from the Durham University Ethics

[10] Notably the Centre for Humanities and Health at King's College London, the Centre then Institute for Medical Humanities at Durham University, the Centre for Medical Humanities at the University of Leeds, the Birkbeck Centre for Medical Humanities, and the Wellcome Centre for Cultures and Environments of Health, University of Exeter.

[11] Nigel Wood, 'The Public Sphere and Worldliness: The Present Dialogue with English Studies', in *English Studies: The State of the Discipline, Past, Present, and Future*, ed. by Niall Gildea and others (London: Palgrave Macmillan, 2015), pp. 48–66.

[12] They included: Beckett and Brain Science (University of Warwick, Birkbeck University of London and Reading University, Arts and Humanities Research Council, 2012), Hearing the Voice (Durham University, Wellcome Trust 2012-2022), Tipping Points (Durham University, Leverhulme Trust 2010-2015), The Life of Breath (Durham University & University of Bristol, Wellcome Trust, 2015-2020), Waiting Times (University of Exeter and Birkbeck University of London, Wellcome Trust, 2017-2022), Threshold Worlds (Durham University, Institute of Advanced Study and Wellcome Trust via a Development Award to the Institute for Medical Humanities, 2020-ongoing), Shame and Medicine (University of Exeter, Wellcome Trust, 2020-ongoing), Scenes of Shame and Stigma in COVID-19 (University of Exeter, UKRI-AHRC, 2021-2022), Imagining Technologies for Disability Futures (University of Leeds, 2020-ongoing); Living Bodies Objects: Technology and the Spaces of Health (University of Leeds, 2022-ongoing).

committee, we invited the eight individuals who fulfilled these criteria to participate in an in-depth interview via Zoom. Everyone responded with enthusiasm to our invitation, but one colleague could not participate for reasons of time and workload. The seven semi-structured interviews we conducted together ranged from 55 to 99 minutes in length and were professionally transcribed.

Our interviewees – three men and four women – were, with the exception of one medievalist, scholars of modern and contemporary Anglophone literature and culture. They had varied roles and responsibilities within each project. Six had been Principal Investigators (PIs). Two had been employed as fixed-term postdoctoral research fellows prior to becoming PIs on subsequent projects. All now have or have recently retired from permanent (tenured) academic positions. Although we recognise that full anonymity is not a practical possibility with such a small and specialised sample, we have nevertheless endeavoured to limit identifying information in presenting our analysis of key themes raised across the interviews.

Notwithstanding the exploratory and small-scale nature of this study, a significant limitation is its bias towards those individuals for whom critical medical humanities projects have been career-enhancing and in other ways worthy of repeated investment. As well as producing more detailed project-by-project case studies which capture the views of a larger group of investigators, collaborators and other stakeholders, and of course extending the focus beyond the UK and especially to multi-lingual and non-Anglophone contexts, future research should also investigate the perspectives of those with more limited participation in critical medical humanities projects, including those whose plans and ambitions were not able to be realized.

Figuring out 'the Literary'

Doing English in educational settings 'involves reading works of literature, learning to interpret them in different ways and understanding how these different approaches work.'[13] Doing English within an interdisciplinary medical humanities project is, according to our interviewees, a very different kind of endeavour which somewhat counter-intuitively decentres both the literary text and forms of distinctly *literary* criticism. Before it signals privileged access to a set of primary sources, or expertise in a specific set of research methodologies, 'the literary' was most often invoked by our interviewees as something more

[13] Robert Eaglestone, *Doing English: A Guide for Literature Students*, 4th edn (London: Routledge, 2018), p. 33.

expansive – an orientation, approach, or sensibility. Training in literary studies had given one interviewee 'a really fine ear for messiness and contradictions and narratives that don't make sense'; a sentiment echoed by another interviewee for whom the value of literature lies in its capacity to 'contain and hold mess without resolution […] holding onto inconsistencies and contradiction.' Contradictions could extend to counterfactuals: as a third interviewee put it, 'the literary may be a way of articulating both the world as it is' and 'a space for thinking about the world as it might be different.' Being a literary studies scholar meant being alive to and comfortable with ambiguity and with imagining otherwise, qualities the interviewees recognised as particularly valuable in contexts where the complexities of illness experience *and* the 'terminological negotiations'[14] of interdisciplinary collaboration were in play.

This celebration of tolerating uncertainty resonates across formulations of what medical humanities can offer healthcare and medical education,[15] as well as with Ben Knight's description of literary studies as a 'boundary practice.'[16] Across the projects we looked at, 'the literary' functioned in excess of itself, as co-extensive with or as a vector for critical theory, the history of ideas, philosophy, critical phenomenology, complex systems thinking, linguistics, narratology, pedagogy, post-colonial studies, political economy, psychoanalysis, temporal studies, care studies, and broader notions of 'historical context.' In some contexts, 'the literary' existed in continuity with other disciplines, as when the lives of English mystics, for example, were the subject of collaborative investigation by historians, theologians, and scholars of medieval literature. In other contexts, schisms in the way literary studies scholars perceived the nature, purpose, and value of their endeavour and its contribution to interdisciplinary working were pronounced. One interviewee described how broader political events motivated a reorientation of their work:

> my role shifted away from thinking about what it is that literature could give to the project, so much as how the political dimensions of having some training in post-colonial literature could at least get people talking about or thinking about the political dimensions of the project.

[14] Marco Bernini and Angela Woods, 'Interdisciplinarity as Cognitive Integration: Auditory Verbal Hallucinations as a Case Study', *WIREs Cognitive Science*, 5.5 (2014), 603–12 <https://doi.org/10.1002/wcs.1305>.
[15] Neepa Thacker, Jennifer Wallis, and Jo Winning, '"Capable of Being in Uncertainties": Applied Medical Humanities in Undergraduate Medical Education', *Medical Humanities*, 48.3 (2022), 325–34 <https://doi.org/10.1136/medhum-2020-012127>.
[16] Ben Knights, 'English on Its Borders', in *English Studies: The State of the Discipline, Past, Present, and Future*, ed. by Niall Gildea and others (London: Palgrave Macmillan, 2015), pp. 15–24.

However, in its theoretical orientation, this 'more expansive notion of the tradition of literary criticism and literary studies' was met with resistance by the project's 'traditional literary scholars' whose approach to 'literature as culture' the interviewee viewed as more 'historical and historicist.'

If the varied foci and theoretical orientations within literary studies stretched the boundaries of the discipline – by emphasising either similarities with other humanities scholars or the incommensurability of approaches 'within' literary studies – our interviewees also spoke positively about occasions where they felt released from the constraints of disciplinarity:

> [The PI] liked to talk up my importance as a disciplinarian because I brought something in terms of that, but what was more effective when I think about it was her willingness to say, well we're going to just be people in a room hashing out ideas. […] [When we] were much more interested in unpicking the theoretical bounds of an idea and much less interested in guarding our disciplinary turfs, we were much more able to bring skills to bear or knowledges that were… only incidentally related to our disciplines [...] With literary studies there's a preoccupation with language, with how language works, with how language fits in to a broader context and why it has particular implications. On the basis of that, we were able to then say, well what are the different things that people would think about when they think about [a specific health condition]?

This release from the pressure to 'perform what it is that a literary scholar is or does' was framed by interviewees as a paradoxical return to some of the discipline's most essential modalities.

Literary studies was, to varying degrees, a structural feature of these critical medical humanities projects, but although it was 'written in' to the identification of research questions, description of work packages, and rationale for specific posts, the function or purpose of 'the literary' was seldom if ever explicitly articulated in applications for funding. Our interviewees regarded this as a positive development, a liberation from the need felt by many to justify or defend the value of humanities perspectives to interdisciplinary inquiry (enabled especially when Principal and Co-investigators themselves came from literary studies backgrounds). Nearly all the projects discussed by our interviewees were designed to

address questions and problems of health and experience, in which context again the broader orientations of a discipline were just as salient as the specificities of subject or methodology:

> at heart both projects were initially idea driven, and the ideas were the complexities, and it was my approach to those complexities that necessarily came through the lenses of the subject areas in which I worked. […] So in order to think through the kind of complex intersections and inter-weavings [of the topic…] the place of literary studies was both my natural way into the project and also something that I immediately understood had to be expanded. Because were it limited along to that approach, it would not be the kind of project, one, that would do much good in terms of thinking about the issue in the round, and two, that would get funded.

These were not, in other words, literary studies projects adapted to serve critical medical humanities agendas, but projects in which literary studies was from the outset understood to play a role within the wider ecology of expertise deemed necessary to tackle the topic at hand.

Epistemologies of the Text

One of the most notable consequences of this disposition is how it has informed a set of fresh working definitions of the literary text itself. Interviewees clearly treated literary texts as an abundant and multivalently functional resource. We were struck by these playful operationalisations, in which the text came to signify multiple and intersecting possibilities within critical medical humanities projects. Texts, we were told, were and were not like data drawn from interviews or testimony from lived experience; they acted similarly to historical archives and case studies from the past, but not in straightforward ways. They could function as empirical data akin to those derived from the psychological study or medical case history, but also act as sites of speculative intuition like that of the philosophical thought experiment. Throughout the eleven or so hours of our conversations, it seemed imperative for the literary text to be in dialogue with other forms of record (historical, experiential, scientific), and for their differentiation to be recognised and reckoned with.

Every one of our interviewees outlined how this ‘and/or’ quality took hold through their determination for the text to be considered in non-representational terms. This is not to suggest that representational understandings of literature were always considered without value, but

this value was often framed as a strategic starting point – either for funding applications, discussions with project partners, or as a necessary first step in interdisciplinary co-design. One interviewee described, for example, how the literary text was initially 'perceived as a source for representation', but then noted how project collaborators 'started to talk about what that representation involved and about the more formal aspects of literature… [including] the relationship between narrative and complexity'. This particular project's funding bid had assigned literary scholars initially to the task of surveying texts with representations of climate change. Yet, in practice, they had examined through literature the more complex question of 'how change occurs.' Another interviewee noted that literary texts are often used by scientists and philosophers as 'cosmetic' representations. They reflected how their project began 'from there' but went much further as many conversations about the 'epistemological status of literature' unfolded, such that by the project's end, an 'exemplificatory or illustrative function of literature was not in the design' at all. Other interviewees, however, portrayed this process as more fraught, the challenge of convincing collaborators 'out of the mindset' of representationally reading a literary text as a 'consumable, cultural object' having not been surmounted.

These shared refusals to restrict the text solely to a representational function suggests how the literary text is accruing new values to demarcate further possibilities in health-related research. One interviewee, for example, described the difficulty of being positioned between literary studies and care studies, where researchers of the latter sometimes figure the literary text as an exemplary 'tool' to teach good (or bad) care practices. To move beyond this, our interviewee described creating spaces in critical medical humanities projects to consider the 'techniques involved in reading' in ways which highlighted how literary attentiveness to specificity and detail mirrored aspects of care practices themselves.

Several interviewees repeated similar sentiments when discussing how literary texts can act as windows on the workings of mind, perception, and cognition. One interviewee recalled a psychologist colleague's view that 'what literature does' is allow 'insight into degrees of interiority that are just impossible through conventional experimental, psychological, or ethnographic data' collection. At the same time, these affirmations for how literature draws out aspects of interiority for psychological analysis were also quickly complicated. Interviewees insisted that if literary texts are to be understood as able to extract data about interiority, then they cannot be understood *as* that data but as a method, and a method requiring further methodologies. Such inflections have produced new concepts of the literary

novel as modelling cognitive processing[17] or complex systems.[18] One interviewee, for instance, spoke about how they have come to see literary texts as a 'form of investigation' that 'should be parallel and compared and exchanged with the scientific ones.' Another, drawing on a claim made by Jürgen Habermas in *Philosophical Foundations of Modernity*,[19] drew an explicit analogy between text and disciplinary method:

> There are disciplines that are world-building and disciplines that are world-critiquing. And I thought, well, actually my discipline does both, and I think a novel does both. I think it builds a world but it's also offering a critique. It's at an oblique angle to the world you're in, and it's connected to it in a number of ways but it's also not connected to it. So it allows you to reflect on your own world and the experiences in your own world, because of that oblique angle – perspective – on everything.

The relationship between the literary text and other forms of historical data was another key theme across our interviews. Challenging the 'simplistic' view that 'literary texts could just offer case studies of the past,' one interviewee advanced the view that fiction is better thought of as 'opening a window onto understanding […] the kind of beliefs, assumptions, attitudes at work in the world.' Insights into 'imaginative creation and the ways ideas work' that 'you can't get…from [other] historical records' demand specialised tools and techniques, for example in the analysis of genre. Fredric Jameson's famous injunction to literary critics to 'always historicize,'[20] then, is complicated by how critical medical humanities researchers are drawn to outline and explore an additional 'artefactual quality' of the literary text. Attending to its distinctiveness, if not strangeness, another interviewee affirmed the value of the literary text not just in 'thickening out historical context' but in taking the reader 'into other realms that are less easily … perhaps sometimes less easily excavated.'

These critical medical humanities projects are not only producing new epistemologies of the literary text but competing ones as well—nascent formations of what will perhaps become major debates in future literary scholarship. This came to light in how different

[17] Marco Bernini, *Beckett and the Cognitive Method: Mind, Models, and Exploratory Narratives* (New York: Oxford University Press, 2021).
[18] Patricia Waugh, 'The Novel as Therapy: Ministrations of Voice in an Age of Risk', *Journal of the British Academy*, 3 (2015), 35–68.
[19] Jürgen Habermas, *The Philosophical Discourse of Modernity: Twelve Lectures*, 1st edition (Cambridge: Polity, 1990).
[20] Fredric Jameson, *The Political Unconscious: Narrative as a Socially Symbolic Act* (Psychology Press, 2002), p. ix.

interviewees described the relationship between histoxrical and experiential time. One interviewee saw the emergent epistemology of the text as dependent on its formal capacity to both take 'time in a particular way, but also… form time'. The text here acts as binding agent: it gives, lends, and constructs form 'to make a set of experiences manageable' and in doing so holds 'what Wilfred Bion would call nameless dread'. Engaged research associated with this interviewee's project took place where literature was itself emergent as a 'basic literary impulse': to 'take experience and to form it and bind it' meaningfully. A deferring account of the literary qualities was offered by another interviewee. They described how early texts of narrative theory, such as Kermode's *Sense of an Ending*, offer an account of story as conferring 'retrospective significance' through the construction of beginnings, middles, and endings in ways that life does not. Kermode's argument could be read, then, as rendering such a 'basic literary impulse' as primarily 'consolatory', when we must account for how people are 'disturbed' by literary texts too.

It is to be expected that different definitions of literary texts would emerge across projects with divergent matters, time periods, scales, and objects of research. We highlight this in order to consider how critical medical humanities research projects are producing multiple articulations of the literary text in relationship to their instrumental – or even therapeutic – promise in ways that are constituting important, original theories of textual objects. We found that researchers, through their justifications of literature's inclusion and maintenance in project design, practice a kind of renewed faith in the literary text. This faith stands in relation to, but moves significantly beyond, the instrumentalization of literary texts that characterise first wave medical humanities projects (such as training in empathy, reading for healing, or other 'humanising' skills). As one interviewee put it, their time on critical medical humanities projects 'solidified my sense that there's something complicated happening when you put words together in particular sequences on a page.' This complicatedness, frequently evoked, echoed Ato Quayson's definition of the literary text as 'a variegated series of thresholds and levels, all of which determine the production of the social as *a dimension within the interaction of the constitutive thresholds of literary structure*.'[21] Critical medical humanities projects witness how the literary text becomes constituted as a form both of 'aesthetic particularity' but

[21] Ato Quayson, *Calibrations*, NED-New edition (Minneapolis: University of Minnesota Press, 2003), p. xvi.

also ‘a threshold, opening out onto other levels of cultural and sociopolitical life,’[22] a means of producing what Patricia Waugh describes as emergent ‘styles of thinking.’[23]

This brings us to the final feature of the literary text we wish to draw attention to here: how these theories of the text emerge and circulate through the collaborative architecture of medical humanities projects. We were interested in how specific literary texts come to function as commons, as sites of gathering for the multiply deferring disciplines of interdisciplinarity. Notably, many interviewees did not identify literary texts in this regard, or noted that it often was not literary texts that provided moments of gathering, but a literary sensibility which was applied to non-literary texts – such as works of phenomenology (Merleau-Ponty),[24] or design (Dunne and Raby).[25] One interviewee observed that events such as reading groups, seminars, and conference panels where multidisciplinary partners would gather round a sole literary text were occasions where friction, rudeness, and micro-aggression could surface. By contrast, others affirmed the ability of literary texts to produce collegiality and shared understanding for a whole team. Buchi Emecheta’s semi-autobiographical novel *Second Class Citizen*[26] was highlighted as an exceptional case in point. In offering a first-hand account of a Nigerian woman’s encounter with British healthcare in the 1960s and 70s, the novel brought to the surface experiences which were ‘harder to excavate from other kinds of documents’ thus ‘fleshing out the history of the NHS’ in that period. Literary texts are often the available objects of medical humanities projects—straightforwardly publishable, printable, sharable, and even popular in ways that archival objects and sensitive data from interviews are not. Through this reproducibility, we found that the text additionally comes to function as a site to hold diverse interpretive impulses, to reflect (in ways that other forms of data or argumentation may not) the sometimes confusing abundance and thickness of a project’s themes. As one interviewee put it, texts are ‘so contradictory and that’s the joy of them, I don’t want to solve these, I just want to talk about things in their messiness and their contradictory nature.’ What literary

[22] Felski, p. 9.
[23] Patricia Waugh, ‘Discipline or Perish: English at the Tipping Point and Styles of Thinking in the Twenty-First Century’, in *Futures for English Studies: Teaching Language, Literature and Creative Writing in Higher Education*, ed. by Ann Hewings, Lynda Prescott, and Philip Seargeant (London: Palgrave Macmillan UK, 2016), pp. 19–38.
[24] Maurice Merleau-Ponty, *Phenomenology of Perception* (Routledge, 2013).
[25] Anthony Dunne and Fiona Raby, *Speculative Everything: Design, Fiction, and Social Dreaming* (MIT Press, 2013).
[26] Buchi Emecheta, *Second-Class Citizen* (Heinemann, 1994).

studies gives, and what the text as celebratory or vexed gathering provides, is this 'ability to discuss contradictions and messiness'.[27]

Labours of and on Collaborative Projects

Because the work of literature in critical medical humanities reaches across, and resists, the range of uses assigned to literature by non-literary PIs and collaborators, we were interested in learning how this manifested in the experiences of literature researchers themselves. What kinds of labour were they called upon to do as these projects developed, and was any of this labour unexpected – or unwanted? Further, in what ways did the material circumstances of the project enable and/or disable these labours? There has been a body of recent scholarship on how the objectives and delimitations placed upon health-related research projects by funders and universities may mismatch in ways which make research aims constitutively impossible, for example with respect to patient involvement, public engagement, and collaboration with clinical/healthcare partners.[28] Here, we offer literature as a further site where frictional demands are placed upon health-related researchers and their aims.

A glance at any list of outputs of critical medical humanities projects will quickly reveal how researchers are mobilized to perform a wide array of tasks, some well outside of their usual expertise. These range from appearing in public events and festivals, curating exhibitions, and producing and directing plays, to personally engaging with those with lived experience of illness in therapeutic and activist contexts. There is often a division of labour in how these tasks are coordinated. Some encountered the expectation that humanities researchers were better equipped for these endeavours or in some sense more predisposed to them. We were interested in understanding more about which tasks people felt called upon or pressured to do, and which of them contributed to their own understanding of literature. One interviewee described two occasions where they felt a renewed pressure on their work. The first was an engagement event held in the spirit of a science fair, where researchers set up various stalls in order to facilitate

[27] The foregoing discussion reflects our interviewees' experience, as literary studies scholars, of being recognised by their project collaborators as having privileged if not authoritative access to the literary text. It would be fascinating to study further how this relates to and might be complemented or challenged by the writers working in these collaborations, often with the brief of producing new work.

[28] Eivind Engebretsen, Gina Fraas Henrichsen, and John Ødemark, 'Towards a Translational Medical Humanities: Introducing the Cultural Crossings of Care', *Medical Humanities*, 46.2 (2020), e2–e2; Stan (Constantina) Papoulias and Felicity Callard, '"A Limpet on a Ship": Spatio-Temporal Dynamics of Patient and Public Involvement in Research', *Health Expectations*, 24.3 (2021), 810–18; Veronica Heney and Branwyn Poleykett, 'The Impossibility of Engaged Research: Complicity and Accountability between Researchers, "Publics" and Institutions', *Sociology of Health & Illness*, n/a.n/a <https://doi.org/10.1111/1467-9566.13418>.

informal discussion with people with lived experience. Our interviewee found this distinctly 'uncomfortable' because 'we were engaging with people… for whom [these texts' subject matter] wasn't a creative liberation but was being experienced as an extreme form of pain or suffering.' This discomfort, however, was recognized as deepening the researcher's own understanding. A second encounter, this time with the transcriptions of interviews with people with lived experience, had similarly powerful effects: 'I read them all, I read them twice' and realised again how this project was 'a terribly responsible thing to be doing, and that you wanted to do justice, not just appropriate people's experiences.'

Many of the interviewees expressed a sense of good fortune at having become involved in critical medical humanities projects, being exposed to new disciplines, methods, and bodies of knowledge, as well as new experiences and voices. One interviewee suggested that their 'artificially positive' experience may not provide an accurate picture of collaborative or interdisciplinary working, suggesting they were likely in a 'bubble' having 'not had to justify and defend literary approaches, the way that I think many people need to.' Another interviewee said they felt 'lucky' because they had never 'had to argue for the value of the literary,' whilst a third outlined that it was only occasionally that they had to argue 'relatively aggressively' for the inclusion of literature in health-related conversations elsewhere in the institution. This sense of fortuity may be driven by what one interviewee described as the centrality of 'trust' in successful critical medical humanities projects: 'trust is the key for interdisciplinary work, but trust comes paired I think with seriousness, in terms [of] being taken seriously.' They distinguished trust from 'respect', because 'respect' can easily become confused in an 'interdisciplinary environment with condescension.' When reflecting on the exact labour involved with maintaining positive environments for literary scholars, then, many interviewees described difficult (but successful) emotional balancing acts. And as one interviewee reflected, being the literary scholar committed to working with other people produced the 'need to perform a kind of role, a kind of Goffmanian sense of being presented as the literary scholar in the room.'

This evocation of Goffman brings us helpfully to the notoriously capacious concept of emotional labour, coined by Arlie Hochschild in 1983 to define 'management of feeling to create a publicly observable facial and bodily display.'[29] Hochschild acknowledged her indebtedness to Goffman in a 2012 edition of her classic text, 'for his keen sense of how we

[29] Arlie Russell Hochschild, *The Managed Heart: Commercialization of Human Feeling* (University of California Press, 2012), p. 7.

try to control our appearance even as we unconsciously observe rules about how we ought to appear to others.'[30] There was a repeated sense from interviewees of a balancing act which operated along these lines. The specific challenges and feelings faced by early career researchers in interdisciplinary contexts[31] were captured by one interviewee in their discussion of the challenges around publishing and interdisciplinary authorship[32]:

> When you feel like, oh I spend so many energies there, and my name is one of twelve [named authors on a scientific paper] and we need to go for nine more articles of this kind, and I'm struggling to publish my own individual thing this year … it can be … it's not a frustration but. […] you're also becoming like a bit estranged sometimes from your own department and people having to get jobs […] clearly there are a lot of emotions going on, which I think if they are poorly managed, I think it can be … it's a risky business … [Interdisciplinary work] can really make someone feel worse than he or she would have felt outside of it.

In the UK, employees of the university sector have faced deteriorations in working conditions, actual and threatened job losses, as well as counter-waves of industrial action coordinated by the Universities and Colleges Union from 2018. As Amia Srinivasan states, the 'spirit of vocation and reciprocity' is one reason why people aspire to academic labour, but when 'people insist that the university is simply a place of love, and not also a place of work, they offer cover to exploitation – of staff, of students, and of the ideals of the university itself'.[33]

Precarious or unstable circumstances affected all interview subjects (correlating in intensity with job security or career stage), revealing the material concerns which underpin the construction and formation of collaboratively engaged literary scholar identity. 'Clearly you need to feel like you are not just contributing collectively, but also that you are building, crafting' with your own literary expertise. We found the metaphors offered of labour and professional development particularly instructive. One interviewee described being involved in collaborative projects as 'the two stages in learning a new language: you feel like you're

[30] Hochschild, p. xviii.
[31] Sophie Jones and Catherine Oakley, *The Precarious Postdoc: Interdisciplinary Research and Casualised Labour in the Humanities and Social Sciences*, Working Knowledge (Durham: Hearing the Voice/Institute for Medical Humanities, 2018) <https://workingknowledge.webspace.durham.ac.uk/wp-content/uploads/sites/308/2022/06/WKPS_PrecariousPostdoc_PDF_Feb.pdf>.
[32] Angela Woods, 'Interdisciplinary Authorship', in *Fernyhough, C., Woods, A., and Patton, V. (Eds.) Working Knowledge. Transferable Methodology for Interdisciplinary Research* (Hearing the Voice. Durham University, UK., 2015) <http://www.workingknowledgeps.com>.
[33] Amia Srinivasan, 'Back on Strike', *LRB Blog*, 2019 <https://www.lrb.co.uk/blog/2019/december/back-on-strike> [accessed 19 May 2022].

passing reception… and then there is a production moment. In between, if things go wrong, there can be mutism.' This same interviewee added that at some point the excitement of this process 'naturally declines because you… realise "I'm not here to become a scientist"' but instead remain a literary scholar. Many of our interviewees noted the elasticity required by critical medical humanities projects and reflected upon how to place personal and professional limits on that stretching in order to maintain a coherent sense of literary scholarly identity. As another interviewee put it: this is 'insecure' work, 'the ground shifts beneath your feet,' and they added that this insecurity regularly extended into the difficult subject matters they brought to students in seminar spaces. Others reflected on the challenge and excitement of working on pathways that have not yet been 'paved,' and how such 'emergent sets of practices' rely on groupwork, a group 'committed to reading and writing and thinking together.' Finally, a number of interviewees expressed the need for an article not unlike this book chapter that laid out 'strategies that have or have not worked for others.'

Risks and Challenges

One interviewee described a major exhibition which came about towards the end of their project as 'a coalition of events' which 'clearly wouldn't have been possible' on day one. The events 'spoke to each other in a way that was holistic' and 'dynamic', and also spoke to how the project's literary component was leading to 'the decompartmentalization of problems and experiences.' On this interviewee's account, the contribution of the 'literary domain' developed over two movements. First, what is found 'immediately' in literary texts are 'a constellation of nuances' that, for those 'coming from the sciences,' can feel like a 'new interpretive toolbox.' Second, the 'immense potential of literature' is disclosed through how this interpretive toolbox comes to be understood as exceeding the possibilities of what can be revealed in a localised laboratory. It 'can create strange forms of new experiences to render the complexity, richness, and global experiencing of the project.' It was in this second movement that this interviewee suggested that literary scholars found their confidence, a sentiment complimented by other interviewees as they described how the significance of nuance, complexity, and complication that literature offered came to be recognised as significant by their respective project partners.

Staked on the promise of its complexity, however, literature's use and justification are therefore fraught with risks and challenges. We will consider three here: durational

inconsistency, misunderstanding, and the need for spaces conducive to possibility. One challenge which became apparent in the interviews was a recurrent disagreement to be negotiated over the temporal or durational demands of research— indeed, earlier we outlined how these demands impacted emotion work. As one interviewee noted, scientists have very different demands placed on them about publication compared to humanities researchers. This led to disparate rates of publishing research: with literary researchers feeling devalued and scientists feeling frustrated by the longer intervals of humanities publishing schedules.The work over many years towards the single-authored monograph that is still so highly prized in the humanities and so vital to career progression can be difficult to make space for, or make visible, within the collaborative endeavour: reading a novel or a work of theory can be slow, in an era of the academy where work must be fast.

Another incongruity of duration was described between literary and clinical collaborators. One interviewee described a psychiatrist, in response to an extended discussion of creative approaches, 'ultimately saying, well I have to give a diagnosis… I need to prescribe in this instance' in order to fulfil my responsibilities as a clinician. Lisa Diedrich has described this phenomenon as a 'compassion' imperative of health research, a drive to act immediately in the face of therapeutic emergency which prevents 'the possibility of enacting new theories and politics in and for medicine.'[34] Managing differing attachments to temporality and urgency was, in some cases, foregrounded by the critical medical humanities projects themselves. Another interviewee reflected upon how clinicians, however willing to 'get on to thinking creatively and expansively with literary ideas,' need time to be 'given over for them to [talk through] how difficult their working lives are at the moment… there's something about the really hard reality of clinical engagement' that needed to be aired at the start of any gathering.

We had hypothesized that interviewees might report difficulty in the misapprehension of literature's role. About half of our interviewees did recall experiences of this nature, though sometimes in medical humanities work they had participated in before the critical medical humanities projects they had come to be a part of. One interviewee described their initial difficulty in getting funding for interdisciplinary work because the majority of key project partners were from similar literary backgrounds. This parallels Callard and Fitzgerald's observation that an ideal of interdisciplinary collaboration stipulates that scholars in the

[34] Lisa Diedrich, 'Against Compassion: Attending to Histories and Methods in Medical Humanities; Or, Doing Critical Medical Studies', in *Narrative Matters in Medical Contexts across Disciplines*, ed. by Franziska Gygax and Miriam A. Locher (Amsterdam & Philadelphia: John Benjamins Publishing Company, 2015), pp. 167–82.

humanities and social sciences should be lending support to scientists (the supportive function effectively overriding meaningful distinctions *between* the humanities and social sciences)).[35] Some viewed the many hats they wear as researchers as a net positive, an 'exciting but unsettling' way to have both: to learn literature and to learn about other disciplines, to practice group work and write and publish individually. Another interviewee, however, described real challenges of being misunderstood within their projects, notably at a time when they were early career. This led them to feeling 'split down the middle between the work that I do for literary studies, and the work that I do for medical humanities.'

As a symptom of wider trends in the academy, such situations are particularly acute, and recognisable, for researchers who lack both the job security and social capital necessary to defend themselves in terms they desire. The need for professional and disciplinary security was described by some as mitigating the possibility of literary research: 'in terms of getting a job, it just seemed that the wilder, woollier kind of interdisciplinarity just wasn't possible.' The lesson they learned was to 'get the job and then you can be fun after you've got the job.' Even then, as one senior scholar described, within wider University structures there is 'always a feeling that you're pushing against [those] that will assume that the workings and concerns of the literary are not predominant, should not be predominant in talking about health.' We speculate, then, that many of the emergent ideas of literature's use-value in circulation are produced through these kind of intra-institutional negotiations as much as they reflect long-sustained intellectual work.

That said, the compromises that academics (and particularly early-career academics) make within the critical medical humanities context are no less valid, authentic, or impactful in contributing to legitimate shifts and movements of literature's conceptualisation. This disposition was succinctly described by one interviewee who mentioned that they appreciated how our questions were attending to the 'work literary studies is doing or allowed to do or imagined to do or actually ends up doing': to not 'gloss over all the tricky and uncomfortable and difficult bits, which people are inclined to do in other contexts.' Such tricky 'bits', then, are no less part of the give and take of how the literary is on the move and at play in health-related work. At the same time, one of the most striking features of critical medical humanities projects has been their long duration, their allowance of research processes to unfold rather than be pre-determined, and the ability to let concepts be emergent rather than rapidly set.

[35] Callard and Fitzgerald.

Many of our interviewees who have also acted as project leads cited their backgrounds in literature as key to their belief in actualising these conditions of large-scale collaboration. 'What literary studies gives' to the critical medical humanities is a 'fine ear for messiness and contradictions' which signals a departure from any straightforward notions of patient stories as healing[36] and promises to 'attune' to illness and life's possibilities more thoroughly and attentively. The medical humanities offers a 'huge opportunity to show why literary studies matter' but literary studies 'can only really be effectively in dialogue if it understands its own value'. Guaranteeing a role for the work of literature in the future of critical medical humanities requires strategies. One cannot, as one interviewee wryly observed, just throw '*Ulysses* in the scientists' faces. It's a big book!' Insisting upon the capacity of literature to subvert, mediate, and transform the givens of health-related research has been one of the critical but perilously held achievements of these projects, alert to the generative challenge of being in collaborative workspaces and amongst people thrashing out ideas.

[36] Arthur Frank, *The Wounded Storyteller*, 2nd edn (Chicago: University Of Chicago Press, 2013).