RETHINKING MEDICINE THROUGH THE CRITICAL MEDICAL HUMANITIES

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Abstract: In recent years, Medical Humanities have undergone a significant intellectual transformation, shifting from a "supportive" role within medical education to a more politically and philosophically grounded position that interrogates the very foundations of biomedical knowledge and practice. The Edinburgh Companion to the Critical Medical Humanities (2016), edited by Whitehead, Woods, Atkinson, Macnaughton, and Richards, is a book that is worth being read as it marks an important step in the evolution of this field. Throughout the 36 Chapters that make up the four thematic sections – "Evidence and Experiment"," "The Body and the Senses", "Mind, Imagination, Affect", and "Health, Care, Citizens" – this volume introduces and exemplifies what the editors call the critical medical humanities: a deeply interdisciplinary, theoretically robust approach to the way the field of medicine, culture, and society intersect with each other.

Keywords: Medical Humanities, healthcare settings, medical students, the doctor-patient relationship, rethinking values.

The Edinburgh Companion to Critical Medical Humanities tries to redefine the field of medical humanities. The book's great merit lies in the fact that it moves beyond the traditional understanding of Medical Humanities as a mere tool to give more artistic value to the medical act by and large (besides being focused on empathy, communication, and ethical reflection), but it rather speaks about a so-called second-wave, critical medical humanities. This new wave insists on structural critique, interdisciplinary entanglement, and political urgency, making the humanities co-productive of health, illness, and care: "We speak of first-wave or mainstream medical humanities, and refer to the critical medical humanities as the second wave. In doing so, our aim is not to set up an oppositional or binary structure within the medical humanities but rather to indicate that medical humanities is a fluid notion, which is likely to shift and develop as scholarly fashions, health focuses and political contexts change. We are not, then, claiming the critical medical humanities as the final word, but rather as an encapsulation of the fi eld's current momentum, and with an anticipation of more waves yet to come. We move on to examine how the medical humanities is currently expanding and reorienting itself, embracing new historical, cultural and political perspectives, as well as different questions and methodologies. We ask what, precisely, is 'critical' about the critical medical humanities, examining how the field mobilises the notion and practice of critique, as well as how it orients itself in relation to other 'critical' turns. The Introduction also offers readers a series" (Whitehead 1). Moreover, it anticipates the fact that Medical Humanities, like any other field of study, is in continuous progress, being open to progress and shifting perspectives. Thus, the editors (Anne Whitehead, Angela Woods, Sarah Atkinson, Jane Macnaughton, and Jennifer Richards) design 36 Chapters and four afterwords that together interrogate the evidence, the body, the mind, and the state, through a cross-disciplinary blend of literature, philosophy, visual culture, clinical science, sociology, feminist theory, postcolonial critique, and disability studies, in order to reinforce the idea that Medical Humanities are so important and relevant in the medical students' training.

The Companion's central thesis is elegantly laid out in its introduction: the humanities must not merely supplement medicine with ethical or aesthetic insights, but must become entangled with it, in the sense that it should contribute to the general knowledge, critique, and care. Drawing on Karen Barad's theory of agential realism, in the opening chapter, Des

Fitzgerald and Felicity Callard argue that critical medical humanities must engage with medical science not as an external observer but as an intra-active participant: "the participants are searching for sense within their own experiences of life with a genetic disease or with the results of a genetic test, and in turn, the researcher is searching for sense within the narrated and transcribed sense-making strategies of the participants. The researcher must reflect upon his or her preconceptions and pre-understandings of the data and the topics covered. The interpreter should try to adjust his or her own preconceptions as part of the hermeneutical process. This methodology is not meant to be exclusive; it can be complemented by methods from cultural studies, history, literary analysis or philosophical phenomenology" (Rehmann Sutter 94). This view is maintained throughout the whole book, which constantly holds the side of a dynamic intersection of disciplines across the vast field of medicine. The first section challenges the epistemic authority of clinical evidence by exploring its historical, philosophical, and cultural dimensions. The chapters written by Annamaria Carusi and William Viney critically assess systems biology and twin studies, respectively, revealing how knowledge is shaped not only through data but through modelling practices, affect, and the social lives of scientific objects: "This engagement with modelling is at the same time technoscientific, biological and social; it demands from us epistemic, aesthetic and ethical awareness and readiness in order to participate in the making of knowledge, the forms and styles of modelling and representing, and the ethico-political stakes in the enterprise. The complicity between modelling and world here takes on a political overtone, but tracing our way back to when science seemed to be 'just science', we will find it was always there (Carusi 61). Christoph Rehmann-Sutter and Dana Mahr's work on "the lived genome" (Rehmann Sutter 87) exemplifies the Companion's commitment to establish the medical discourse in the phenomenological lived experience. The first chapter argues for a radical rethinking of the Medical Humanities, moving away from its traditional position as a mere tool that can be used in medicine. The authors argue the permanent intersection of medicine with the humanities is by far richer in benefits as this cooperation between disciplines brings about a mutual transformation whose benefits will influence the doctor-patient relationship. Their vision is undoubtedly influenced by posthumanism, challenging the idea of breaking boundaries among disciplines, calling for the fluidness of bodies, histories, emotions, and institutional practices. It's a powerful critique of both medicine and humanities and sets the tone for a more politically engaged attitude towards Medical Humanities.

In Chapter 2, Annamaria Carusi explores the epistemological and ontological roles of models in systems biomedicine, particularly computational ones. She challenges simplistic notions of realism, describing how models mediate between experimental data and conceptual understanding. Her focus on the idea that models, patients, bodies, and data are co-constitutive is definitely a progressive one that adds depth to the notion that scientific representations do not merely reflect but rather shape biological knowledge. According to the author of this chapter, Medical Humanities should help in re-shaping this medical reality, especially in the 21st century when we start speaking about the idea of a digital patient. Chapter 3, entitled Holism, Chinese Medicine and Systems Ideologies, comes as a very good example how the previous thoughts can be put into practice: "Even in China, young thinkers increasingly familiar with the latest Western philosophies began to employ holism as a tool for understanding the world and for developing strategies of resistance against Western imperialism. It is to these troubled times that all of my three genealogies trace back, albeit along very different paths" (Scheid 69). Volker Scheid discusses how history, philosophy, and medical practice can be used together, examining how Chinese medicine, holism, and systems biology have become entangled. While holism is often regarded as a contrast to biomedical reductionism, Scheid shows how its meaning is far from stable. This is mainly because throughout cultures and across time periods, especially during the political upheavals of 1950s

China, the idea of holism came to be regarded a state-endorsed epistemology. The importance of the chapter comes mainly from the author's stress on "personalized medicine". Together, these chapters definitely challenge the authority of conventional biomedical epistemologies. They ask for a richer, more reflexive, and socially embedded understanding of evidence, identity, and experimentation. Themes of responsibility, entanglement, and reflexivity recur in all these chapters, making a strong case for a more critical and expansive Medical Humanities.

The second part of the book wants to show how embodiment and sensory engagement become central to understanding health and illness. Suzannah Biernoff interrogates the visual history of pain, while Rachael Allen and Cynthia Klestinec explore touch, anatomy, and trust: "Touch, like our other sensory modalities, has been conceptualised and related to historical periods and cultural practices by a growing number of scholars" (Klestinec 210). Bethan Evans and Charlotte Cooper reframe fatness through queer and disability studies: "In this chapter we firstly give some background on fat studies and fat activism before, secondly, signposting examples of fat studies scholarship that have synergies with the critical medical humanities. Thirdly, we draw on insights from queer and disability theory and the research justice movement to indicate ways in which the critical medical humanities may develop socially just engagements with fatness" (Cooper 226). Then Heather Tilley and Jan Eric Olsén challenge ocular centric notions of disability via nineteenth-century representations of blindness. The section insists that bodies are not passive sites of medical attention but active, politicized, and culturally produced entities. Thus, Chapter 9, Picturing Pain, provides an interdisciplinary critique of how pain has been represented across history. The author, Suzannah Biernoff, dissects the limits of visual representations of pain, especially via static images, arguing that pain escapes clear visual codification and is better understood as a culturally scripted experience rather than a universal one. Drawing from art history, Darwinian experiments, and feminist critiques of Scarry's The Body in Pain, she calls for a more nuanced appreciation of pain as both aesthetic and social experience. Rachel Allen, a visual artist, writes an evocative and deeply personal Chapter (Chapter 10, The Body Beyond the Anatomy Lab) about working as an artist in anatomy labs. The author emphasizes the importance of visual arts as they can open critical conversations around the medicalized body. In Chapter 11, Touch, Trust and Compliance in Early Modern Medical Practice, Cynthia Klestinec examines the cultural and professional politics of touch in early modern medicine, showing how manual skill (especially among surgeons and barbers) functioned as both a technical and moral performance. Touch helped establish or undermine trust and was associated with assumptions about authority and character. The author links early modern debates to contemporary issues of patient adherence and medical compliance, situating both in long histories of bodily authority. The next two chapters discuss issues related to marginalized voices. Bethan Evans and Charlotte Cooper expose the biases, ethics, and harms of dominant medical approaches to fat bodies, The chapter champions cultural activism as a critical method for engaging with health, pushing the medical humanities toward more socially just and inclusive paradigms. Likewise, Chapter 13, Reading the Image of Race, discusses how race has been visually and scientifically constructed in medical contexts, examining photography, medical imaging, and eugenic narratives. Drawing on critical race theory and visual culture, Yasmin Gunaratnam argues that race is not only seen but made visible through layered technologies and ideologies. This chapter is a reminder that medicine has never been race-neutral, and it urges readers to re-consider how bodies are seen, known, and acted upon. Cole and Gallagher explore in Chapter 14, Touching Blind Bodies, the phenomenology of touch and disability, particularly focusing on blind individuals and people with spinal cord injuries. Their case studies show how pain and embodiment are shaped by lived experience and relationships, pushing beyond medical models to foreground subjective, emotional, and sensory complexity. This chapter deepens our understanding of what it means to live in a body, reminding us that disability is as much about perception and interaction as

about physiology. Chapter 15, The Anatomy of Renaissance Voice, recalls a multi-sensory reading of the body that restores voice and sound to the medical imagination, by integrating insights from musicology and the history of medicine. This fascinating historical study brings attention to the aural and oral dimensions of Renaissance anatomy. Chapter 16, Breathing and Breathlessness in Clinic and Culture, is philosophical approach to illness as it requires Medical Humanities to take the problem of breathing seriously, as metaphor, symptom, and existential condition. Chapter 17 is an interesting insight into the so-called morphological freedom, i.e. the right to alter one's body: "Underpinning discussions and practices about modifying the human body through medical and biotechnological interventions is the philosophical concept of morphological freedom, an idea central to the discourses of transhumanism, some branches of posthumanism, body- or bio-hackers, and the practices of some pioneering experimental performance artists who endorse experimentation with biotechnologies in order to augment, modify or enhance the human body" (Dolezal 310). The author argues that Medical Humanities must engage with the political and philosophical implications of posthuman medicine, from cosmetic surgery to genetic enhancement. This chapter calls for some debates that are worth having in today's world, about autonomy, identity, and the future of bodily norms. The last chapter of Part II, Afterword – The Body and the Senses, speaks about the importance of engaging the senses – not as passive receptors, but as sites of ethical, cultural, and epistemic transformation – and invites further inquiry into how critical embodiment can serve as a powerful lens in medical humanities.

The chapters included in Part III interrogate mental health, narrative, aesthetics, and affective experience through literary, historical, and philosophical lenses. Edward Juler's analysis of Surrealism's anatomical imagery and Corinne Saunders's reading of medieval mystical writings powerfully disrupt contemporary psychiatric paradigms. Jonathan Cole and Shaun Gallagher's contribution on phenomenology and neuroscience provides a compelling model for cross-disciplinary collaboration, while David Herman's chapter on autism and service animals expands ethical discourse across species boundaries. This section uniquely captures the emotional, cognitive, and symbolic richness of human health experience. As we have already said, Part 3 comes with more philosophical questions as Martyn Evans tries to analyze, in Chapter 9, the role of wonder in clinical and scholarly practice. According to Evans, wonder is not mere sentimentality but a profound mode of ethical and epistemological engagement, vital for recognizing the thinghood and inner vitality of human beings. Surrealism, Viscera and the Anatomical Imaginary discussed in Chapter 20 explore Surrealistic art. Edward Juker, the author of this chapter, speaks about surrealism's obsession with bodily interiors and dismemberment that reflects both psychic trauma and cultural critique, offering a new lexicon for the Medical Humanities to theorize pain, illness, and the unconscious. There are many Chapters in this section that explore interesting territories, that show unexpected correlations that can be made between humanities and science. In Chapter 21, Cole and Gallagher speak about the integration of phenomenology and narrative into neuroscience. They argue that narrative, especially in chronic illness, allows patients to articulate experiences that are often invisible to clinical measurement. In the next chapter, devoted to the pain of death, Joanna Bourke goes deeper into the cultural history of pain and its moral meanings, exploring how societies have made pain visible or invisible. She challenges the reader to consider how language and ritual shape our responses to pain and dying, arguing that pain is never just physical, but rather a social and political construct. The second part of Part 3 goes back to medieval texts and Victorian literature. Corinne Saunders visits some medieval texts, finding them as rich sources for understanding voice-hearing and mental experience. On the other hand, Elizabeth Barry explores in Chapter 24, how Victorian literature and psychiatry shared aesthetic and diagnostic vocabularies. The author examines how literary texts shape and

reflects notions of identity, madness, and moral responsibility, encouraging us to consider how literature participates in clinical epistemologies.

Chapters 25 and 26 approach more modern themes, analyzing how modernist literature (Joyce, Woolf, Beckett) and neurological disorder (especially aphasia) mirror each other in their fragmentation, repetition, and breakdowns in communication. Connor positions aphasia as a metaphor for modernist style and for the limits of rational thought, suggesting that illness reveals the contingency of language and subjectivity. Herman shifts the discussion to animal–human relationships, specifically through narratives of autism and service animals. He argues for a narratological approach that captures how individuals with autism articulate their experiences through relationships with animals, thus expanding the concept of empathy. This chapter exemplifies inclusive critical theory, where species boundaries and cognitive difference are sites of care and knowledge-making. This section comes with examples from very sophisticated and intellectual trends in the critical Medical Humanities. It brings together philosophy, art, neuroscience, literary history, putting forward questions about how minds feel, imagine, fracture, remember, and relate, most of the time through pain, vision, voice, and wonder. Each chapter offers tools not only to critique biomedicine but to re-story human experience, showing how the arts and humanities can reshape the way we think about mental life. Undoubtedly this is a section of bold questions, emotional resonance, and disciplinary imagination.

The final section takes a decisive political turn, engaging with global health inequalities, biopower, and the ethics of care. Hannah Bradby examines medical migration, while Rosemary Jolly critiques the deployment of the right to health in postcolonial contexts. Rebecca Hester's chapter gives account of some cultural competence as a form of institutional control rather than liberation. Donna McCormack's analysis of cloning and organ donation through literature illustrates how science fiction can be mobilized to theorize biopolitical ethics and bodily commodification. This section argues that healthcare is never apolitical, it is always shaped by structures of power, race, and governance. In her chapter entitled Medical Migration and the Global Politics of Equality, Bradby addresses a very recent problem that healthcare settings are confronted with nowadays. It is about the complex moral and political terrain of international medical migration, where skilled healthcare workers from low-income countries move to higher-income countries, like the UK. She reveals how recruitment practices, originally normalized, have come under fire for exacerbating global health inequalities, especially the so-called brain drain from sub-Saharan Africa. She critiques simplistic, moralizing models that blame migrant professionals rather than structural inequalities, and advocates for an interdisciplinary, evidence-informed critique of global health governance. Chapter 29 is a beautifully layered reflection on the term counsel as it moved from Renaissance medical treatises to modern clinical settings. Combining historical semantics with contemporary clinical experience, the authors demonstrate how listening and dialogue were central to pre-modern medical ethics and how modern medicine's technocratic priorities have marginalized this dialogic ideal. They argue that recovering counsel could improve trust, empathy, and patient care today. Fictions to the Human Right to Health is the chapter in which Rosemary J. Jolly delivers a searing critique of how Western biomedicine instrumentalizes the right to health in postcolonial contexts. Analyzing literary texts like Consumption and Sizwe's Test, she shows that marginalized individuals are often forced to choose between cultural integrity and physical survival, reducing the right to health to a colonial bargain. The chapter deconstructs liberal universalism and urges a more ethically robust, culturally grounded understanding of what health really means across global divides. Rebecca J. Hester boldly argues in Chapter 31 that cultural competence frameworks are not only ineffective but often perpetuate epistemic injustice. By framing culture as something to be mastered, these programs reinforce power hierarchies and reduce patient identities to checklists. Drawing from critical

race theory and postcolonial thought, she insists that competence serves biomedicine's institutional authority more than it serves patients, advocating instead for epistemic humility and structural awareness.

The next three chapters deal with problems related to narratives in medicine. Chapter 32 traces the deep and reciprocal relationship between narrative and medicine, arguing that storytelling is not an add-on to clinical care but fundamental to how medicine operates. The authors draw from history, literature, and philosophy (especially Ricoeur and Arendt) to show how narratives shape diagnosis, identity, and ethics. They call for a deeper engagement with narrative complexity, beyond simplistic case histories or communication skills training. In Chapter 33 entitled Broadmoor Performed – A Theatrical Hospital, Jonathan Heron investigates performance and public perception of Broadmoor, a high-security psychiatric hospital in England. By analyzing plays, media representations, and archival performances, he reveals how Broadmoor has been both a site of spectacle and a stage for stigma. This chapter reimagines the hospital not just as a place of incarceration but as a cultural text, suggesting that performance studies can offer new insights into psychiatric institutions and their symbolic power.

In Chapter 34, On (Not) Caring – The Meanings of Care in Alzheimer's Narratives, Annette Leibing discusses the narratives surrounding Alzheimer's care, especially the tension between institutional discourses of compassionate care and the lived experience of neglect or ambivalence. Drawing from imaginative literature and personal accounts, she problematizes the assumption that care is inherently good or universally understood. Instead, she presents care as a contested, fraught, and sometimes absent phenomenon, especially in the Alzheimer's epidemic. Donna McCormack uses science fiction to explore bioethical questions about organ donation, identity, and temporality. She interrogates how care is mediated through technological, racialized, and speculative imaginaries, revealing how future-oriented fantasies of health often obscure present injustices. This chapter is a compelling blend of literary analysis, posthumanism, and medical ethics. In the last chapter, Sarah Nettleton closes the section by reflecting on the sociopolitical dimensions of health and citizenship. She emphasizes how medical humanities must expand to include questions of biopower, public policy, and embodied inequality. Rather than treating care as an interpersonal matter alone, she calls for an understanding of health as a relational, collective, and politicized domain.

What sets this volume apart is the fact that it presents Medical Humanities as constitutive of medical knowledge, offering conceptual tools that are as rigorous as they are necessary. The Edinburgh Companion to the Critical Medical Humanities is of important value to scholars across the humanities and social sciences, as well as to clinicians, educators, and policy-makers. The volume also positions itself in productive dialogue with emerging fields such as critical disability studies, posthumanism, science and technology studies, and feminist materialisms, offering an expansive vision of what Medical Humanities can be when it embraces difference, complexity, and justice as its organizing principles.

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