

Feeling (for) the other? Fiction, Empathy, and the Critical Medical Humanities

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Abstract:

Anne Whitehead's 2017 monograph, recently published as paperback with Edinburgh UP (2019) titled *Medicine and Empathy in Contemporary British Fiction: An Intervention in the Medical Humanities*, performs a highly relevant intervention into mainstream modes of reading fiction within the medical humanities. Providing a timely critique of the celebratory use of fiction in the field, she focuses on empathy, resituating it away from individual consciousness, and arguing for a more politicized view. This kind of critical literary analysis opens up further possibilities for the medical humanities that should all but limit itself to the study of literary fiction as such.

Fühlen (für) die anderen? Literatur, Empathie und die Critical Medical Humanities

German Abstract:

In ihrer 2017 erschienenen Monographie, die kürzlich als Taschenbuch bei Edinburgh UP mit dem Titel *Medicine and Empathy in Contemporary British Fiction: An Intervention in the Medical Humanities* veröffentlicht wurde, führt Anne Whitehead eine hochrelevante Intervention an den gängigen Literaturlesarten in den Medical Humanities durch. Whiteheads zeitgemäße Kritik an der Verwendung von Fiktion in diesem Feld fokussiert dabei Empathie, welche weg vom individuellen Bewusstsein hin zu einer politisierteren Sichtweise betrachtet werden sollte. Diese kritische Literaturanalyse eröffnet dem Fachgebiet weitere Möglichkeiten, die sich nicht nur auf literarische Fiktionen beschränken sollten.

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The subtitle is aptly formulated. Anne Whitehead's 2017 monograph titled *Medicine and Empathy in Contemporary British Fiction: An Intervention in the Medical Humanities*, which appeared as a paperback with Edinburgh University Press in 2019, is nothing short of an intervention in the field. Whitehead starts right off with a critical evaluation of the work of Rita Charon, Professor of Clinical Medicine at Columbia University, on the first page. Charon's work was foundational for what Whitehead calls 'first wave medical humanities', an approach that then Whitehead stakes out as problematic on a number of levels. The basic argument of the book is predicated on the insight that, although first wave medical humanities was vitally important for opening a discussion on the clinical encounter between patient and practitioner within medical discourse, it failed to account for the broader, structural positions of power that set the parameters for that discourse. This critical position within the medical humanities has developed into the subfield of critical medical humanities, with Whitehead as one of its most important proponents, co-editing *The Edinburgh Companion to the Critical Medical Humanities* together with Angela Woods in 2016.

Within the framework of this critical approach, Whitehead's monograph deals with empathy, and mostly with how empathy might be responsive to human diversity and alterity (p. 23). Complicating the notion of empathy as "something that one has or lacks", she asks with what effects empathy is defined, and what its limitations might be (p. 16). These limits usually hide in the way in which empathy is uncritically put to work by medical practitioners, thus failing to reflect on the multiple structures of power that form the conditions of the experience (as well as the expression) of empathy. To support her argument, Whitehead draws on feminist affect theorists such as Sara Ahmed, and proposes to think of empathy as a form of travelling affect,

to show how feelings do not simply reside in subjects but are produced in and through their surroundings (p. 26).

In the first chapter, called “Empathy and Mind”, Whitehead rereads Mark Haddon’s possibly over-analyzed *A Curious Incident* and deals with conceptualizations of empathy in neurosciences. Special attention is given to understandings of autism, which she shows to be, like empathy, an evenly unstable term. Part of the chapter is also meant to “reveal the cultural and political investments that underpin our fascination with autism” (p. 29). Even so, her subsequent reading of Haddon’s novel mainly serves to show how a radical notion of empathy celebrates human difference and diversity. Recent critical theory contributions on autism research that appeared after the first publication of her monograph has gone a bit further than a simple celebration of difference. (see for instance Anna De Hooge, “Binary Boys: Autism, Aspie Supremacy and Post/Humanist Normativity.” *Disability Studies Quarterly* 39, no. 1). All the same, Whitehead’s reading of the novel succeeds in demonstrating how a reading of fiction can function to critique medical discourse on a more fundamental level, thus exposing existing contradictions within autism research to complicate the intertwined construction of empathy vs autism as such.

One of the vital claims of first wave medical humanities was that fiction can help understand patient experience better. In the narrative medicine approach practiced at Columbia University by Rita Charon and others, practitioners are trained to fictionalize their consultation moments in order to train perspective-taking and become a better practitioner (see : Arntfield et al. “Narrative Medicine as a Means of Training Medical Students toward Residency Competencies.” *Patient Education and Counseling* 91, no. 3, p. 283-284). Such an approach is exposed by Whitehead in chapter two, where she references Lauren Berlant in order to show not only how empathy can be complicit in reinforcing existing hierarchies, but also how compassion is inherently bound up with privilege (p. 65). In this chapter, called “Empathy and Ethics”, she reads Pat Barker’s fiction in conversation with Susan Sontag, and makes a strong case for the risks of an all too simplistic, institutionalized use of fiction to safeguard modes of power. Both points come back in chapter three, where her reading of Ian McEwan’s *Saturday* exposes a conceptualization of empathy as a mode of ‘goodwill’ (some who can afford it express empathy towards the ones at the bottom of the social ladder) that similarly reinforces existing hierarchies (p. 118). In her aim to resituate empathy away from individual consciousness, Whitehead’s

subsequent readings of Pat Barker, Ian McEwan, and Aminatta Forna (in chapter four), explicitly recast empathy in a political light, leading her to the claim that the ‘interdisciplinarity’ of mainstream medical humanities is often really a ‘selective colonization of literature’ (p. 116) . It is in this coming-together of cultural analysis and an immanent critique of the field that her current monograph is strongest.

Surprisingly, Whiteheads critique of the ‘use’ of reading fiction in the medical humanities as a way of producing selective flows of affect does not come back in her reading of Kazuo Ishiguro’s *Never let me Go* (2005) in chapter five. Here, the obvious overlap between the use of literature in mainstream medical humanities and the meaning attached to art by the protagonists of the novel is not explored further. Commenting first on the novel as a critique on biomedicine and the liminal lives that haunt the margins of our bioeconomy (p. 183), Whitehead refrains from the obvious parallel between the diegetic production of art and the way she herself characterizes the institutionalization of literature within the medical humanities. All the same, her reading of Ishiguro’s novel succeeds in demonstrating the limits of empathy in a possibly biocapitalist future (p. 183).

In line with her overall argument that the medical humanities needs a more politicized sense of the patient-practitioner relation (p. 187), her analyses of fiction reads as not-so-subtle nudges, paving the way for a medical humanities engagement with fiction not only as a show of empathy, but a reading “against the grain” (p. 92). Whitehead’s closing remarks call for surprising and unexpected directions, and the hope is that new subversive readings that include other objects such as film, art and other sources will follow her lead. This would open up the field to wider relevancy, one that could develop it beyond its internal discussion on the study of literature, and produces more theoretically informed research on the ways in which medical discourse (often unwillingly) works to shape subjectivity.