

Introducing the Humanities to All Health Related Fields

**Health Humanities Reader**

By Therese Jones, Delese Wear, and Lester D. Friedman (Eds.)

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The *Health Humanities Reader* is both an introduction to and expansion of medical humanities, here re-christened health humanities. Though a history of the medical humanities would be well beyond the scope of a review article, a few words on recent trends in the field will help clarify the uniqueness of this book as well as its usefulness for psychologists.

### **From the Medical Humanities to the Health Humanities**

Like all multidisciplinary pursuits, the medical humanities project is characterized by an ongoing negotiation among its practitioners over methods and goals. Among the most significant recent changes in the field has been a move to expand its purview, “to debate and develop the role of the humanities in health as a whole rather than solely in medicine” (Crawford, Brown, Tischler, & Baker, 2010, p. 8); hence, the “health humanities.” Of primary interest for psychologists is the goal of including all those involved in healthcare and health related fields in the discussion, from nurses and social workers to psychologists and even unpaid familial caregivers.

The editors of the *Health Humanities Reader* embrace Crawford’s vision of an expanded health humanities, and psychologists are among those poised to benefit from this expansion. These benefits will potentially include both a greater role for psychologists in addressing the concerns of the health humanities as well as an application of the methods and constructs of the health humanities to some of the problems of mental health, a topic often ignored by the field. To some extent we see both of these benefits on display in the

*Health Humanities Rader*, which includes an entire section dedicated to mental illness as well as a few articles on the topic in other sections. Brad Lewis's piece on narrative theory and mental illness, which offers a pragmatic look at the benefits and drawbacks for patients of different ways mental illness is conceptualized in the media and by sufferers themselves, typifies the former benefit. Michael Rowe's chapter, on the other hand, offers an excellent historical overview of community psychiatry and the ways in which its practitioners and those working in the health humanities can learn from one another. While a relatively small part of the whole, this section shows the potential benefit an expanded health humanities may bring to mental health workers, and how psychologists and psychiatrists can help contribute to a broadening field.

### **Innovation Within the Tradition**

The health humanities as envisioned by the book's editors is not merely a re-working of the standard tradition that attempts to shoehorn in new disciplines. The editors have thoughtfully enhanced tradition to create a truly path breaking book. For those new to the field, it is often described as involving two related endeavors: (1) an attempt to portray "aesthetic experience, involving emotions and imagination and empathetic identification," and (2) a project of "cognitively oriented analysis, involving critical scrutiny, conceptual analysis and historical relativization" of the field of medicine (Ahlzén, 2007, p. 385). The former branch, perhaps best exemplified by the classic collection of stories, essays and poems *On Doctoring* (Reynolds & Stone, 2001), aims to improve patient care by helping healthcare workers develop "literary skills" that enable

them to better interpret their patients, to recognize and understand their own feelings, and potentially to enhance their own empathic capacities by capturing the lived experiences of doctoring and of illness. The latter branch examines these experiences, charts historical changes in healthcare, unearths hidden prejudices and assumptions within the field and its practitioners, and identifies and addresses problems arising from these. Both branches of the health humanities are amply represented here. Furthermore, each piece was commissioned for the volume, making this an excellent place to start for anyone looking to get an up to date sense of the breadth of the field.

The book is divided into 12 topical areas, each of which is about four pieces chapters long. The final chapter in each section is “an imaginative or reflective piece by an artist, writer, teacher, or scholar” exploring the topical area. By dedicating roughly a quarter of its space to aesthetic pieces, the *Health Humanities Reader* ensures that the “aesthetic experience” aspect of the health humanities is adequately represented and even given the “final word” on each topic.

Perhaps the strongest point in the book’s handling of the aesthetic branch of the health humanities is the inclusion of several comics, as well as a piece on the role comics can play in teaching gender and sexuality. Academic interest in the role of comics in health and health care literature has been growing since 2010 (Green & Myers, 2010) when the first international comics in medicine conference was held at the University of London. Comics can convey the social context of healthcare, the clash of diverse perspectives in a medical environment, and the difference between the inner experience of an illness and

its external symptoms quickly and effectively. It is a medium especially well suited for capturing the nuances of mental illness that can be elusive in prose. These features of the medium are clearly on display in Ian Williams's "Culpability," one of the book's strongest chapters. This work dramatizes a psychiatrist's struggle with depression after the suicide of one of his patients. Details unique to the medium, including subtle shifts in background coloration and the use of negative space, effectively convey the different mental state of the patient's family and the doctor. In a society that is increasingly visually literate, comics are a medium extremely well suited for discussions of mental illness, and of the difficulties facing mental health workers and their patients.

The book is similarly innovative in the material its editors chose to include in the works representing the "cognitive analysis" branch of the health humanities. The book hits on all of classic areas of the medical humanities, including sections on "Death and Dying," "Spirituality and Religion," and "The Patient-Professional Relationship" (a "health humanities" flavored update of the doctor-patient relationship more typically found in medical humanities texts). It also pushes the traditional boundaries by granting entire sections to topics such as "Disability," "Race and Class," and "Gender and Sexuality"; these issues are often discussed only as modifications of more traditional topics, if at all. Those in clinical practice who may deal regularly with difficulties posed in these topical areas stand to benefit greatly from the light that the health humanities may shed on their patient's experiences.

### **A Missed Opportunity**

Perhaps the greatest missed opportunity is this book's minimal engagement with the wellbeing of the healthcare professionals themselves. Among the more promising benefits claimed for the expansion of the health humanities is an attempt to bring its methodologies to bear on "the suffering and unhappiness of healthcare practitioners themselves" (Crawford, et al., 2010, p. 10). It is well known that healthcare workers are at relatively high risk for burnout, alcoholism and even suicide. Crawford has suggested these that these dangers can be addressed to some extent by the health humanities "through technical descriptions of constructs such as occupation stress or burnout" (2010, p. 10). Indeed, psychologists may have a great deal to contribute to a newly broadened field in this respect. Yet the focus of the book is almost exclusively on how healthcare professionals can better treat their patients. This shortcoming is most apparent in the final section, "Health Professions Education," which contains familiar explanation of how the medical humanities can create better doctors but is largely silent on how they can help the professionals themselves.

Given all that this book does accomplish, it is hardly fair to fault it for what it does not accomplish. This work would be an excellent basis for many different introductory courses in the medical/health humanities and would serve any psychologist seeking to become acquainted with the current state of many specialties in this diverse field.

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