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Critical Medical Humanities - A special feature of Medical Humanities

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By Elizabeth Lewis

The June issue of *Medical Humanities* includes a special feature section entitled “Critical Medical Humanities.” This collection opens with a piece by William Viney, Felicity Callard, and Angela Woods, “[Critical Medical Humanities: Embracing Entanglement, Taking Risks.](#)” As described in their abstract:

What can the medical humanities achieve? This paper does not seek to define what is meant by the medical humanities, nor to adjudicate the exact disciplinary or interdisciplinary knowledges it should offer, but rather to consider what it might be capable of doing. Exploring the many valences of the word ‘critical’, we argue here for a critical medical humanities characterised by: (i) a widening of the sites and scales of ‘the medical’ beyond the primal scene of the clinical encounter; (ii) greater attention not simply to the context and experience of health and illness, but to their constitution at multiple levels; (iii) closer engagement with critical theory, queer and disability studies, activist politics and other allied fields; (iv) recognition that the arts, humanities and social sciences are best viewed not as in service or in opposition to the clinical and life sciences, but as productively entangled with a ‘biomedical culture’; and, following on from this, (v) robust commitment to new forms of interdisciplinary and cross-sector collaboration. We go on to introduce the five other articles published in this special issue of the journal, reflecting on the ways in which collaboration and critique are articulated in their analyses of immunology, critical neuroscience, toxicity, global clinical labour, and psychological coercion and workfare. As these articles demonstrate, embracing the complex role of critical collaborator—one based on notions of entanglement, rather than servility or antagonism—will, we suggest, develop the imaginative and creative heterodox qualities and practices which have long been recognised as core strengths of the medical humanities.

This special section then moves onto five original articles and corresponding response pieces.

[Homo Immunological: On the Limits of Critique](#)

Andrew Goffey

Through a discussion of a range of research drawn from the humanities and social sciences, and with a particular emphasis on work that tackles questions about the discourse of the life sciences, this paper considers some of the difficulties with research that aims to offer a critical analysis of immunology and its relationship to culture. It considers in particular arguments made on behalf of a biopolitical reading of the life sciences and, by examining the uncertain shift between discursive analysis and philosophical claim, it seeks to address some of the underlying assumptions made about the relations between different kinds of knowledge practice in the interplay between life science, philosophy and culture. Drawing on the work of Belgian philosopher of science Isabelle Stengers to consider the ways in which critical and philosophical appraisals of immunology adopt a characteristically modern stance in the way that they address the life sciences, it further seeks to characterise some of the limits that such forms of critique display.

[From Critique to Practice: A Response to Andrew Goffey](#)

Alex Nading

[Critical Neuroscience Meets Medical Humanities](#)

Jan Slaby

This programmatic theory paper sketches a conceptual framework that might inspire work in *critical* Medical Humanities. For this purpose, Kaushik Sunder Rajan's account of biocapital is revisited and discussed in relation to the perspective of a *critical neuroscience*. Critical neuroscience is an encompassing positioning towards the recent public prominence of the brain and brain-related practices, tools and discourses. The proposed analytical scheme has five focal nodes: capital, life, technoscience, (neoliberal) politics and subjectivity. A special emphasis will be placed on contemporary framings of subjectivity, as it is here where deep-reaching entanglements of personhood with scientific practice and discourse, medical and informational technologies, and economic formations are most evident. Notably, the emerging subject position of the 'prospective health consumer' will be discussed as it figures prominently in the terrain between neuroscience and other medico-scientific disciplines.

[Moving Beyond Discourse: A Response to Jan Slaby](#)*Stacey Smith*[Unpacking Intoxication, Racialising Disability](#)*Mel Y Chen*

This article examines concepts whose strictly medical applications have only partly informed their widespread use and suggests that demonstrably shared logics motivate our thinking across domains in the interest of a politically just engagement. It considers exchanges between the culturally complex concepts of 'toxicity' and 'intoxication', assessing the racialised conditions of their animation in several geopolitically—and quite radically—distinct scenarios. First, the article sets the framework through considering the racial implications of impairment and disability language of 'non-toxic' finance capital in the contemporary US financial crisis. Shifting material foci from 'illiquid financial bodies' to opiates while insisting that neither is 'more' metaphorically toxic than the other, the article turns to address the role of opium and temporality in the interanimations of race and disability in two sites of 19th-century British empire: Langdon Down's clinic for idiocy, and China's retort on opium to Queen Victoria. The article concludes with a provocation that suggests yet another crossing of borders, that between researcher and researched: 'intoxicated method' is a hypothetical mode of approach that refuses idealised research positions by 'critically disabling' the idealised cognitive and conceptual lens of analysis.

[Intoxicated Method, Thinking in Difference: A Response to Mel Chen](#)*Clare Barker*[Narratives of Neoliberalism: 'Clinical Labor' in Context](#)*Bronwyn Parry*

Cross-border reproductive care has been thrust under the international spotlight by a series of recent scandals. These have prompted calls to develop more robust means of assessing the exploitative potential of such practices and the need for overarching and normative forms of national and international regulation. Allied theorisations of the emergence of forms of clinical labour have cast the outsourcing of reproductive services such as gamete donation and gestational surrogacy as artefacts of a wider neoliberalisation of service provision. These accounts share with many other narratives of neoliberalism a number of key assertions that relate to the presumed organisation of labour relations within

this paradigm. This article critically engages with four assumptions implicit in these accounts: that clinical labourers constitute a largely homogeneous underclass of workers; that reproductive labour has been contractualised in ways that disembed it from wider social and communal relations; that contractualisation can provide protection for clinical labour lessening the need for formal regulatory oversight; and that the transnationalisation of reproductive service labour is largely unidirectional and characterised by a dynamic of provision in which 'the rest' services 'the West'. Drawing on the first findings of a large-scale ethnographic research project into assisted reproduction in India I provide evidence to refute these assertions. In so doing the article demonstrates that while the outsourcing and contractualisation of reproductive labour may be embedded in a wider neoliberal paradigm these practices cannot be understood nor their impacts be fully assessed in isolation from their social and cultural contexts.

[Considering Pregnancy in Commercial Surrogacy: A Response to Bronwyn Parry](#)

Luna Dolezal

[Positive Affect as Coercive Strategy: Conditionality, Activation and the Role of Psychology in UK Government Workfare Programmes](#)

Lynne Friedli and Robert Stearn

Eligibility for social security benefits in many advanced economies is dependent on unemployed and underemployed people carrying out an expanding range of job search, training and work preparation activities, as well as mandatory unpaid labour (workfare). Increasingly, these activities include interventions intended to modify attitudes, beliefs and personality, notably through the imposition of positive affect. Labour on the self in order to achieve characteristics said to increase employability is now widely promoted. This work and the discourse on it are central to the experience of many claimants and contribute to the view that unemployment is evidence of both personal failure and psychological deficit. The use of psychology in the delivery of workfare functions to erase the experience and effects of social and economic inequalities, to construct a psychological ideal that links unemployment to psychological deficit, and so to authorise the extension of state—and state-contracted—surveillance to psychological characteristics. This paper describes the coercive and punitive nature of many psycho-policy interventions and considers the implications of psycho-policy for the disadvantaged and excluded populations who are its primary targets. We draw on

personal testimonies of people experiencing workfare, policy analysis and social media records of campaigns opposed to workfare in order to explore the extent of psycho-compulsion in workfare. This is an area that has received little attention in the academic literature but that raises issues of ethics and professional accountability and challenges the field of medical humanities to reflect more critically on its relationship to psychology.

[Workfare and the Medical Humanities: A Response to Lynne Friedli and Robert Stearn](#)

Sarah Atkinson

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