

Enda McCaffrey and Aine Larkin



The Critical French Medical Humanities

Introduction

In the 1990s the phenomenon known today as ‘French Cultural Studies’ emerged in the UK under the broad umbrella of French and Francophone Studies. Adopting an interdisciplinary approach, French Cultural Studies sought to open up new ways of looking at France and the French-speaking world through the ideas, images, and narratives of more than a century of turbulent history and political change. Forbes and Kelly (1995)¹ – who wrote the first significant introduction to *French Cultural Studies* – placed special emphasis on culture as the live constituent (the ‘visible territory’) through which a nation, a people and the individual struggle to define themselves (290). In identifying ‘culture’ as the shifting ground of national and individual identity, the co-authors tapped into the *embodied* experience of citizens. French Cultural Studies has since flourished as an academic pursuit, embedding itself in curricula in degrees in French Studies and shaping individual and collective research portfolios. The example of French Cultural Studies is fitting when we begin to chart the academic trajectory of another (British) phenomenon to gain a recent foothold inside French and Francophone Studies, namely the *critical* French Medical Humanities. Interdisciplinary in approach but also a bellwether of changing attitudes to medicine, mental and physical health and healthcare practices in France, the critical French Medical Humanities have emerged with a distinctive/critical pulse on the dynamic interface between the embodied experience of illness and disease, and the republican institutions of

health and medicine that shape everyday life in France today.²

In 2002, the Association of the Medical Humanities in the UK held its inaugural meeting in Birmingham. The most contentious issue of the launch concerned the word ‘medical’; would the Association apply an inclusive interpretation of the word covering all matters relating to health, illness, disability and health care or had the word already acquired an exclusive connotation in respect of what professional doctors do? The former interpretation was adopted overwhelmingly by the Association, notwithstanding the absence of doctors and nurses at the meeting. This ‘integrated conception’ of the Medical Humanities, which places special emphasis on interdisciplinary and inter-professional methodologies, was antithetical to a narrow or reductionist view of medical practice. Integration was also the watchword applied to the second contentious issue raised by the Association; what is the role of education in the Medical Humanities and should education mean the instrumental development of formal (medical) courses in higher education or has education a broader meaning incorporating notions of (self-) improvement and ethical responsibility? In short, should the remit of the Medical Humanities be the pursuit of exclusively educational goals or should it go beyond medical education by engaging in a wider, structural reevaluation of the relationship between medicine and the humanities? Whilst acknowledging the value of education to enhance and improve the medical curriculum, the Association embarked on a more ambitious vision for the Medical Humanities – to embark on a creative dialogue between medicine and the humanities with a view to not only educate in a practical and professional sense but to inform and offer different ways of thinking about human history, culture, behaviour and experience which can be then be used to question, challenge and reshape medical practice and priorities.

The Association’s launch proved prophetic. Interdisciplinarity and creative dialogue are now givens in our understanding of the

Medical Humanities. The Association was influential in establishing the Medical Humanities as a ‘field’ of study that brought together interdisciplinary approaches to fundamental medical inquiries, rather than as an academic ‘discipline’ that, it was claimed, would run the risk of fracturing the already fractured educational approach to medicine. Today we view the Medical Humanities as an interdisciplinary field of medicine that seeks to understand the human body in biological terms and cultural terms (what the phenomenologist Merleau-Ponty called ‘l’entrelacement du naturel et de l’existentiel’³). The Medical Humanities embraces the Humanities (literature, philosophy, ethics, history and religion), social sciences (anthropology, cultural studies, psychology and sociology) and the arts (literature, theatre, cinema, dance, and the visual arts). It is a field whose growth has led to the creation of a number of prestigious research centres across UK higher education institutions.

However, alongside this growth has been the increasing awareness that the Medical Humanities have actually more to offer medicine than what was initially intended from interdisciplinary and educational/dialogical perspectives. What has developed, as the field has expanded, is a distinctive methodological and theoretical toolkit, shaped by a strong critical ethos which is part of a response to wider socio-cultural factors and changes in traditional medical practices. Evidence shows, for example, that the traditional (private) links between patient and clinical doctor are breaking down; the self-management of illness – an increasingly global phenomenon – is indicative of the collapse of trust between patient and medical practitioner/practice. At the same time, patients with (terminal) illnesses and mental conditions are turning away from their silos of silence to alternative written and digital formats (blog, podcast, vodcast, autopathography) to ‘narrate’ their illnesses, raise awareness about them, frame and structure them in ways that enable patients to cope better with their symptoms. The critical Medical Humanities (a ‘second wave’ of the Medical Humanities) taps into this critical

ethos, refining our understanding of the Medical Humanities and challenging us to question (bio)medical and other accounts of what it means to experience illness or encounter disease.

Building on the interdisciplinary and educational dimensions of the Medical Humanities, the critical French Medical Humanities draw on a unique set of historical, social and philosophical practices and concepts; from France's pioneering role in the development and professionalisation of medicine in the 17th and 18th centuries (including the institutionalisation of academic disciplines and the *histoire des sciences humaines et sociales*), to the innovative and radical tradition of French theory and continental thought in the 20th and 21st centuries that have shaped modern and postmodern ideas on the subject and the body, concepts of identity, bio-power, the subaltern, and their relation/resistance to institutions, hierarchies, systems and power. France's formative role in the relation between medicine and the humanities places it uniquely and indispensably at the forefront not only of thinking on the human subject but also on interventions into new ways of defining the relationship between human subject and medical practice. Echoing one of the key themes of the Association for Medical Humanities, the critical French Medical Humanities reaffirm the potential of the humanities to shape the meaning of health and wellbeing as an embodied human experience. This entails the understanding of how the body in its social, cultural, ethnic and environmental contexts – and specifically in a French republican context – is re-imagined. The critical French Medical Humanities open up new ways of thinking and seeing illness, inviting us for example to examine the synergies between illness and life writing, to explore the meaning of 'narrative medicine' and to carve out a critical, creative and epistemological space beyond what we know today as the 'medical encounter'. The critical French Medical Humanities encourage us to transform this 'medical encounter' by widening the sites and scales of the 'medical' beyond the primal scene of the clinical encounter, and by questioning

hitherto sacrosanct ‘roles’ (of doctor, GP, psychiatrist, clinician) and ‘concepts’ (such as disease, illness, treatment and medical trial).⁴ Critically, the Medical Humanities shift attention away from the unilateral and hierarchical authority of a medical diagnosis to the horizontal experience of lived symptoms, everyday environments and the influence of the senses.

The articles in this volume have been selected from a conference entitled ‘French Studies and The Medical Humanities’ organised by our colleagues and contributors Dr Larry Duffy and Dr Steven Wilson, and held at the Institute for Modern Language Research (IMLR), University College London in November 2017.⁵ Drawing on debates emerging from that conference, the guest editors of this volume have decided to bring together a number of common themes (degeneration, therapy, (palliative) care, (assisted) dying, disability, healthcare system, patient-writer) that defined that conference, and which continue to shape recent developments in the critical French Medical Humanities. The aim is to (re)situate these developments within the broad historical trajectory of medical practice, and tease out new relationalities between medicine and socio-cultural practices. As a symbolic starting point we decided to begin with articles that tackled a key idea that preoccupied writers and thinkers in the nineteenth century and shaped the century’s relationship with medicine and literature – the concept of degeneration. The impact of Max Nordau’s concept was felt across the nineteenth century in medical and literary practices and architecture, and was appropriated as a metaphor in political, national, ethical and biological debates. In “Degenerate Bodies: Max Nordau’s *Degeneration* and Émile Zola’s *La Débâcle*”, Kit Yee Wong explores the capacity of Zola’s literary-medical aesthetics to acknowledge the human body’s wider cultural and sociological importance. Aina Marti-Balcells, in her article “Home, Degeneration and Decadence: Discursive Connections between Bénédict Morel and Eugène Viollet-le-duc”, expands on the theme of degeneration

by showing how Morel's theory of degeneration was appropriated by architect Viollet-le-duc and used to create a theory of domestic architecture that challenged Second-Empire architectural designs. The 'Zola effect' – the way Zola's novels quite literally captured the *body politics* of France during the nineteenth century – continues in the contributions of Sarah Jones and Larry Duffy. In her article "Zola's Fortunate Man: Rereading *Le Docteur Pascal* as a Country Doctor", Sarah Jones investigates a theme of special interest to the critical Medical Humanities today – the doctor-patient relationship, and the clash between 'professional' medical practice and the specificities that arise, for example, from rural medicine and the need to treat it as a non-hierarchical, connected and unique domain of medical interaction. Larry Duffy's article "Pathographical and Pathological in Zola and Proust" explores the tensions between two common approaches within French Studies scholarship to the medical content of literary texts: a discursive-based approach designated as 'pathological' and an approach focused on narratives of the experience of human suffering designated 'pathographical'. Duffy asks how both approaches can co-exist and if the critical Medical Humanities can facilitate this co-existence.

Taking a situated/embodied approach to illness and suffering is one of the main drivers of this volume, and this entails highlighting texts – past and recent – that draw attention to the complexities and challenges faced by patients living with chronic and terminal conditions, their relations with their carers, their new relations with themselves, the French health care system and the politics (sexual and religious) of the French Republic. In "Philippe Vigand on Disability, Masculinity and Ecology", Áine Larkin explores how novelist Philippe Vigand, paralysed for thirty years, writes "not in spite of disability but because of disability" and in doing so reinvents himself. Vigand's works show him to be both a nostalgic man a new man; nostalgic for a disappearing rural French way of life but also equipped with a new-found sensitivity to and appreciation

for the forests, the human and animal society they sustain. Whilst writing is framed as a coping strategy for many patients with serious, life-threatening illness, work too has emerged as an undervalued therapeutic endeavour. Silvia Rossi takes a sociological approach to the advantages of ‘work’ for cancer patients in her study of Ruwen Ogien’s essay *Mes mille et une nuits - la maladie comme drame et comme comédie* (2017). Rossi questions what it means to ‘work’ for cancer patients and if storytelling of a serious illness, for example, can represent a way for patients to re-find an active place (role) in society. Echoing Sarah Jones’ argument in favour of an accommodation between professional and rural medical practices, Alison Williams discusses Rabelais’s ethical considerations about the role of medicine in *Pantagruel*. In “Acquiers toy parfaite cognoissance de l’aultre monde, qui est l’homme”: Rabelais, the History of Medicine, and Medical Humanism”, she highlights Rabelais’ strong ethical stance on the use of medicine whilst also stressing the role of moderation and humility at the centre of Rabelais’ application of medicine. This “permeable approach” to time and culture in Rabelais’ appraisal of medical knowledge is one advocated today on scholarship in the critical Medical Humanities.

Our final four contributors focus on questions of legitimacy (textual and clinical). Specific attention is given to the role of medical doctors and nurses – their professionalisation, training, classification (including that of psychiatrists and psychologists) and the development of a medical/psychological epistemology and its application across a number of health contexts. The processes influencing professionalisation are explored through the kaleidoscope of ‘new’ literature (blog, clinical document and novel) and philosophical commentary. Steven Wilson’s article “Digital Autopathography: Relational Modes of Writing in Marie-Dominique Arrighi’s *K. histoires de crabe*” contributes to recent scholarship on the shift beyond traditional narrative forms in patient expressions of illness and disease. It takes as its focus Marie-

Dominique Arrighi's blog on her experience of cancer and probes some of the implications, for both physician and patient, of the public documenting of medical treatment, including the rise of digital autopathography and the role of community and ethics in illness writing. What constitutes a literary or clinical document – and the intersection between both – is a question that preoccupies scholars in the critical Medical Humanities, as evidenced in the article “In the Margins: Louis Wolfson, Language, Literature, and a dying Mother” by Anna Elsner. Taking Louis Wolfson's 1969 manuscript *Le Schizo et les langues*, Elsner argues that the text's resistance to language, its questioning of what defines literature and its defiance of genre raises important questions for the categories on which the Medical Humanities relies as a field of critical enquiry. Katie Jones also asks questions of what literature is for and what it can do beyond the purely literary in her article “Contemporary French Fictions of Suicide: A Medical Humanities Approach”. Reflecting on how literature offers new formal and productive ways of understanding suicide, Jones argues that literature should form part of a social discourse on suicide and bereavement in which the cultural sphere both responds to and informs public opinion. In the final contribution, Benjamin Dalton explores the philosophy of Catherine Malabou and her call for new conceptions of therapy and care, laying the foundations for radical transformations in clinical practice and architecture. For Malabou, the contemporary clinic cannot fully engage with or meet the needs of patients transformed by brain injury. Rather than dismissing these patients as untreatable, Malabou suggests, we must invent new architectures of therapy and care in response to their transformed identities. Exploring the plastic clinic as an architecture for therapeutic and philosophical innovation, Dalton demonstrates that Malabou's work abandons the ideological suspicions of the Foucauldian critique and espouses a dynamic and hopeful relationship between thought and medical science, thus negotiating pragmatic, symbiotic futures for French Studies and the Medical Humanities.

This issue of *Essays in French Literature and Culture* is published at a time of a global pandemic which has impacted all our lives. Our responses to and management of SARS-CoV-2 and its mutations have thrown into sharp relief our relation to disease, death and the critical role of the Medical Humanities as an interdisciplinary field that brings together multiple responses to the experience of illness. Social distancing and face coverings – defining features of coronavirus – have become as much acts of self-protection as they are acts of social solidarity in which our concerns for others takes precedence over ourselves. In our isolation and retreat from the social, we have been made acutely aware of our inter-connectedness, our dependence on global, collective action, and our need to rethink the social and the relationality between life and death. The funeral pyres across India in recent month will remain as a flickering reminder of this reality.

Nottingham Trent University & University of Aberdeen

¹ Forbes, J. and Kelly, M., *French Cultural Studies: An Introduction* (Oxford University Press, 1995).

² Following on from the *Edinburgh Companion to the Critical Medical Humanities* (2016), this proposed volume represents a paradigm shift in which a ‘second wave’ or ‘critical’ Medical Humanities orients itself in relation to other recent turns and addresses difficult, theoretically charged questions.

³ Merleau-Ponty, M., *Phénoménologie de la perception* (Paris: Gallimard, 1976), 132.

⁴ For more on the historical role of medicine in France and the growing gap between medicine as science and medicine as a discourse involving a patient ‘voice’, see Lebrun, J.P., *De la maladie au malade. Psychanalyse et médecine dans la cité* (Paris: Erès, 2017).

⁵ We would like to take this opportunity to express our gratitude to the funders of this conference – *The Society of French Studies* and *The Centre for Modern European Literature* at the University of Kent. Thanks also go to the IMLR who provided the venue and logistical support free of charge, and Professor Hélène Jacomard for her support in the production of this collection of essays.