

WEEK 6 MEDICINE & THE ARTS – THE MEDICAL HUMANITIES
WHAT WE’VE LEARNT AND THANKS TO EVERYONE

STEVE: OK. So we've reached the end of this particular journey now, and we're still here. And we wanted to wrap things up in some ways, but also open new opportunities and look forward a little bit from the end of this course.

So I wondered for you what the courses has meant, what you've taken out of it. How maybe you've put things together?

SUSAN: For me, it's been the most incredible journey and there's something in anthropology we talk about, walking knowledge. That is, knowledge that we gain while we're walking. And what it just means to listen quietly as we move through a landscape or through a place. And in this case, a new discipline. The emergence of a new kind of approach to health, well being, it's called the medical humanities.

And so this walking through very slowly, listening to the different interpretations of an idea around children's voice, for instance. And what an oncologist, a radio producer, and someone embedded in ethnography bring to that conversation was just fireworks for me. And walking through the course has opened up new landscapes and new vistas, so that's part of the journey.

STEVE: I'm aware that we've been very selective, that we haven't tried to be comprehensive. We've taken very specific snapshots of very particular issues and not tried to cover all the bases of what people might perceive are the medical humanities.

We could've done many different things, but we chose these rather peculiar set of conversations that were brought together, I think, around the body. Where health and medicine starts is our body. But I'm hoping that we've broadened the idea of health and medicine to something that is more than just, for example, a beating heart, but that encompasses an idea of one's place in the world, like Stan Henkeman explained his new heart. I hope we've done that.

SUSAN: Yeah, I hope so, too. And I'm also curious how this exploration has maybe given us some ideas about the practical applications of this new kind of knowledge. I'm curious as someone who works the coalface of healthcare, how might some of these ideas

around the body impact upon medical pedagogies, medical practise care in the context of-
- how do you see that?

STEVE: It's difficult to predict which way things will evolve from these particular conversations, but we pointed at them in the session on innovation and the need for new thinking around how we tackled some of the problems that seem intractable. But I would put it to our participants that that's your challenge, how to take these ideas, these interdisciplinary conversations into your particular context, into your particular set of issues that you face wherever you are and find an application that fits.

I don't think it's for us to be prescriptive in any way.

SUSAN: Yeah, that's right.

STEVE: It's just we're trying to understand how these different perspectives could focus or come together around a particular issue. And what I particularly enjoyed was the diversity of responses from around the world. I mean, that was just phenomenal from us sitting here in Cape Town.

SUSAN: Yeah. Absolutely. And for me-- and for us, I'm sure-- the opening up to the possibility of medical practitioners, nurses, doctors, people in the healthcare field thinking about play and innovation and improvisation as a driving force behind how we interact with patients, interact with one another as scholars, as scholars crossing borders, metaphors keep coming up for me.

Metaphors of drifting, of moving, of walking. Of various kinds of synergies and unexpected. The unseen, even, at times. And so I suppose it's in the unseen and in the sense, the deeper sense of creativity that we'll be able to move forward in this new field.

STEVE: There's another aspect to it that I hope came through through some of the talks and discussions, certainly, online. And that is that this MOOC comes from Cape Town, from South Africa, in a country that is still very fraught with divisions and inequities and that a lot of our work is founded, I suppose, on the principle of social justice or understandings of political economy. And in health, specifically.

And I'm hoping that that came through as a theme. I think you will be the judge of that. But we wanted to provide a voice from, as it were, the "global south" into the discussion around what it means to be healthy, to be well, what medical practice might mean in a situation that is constrained in terms of material resources but hugely rich in terms of human resources and human potential.

SUSAN: Yeah. Certainly the context of being in South Africa has given rise to new ways of thinking about the medical humanities. Not just in its maybe literary iterations or just thinking about the arts as something that can represent medicine or histories of medicine, but really get to grips with some of the very core, very real material conditions of social life that underpins access to health care, the experience of health care.

So I also hope that that is an undercurrent that can be explored further in your own context where you are, to think very carefully about how the medical humanities might grow and develop wherever you are.

STEVE: It's my observation that the artists really made quite a substantial difference to what would otherwise have been a potentially very theoretical discussion, or abstract discussion. And the poets brought a different perspective to the conversation and infused it with a-- I don't know-- a quality that it's difficult to define. But certainly the expressive and creative arts just lend themselves to a different way of seeing. And therefore I think a different way of being and interacting with the particular issue at hand.

SUSAN: Yeah. I think we really saw that in Philani's performance and Malika's performance where, to use the words of Elizabeth Povinelli, she talks about enfleshment, the way we en flesh an idea. In some sense, both of those performances help us to en flesh one of the other core ideas of the course, which is of embodiment.

STEVE: Yep.

SUSAN: That is the embodied subject. And those two performances really gave a flesh to a very theoretical concept and has helped us to move forward. And in Malika's case, how that embodied a sense of being can be directly enacted in patients in waiting rooms and by hospital beds as a form of healing, as a form of care giving. And that then also opens up the door what the role of arts in medicine, how it sits alongside medicine and the arts and/or medical humanities. And so we begin to think about these different spaces of care and intellect as they come together.

STEVE: Where the arts can really make a difference.

SUSAN: Really make a difference.

STEVE: A practical difference almost at the bed side.

SUSAN: Palpable.

STEVE: So the part of the course that I enjoyed the most, I think, emanated from week one and the discussions that arose from the question at the end of week one around what keeps you alive, which is a discussion that rolled on around different understandings of the heart as being more than just a pump and being actually the centre of our being, as Peter Anderson explained it, the sense of temporality that he unpacked for us, it was a very rich discussion. It was an existential question to which everybody has a different answer.

And I've reflected a lot on that discussion. I think it exemplifies what we are trying to do in the medical humanities – is not to perpetuate this dichotomy between the body, and the mind, or the spiritual, or something else, but to say we are whole human beings. And

these divisions are constructed. They are artificial. And how can we understand things as a whole?

SUSAN: Some aspects of the course just have stayed with me so strongly - the ways in which thinking with these different presenters has opened up new pedagogical possibilities for teaching and new ways of asking students to present or represent their work, assign different kinds of literatures, whether it's poetry, music, film.

And so it's just pried open a very critical space for expanding the ways we think about the production of anthropological knowledge into other kinds of modalities. And for that, it has seriously changed and impacted upon my work.

STEVE: But I wonder what the next steps could be for us or for you and where things go from here? I think that we can always go back to the website, to the readings, deepen our understanding of things that we've really just touched on in the course so far. And I hope that you will take that opportunity and read further into the issues that we've raised. We also run a face-to-face course here in the first semester of each year. So for those of you here in the Cape Town area, you'd be welcome to join us. It's at a master's level, and it runs for 12 sessions over the course of March to May each year.

SUSAN: It's just been really a privilege sharing this space with you. And we hope you that you've enjoyed it. And we all hope you take the medical humanities wherever it takes you in your own context. And thank you very much for being part of the journey.

STEVE: Thanks for joining us and go well.



Steve Reid & Susan Levine 2015

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