

Editor's Note: Trespassing Medicine

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The fourth issue of *Trespassing* aims to make a contribution to its goal of highlighting and problematizing the borders of existing disciplines by exploring the “shared habitat” of medicine and humanities (Atamer). Although medical practitioners often acknowledge the importance of understanding psychological, social, political, and ethical dimensions of health and medicine, many of them also make an attempt to protect the borders of medical studies against possible invasions. “Professionalization” and “specialization” in “the field” are posited as requirements for thinking about medicine, drawing attention to its systematic problems, or giving advices for improvement.

While medical studies and practices are guarded basically against alternative medicine, superstitious beliefs, unscientific claims, diagnoses based on unreliable sources such as patient experience networks or popular TV programs, an “anti-intellectualism” also seems to be an important component of this protection. A study on medicine and philosophy summarizes this fact as follows: “Although few, if any, would accept this label (preferring to call themselves ‘pragmatists’, ‘realists’ or some other rhetorically more effective term) this moderate anti-intellectualism has many defenders, including some powerful voices in academia, where one might reasonably expect it to meet the most fierce resistance” (Loughlin *et al* 250). This observation points out how, contrary to expectations, there is a resistance to deep intellectual deliberations even in academia due to a belief in the urgency of life and health.

This reaction is directed not only against philosophizing, but also against some styles, as represented by the preferences of a fictional neurosurgeon, Henry Perowne, in Ian McEwan’s *Saturday*. This accomplished doctor does not favor Henry James’s style because he “would run round a thing a dozen different ways than call it by its name” (58). Perowne’s preference, denoting his pragmatist mind, is in fact a preference of many medical practitioners for the sake of clarity and accuracy. Nevertheless, as medical practitioners, patients and their relatives know very well, uncertainties and controversies are an indispensable part of health care. These ambiguities point to the “humane” nature of medicine, which is not new to anyone.

We devoted this issue of *Trespassing* to these debates with the goal of reflecting both on the implications between medicine and humanities and the attempts to protect the

borders. Carol-Ann Farkas's discussion on controversial diagnoses exemplifies how "call[ing] something by its name" may not always be possible in medical practices. Farkas explores laypeople's desire to create their own expertise and the questionable nature of medical authority especially when the illness needs to be negotiated. Farkas aims to demonstrate the kind of praxis for which medical humanities may function to eliminate epistemological and communicative gaps between experts and laypeople. The conflicting views between medical authority and laypeople are discussed also in Vesta Silva's article. Silva focuses on a TV program, *Mystery Diagnosis*, and shows how each episode tells a story of a fight against medical establishments. Silva relates the program's focus on patients' responsibility to "neoliberal model of individual agency," which adds a political and economic dimension to the discussion.

Eric Boyle's article illustrates the gap between medical authorities and laypeople within the context of quackery. Investigating how quackery was represented in educational films produced in the USA between 1921 and 1959, Boyle foregrounds the reformists' attempts to restore confidence on professional medical authority and shape decisions made by consumers. However, patients' distrust of medical authorities is not easy to overcome, as Brenda Walter argues in her article on the haunted hospital narratives. Walter discusses how these popular narratives reveal patients' fear of institutional medicine's power over their bodies and souls.

All these articles reveal the intertwined nature of social, political, economic, and psychological dimensions of health care. Furthermore, they engage in the role of narrative, be it patients' stories or narratives of television, movies, and popular culture, in the practices of patients and health care providers. The last three articles of this issue take literature, in which narrative plays the key role, as their objects of study and further our understanding of the relationship between medicine and humanities. Cristina Pérez Arranz traces the nineteenth century medical practices, including pseudoscientific theories, in Edgar Allan Poe's short fiction. She also shows Poe's prescience of some medical developments of the twentieth century. Wayne Yeung delves into the literary and medical discourses of Lu Xun and L. F. Céline. Yeung explores how these different discourses deal with political power and how "people" are represented as a political and social force within these discourses. Finally Suzanne LaLonde looks at the representation of cognitive decline in Haruki Murakami's short story "A Shinagawa Monkey." LaLonde, relating this representation with the role of memory in literature shows how a medical condition might be sharing a habitat with literary activity.

In addition to these articles, Jane Kubiesa and Grace Halden contribute to our issue with their film reviews. The variety of the subjects that these articles and book reviews deal with manifests the necessity to reflect on the possibilities of trespassing the resistant borders between medicine and humanities.

Works Cited

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