

'Learning to think-with: feminist epistemology and the practice-based medical humanities'

This paper begins at the place of practice, immersed in the messy real-life clinical setting, with the tensions, errors, affects and anxieties that suffuse healthcare and its delivery and might perhaps be epitomised, in their most intense iteration, by the very recent case of Dr Hadiza Bawa-Garba's conviction for manslaughter and lifetime ban from the medical profession, after the death of Jack Adcock, a 6 year-old boy in her care, in 2011 (<http://www.bbc.co.uk/news/uk-england-leicestershire-42862237>). From a feminist perspective, the vocabulary so notably missing from this 'watershed' case in the UK, and the societal and structural issues which underpin it, has to do with difference, with the gendered, classed and raced subjectivities of the clinician, patient and family caught up in this tragic set of events. This omission is replicated in the institutional networks that govern medical training and practice, such as the Royal Colleges and the General Medical Council itself, as these struggle with issues of equality, diversity and inclusion in their curricula, their modes of assessment and their governance of the healthcare professions.

Such examples from clinical practice and medical culture may seem a very long way indeed from the conceptual fields of medical humanities. This paper argues they are not. It proposes that alongside the new iterations of the field of medical humanities that are emerging – in particular the critical medical humanities and its concomitant deployment of notions of entanglement – we urgently require a new methodology of the practice-based medical humanities that actively deploy the socio-political and cultural vocabularies and conceptual frameworks necessary to expand the capacities of clinical training and practice. In their recent intervention in the debates about what medical humanities is and can do, Julia Kristeva and Eivind Engebretsen argue that 'tackling entanglement requires more than the mere application of perspectives *from* the humanities *on* medicine and healthcare'.ⁱ As evidence they offer the case study of Souad, a young teenage Muslim girl suffering from refractory anorexia, who finally responds to a multicultural psychotherapeutic team who focus on 'her new cultural, symbolic and linguistic attachments'. This successful treatment provides them with a model for the productive imbrication of the cultural and the clinical. Of note in this example is the way difference can be *thought* and *felt* in clinical practice. Here it is the ways of knowing derived from the humanities that inform practice. As Neville Chiavaroli has argued: 'An epistemological perspective enables the argument that the medical humanities are valuable not because they are more 'humane', but because they help constitute what it means to think like a doctor'ⁱⁱ

This paper argues that practice-based medical humanities requires an underpinning by feminist epistemology, by modes of thinking that of necessity involve materiality and embodiment. As Virginia Woolf writes in 1938, women 'have always done their thinking from hand to mouth'. Woolf inspires specific recent modes of *thinking* in the work of feminist theorists of science, Donna Haraway, Vinciane Despret and Isabelle Stengers. Two concepts are central to this paper – Haraway's notion of 'sym-poesis' (making-with) and Despret & Stenger's notion of 'thinking-with'. Embedding these models of thinking and acting in clinical practice, it concludes, offers radical potential for

reconceptualising the lived experiences of clinical practice and patient care. To 'think-with' and to 'make-with' as principles of practice require both the recognition of each participant's individuality and of their interdependency; further, such principles situate clinician and patient (and indeed patients' families) as equals, thus allowing for the full complexities of identity – vectors of gender, race/ethnicity, disability, age, sexuality, class – to emerge within the clinical setting.

ⁱ Julia Kristeva et al, 'Cultural crossings of care: An appeal to the medical humanities', *Medical Humanities* (21st Sept 2017), p. 2.

ⁱⁱ Neville Chiavaroli, 'Knowing how we know: an epistemological rationale for the medical humanities', *Medical Education* 51 (2017), pp. 13-21.