EDITORS' NOTE

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The origin of medical humanities can be traced back to the post-World War II debates on bioethics, with the term being coined by George Sarton in 1948. Yet it would perhaps be misleading to anchor this new field of inquiry in a particular monolithic cultural moment. The emergence of medical humanities is a multi-factorial phenomenon which bridges the clinical divide between medical science and arts/humanities, and thinks through curriculum reforms in medical education, pharmaceutical and technological advances, etc. This field promotes a critical dialogue between biomedical science—particularly the theoretical and practical issues in the domain of medicine, clinical practices, and medical ethics—and humanities as well as social sciences. In the recent decades, medical humanities has grown into an exciting area of interdisciplinary inquiry, allowing an interrogation into a range of concerns around human illness and wellness. In doing so, it deals with pertinent questions about bodily experience of disease, patient-practitioner relationship, health policies and infrastructure, narrative ethics, palliative care, suffering, illness narrative, gerontology, and medical technology.

While disease and illness are often conflated, phenomenological studies differentiate between the two: disease is defined as a physiological dysfunction of the body, a measured deviation from the 'normal,' whereas illness, in contrast, is understood as lived experience of the disease (Aho and Aho 3). Western medical science has over the centuries seen the body as a machine which breaks down. Body is a thing in its material dimensions and molecular configuration in Western medical understanding—an ahistorical and acultural material object[1]—"that can be observed, scientifically analysed, and understood exclusively [through a clinical gaze] in terms of its anatomical and physiological properties" (Toombs 5). But this approach divests the body of its humanity. The objectification of the body and its segregation into parts limits our understanding of medical treatments and cures through a negation of the affective self and its role in the functioning of the body as well as our well-being. The journey from experience to education to the ethics of residing in the body opens fresh existential and epistemological enquiries challenging the conception of body as a fixed category. Bioethics can be seen as coming up with a new ecology—through its discourse on medical, political, legal, and environmental ethics—wherein the human can be seen as one with the body. In receiving the critical imaginings of the body, the field of medical humanities is trying to give the body its humanity back.

In the wake of medical humanities, illness narratives and pathographies have garnered renewed attention, fostering vigorous inquiries into the representation of illness, cure, medicine, and health. In addition, it also brings into sharp relief the triangle of patients, medical practitioners, and relatives and friends, who take care of patients. Written accounts of medical professionals, patients, and other forms of life narratives

[1]For more information on body being seen as an ahistorical and acultural object, see, Grosz, Elizabeth. *Volatile Bodies: Toward a Corporeal Feminism*. Allen & Unwin, 1994.

allow medical humanities scholars to tease out the complexity of human experience and thereby generate intersubjective knowledge where biomedicine and humanities cross-pollinate each other. The need of humanities, its intellectual and imaginative resources, to explore the practices and perspectives of interrelation between the cultural and the clinical is at the forefront of medical humanities. Broadening our interpretation of disease procedures such as counselling, therapy, and fitness have further granted new accounts of the self and personhood in philosophical investigations. Collaborative cross-disciplinary work has increasingly positioned itself to map the understanding of health practices beyond biological essentialism. The traditional repertoire of humanities like language competence, understanding of narrative, metaphors, etc. play a crucial role in enabling more caring professionals and finely tuned health practices. Medical humanities in this purview is but a burgeoning field that is poised at the intersection of culture and community specific discourse. The dynamics of the personhood of patients, while focusing on their resilience to fight illness, also invites reflections on the need for care-centred approaches towards ailments, diagnoses, treatments, and healing that take into account not just the physical body but most importantly the whole person. For it matters that *whose* body and *whose* disease the medical professionals attend to. In this regard, Eric J. Cassel maintains that it is persons who suffer and not the bodies (v). Medical humanities intervention has underscored how the practices involving human touch, love, music, storytelling, and generating narratives, among others, contribute to recovery procedures. The incursion of creative practices in patient care, informal group support, value education, and therapeutic practices have reordered the core areas that need attention in addressing health challenges. These debates underscore the transformative effect of/on caregiving individuals and communities, aiming to restore and enhance the well-being through their concern for the ailing person.

This Issue invokes Humanities to explore the practices and perspectives in the healthcare field which remains at the forefront of medical humanities, as well their intersections with the concept of self, being, care, and death. Nitiksha Tyagi, in her essay "Illness and Nothingness of Being in *The Death of Ivan Ilyich*," reflects upon Ivan Ilyich's reconciliation with his impending death as well as his life, reading it through Satre's *Being and Nothingness*. As is customary at *LLIDS*, this volume was conceived through four consecutive Issues which explore varied perspectives on Body Studies. However, all publications under the Forum Section—which go beyond academic discourse to include self-reflective narratives on the praxis and pedagogy of the subject—are published under the last Issue of the Volume; in this case Volume 6 Issue 4. Three of the Forum pieces then which come under the theme "Rethinking Body in Medical Humanities" have been published in the next Issue. There, Rosalynn A. Vega presents her digital-autoethnographic work with functional medicine, and narrates her experience of illness and recovery in "Reversing Chronic Disease through Functional Medicine: Acknowledging Privilege and Seeking Justice." In "Medical Humanities Pedagogy: Beyond Ethics, Towards Empathy," Samantha Allen Wright argues that medical humanities does not just mean adding humanities to a medical classroom and advocates for health literacy beyond medical science curriculums. Joanna Latimer reminisces on her journey from helping in a nursing home as a child to working as a nurse in hospitals, to then becoming a Social Scientist, and brings up with the concept of 'Olding' to signify

the deeply embodied and situated nature of ageing in “Autoethnographic Reflections on Ageing, Bodies, and Olding as Ontology of Care.”

We receive a trove of submissions for each of our Issues and we learn from all of them, but only a handful of them reach publication. We would like to express our gratitude to our published authors as well as those who dwelt upon this topic and gave us the honour of reading their work. We would also like to thank everyone who contributed to the making of this Issue—our advisory team, peer reviewers, and you—our readers.

Works Cited

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