



***Keywords for Health Humanities*, edited by Sari Altschuler, Jonathan M. Metzl, and Priscilla Wald. New York: New York University Press, 2023**

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Keywords for Health Humanities is a 65-chapter text well-designed for undergraduate use in introductory classes in the health humanities. With each chapter organized around a single keyword (Access, Aging, Anxiety, etc.), the text explores the ways in which we, as scholars, might understand and pursue our work. The brief chapters, two to three pages each, are authored by well-regarded scholars. Most begin with a short explanation of the keyword, often including its origin, before shifting to a critical examination of its role within the field. The chapters conclude with almost a call to action. In other words, how might we proceed with our work now that we better understand the vocabulary?

The chapters explore concepts but do not contain the familiar emerging canon of this discipline, which includes the various articles, short stories, excerpts, essays, and artwork generally included in various edited medical/health humanities readers. Accordingly, I chose to pair each chapter with one such reading as I was putting together my syllabus for our undergraduate medical/health humanities course, *Perspectives on Health, Disease, and Healing*. This course examines health, disease, and healing through literary, historical, and bioethical lenses. I organized the course by keyword. There are approximately 28 classes in one semester, so I selected what seemed to be the most important 28 keywords from the text. I then paired each with a supplementary reading to illustrate the main points highlighted in the chapter. Finally, I designed a research paper assignment around the “key questions” posed in the introduction (4). The book really did form the basis for my course revision, allowing me to identify what works well in this new addition to the growing collection of health humanities resources and what falls short. Having essentially piloted the book, I provide below a potential model not only for the implementation of this book in the classroom but also for a health humanities course focused on the importance of language more broadly.

In the introduction, Altschuler, Metzl, and Wald invite readers to “interrogate the words we use to frame the central debates of the field and to work toward a shared vocabulary” (4). Thus, rather than defining the field *for* the students on the first day as usual, I challenged them to work together, through the text, toward establishing a shared vocabulary to frame the goals of health humanities. This process would continue through the whole of

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the semester. To begin, we discussed Altschuler's chapter "Humanities" to reinforce students' awareness of the historical roots of the humanities and what that means within the context of health, disease, and healing today. In order to better appreciate the magnitude of the historic paradigm shift away from an almost universal humanities-based education, particularly within medicine, to one nearly devoid of the humanities, we examined Luke Fildes's painting *The Doctor* (1891). While students questioned whether or not the child in the painting survived, they were also struck by the thoughtful pose of the doctor—his open care and concern for the patient. While the chapter demonstrates the chronology of the movement away from humanities-based education to a science-focused curriculum, Luke Fildes's painting invites students to reflect on what we have lost in the process.

Several of these pairings worked exceptionally well. Among my favorites included Erin Gentry Lamb's chapter "Aging," which I coupled with the poem "The Last Decision" by Maya Angelou. Lamb highlights the all too common "decline narrative" of aging, which my students found particularly compelling and which we considered as we examined the perspective of the speaker of the poem (10). Lamb's chapter allowed us to frame Angelou's poem around questions such as: Is Angelou speaking from a position of decline? One of control? Perhaps both?

In chapter 5, entitled "Care" and authored by Rachel Adams, readers are prompted to consider the evolution of care from the American Revolution to Industrialization through the 1935 Social Security Act to present-day institutions for people with disabilities. My students engaged in conversation about the meaning of "caregiver," the literal spaces in which care is provided, and the current "crisis of care" Adams presents (23). Through this lens, we then considered Eudora Welty's "A Worn Path," in which readers accompany a formerly enslaved Black woman on a frequently traveled yet treacherous journey to obtain medication for her grandchild.

Other successful pairings include Jane F. Thrailkill's chapter "Empathy" coupled with the short story "Chicxulub" by T.C. Boyle; Rosemarie Garland-Thomson's chapter "Disability" along with "The Sex Lady Talks": Disability Rights and the Normalization of Sex in a 1980s Institution" by Elizabeth Nelson, Emily Beckman, and Modupe Labode; Lisa Diedrich's chapter "Compassion" with Anton Chekhov's tragic story of grief and loneliness, "Misery"; and finally, Annika Mann's chapter "Contagion," which we read alongside a relevant excerpt from *Hamnet* by Maggie O'Farrell, detailing the invisible spread of plague from person to person. I measured a successful pairing by the level of engagement from the students and the synchronicity between the *Keywords* chapter and the supplementary reading. When it worked, the readings not only served as complimentary but also as extensions of the themes introduced within each chapter. The conversations that followed were both cautious and lively, replete with concern and enthusiasm.

While the students have been generally pleased with the revision of the course and the use of the *Keywords* text, they did express concern with some chapters, most notably those on race and empathy. The response to the empathy chapter centered on its critique of empathy. Students felt the over-examination of empathy was not productive and largely misdirected. The reaction to the chapter on race was one of frustration in that the author seemed to discuss race only within the context of Black people. It is interesting to note that the supplementary readings for both of these chapters, "Chicxulub" and "Genes Don't Cause Health Disparities, Society Does" by Jason Silverstein, respectively, demonstrate the need for an expanded understanding of empathy and race in the medical/health humanities classroom specifically and the world of healthcare at large. There is a certain amount of repetition or redundancy among some of the chapters (for example, "Contagion," "Epidemic," and "Microbe"). More intentional conversation between chapters or similar

keywords would not only avoid unnecessary repetition but also emphasize the unique relevance of each term despite the similar meaning. Surprising omissions include keywords *community*, *culture*, *religion*, and *values*.

Overall, *Keywords* provides readers an opportunity to reimagine language and the way we use it as we attempt to further define the field and the world in which we live. Used as a leaping-off point for meaningful conversation, it is a wholly productive endeavor. As a teaching tool, it introduces students not only to keywords but also to the overwhelming importance of language and the possibility of a shared vocabulary.

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