

**Rebecca Garden, “Who Speaks for Whom? Health Humanities and the Ethics of Representation.” *Medical Humanities* 41.2 (2015): 77-80.**

A great deal of attention in the medical humanities is given to the tension between medical science and the patients’ subjective experience. Rebecca Garden, in her article, highlights dominant trends in existing scholarship that characterize the humanities as remedial to the scientism of medical practice. On the one hand, medical science reduces illness to purely physiological manifestations within the patients’ body. This neglects the psychic and social dimensions of illness, alienating from the process of treatment the patient’s experience and identity. On the other hand, then, the medical humanities (or, as Garden prefers, the more inclusive term “health humanities”) give voice to the patients’ experience of illness in order to recover their autonomy and identity from the surrender to the authority and jargon of medical science. The health humanities’ primary function, according to Garden, is thus one of “advocacy” (1). Drawing from a broad and comprehensive repertoire of scholarship on narrative medicine, Garden examines the role and the ethical responsibilities of the medical humanities in the context of medical treatment.

Her critique of the unsympathetic scientism of medical practice draws from the works of Arthur Frank and Susan Squier. Both Frank and Squier stress the gross inadequacy of the tendency of medical treatment to biomedicalize patients, neglecting the patients’ own stories. The field of the medical humanities performs a remedial function, firstly by giving patients’ narratives a primary importance and secondly by foregrounding the sociological dimensions of disease and the intersubjective nature of the experience of illness. Garden, following from Squier, places on the humanities the responsibility to work towards an “epistemological expansion” of medicine in order to address how different forms of social division, such as race, class, ability, ethnicity, gender and nationality are all mutually imbricated within the economy of medical care (2). Health humanities scholars speak for the unrepresented, foregrounding the ways in which patients’ experiences are modulated by these sociocultural differentials. To that end, Garden also draws from Rita Charon and Delese Wear and their work on narrative medicine, emphasizing the need for medical practitioners to be able to bear witness to patients’ narratives and explore their subjective experiences. Wear further emphasizes the importance of the health humanities within medical education.

Garden is nevertheless circumspect about this naïve characterization of the health humanities as displacing the scientism of medical practice. She focuses attention on the politics of literary representation, asking the question from the very beginning, “Who speaks for whom, and how is the other represented?” (1). Drawing on W. J. T. Mitchell, she emphasizes that while literary representation facilitates communication, it can also create the possibility for misunderstanding, error or falsehood (3). The act of representation transfers power and value from the thing that is being represented to the author creating the representation. By attempting to speak *for* the underrepresented, the health humanities can alienate the patients themselves. She elaborates this power play in the act of representation in her reading of Eli Clare and Donna Haraway. There is an inherent problem of objectification in this attempt to represent the other through narrative. This is severely damaging for the project of the medical humanities in reclaiming the subjective experience of the patient within medical treatment.

Her warning has profound implications for the recuperative role of the medical humanities as the politics of textual representation can be as alienating to the patients' subjective experience as the scientism within clinical medicine. In response to this, Garden suggests the need for what she terms "articulation" instead of representation. "Articulation" is a mode of speaking for another that is transparent about its own representational politics, emphasizing its own limitations in order to avoid displacing the subject of representation from its social and political context. Garden argues that medical humanities scholars must be cautious while representing another's illness to avoid usurping their narrative and agency entirely. She stresses the need for the health humanities to be self-critical of their own epistemic authority.

Garden's article raises a number of pertinent questions, not only those in the field of health humanities, but for a wide range of scholars interested in the ethics, as well as the claims, of narrative representation. It engages critically with a rich body of scholarship on narrative ethics. Her article lays out the terrain of the medical humanities quite concisely and it also foregrounds one of the fundamental ethical problems within the field. Her characterization of the health humanities as essentially a form of advocacy, however, does seem somewhat restrictive, and it may also bear further investigation on whether or not the health humanities can engage more meaningfully with social division and the alienation of the self in medical care than by just articulating, as a remedial measure, the experiences which are unrepresented.

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