

# Intoxicated method, thinking in difference: a response to Mel Chen

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This issue of *Medical Humanities* signals a turning point for an area of scholarship that is made up of several 'contested and fragmented fields' (p. 17)<sup>1</sup> and has been criticised for lacking a central theory, method or politics. At first glance, there may seem to be little in common between recognisable 'medical humanities' scholarship—typically engaging with illness experiences, patient–clinician encounters and the history of medical institutions—and Mel Chen's startlingly wide-ranging meditation on instances and tropes of toxicity and intoxication. What could the medical humanities possibly have to say about subprime mortgages in the global financial crisis? But Chen's immensely provocative article, 'Unpacking Intoxication, Racialising Disability',<sup>2</sup> offers an expanded vision of what a *critical* version of the medical humanities might concern itself with, and in doing so suggests theoretical, methodological and political directions in which the field might move. In particular, Chen's work invites medical humanities scholarship that offers systemic critique of how global capital affects human bodies and takes a politicised approach to oppressive regimes that pose threats to the health of populations and regulate what we understand 'health' to be.

While the medical humanities have undertaken rigorous analysis of how health-related metaphors and narratives affect our understandings of particular diseases and conditions, there has been less interest in how health and body metaphors travel into other, seemingly unrelated spheres of experience. Chen's focus on the discursive construction of 'toxic assets' and how they affect the 'health' of corporations in the financial crash—ostensibly a cultural and economic, rather than medical, analysis—performs important work in its traversal of literal and figurative constructions of 'health'. First, it demonstrates how the cultural meanings of concepts such as toxicity can shift and solidify through their metaphorical usage;

through the circulation of such notions as 'toxic assets', toxicity itself has reductively come to represent something wholly negative, while, as Chen points out, toxins can be curative as well as injurious and can facilitate alternative states of consciousness (intoxication) that may be productive and creative. Second, the analysis of toxic discourse redresses what Diane Price Herndl<sup>3</sup> identified in 2005 as an avoidance of critical theory, and especially a lack of poststructuralist analysis, within the medical humanities, an omission that obscures 'what it means to locate disease or disability somewhere other than in a concrete, physical body' (p. 595).<sup>3</sup> Chen's engagement with 'toxic assets' at the most abstract level demonstrates how the operations of transnational capital create very real conditions of 'debility', Jasbir Puar's term for the chronic disabling of vulnerable social groups through poverty, racism and socioeconomic oppression. By considering how disease and disability may be generated at the level of populations and therefore located in an economic system, and by claiming this type of analysis as a form of critical medical humanities, Chen dislodges the individual 'concrete, physical body' from the centre of the field's concerns and shows how medical humanities critique can have impact beyond traditional arenas such as the surgery and hospital. The medical humanities, as Chen demonstrates, *can* perform effective analysis of the financial crash and *should* embrace the important systemic critiques currently circulating within critical theory.

This points to a more politicised approach to medical humanities research—one that engages overtly with biopolitics and embraces positions of embodied difference. Chen's engagement with disability studies in particular promises to refresh medical humanities' understandings of embodied difference and generate more radical critiques of medical authority, rather than naturalising a medical model that, by default, pathologises non-normative embodiment or cognition and valorises the notion of cure. While disability studies, born from civil rights activism, is often portrayed as an 'unruly' and

troublesome branch of the humanities (p. 190),<sup>4</sup> unsettling deeply rooted assumptions about corporeal ability and health, medical humanities is in danger of being 'seen as conservative' (p. 23),<sup>1</sup> since it has largely worked to 'nuance [...] medical practice' (p. 23)<sup>1</sup>—and thus to 'improve the status quo' (p. 595)<sup>3</sup>—rather than 'offering fundamental critique and resistance' to 'medical dominance' (p. 23).<sup>1</sup> Chen's work notably takes as its baseline a social model of disability and difference, not only exposing how toxicity disproportionately disables the vulnerable but also querying whether the altered states of cognition caused by intoxication should be considered as anomalous, defective, undesirable at all.

In her vision of 'intoxicated method', which builds on the insights of *Animacies*,<sup>5</sup> Chen opens up an exciting space for a critical medical humanities infused with disability studies perspectives, going some way towards the more radical, deconstructive approach to medicine that critical insiders have been advocating. This reorientation has methodological and ethical implications. We have already seen excellent medical humanities scholarship on the altered forms of consciousness and affect that can arise from episodes of illness or disabling conditions. Chen's provocation to medical humanities is the suggestion that, rather than understanding illness primarily to be the field's *object* of study (with the corollary, and problematical, assumption that medical humanities scholarship occurs within some space of cognitive 'health' or normalcy), we could construct our critical methodologies from the conditions of difference it is concerned with. 'Intoxication', as Chen emphasises, can bring about altered perceptions, alternative senses of temporality, and these can facilitate insight and critique, not least a sharpened awareness of how 'toxicity' travels through our cultural forms. Embracing the corporeal and cognitive diversity at the heart of the field's concerns—thinking from, with and in states of difference—can help to unsettle normative understandings of 'health' and 'well-being' and thus to guard against the ableism that is one of the potential dangers of a medically oriented perspective. How might medical humanities scholarship be altered if 'health' is defamiliarised? If states of putative *un*health are taken as a basis for our critical practice? This is the challenge that Chen sets for the medical humanities, and it is one that promises to reanimate work in the field.

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