

'A higher form of listening': a commentary on 'the human bodies of World War II: beyond the battlefield'

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ABSTRACT

This issue's interdisciplinary range parallels the generative multidisciplinary scope in the developing field of medical humanities. A closely detailed and empathic interdisciplinary analysis of physical and mental injury can offer additional historical and cultural resources to medical practitioners, thus broadening potential patient treatment options beyond institutional and disciplinary boundaries.

What happens to us when we experience the effects of war and do not die? The events of World War II damaged human beings directly and at a distance, both in time and space. Understanding the intensely personal experience of damage is prime in this volume, and provides a rich, original and engaging set of solutions. The human beings whose suffering is described in the texts under consideration are not generic symbols of industrialisation, militarisation or control, but individuals experiencing violence, pain and wrenching change. These are therefore studies in human-centred analysis, where empathy and careful attention is being paid to a varied range of war experiences. The studies signal both the effectiveness of such an approach and its relevance for adaptation by other disciplines in the field of medical humanities who wish to engage more substantively with the practice of medicine as a whole.

Although the focus of this volume is a specific period of history, the analysis was undertaken by scholars working outside conventional medical historical methodologies. There is a challenging, perhaps unique breadth of subjects and detail, from the experience of deprivation for internees and displaced persons, through the physical and psychological demands of preparation for war (both conventional and unconventional), to the complexities of dealing with the memory of war while experiencing dementia. Common to all is a focus on the precise nature of language and text used in representing war's effect

on human beings, whether in cultural works of literature or anatomical pedagogical studies. It is this that makes the study so original and invigorating, and which gives the work the firm sense of coherence across the range of conference papers reproduced in this volume. The words we use to describe the states we find ourselves in as a result of war, or in which we find others, should not be reduced only to their sociological or ideological context.

By paying such close attention to words and language, the authors have tested and proved the strength of text as infrastructure. Reading and listening here are foundational acts.

The requirement for precision is asserted by the editors' emphasis on their deliberate use of the term 'bodies' in the title of both conference and publication. They are right to draw attention to the distinction between 'bodies' plural and 'body' singular. Human experience of war is too complex to be reduced to a singularity, and a restatement of the variegated nature of damage is overdue. Perhaps this recent tendency can be explained by the presence of the single Unknown Soldier in our Commemorative midst whose symbolic power has been conflated with an analytical methodology. During the recent memorial activities for the World War I, there has been a similar example of this across accounts in both academic and popular history. The word 'casualty' is often used interchangeably for both those killed in war and those wounded by it. It has become a commonplace to say that there were 55 000 British casualties on the first day of the Battle of the Somme. This is insufficient, and fails to convey the true horror and its equally horrifying long-term consequences. The casualty figure comprised 20 000 dead and 35 000 wounded. We should more carefully distinguish between lives lost and lives ruined or at least profoundly altered, because it is this latter category that poses the most significant challenges to the medical infrastructure and to society, both on and beyond the battlefield.

It is in wounding that we see the real costs of war, whether they are paid at

the point of injury or throughout the life beyond survival. Thus, the human-centred approach of the work in this volume might also be characterised as a wound-centred model, and that wound in this context may mean any damage done, from complex forms of physical weapons trauma to the disordering experienced by the civilians whose lives may be literally or psychologically disrupted by war. The construction of this model therefore begins with the wound, whatever its form. It takes the damage seriously, with the kind of close and empathic attention paid in these articles and the texts on which they draw. From there a range of questions may be asked, each time returning to the individual human at the centre, beginning with an exploration of how the damage being experienced, and how much of that experience can be communicated directly or unspecified. Why has that damage been inflicted? What does it tell us about the way war is being waged, both in its strategy, ethics, tactics, technology and effectiveness? Who has gathered around the wounded human to help them? What techniques are they applying and how long will they stay there? Have they been adequately prepared and resourced to treat the wound. Whatever direction the analysis has taken, it will always end with questions about the consequences of the wound, and if the damage inflicted can ever be fully repaired.

As the articles in this volume demonstrate, this model may be applied equally and effectively across the broadest range of human experience in war. From those wounded on the battlefields, we can understand war tactics, strategy and technology as well as technical medical developments such as resuscitation and surgical techniques. From displaced children experiencing mental health disorders we can learn about urban conflict, the willingness to inflict mass casualty and the indirect psychological effects of blast injury. By maintaining focus on the wounded human being in this way, we are able to elucidate the context of wounding without simplifying the experience, and thereby retain its medical relevance. Thus, above all, focusing on the wound facilitates the establishment of a commonality of understanding with medical practitioners and patients. Where humans struggle to communicate the damage they are suffering, this work may speak for them or enable them to speak more effectively. It offers medical practitioners a new, wider range of ways to engage with both their own work and with their patients. I encourage the scholars who have

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participated in this project to seek out direct engagement with the medical world today, even if it is something as simple as giving their paper to an entirely medical audience. The insight they will receive, and the value they give will be significant and inspiring for everyone's future work.

This is work that sets new boundaries for analysis in the medical humanities. It is done to the highest standards of scholarship without losing the sense of those wounded humans whose fate is the ultimate concern. It can accommodate both technical detail and close empathy, and it seeks out voices that might otherwise be discounted or reduced to stereotype. I conclude in this commentary as I did at the end of the conference in 2018 that

the work that has been generated here is indeed a higher form of listening.

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