

African American Literature and the Critical Medical Humanities: Literary Precedence and Theoretical Lag as Exemplified in Toni Morrison's *Home*

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Abstract—This article aims to contribute to opening up a dialogue between African American literature and the field of the critical medical humanities. By so doing, the article highlights the value of African American literature as a contributor to the emergence of the critical medical humanities and an indispensable partner in the theorization about the racialization of medicine. We contend that African American literature's interest in the intersection between medicine and race anticipates one of the most important tenets of the critical medical humanities. That anticipation is evident in such novels as Toni Morrison's *Home*, in which Cee is exposed to the brutality of eugenic sterilization. We thus explore the way the novel—among other African American literary works—paves the way for engaging racialized medicine and unwittingly contributes to the rise of the critical medical humanities.

Index Terms—African American literature, critical medical humanities, healing strategies, medical abuse, Morrison's *Home*

I. INTRODUCTION

Since its inception, African American literature showcases an interest in illness, healing, and medical injustices. Indeed, the amalgamation of illness and race does not only represent a thematic concern that reflects a collective predicament but also an early attempt at theorization about race-based medicine. Despite the critical medical humanities' recognition of race as one of its most important principles, few studies in the field touch upon the issue of race/racism. This article accordingly attempts to fill in this gap in the scholarship done on both African American literature as well as the field of the critical medical humanities by revealing that African American literature not only foregrounds the injustices in the healthcare system in the U.S. but also offers effective strategies in response to white dominant narratives in the field of medicine.

For this reason, we argue that African American literature anticipates the theoretical shift from the medical humanities to the critical medical humanities that took place in the 21st century. Drawing on and exemplifying the link between African American literature and the critical medical humanities that we delineate below, we examine the eugenic sterilization of Cee in Toni Morrison's *Home* (2012). In line with other African American literature which deals with illness and healing, *Home* exposes medical abuses and defies Western medical discourses of healing. Thus, *Home* constitutes a case in point in the process of anticipation that we suggest exists in African American literature. In other words, we contend that authors of African American literature were forerunners in introducing the doctrines of the critical medical humanities in literature, as those doctrines serve those writers' contexts and purposes.

II. THE SHIFT FROM THE MEDICAL HUMANITIES TO THE CRITICAL MEDICAL HUMANITIES

Since understanding the medical humanities is a prequel to understanding the critical medical humanities, we herein outline the principles of each theory to show how the turn to the latter was necessary to fill in the gaps in the former. The "Medical humanities" has always been a contested term, as there have been several attempts at defining the field. In "Medical Humanities'—What's in a Name?" Evans and Greaves (2002) differentiate between the "additive conception" and the "integrated conception" of the field; that is, whereas the former conception is characterized by a "narrow or reductionist focus," the latter highlights the "interdisciplinary and interprofessional" nature of the field (p. 1). In other words, the medical humanities does not simply refer to the passive joining between the humanities and medicine but to

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the many ways in which these two fields are “integrated.” Another attempt at defining the field is Brody’s “Defining the Medical Humanities: Three Conceptions and Three Narratives” (2011). Brody lists a number of efforts to define the field which he offers as “sufficient evidence for definitional ambiguity, [so as] to justify further attempts at clarification” (p. 2). He thus proposes three interrelated conceptions of the field: “as a list of disciplines, as a program of moral development, and as a supportive friend” (p. 2). Brody links each of these conceptions to a separate narrative to clarify it, highlighting the significant role of the humanities in education in general and in medicine in particular.

Some other critics stress the importance of literature and arts in the medical humanities. For instance, in “The Medical Humanities: Literature and Medicine,” Oyeboode (2010) sheds light on the role of literature in enriching the field of the medical humanities and expanding what it means, as “literature, in the form of autobiographical accounts, can contribute to medicine” (p. 242). However, he asserts that his contribution lies in showing that rather than only “training doctors,” “the role of literature [lies] in illuminating the lives of sick people” (p. 242). Likewise, “Exploring Medical Humanities through Theatre of the Oppressed” (Singh et al., 2012) shows that in addition to educating doctors and “re-humaniz[ing]” them (p. 297), arts can help patients “in deconstructing toxic exposures, risk factors, and cumulative stressors impacting the well-being of communities” (Singh et al., 2012, p. 296). What the aforementioned articles testify to is the medical humanities’ focus on the doctor-patient binary. In contrast, African American literature takes into account both patients’ and caregivers’ perspectives on illness and addresses medical and non-medical readers, thus going hand in hand with the principles of the critical medical humanities (which we will expand on below).

Since the medical humanities started to fall short of engaging all the elements of a medical situation from a cultural and literary point of view (elements of which African American literature is acutely aware, as we have just stated), there was a pressing need to supplement it with the critical medical humanities. Scholars started to see the limitations of the field and the need to expand it.¹ In this regard, in “Exploring Medical Humanities,” Syed (2021) starts off by differentiating between the medical humanities and the critical medical humanities. He explains that whereas the medical humanities is interdisciplinary because of its engagement with other disciplines “in pursuit of medical educational goals” (p. 1), the critical medical humanities’ main contribution is going beyond the educational purposes of the humanities. By so doing, the critical medical humanities gives more value to the role literature can play in the medical field.

In a similar vein, “Critical Medical Humanities: Embracing Entanglement, Taking Risks” by Viney et al. (2015) makes clear that although the field of the medical humanities used to be commended for its “diversity” or “plurality,” the critical medical humanities broadens the field even more in,

an invitation to keep the field of medical humanities open to new voices, challenges, events, and disciplinary (and anti- or post-disciplinary) articulations of the realities of medicine and health; to be adventurous in its intellectual pursuits, practical activities, and articulation with the domain of the political. (p. 2)

Most importantly, the article lists the characteristics of the critical medical humanities as follows:

(i) [A] widening of the sites and scales of ‘the medical’ beyond the primal scene of the clinical encounter; (ii) greater attention not simply to the context and experience of health and illness, but to their constitution at multiple levels; (iii) closer engagement with critical theory, queer and disability studies, activist politics and other allied fields; (iv) recognition that the arts, humanities and social sciences are best viewed not as in service or in opposition to the clinical and life sciences, but as productively entangled with a ‘biomedical culture’; and, following on from this, (v) robust commitment to new forms of interdisciplinary and cross-sector collaboration. (p. 2)

Those characteristics entail that the critical medical humanities primarily concerns itself with contextualizing and thus politicizing the field of the medical humanities and disalienating it from other intellectual endeavors.

The word “critical” is, then, justified. Just like other fields, as Viney et al. (2015) elucidate, the field of the medical humanities must undergo a “critical turn” which expands the field through the inclusion of “‘race’ and ethnicity, sexuality and gender, disability (and madness), technology and media, economics, and social and environmental inequalities [which] are central to the production of medical knowledge and to the experience of health and illness” (p. 3). Hence, the addition of the word “critical” does not entail criticizing the medical humanities, pinpointing its pitfalls, or deconstructing it altogether but is rather intended to make the latter less restrictive and foreground the former’s engagement with other disciplines, most importantly race (p. 3).

More pertinently, one of the main contributions of this article is that it shows how African American literature fills in a gap in the field of the medical humanities in general and the critical medical humanities in particular by establishing the link between race and medicine early on. In “Structural Racism and Practices of Reading in the Medical Humanities,” Banner (2016) argues that the field of the medical humanities barely explores the issue of race. Banner provides statistics on how the field of the medical humanities ignores the issue of race, especially in well-acknowledged journals. She writes:

¹ An early attempt at theorizing about the critical medical humanities is Alan Bleakley’s “Towards a ‘Critical Medical Humanities’” in *Medicine, Health and the Arts: Approaches to the Medical Humanities* (2014), which traces back the development of the medical humanities in the 20th century in North America and the United Kingdom, where this field originated and flourished, and foresees the field’s turn to the critical in the 21st century. In fact, Bleakley’s article might represent the seed which initiated Anne Whitehead’s interest in the field. In a chapter titled “The Medical Humanities: A Literary Perspective” in the same book, Whitehead ponders upon what the turn to the critical might entail.

[John] Hoberman has already provided information on the lacuna around race by looking at the medical humanities' key journals: in the first fifteen years of *Literature and Medicine* and the first thirty of the *Journal of Medical Humanities*, about 1 percent of articles examined race. I extended Hoberman's analysis, which concluded with the journals' 2009 issues, and found that the trend continued. *Literature and Medicine* contained no articles that considered race. (It did, however, include one special issue on world literature and global health, and those articles took up issues of colonialism.) The *Journal of Medical Humanities* evinced a greater interest in race in the United States context: 7 of 134 articles since 2009 concern either writers of color or questions of race/ethnicity in medicine. (p. 28)

We further extend this argument below by maintaining that even the critical medical humanities which derives from the field of the medical humanities also underappreciates race despite acknowledging it as one of its main tenets.

Perhaps the work that represents the official announcement of the field's emergence and lays solid foundations for it is *The Edinburgh Companion to the Critical Medical Humanities* by Whitehead and Woods (2016). The book does not dedicate much space to discussing race/racism despite listing it as one of the aspects that the medical humanities failed to address. In the introduction to the book, Whitehead and Woods state that the "second-wave" critical medical humanities came to fill in the gaps in the "first-wave" medical humanities. They stress that these two waves are not "oppositional" but rather indicate the extraordinarily interdisciplinary and all-encompassing nature of the field (p. 1). The first wave focuses on the so-called "primal scene" (as we have suggested above), which refers to "the clinical encounter between the doctor and the patient" (p. 3). Therefore, the medical humanities seems to be limited, as it,

tended to divert attention away from dimensions of gender, class, race, sexuality and debility within this scene; the specific health policies and practices that shape it in time and place; and its material and economic underpinnings . . . the scene does not announce its cultural, historical and institutional setting. (Whitehead & Woods, p. 2)

In other words, the second wave does not only focus on the medical but also the "non-medical" (Whitehead & Woods, p. 2), particularly because it "explore[s] new scenes and sites that may be equally important to our understandings of health and illness – the laboratory, the school policy, the literary text" (Whitehead & Woods, p. 2).

Some critics also argue that the turn to the critical is a must, as it considers "non-medical" aspects. In "'The Medical' and 'Health' in a Critical Medical Humanities," Atkinson et al. (2015) suggest that instead of replacing the "medical humanities" with the "health humanities," it is better to have a "[c]ritical engagement with the 'medical'" (p. 73). By the same token, "Beyond Sparking Joy: A Call for a Critical Medical Humanities" by Adams and Reisman (2019) calls for "a large-scale shift to a critical medical humanities" (p. 1404), as it has to do with social justice and the political side of medicine unlike the medical humanities which could be described as apolitical. In other words, the critical medical humanities shows the negative side of medicine, as it highlights inequalities and oppression in the medical field rather than the good intentions of doctors that the medical humanities focuses on. In this regard, Adams and Reisman state that despite the "'enrichment' and 'empathy' [medicine] provides . . . [it] has not always been a force for good. A critical medical humanities prioritizes a rhetoric of discomfort and disruption" (p. 1404). These articles clearly show that the critical medical humanities, unlike the medical humanities, makes room for negotiating issues of race, healthcare disparities, and medical injustices in the healthcare system rather than reinforcing a romanticized image of health care-related contexts.

Hence, the critical medical humanities clearly politicizes the medical humanities, a politicization that is apt for discussions of race and medical biases in the U.S., where illness, science, and medicine are racialized. In this regard, Bleakley (2014) in "Towards a 'Critical Medical Humanities'" argues that "there are many recent global developments in the field [, namely the medical humanities]" (p. 23), but these attempts are still "conservative" though because they fail to take "critique and resistance" into account (Bleakley, p. 23). Therefore, Bleakley argues that unlike the medical humanities which is "utilitarian and artistically conservative," the critical medical humanities adopts a more skeptical and "more critical approach" (p. 24).

Whereas the previously discussed theorizations are mainly critical of the limitations of the medical humanities in terms of its being restricted to the doctor-patient binary and its insufficient treatment of non-medical aspects, *Medicine and Empathy in Contemporary British Fiction* is critical of another aspect which is empathy. As the title of the book suggests, Whitehead (2017) is particularly critical of the medical humanities' focus on empathy, as she thinks that it "does not claim to know or to understand the other" (p. 2). Whitehead uses "contemporary British novels that engage with ideas of medicine and empathy" to show the limitations of empathy in the mainstream medical humanities and to highlight literature's role in "probing our difficulties in understanding others, and even our lack of care in the face of their pain and suffering" (p. 2). For Whitehead, empathy tends "to individualise and to decontextualize" (p. 5) in the context of the medical humanities, indicating the urgency of introducing the critical approach, which transcends the major principles of the medical humanities, namely empathy and the patient-doctor binary.

In the light of this discussion of the critical turn in the medical humanities, we argue that the shift to the critical medical humanities which took place in the 21st century was lagging behind compared to African American literature's contribution to envisioning the major principles of the field. That is, African American literature predates the critical medical humanities in challenging Western medical discourses by questioning and critiquing Western medicine and by

offering productive counter healing strategies, and thus initiating the conversation between medicine and race early on and way before the critical medical humanities did.

Since its inception till today, African American literature has widely explored illness and healing. One could hardly find a slave narrative that does not depict illness, wounds, and pain on the part of African Americans. This depiction is quite clear in, for instance, Frederick Douglass's *Narrative of the Life of Frederick Douglass* (1845) and Harriet Jacobs's *Incidents in the Life of a Slave Girl, Written by Herself* (1861). Moreover, the well-being of African Americans as well as medical disparities and abuses are major thematic concerns in 20th century short fiction like Ernest J. Gaines "The Sky is Gray" (1963), John Edgar Wideman's "Fever" (1989), and Octavia E. Butler's "The Evening and the Morning and the Night" (1987), as well as novels like Ralph Ellison's *Invisible Man* (1952), Toni Cade Bambara *The Salt Eaters* (1980), Gloria Naylor's *The Women of Brewster* (1982), to mention but a few. The intersection between medicine and race is also common in 21st century narratives like Percival Everett's *Erasure* (2001), Bebe Moore Campbell's *72 Hour Hold* (2006), Marita Golden's *The Wide Circumference of Love* (2017), Yaa Gyasi's *Transcendent Kingdom* (2020), and Dolen Perkins Valdez's *Take My Hand* (2022). To this list, we can add Toni Morrison's *Home*, on which we focus in the next section to illustrate African American literature's long critical engagement with race and medicine.

III. MEDICAL ABUSE AND HEALING STRATEGIES IN TONI MORRISON'S *HOME*

As a predecessor to the critical medical humanities, Toni Morrison's *Home* (2012) exemplifies African American literature's anticipation of the emergence of the field. Morrison's *Home* revolves around Frank Money, a traumatized veteran of the Korean war, and his journey back home upon receiving a mysterious plea to rescue his sister, Cee, who is revealed to have been a victim of eugenics. By shedding light on Cee's involuntary sterilization, this article shows that Morrison's *Home* stands as a clear epitome of the novel's precedent embodiment of the characteristics and principles of the critical medical humanities, as it illuminates the sexualization, racialization, and politicization of the clinical encounter. It also shows that the novel's perception of healing transcends Western medical discourses and thus goes beyond the medical humanities' interest in empathy, the doctor-patient binary, and the space of the clinic.

The research conducted on *Home* is abundant. The novel has been tackled from different vantage points such as Black masculinity² and trauma³. However, most of the scholarship done on *Home* focuses on Frank, the novel's protagonist. Although several articles touch upon Cee's eugenic sterilization, in most cases it is discussed in relation to Frank's journey back home. "Gothic Tropes in Toni Morrison's *Home*: The Scientist-Villain Figure and the Maiden in Distress" by Ramírez (2015) is one of a few articles that shifts attention away from Frank and focuses on Dr. Beau's medical experimentation on Cee, exposing the history of eugenics in the United States which was a common practice in the 20th century (p. 121). Unlike Ramírez's article which discusses the victimization of Cee through referring to the gothic tropes used in the novel, this article sheds light on Cee's predicament to highlight the novel's engagement with the critical medical humanities.

In order to plumb the depths of Cee's predicament, we need to reflect briefly on the clinical scene. African American literature disapproves of the institutionalization of medicine through critiquing the clinical encounter. Clinical medicine has been criticized as soon as modern medicine originated in the late 18th century (Foucault, 1973, p. xii). Foucault (1973) was a pioneer in criticizing the space of the clinic and modern medicine in his book *The Birth of the Clinic*. In that book, Foucault traces the history of medicine and discusses the production of clinical medical knowledge which he links to power, as he stresses that doctors replaced priests in subjugating the body (p. 32). Foucault uses the term "medical gaze" (p. 9) to explain this secularization or politicization of medicine. In the preface to the book, Foucault's very first sentence summarizes his interests: "This book is about space, about language, and about death; it is about the act of seeing, the gaze" (p. ix).

We make use of Foucault's argument to highlight the gaps in his critical approach and thus to pinpoint this article's intervention. For Foucault, the birth of the clinic stands for the institutionalization of medicine, as he highlights the connection of the medical discourse to power. However, we argue that his discussion is not perfectly adequate for the purposes of this article for, on the one hand, it is too general to help analyze the African American experience, and on the other hand, it falls short of providing alternative solutions to subjugation in the space of the clinic. In other words, we highlight the racialization of such a space to show that the African American characters in Morrison's *Home* manage to resist clinical racialization by seeking alternative spaces as a source of medical knowledge and healing. Hence, unlike Foucault, African American literature goes beyond the clinical encounter which assumes a hierarchical relationship between the doctor and the patient, subjugates the (Black) body to (racial) scientific knowledge, gives no account to the

² For instance, Cucarella-Ramon's "'Any Man's Blues': Exposing the Crisis of African-American Masculinity in the Delusion of a Post-Racial United States in Toni Morrison's *Home*" (2017) shows that "Morrison has played a pivotal role in depicting alternative ways of African-American masculinity" (p. 93). Along similar lines, Harack's "Shifting Masculinities and Evolving Feminine Power: Progressive Gender Roles in Toni Morrison's *Home*" (2016) tackles black masculinity and femininity in the novel, as it connects healing to transformative gender roles.

³ In "Entanglements of Trauma: Relationality and Toni Morrison's *Home*," Visser (2014) explains the useful collaboration and complex relationship between trauma theory and postcolonial theory as well as how different types of traumas which are interlinked inside the literary text are eventually resolved (p. 1). Another article that discusses the novel as an example of trauma literature is "'Come on brother. Let's go home': Dual-Witnessing in Toni Morrison's *Home*" by Freedman (2016). What distinguishes this article is that it "theorizes a readerly engagement of traumatic literature" (p. 1), a topic which we are going to touch upon later on.

patient's personal experience, and limits possibilities of healing. Ultimately, we maintain that Foucault's approach although linked to power does not go beyond clinical medicine, and thus, unlike African American literature goes hand in hand with the medical humanities rather than the critical medical humanities.

As far as African Americans are concerned, the racialized clinical encounter yields victimization rather than facilitates healing. Hence, going beyond the space of the clinic has the double merit of avoiding a space in which African Americans are discriminated against as well as downplaying Western paths for healing. Therefore, Dr. Beau's laboratory in which Cee is sterilized represents the racialization of the clinical encounter as the clinic/laboratory is a space of victimization rather than treatment in Cee's case. Cee's eugenic sterilization at the hands of Dr. Beau features a collective medical condition which reflects a long history of medical exploitation of the Black body as well as a tradition of eugenic sterilization in the 20th century in the U.S., which several books examine⁴. As Lombardo (2011) argues in *A Century of Eugenics*, "[w]hile sterilization is clearly only one expression of the group of ideas we think of as eugenics, it still draws historical attention because it was practiced so regularly in the United States for so long" (p. 2). The logic of eugenic sterilization in the U.S. was medically, socially, and politically justified; "[a] host of social problems—alcoholism, criminality, pauperism, prostitution, tuberculosis, venereal disease, and above all 'feeble-mindedness'—might be eradicated by preventing the birth of those genetically predisposed to these maladies" (Dorr & Logan, 2011, p. 70).

As a Black female, Cee is subject to Dr. Beau's sexist and racist intentions. Dr. Beau violates Cee's body not only to improve his gynecological knowledge but also to satisfy his eugenicist motives. In this regard, Ramírez (2015) believes that "the medical procedures Dr. Beau conducts on the young black woman do not have any therapeutic intent. Its sole purpose is the advancement of gynecological research" (p. 127). Ramírez adds that "Cee's infertility may be the purpose and not just the outcome of the doctor's operations" (p. 127). Dr. Beau's eugenic motives are stressed through the eugenic books that Cee finds in his office: "Now she examined the medical books closely, running her finger over some of the titles: *Out of the Night*. Must be a mystery, she thought. Then *The Passing of the Great Race*, and next to it, *Heredity, Race and Society*" (Morrison, 2012, p. 65). Morrison's tracing of the movement of Cee's finger, as it were, constitutes the beginning of recognizing, even if unwitting, oppression. That recognition, then, leads to African Americans' resistance to the discrimination practiced against them in the space of the clinic and lies in discrediting the Western paths for healing and seeking alternative venues for healing.

From an African American perspective, healing is not merely based on the testimony of the patient and the knowledge of the doctor who is perceived as a godlike figure by Western standards. When Cee starts her job with Dr. Beau, she glorifies him and "her admiration for the doctor grew even more when she noticed how many poor people—women and girls, especially—he helped" (Morrison, p. 64). Therefore, she unquestionably succumbs to his medical practices on her body, which result in her sterilization without her knowledge or informed consent. Cee "believed the blood and pain that followed was a menstrual problem—nothing made them [Black women in Lotus] change their mind about the medical industry" (Morrison, p. 122). Cee's naivety about the doctor's medical experiments and her subsequent awakening echo many African Americans' unquestioning belief in Western medicine which later turned into mistrust in a field that experiments on Black bodies, especially female bodies.

Consequently, *Home* offers productive counter-hegemonic healing strategies which question Western medicine and resist medical subjugation. Ramírez (2015) states that,

[b]y means of Dr. Beau, Morrison criticizes Western science, which she sets against her black ancestors' healing powers. She contrasts the wicked scientist's hideous patriarchal medical procedures without therapeutic objectives to the soothing and curing of the self and body the black females of the community engage in. (p. 128)

By valuing the role of the healing powers of the Black family and community, *Home* represents a typical example of the non-traditional African American venues for healing which transcend the space of the clinic and the small circle of a doctor and a patient. The strategies that Miss Ethel and the other Black women in Lotus use to cure Cee are non-traditional. Their belief that Frank's "maleness would worsen her condition" (Morrison, p. 119) and that the sun represents "a permanent cure. The kind beyond human power" (Morrison, p. 124) subvert Western medical discourses of healing. Moreover, the novel highlights the multiplicity of the medical approaches of the women in Lotus, as "each of her [Cee's] nurses was markedly different" in terms of "medical preferences" (Morrison, p. 123); each one of them offers Cee a "different recipe for her cure" (Morrison, p. 119). As a result, in African American literature, healing takes on different forms that are not bound to the Western doctor's rigid and singular mode of healing. In other words, the healing strategies that *Home* offers model as flexible and dynamic modes of physical and psychological healing.

African American literature's perception of healing is futuristic in the sense that it perceives healing as a dynamic process rather than a finished product. That is to say, in spite of all the suffering experienced because of the disease, patients and caregivers develop a more nuanced and critical understanding of themselves and of the world around them and thus become more resilient to any future ailments. For this reason, healing in African American literature does not

⁴ As in Jennifer Nelson's *Women of Color and the Reproductive Rights Movement* (2003), Johanna Schoen's *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (2005), Harry Bruinius's *Better for All the World: The Secret History of Forced Sterilization and America's Quest for Racial Purity* (2007), Rebecca M. Kluchin's *Fit to be Tied: Sterilization and Reproductive Rights in America, 1950-1980* (2011), and Paul A. Lombardo's *A Century of Eugenics in America: from the Indiana Experiment to the Human Genome Era* (2011), to name just a few.

only address biological diseases but also psychological ones as it leads to redemption, reconciliation, identity transformation, and a promise of a better future on the individual and collective levels. As far as *Home* is concerned, Cee is nursed to health not only physically but also psychologically. Due to her Black healers' curative powers and moral support, Cee gets empowered, achieving freedom, self-actualization, and independence. Although Cee's sterility cannot be undone, her healers literally save her life, as the progression of her medical condition would have killed her had it not been for their intervention. In the words of Morrison, Cee is rendered "infertile, but not beaten" (Morrison, p. 132).

As a result, survivors in African American literature (whether patients or caregivers) are not helpless victims begging for empathy (a word usually associated with the medical humanities rather than the critical medical humanities) but fighters who manage to survive an illness affecting their lives badly. African American characters positively respond to diseases and manipulate them in such a way that enables them to make use of the diseases' transformative and redemptive powers. Hence, Cee's healers "didn't waste their time or the patient's with sympathy and they met the tears of the suffering with resigned contempt" (Morrison, p. 121). These characters' devoid-of-empathy perception of illness and healing is projected on readers, facilitating their healing through the reading process. Accordingly, analogous to the critical medical humanities which goes beyond the medical, healing in African American literature extends to non-medical readers.

Home's readers bear witness to the medical injustices that African American people are subject to. In "'Come on brother. Let's go home': Dual-Witnessing in Toni Morrison's *Home*," Freedman (2016) argues that *Home* yields "a readerly engagement" (p. 1), as he highlights the novel's therapeutic effect on readers by incorporating "theories of reading" (p. 3). Essential to readers' healing, as Freedman states, is the increased awareness that accompanies the reading process: "Until we acknowledge the most difficult realities, we cannot heal collectively" (p. 6). Through Dr. Beau's medical experimentations, *Home* highlights the politicized and racialized nature of medicine rather than its human side. In this sense, African American literature broadens the scope of the humanities' role in accordance with the critical medical humanities. That is, whereas literature from the viewpoint of the medical humanities is instructive for practitioners in the medical field, literature from the viewpoint of the critical medical humanities targets non-medical readers. Eventually, African American literature's educational purposes do not aim to enhance doctors' humanity but rather to expose their inhumanity, as it represents an arena of strife and resistance in which Black voices articulate their own perspectives on medical realities.

As such, African American literature incorporates the contextual underpinnings of the critical medical humanities, as it relates to real-life struggles with the healthcare system in the US. As Stanford (1994) contends in "Mechanisms of Disease: African-American Women Writers, Social Pathologies, and the Limits of Medicine," illness and medicine in African American literature are viewed within an intricate web of cultural and socio-political factors, as "individual disease is inextricably bound up with broader social ills—sexism, racism, classism, and heterosexism, to mention but a few" (p. 28). African American literature does not merely stand as an individual expression of pain on the part of patients but as a collective familial, socio-political, and economic matter. That is, it is not only an aesthetic enterprise but also a political and bioethical one which contextualizes the racial and sociopolitical ramifications of illness as an African American experience. Thus, it shifts attention from patients to caregivers and from medical to non-medical readers. By so doing, it provides strategies for healing on the collective level rather than the individual level.

IV. CONCLUSION

In this article, we have highlighted the value of African American literature through an engagement with the field of the critical medical humanities. We have shown that African American literature goes beyond the medical humanities and anticipates the interests of the critical medical humanities by fusing medicine and race in an attempt to expose medical injustices and offer a different perspective on healing as opposed to scientific and objective Western paths for healing. For this reason, we claim that African American literature indeed enriches the field of the critical medical humanities, which underappreciates one of its most important tenets, namely race. Doing so, this article reveals that the aforementioned field should pay homage to this literary precedence rather than turn a blind eye to the question of race.

Morrison's *Home* reveals African American literature's apt employment of the major principles of the critical medical humanities, as the novel lays bare medical biases through Cee's eugenic sterilization, condemning the dysfunctionality of the clinic as a space for healing for African Americans. Cee's experience highlights the subjugation of African American bodies which are treated as tools for educational purposes rather than recipients of the medical care that medicine is supposed to offer. However, this article also shows that although medical practitioners managed to prey on African American bodies for educational advancement, they are highly unlikely to prey on their literature as a source of medical knowledge, as their works are not individual articulations which would help in understanding and empathizing with illnesses but sites of resistance that offer counter-hegemonic healing strategies. Hence, unlike many Black bodies, African American literature is less vulnerable to be put in the service of a medical practice that does not prioritize African Americans' well-being.

In conclusion, we call for appreciating the value of African American literature, as it enriches the role the humanities plays in the field of medicine through its anticipatory speculations on the critical medical humanities' propositions. In addition, considering such literary-medical explorations makes room for initiating and expanding discussions of race

within the field itself. Hence, the current discussion opens up possibilities for future research in African American studies as well as the critical medical humanities.

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