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Introduction: Global Health Humanities and the Rise of Creative Public Health

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Abstract

Health humanities is a fast-growing field of research, education, and practice that has generated a more inclusive, democratizing and applied approach to arts and humanities in health care, health, and well-being. Its rise over the past thirteen years represents an interdisciplinary departure from the longer-established tradition of medical humanities. However, it seeks to enjoin the medical humanities as well as fields such as arts and health, expressive therapies, community arts, and social prescribing to work more collaboratively to advance creative public health. This introductory chapter includes a brief overview of the origins of the field of health humanities, its emergent definitions, early critical reception and its practical application and work, or praxis. It also includes a short outline of the diverse themes treated in this important and diverse volume.

Introduction

Health humanities is a fast-growing field of research, education, and practice that has generated a more inclusive, democratizing and applied approach to arts and humanities in health care, health, and well-being. Its rise over the past thirteen years represents an interdisciplinary departure from the longer-established tradition of medical humanities. However, it seeks to enjoin the medical humanities as well as fields such as arts and health, expressive therapies, community arts, and social prescribing to work more collaboratively to advance creative public health.

To date, multiple networks, research units, projects and taught courses in health humanities have emerged worldwide. Importantly, this “burgeoning” (Purser, 2017) field has brought diverse academics, creative practitioners, and health, social care, education professionals to work more closely with the public to find new applications and social innovations through the arts and humanities in an interdisciplinary and non-hierarchical way. As such, the field has shifted beyond medical conceptions of health and well-being, rejecting a pecking order for who controls or mandates the application of the arts and humanities to improve the human condition.

As Crawford and Brown (In press) write, the health humanities offer a “superordinate evolution” that advances innovation, mutuality and dialogue between congruent traditions. In this way, it seeks to inspire, not control or govern innovation. Klugman (2017: 419) goes so far as to suggest that health humanities may even “stave off the decline of the broader humanities” in higher education where STEM subjects (typically defined as science, technology, engineering and mathematics/medicine) are deemed to more clearly tie in with employment opportunities. Skylar (2017) reports how health humanities is informing medical

training in new and compelling ways: providing a focus on the use of arts and humanities to foreground the perspectives of patients, their families, and social conditions or environments.

Here, I present a brief overview of health humanities as an increasingly global field, outlining its origins, definitions, critical reception, praxis and creative public health. I also provide a summary of the very many excellent contributions to this important volume from many of the new and leading voices in the field.

Origins

In 2006, I consulted with the Arts and Humanities Research Council UK (AHRC) on developing a much broader application of the arts and humanities to health care, health and well-being than that currently available in fields such as medical humanities. The earliest field description and definition for the health humanities, a term previously only loosely applied, followed in a paper presented at the Economic and Social Research Council Business Seminar held at BioCity Nottingham, United Kingdom in 2007 (Crawford, 2007) and the first peer-reviewed field description (Crawford et al, 2010). The latter coincided with the launch of the International Health Humanities Conference at Nottingham University, UK (August 6-8). By 2011, The International Health Humanities Network, funded by the AHRC, spearheaded multiple symposia and workshops worldwide. In 2015, the Health Humanities Consortium in the United States launched and agreed to co-produce the International Health Humanities Conference series, held every two years up to this point. The fourth International Health Humanities Conference was hosted that same year at the University of Colorado, and subsequent events have been hosted annually.

Since these early days, health humanities research units have emerged across the United Kingdom, Europe, United States, Canada, Australia, Africa, India, China, Japan, and other territories. These developments have led to a rapid growth in undergraduate and postgraduate programs in the field. Berry et al. (2016) identified 57 baccalaureate Health Humanities programs instituted in the United States alone. In 2014, the first undergraduate Health Humanities curriculum was launched in Canada at the University of Toronto Scarborough (Charise, 2017), with a Canadian Association for Health Humanities appearing in 2018. In the United Kingdom—where the focus of health humanities has been on applied, inclusive research, social innovation and activism—dedicated educational initiatives have only recently started to emerge, with a Masters in Health Humanities at University College London and the University of Edinburgh, and others in the pipeline.

Alongside the early work in field description, networking, and the formation of research units and university courses, a first manifesto for the field (Crawford et al., 2015) and a first reader (Jones et al., 2014) have been published. In addition, a wide range of articles and commentary papers have been written, debating the nature and work of the field, including approaches to or evaluations of teaching programs (e.g., Jones, 2014; Charise, 2017; Klugman, 2017; Rubens, 2017; Skylar, 2017; Peterkin and Skorzewska, 2018). In 2020 there will be a major new health humanities-led series called “Arts for Health” with Emerald and a much-anticipated *Encyclopedia of Health Humanities* with Palgrave (Crawford and Kadetz, forthcoming). Such field-defining publications mark a consolidation of relevant scholarly discussion alongside this current volume.

Field consolidation of the health humanities has also benefited from increased levels of funding from grant awarding bodies and the support and sponsorship of multiple and high profile institutions. In the United States, the field has found favor with OppNet and National

Institutes of Health, while in the United Kingdom, health humanities has attracted the support of UK Research Innovation and several of its Research Councils, major charities, and prominent organizations such as the British Library, The Science Museum, Royal Society for Public Health to name but a few. In the United Kingdom, health humanities research has featured in important government reports and been celebrated in the launch in 2018 of The Health Humanities Medal and Awards, supported by the Arts and Humanities Research Council and Wellcome Trust. These are the first national awards to recognize the contribution of research and practice in health humanities (AHRC, 2018).

For many, the shift to health humanities has been a radical and welcome move. Despite the clear collaborative approach of the field (Crawford, 2015), the development has presented a challenge to some established or more specialist movements anxious to maintain their prominence, status or funding. For some, health humanities has provoked a kind of replacement anxiety. Yet the magic of health humanities has been its openness to all denominations valuing the contribution of the arts and humanities to advancing health care, health and well-being. In this sense, health humanities has proven to be a valuable integument for diverse individuals, groups, and organizations to make a difference in this work. As we witness above in the way that health humanities has gathered global momentum as a field, it is so much more than a switch in nomenclature. As a more public-savvy mission, the field has spurred a broadening in the scope, inclusion, or application of previously established and more narrowly configured disciplines. As Jones et al. (2017: 932) argue, the move to *health* humanities is not simply a matter of semantics and “splitting hairs.” Given the range of subjects, health professions, stakeholders, and practice environments it involves, health humanities is a “more encompassing, contemporary, and accurate label” (Jones et al., 2014: 6).

Since 2006, health humanities has gained traction both in re-describing, expanding and generating a much more encompassing vision for applied arts and humanities for health and well-being. It has proposed and foregrounded the recognition of the arts and humanities as a major force for public health—as such, we might call this creative public health. In short, the field has welcomed and promoted inclusion in its work from all sectors and communities. It has challenged the privileging of professional expertise over lived experience and lay perspectives, widened the pedagogic bandwidth for how the arts and humanities can inform multi-professional training and service development related to health and social well-being. It has demonstrated how practices in the arts and humanities can act as a shadow health and social care service to any nation, albeit not necessarily led by medicine. It has pursued the development of a stronger evidence base for the application of both the arts and humanities to improve health and social well-being. Finally, and importantly, it has inspired new, active communities worldwide, broadening out from Western perspectives, increasing in cross-cultural sensitivity and dynamism. It is particularly welcome to note how various scholars have begun to interrogate and deepen this move (Gutierrez and DasGupta, 2015), including (in this volume) DasGupta, El-Hadi, Crawford (A.), Boivin, and Richardson. Indeed, the salience of health humanities for diverse international health challenges has been noted by Stewart and Swain (2016: 2587) in referring to “global health humanities,” and the recent emergence of research and education networks across the African continent.

Definitions

The health humanities adopt an interdisciplinary, inclusive, applied, democratizing, and activist approach to the arts and humanities in informing and transforming health care, health, and well-being. It is a field “engaging with the contributions of those marginalized from the

medical humanities” (Crawford et al., 2010: 4). As such, health humanities has moved beyond a predominating concern with training health professionals through the arts and humanities; a privileging of a medical, biomedical or scientific frame or lens above that of the expertise of the public, non-medical or non-science contributions; and challenges mechanistic or reductive routes to “injecting” the arts and humanities as a kind of treatment. Importantly, it has fractured the expert to non-expert dynamic, revealing faultlines in the project of professional “injectibles,” treatments, or interventions over grassroots self- and community-help and more open access to the benefits of social and cultural assets, that is, creative public health. As such, health humanities strives to bring the public to therapeutic uses of the arts and humanities. It champions creative, non-professional, or non-expert solutions to health and well-being challenges among service users, informal carers, and self-caring individuals or groups. It values co-design, co-creativity, and co-learning over privileged direction and control in maintaining or recovering the best possible lives while living with, or having experienced, poor health. It also seeks to advance compassionate environments for health care, health, and well-being, not least for practitioners who face continual exposure to trauma (Crawford et al., 2010; Crawford et al. 2015). As Purser (2017) notes, such early definitions point to a field that “calls for a reimaging of the boundaries of health and healing, so that our intellectual and therapeutic focus might escape the physical and, perhaps more importantly, the epistemological constraints of the clinical.”

In terms of its application in education, Charise (2015: 433) confirms: “One of the innovations of Health Humanities is its radically interdisciplinary approach, which differs from conventional health education by foregrounding subjects that generally value aesthetics, social experiences, and interpretive methods over quantitative and/or biomedical modes of investigation.” She identifies health humanities as an open and diverse “undergraduate, pre- or non-health-professional field of study,” and more broadly, a “vibrant site of public learning and activism” (2015: 444). As the field develops, it is the latter—activism—which could prove the field’s greatest aspect; that is, activism for public health through the arts and humanities. The rise of creative public health seems ever more relevant as nations realize that clinical or clinically-sanctioned assets are not the only route to enhancing the health of populations. In this way, health humanities loosens itself from educational and training contexts to drive noteworthy research underpinning social change. In a very compelling and powerful way, health humanities is a “free-form and viral movement” that can inform and transform ways of seeing or conceiving health care, health, and well-being (Crawford et al., 2015: 19).

Critical Reception

The health humanities feature in critical discussions in the literature, for example, Jones (214) and Jones et al. (2014). Atkinson et al. (2015) consider it a “post-disciplinary” field of study, while various commentaries have pointed to it, essentially, as the “new kid on the block” or as a competing terminology both in terms of research and teaching. Of course, its reception and utilization continues to evolve across different territories with diverse infrastructure and cultures for how the arts and humanities can conceive, drive and transform health and well-being. For example, Charise (2015) notes that the health humanities may require or create different resources and approaches in unique cultures and contexts: for instance, in research funding. She flags the conventionally narrow track, discipline-segregated research activities in the United States and Canada where it can be challenging for any interdisciplinary field to secure funding geared to particular academic silos and rigid concepts. As a result, health humanities will always have to adapt and respond to the different cultural emphases that apply. To date, across North America the educational or pedagogic

aspect remains dominant, as with medical humanities and bioethics, yet enriched by new and more open dimensions as to how education in this field is not solely focused on medical trainings and how the social aspects of the arts and humanities inform and shape new visions for health care, health, and well-being. While in the United Kingdom and elsewhere in Europe, China, India and Australia, applied research or praxis for human benefit and democratizing and activist approaches are to the fore with educational initiatives running alongside.

Praxis

Research in the health humanities has led to a variety of practical applications in terms of the health and well-being of the public, health, and social care service innovation, pedagogic developments, and policy influence. It is beyond the scope of this short chapter to review this work in full but a couple of examples from recently funded programs should suffice in alerting the reader to its potential for social impact and change. In a recently completed AHRC-funded study, “Creative Practice as Mutual Recovery,” fourteen separate projects examined how a selection of different creative practices in the arts and humanities can help with promoting good mental health and well-being. It explored how this is possible within and between groups of health service users, family carers, arts practitioners and health, social care and education professionals, in a shared practice termed ‘mutual recovery.’”

One of the projects at the Royal College of Music, for example, found that a ten-week program of group drumming reduced depression by as much as 38% and anxiety by 20%, while improving social resilience by 23% and mental well-being by 16% (Fancourt et al., 2016). This is creative public health in action, adding to a raft of evidence for how the arts and humanities can promote mutual recovery alongside and without necessarily a prescription as such. Importantly, mental health service users co-designed the program from start to finish. In a separate investigation of how medieval medical remedies can tackle antibiotic resistance, AncientBiotics forges new possibilities for application of historical texts to contemporary public health such as dealing with infections (Harrison et al., 2015). In the pages below, there are many other wonderful offerings of applied research and practical work to advance public health by creative means.

This volume highlights the very rich and diverse possibilities with health humanities. It comprises two parts—reflections and applications—to capture a sample of the critical thinking about health humanities and examples of how knowledge and practices in the arts and humanities can apply, or struggle to apply, themselves to multiple contexts of health care, health, and well-being. It is important to acknowledge that the 54 individual chapters represent only a small part of the rich body of theory and practice in the field of health humanities worldwide. We have avoided trying to totalize in any sense this flow of activity, but hope that the current volume illuminates and points to debate, innovation, and new, exciting trends.

In Part One “Reflections and Critical Perspectives”, we find several threads of the latest thinking about health humanities. Some of these chapters may reprise familiar ground, but many provoke with less familiar and by no means unitary approaches to the topic. This section features reflections on: cross-cultural and indigenous perspectives (Crawford [A.], Boivin, Richardson, DasGupta, El-Hadi); the genealogy of recovery (Brown); challenges and constraints in relation to austerity (Charise), health care systems (Barrish), clinical settings (Joyes and Baker), and visualizing health care (Macduff); digital contexts (Banner); post-conflict resolution (Meineck); medicine within health humanities (Allsopp); graphic medicine

(Squier); the sublime (Lewis); the role of creatives (Tischler); co-design (MacDonald); advocacy (Levy); the role of imagination (Tsaplina and Barfield); historicizing anti-vaccination (Lau); the semiotics of drug advertising (Servitje); neoliberalization and niomedicine (Neilson); sensation and culinary texts (Li); creative adult education (Lewis); zombie health care (Schlozman); and the objectified patient (Hall and Kadetz). In addition, there are critical perspectives on the potential for health humanities beyond the United States, Canada, the United Kingdom and Europe, in terms of Japan (Huffman and Inoue), Australia (Werder and Holland) and Africa (Ifeobu).

In Part Two “Applications”, this volume offers a firework display of multiple, contemporary and surprising routes for the application of the arts and humanities to health care, health, and well-being. The tone here is a long way from “injectibles,” yet combines notice of both quantitative and qualitative evidence alongside illustrative cases. This section presents lively and inspiring accounts of how the arts or humanities contribute to health care, health, and well-being through: theater (Iedema, Case, Cheek O’Donnell, Astles, Tsaplina, Meineck); gallery and museum visiting (Saavedra); literature and reading (Bartel, Baker, Davis, Billington, Meineck); storytelling (Rice, Bleakley, Wilson, Allard); visual arts (Hogan, Scott, Argyle, Tischler, Johnson, Czerwiec, Callender); fashion and textiles (Fleetwood-Smith, Corkhill, Atkinson, Tillotson); music (Perkins, Fancourt, Williamon, Garabedian, Baker, Bishop, Abrams); singing (Clift, Abrams); dancing or movement (Houston, Jordan, Wright, Purser, Perez-Vallejos, Haslam-Jones); architecture (Quesada-Garcia, Valero-Flores, Moss); horticultural arts (Coope); cooking (George, Dreibelbis); paper making (Matott and Miller); history (Greenwood); biography (Cadd); ancient texts (Lee); philosophy (Carel); and law (Bracken).

In all, we have tried to live up to the inclusiveness at the heart of health humanities by inviting a selection of new writers with unique and developing voices among more established and leading practitioners, academics, and commentators committed to the application of the arts and humanities to health care, health, and well-being.

We have aimed to encourage different kinds of reflections, critical perspectives, and accounts of application without trying too much to standardize the presentation of these. Such offerings are by no means exhaustive, but do indicate the rich and diverse ways that health humanities is emerging worldwide, and how our conceptions of what we hold as belonging to the arts and humanities must remain open—not least in relation to the less privileged or obvious areas of practice such as cooking, horticulture, knitting, quilting, and so forth.

Furthermore, this volume seeks to give emphasis to another core feature of the health humanities, that is “appliedness.” This volume offers an entry point for many different and versatile ways that the arts and humanities can be relevant to a wide range of physical and mental health challenges.

It is particularly pleasing to see a variety of contributions that come to us, “low carbon,” from all around the globe. We welcome the focus on different social and cultural contexts for health humanities and fresh insights into how to develop new opportunities for innovation.

To sum up, we are beginning to see the maturation of health humanities as an energetic, robust, applied, and inclusive field: one that signals a more co-created and co-operative vision for how the arts and humanities can stand as an interdisciplinary, and not solely medicalized, shadow health and social care service to any nation. Working beyond the

control of traditional hierarchies of professional knowledge and practice, health humanities is an evolving, game-changing field that attracts different arts and humanities traditions to work more closely with the public to advance health care, health, and well-being. Whether we are considering education, research, or practice, this field is opening medical and non-medical visions of how to improve human health through innovative cultural care. It continues to open up new possibilities for creative public health.

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